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RELIGIOSITY, PERFECTIONISM, AND PARENTING PRACTICES IN A
LATTER-DAY SAINT (LDS) SAMPLE

by

Trisha Chase

A dissertation submitted in partial fulfillment
of the requirements for the degree

of

DOCTOR OF PHILOSOPHY

in

Psychology

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2019

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ABSTRACT

Religiosity, Perfectionism, and Parenting Practices in a Latter-day Saint (LDS) Sample

by

Trisha Chase, Doctor of Philosophy

Utah State University, 2019

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Department: Psychology

Parenting practices are an important determinant of child behavior. Parental religiosity is one cultural context that may have a significant impact on parenting practices. It is important to study this relationship in specific religious contexts. Members of The Church of Jesus Christ of Latter-day Saints (LDS), though relatively large, have not been extensively studied. The purpose of this study was to determine the effect of religiosity on parenting practices and child behavior outcomes in an LDS sample. Additionally, the effect of perfectionism on the relationship between religiosity and parenting practices was examined. Other variables of interest included biblical literalism and sanctification of parenting.

There were 210 participants in this study. Participants were parents of children between the ages of 2 and 12 who identified as members of the LDS church. Participants completed an online survey including a measure of religiosity, a measure of biblical literalism, the Positive and Negative Perfectionism Scale, the Manifestations of God in

Parenting Scale (to measure sanctification of parenting), the Parenting Scale (to measure parenting practices), and the Eyberg Child Behavior Inventory. Structural equation modeling was used to analyze the data.

The results indicated that there were positive correlations between biblical literalism and sanctification of parenting, biblical literalism and religiosity, and sanctification of parenting and religiosity. The hypothesized model was a poor fit to the data; however, separating the religiosity variables into two latent variables significantly improved the model fit. The effect of religiosity on parenting practices depended on the dimension of religiosity being examined. Internal religiosity had a positive impact on parenting practices and child disruptive behavior. However, religious behavior had a negative impact on parenting practices and child behavior. The interaction with perfectionism was complex; high levels of perfectionism led to more effective parenting practices in individuals high in internal religiosity while high levels of perfectionism led to less effective parenting practices in individuals high in religious behavior. Future research should be conducted with other religious groups to determine if the same relationships between the variables of interest are found in other groups.

(118 pages)

PUBLIC ABSTRACT

Religiosity, Perfectionism, and Parenting Practices in a Latter-day Saint (LDS) Sample

Trisha Chase

Parenting practices greatly influence child behavior. It is important to study the relationship between parenting practices and child behavior in specific religious contexts. Members of The Church of Jesus Christ of Latter-day Saints (LDS) have not been extensively studied in the psychological literature despite there being a relatively large number of LDS individuals in the U.S. The purpose of this study was to determine the effect of religiosity on parenting practices and child behavior outcomes in an LDS sample. The influence of perfectionism on religiosity and parenting practices was also studied. The relationship between parents' interpretation of the bible and their view on God's involvement in their parenting was also examined.

The Qualtrics Online Sample Tool was used to recruit participants for this study. The 210 participants completed an online survey. The results indicated that a more literal interpretation of the bible was associated with a perception of increased involvement from God in one's role as a parent and increased religiosity. The perception of increased involvement from God in one's role as a parent was also associated with increased religiosity. Higher levels of parental religious beliefs and spiritual experiences had a positive impact on parenting practices and child behavior. However, religious behavior had a negative impact on parenting practices and child behavior. High levels of perfectionism were associated with more effective parenting practices in individuals high

in religious belief and spiritual experiences while high levels of perfectionism led to less effective parenting practices in individuals high in religious behavior. Given the overall high levels of ineffective parenting practices and child disruptive behavior that were reported in the sample, encouraging LDS parents to attend parenting classes may be an appropriate recommendation.

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Trisha Chase

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CHAPTER I

PROBLEM STATEMENT

Introduction

Parenting practices are one of the single most important contributors to child outcomes. Research has shown that parenting practices and the parent-child relationship can affect a range of child outcomes including sleep duration, weight, emotional development, self-control, attachment style, and life satisfaction (Botchkovar, Marshall, Rocque, & Posick, 2015; Jong, 2012; Ruhl, Dolan, & Buhrmester, 2015; Schwarz et al., 2012). Conversely, poor parenting is linked to negative outcomes. For example, ineffective parenting practices are linked to lower grades, increased anxiety sensitivity, depression, and even suicidal ideation in severe cases (Khan et al., 2015; L. C. Taylor, Hinton, & Wilson, 1995; Timpano, Carbonella, Keough, Abramowitz, & Schmidt, 2015).

There are many cultural contexts in which parenting can occur; one specific context is parental and familial religiosity. Many studies have linked parental religiosity, which is often defined as attendance at religious services as well as commitment to religious beliefs, with positive outcomes for children and families. Parental religiosity protects against parental stress in parents of children with behavior problems and is associated with improvements in marital quality, parenting practices, parent-child attachment, and family socialization (Li, 2014; Power & McKinney, 2013; Weyand, O’Laughlin, & Bennett, 2013; Yeung & Chan, 2014). Family religiosity has also been linked to positive outcomes for children including reduced rates of juvenile delinquency,

improvements in child development, and greater psychosocial adjustment (Li, 2014; Power & McKinney, 2013; Yeung & Chan, 2014).

Because of the great variability in religious beliefs and practices, it is important to study specific religious groups to better understand the cultural variables within that specific context. The focus of the current study is on members of The Church of Jesus Christ of Latter-day Saints (commonly known as Mormons, hereafter referred to as members of the LDS Church). Members of the LDS church have not received much attention in the psychological literature. However, there are close to 6.5 million members of the LDS Church in the U.S. with over 15 million members worldwide (Church of Jesus Christ of Latter-day Saints, 2015). The LDS Church is the seventh largest denomination in the U.S. (National Opinion Research Center, 2014; Pew Research Center, 2014; P. Barlow, personal communication, March 1, 2018). Although members of the LDS Church have many beliefs that are similar to other Christian faiths, there are several distinct theological beliefs, specifically about families, that differentiate them from members of other Christian faiths (Johnson & Mullins, 1992). They believe that family relationships are essential to exaltation, the ability to obtain the highest glory in the next life (Nelson, 2008). They also believe family relationships will continue in the next life and that having loving and nurturing children is of great importance in this life (Church of Jesus Christ of Latter-day Saints, 2004). For example, in 1995, the LDS Church published a proclamation that stated, “Parents have a sacred duty to rear their children in love and righteousness, to provide for their physical and spiritual needs, and to teach them to love and serve one another...” (Church of Jesus Christ of Latter-day

Saints, 1995, para. 6). Given this special emphasis on families and parenting in the LDS Church, it is anticipated that the parenting practices of members of the LDS Church are influenced by these beliefs. There is some empirical support for this. LDS parents who were highly engaged in their religion used more effective parenting practices than those who were less engaged; however, rigid endorsement of religious beliefs led to more harsh and negative parenting practices (Behling, 2011). This is consistent with previous research that links rigid religious beliefs, such as biblical literalism, with poor parenting practices (Mahoney, Pargament, Tarakeshwar, & Swank, 2008).

There are personality characteristics, such as perfectionism, that impact parents' religiosity as well as parenting practices. A review of the parental perfectionism literature reveals different types of perfectionism have differential impacts on parenting behaviors. Maladaptive or negative perfectionism occurs when individuals set unrealistically high expectations for themselves and are never satisfied with their performance (Hamachek, 1978; Slade & Owens, 1998). Maladaptive perfectionism has been linked to increased negative parenting behaviors such as criticism, rejection, permissiveness, and overprotection as well as anxiety, depression, and decreased well-being in children (Affrunti & Woodruff-Borden, 2015; Greblo & Bratko, 2014; Hamachek, 1978; Soenens et al., 2008; Soenens, Vansteenkiste, Duriez, & Goossens, 2006). Adaptive or positive perfectionism occurs when individuals find satisfaction in striving for excellence but recognize their limits and engage in self-acceptance when they do not reach their high standards (Allen & Wang, 2014; Hamachek, 1978; Slade & Owens, 1998). Adaptive perfectionism is associated with greater parental acceptance of children (Greblo &

Bratko, 2014).

Religiosity has also commonly been linked to perfectionism, though it is important to distinguish the type of perfectionism involved. One study found that intrinsically religious individuals (those who value religion in its own right) had higher levels of adaptive perfectionism than did less religious individuals but they did not experience greater levels of maladaptive perfectionism (Ashby, 1999). Extrinsic religiosity, viewing religion as a means to an end, was associated with increased maladaptive perfectionism (Ashby, 1999). In a study specific to members of the LDS church, the authors found that the majority of the sample could be classified as adaptive perfectionists and adaptive perfectionism was associated with greater religious commitment (Allen & Wang, 2014).

Increasingly research is focusing on how various cultural contexts impact parenting and child outcomes. However, the impact of specific religious belief systems on parenting practices and child outcomes has not been examined thoroughly. Specifically, members of the LDS church, though growing in number, have not been studied extensively in the parenting literature. When members of the LDS Church have been used in studies of parenting practices, child outcomes have not been measured (Behling, 2011). The purpose of this study is to examine how religiosity among members of the LDS Church impacts parenting practices and child outcomes. Additionally, the effect of perfectionism on the relationship between religiosity and parenting practices is examined. Moreover, the relationship between biblical literalism, sanctification of parenting, religiosity, and parenting practices is explored.

Research Questions

1. Are biblical literalism and sanctification of parenting correlated with religiosity and parenting practices in an LDS sample?
2. Does increased parental religiosity in an LDS sample predict the use of more effective parenting practices (e.g., less overreactivity and laxness)?
 - a. Do positive and negative perfectionism moderate the relationship between religiosity and parenting practices in an LDS sample?
3. Is there an indirect relationship between parental religiosity in an LDS sample and child behavior outcomes through parenting practices?

CHAPTER II

LITERATURE REVIEW

Parenting Practices and Child Behavior

Parenting practices are an important and influential determinant of child behavior. Parenting practices affect many facets of a child's life including sleep quality, dietary behavior, screen time, personality development, and level of disruptive behavior problems (Jago, Wood, Zahra, Thompson, & Sebire, 2015; Larsen et al., 2015; Philbrook & Teti, 2016; Tiberio et al., 2016). Parenting practices also predict older children's effortful control (ability to shift attention, inhibit dominant responses etc.), with mothers' poor discipline practices predicting lower effortful control and fathers' positive parenting practices predicting greater effortful control (Tiberio et al., 2016).

The aspect of child behavior that is most frequently linked to parenting practices in the literature is disruptive behavior problems. Previous research consistently shows that poor parenting is linked to negative behavioral outcomes for children. For example, persistently high levels of negative parenting practices such as yelling, corporal punishment, and becoming overly angry led to disruptive behaviors such as defiance and aggression in children (Lorber & Slep, 2015). In children with symptoms of ADHD, poor parenting practices such as inconsistent discipline and poor monitoring, predicted the level of impairment that children experienced in their homework, home, and social functioning (Haack, Villodas, McBurnett, Hinshaw, & Pfiffner, 2016). Additionally, insensitive and harsh parenting practices are associated with diminished executive

functioning (inhibitory control and metacognition) in preschoolers (Lucassen, et al., 2015). Even the absence of positive parenting, such as not expressing positive regard for and confidence in children, can lead to negative outcomes like deficits in executive functioning in young children (Lucassen, et al., 2015).

Conversely, positive parenting practices contribute to positive outcomes for children. When parents read, sing, and tell stories to their children in addition to having family meal times, children are at a lower risk for developmental social and behavioral delays (Cprek, Williams, Asaolu, Alexander, & Vanderpool, 2015). Additionally, paternal warmth and maternal monitoring predict later social competence in Latino children (Z. E. Taylor, Conger, Robins, & Widaman, 2015). When parents spend quality time with their children and praise them for positive behavior, children are less likely to abuse substances or be suspended from school (Fleming, Mason, Thompson, Haggerty, & Gross, 2016). In addition, maternal engagement is protective against child inattention and aggression (Tramonte, Gauthier, & Wilms, 2015).

When discussing parenting practices, it is often useful to categorize parenting behaviors into broad parenting styles. The parenting style taxonomies most commonly cited in the literature were first identified by Baumrind (1971). She identified three main styles of parenting: authoritarian, authoritative, and permissive. Authoritarian parenting is characterized by high demandingness and low warmth; there is a strict hierarchy in the parent-child relationship and obedience is highly valued. Permissive parenting is characterized by low demandingness and high warmth; permissive parents rarely subject their children to rules and requirements for their behavior (Baumrind, 1971).

Authoritative parenting is characterized by high expectations for children's behavior coupled with nurturing, attentive, and supportive interactions (Lindner Gunnoe, Hetherington, & Reiss, 1999).

Additionally, the parenting style used when children are young can influence child behavior when the child is older. Positive parenting practices such as consistency, setting clear limits, and interacting warmly with children (authoritative parenting style) predicted fewer externalizing behaviors in children several months later. Authoritative parenting led to fewer externalizing behaviors even when the family was experiencing severe distress; whereas, other parenting styles such as permissive and authoritarian were associated with future behavior problems (Greeson et al., 2014). Parents who engaged in detached parenting, low monitoring of their child's needs and activities and little warmth or enthusiasm in their interactions, had children with more behavior problems 6 months later (Harden, Denmark, Holmes, & Duchene, 2014). Effects of parenting practices may last into emerging adulthood; parental harsh discipline and involvement predicted young adults' psychological adjustment (McKinney, Morse, & Pastuszak, 2016).

Parenting practices do not only affect children's behavior at home; they also can affect how children behave at school. For example, one study found that children whose parents used psychologically and physically aggressive discipline practices at home were more likely to be involved in bullying at school. Whereas parental affection and communication were protective against participating, either as a victim or perpetrator, in bullying at school (Gómez-Ortiz, Romera, & Ortega-Ruiz, 2015). Additionally, parenting practices such as engaging in discussions with children and becoming involved in their

schooling have been linked to improved academic outcomes. Parenting was even more influential on academic outcomes than were school factors such as teacher morale and teachers' ability to meet individual students' needs (Dufur, Parcel, & Troutman, 2013).

Parenting practices and the accompanying child behavior outcomes are not immutable. Negative child outcomes, such as externalizing behaviors, can be improved if parents reduce their use of poor parenting practices (Hanisch, Hautmann, Plück, Eichelberger, & Döpfner, 2014). There is evidence that parenting interventions designed to increase positive parenting practices have a positive effect on problematic child behavior (Eyberg, Nelson, & Boggs, 2008; McCart & Sheidow, 2016). For example, one study found that after participating in a parenting intervention, parents increased their use of positive parenting practices relative to all discipline strategies used and this increase was associated with reduced child behavior problems (Shaffer, Lindhiem, & Kolko, 2016). Another study examined the effects of a parenting intervention on Portuguese families of preschoolers and found that parenting practices were improved and child behavior problems were reduced (Seabra-Santos, et al., 2016). Even brief prevention focused interventions can improve parenting practices and decrease children's noncompliant behaviors (Dittman, Farruggia, Keown, & Sanders, 2016).

Effect of Religiosity on Parenting Practices

There are numerous contextual variables, such as religiosity, that may impact parenting practices. There is clear evidence that parental religiosity, defined as attendance at religious services, commitment to one's religious beliefs, and spiritual beliefs about

divine involvement in parenting, affects the types of practices parents engage in when interacting with and disciplining their children (Goeke-Morey & Cummings, 2017; Landor, Simons, Simons, Brody, & Gibbons, 2011; Lindner Gunnoe et al., 1999). Most of the research shows that increased parental religiosity is positively related to an authoritative parenting style even after holding variables such as income, education, and family structure constant (Lindner Gunnoe et al., 1999). The association between an authoritative parenting style and parental religiosity has been found across various ethnic and racial groups and religious denominations (Landor et al., 2011; Lindner Gunnoe et al., 1999; Simons, Simons, & Conger, 2004; Snider, Clements, & Vazsonyi, 2004). Although religious parents are conventionally construed as rigid and dogmatic, one study found that more religious parents were more likely to be perceived by adolescents as authoritative while less religious parents were more likely to be perceived as authoritarian (Snider et al., 2004).

In general, increased parental religiosity has been associated with positive parenting practices. For example, in most cases, increased parental religiosity is inversely related with severe forms of discipline including coercive parenting practices such as physical and verbal aggression and even physical and emotional abuse (Webb & Whitmer, 2003; Wiley, Warren, & Montanelli, 2002). Parental religiosity is associated with stricter rules for child conduct and more frequent teaching on how the child should handle situations that conflict with parental values (Bornstein et al., 2017; Padilla-Walker, Christensen, & Day, 2011). Parents who engaged in this high level of monitoring had more parenting knowledge and greater attachment and connectedness with their

children (Padilla-Walker et al., 2011). Increased parental religiosity is also associated with increased time spent in meaningful activities with children (Jorgensen, Mancini, Yorgason, & Day, 2016). The positive impact of religiosity on parenting practices is also reported by grown children; in one study, college students' reports of more perceived parental religiosity were associated with more perceived use of positive parenting practices (Power & McKinney, 2013). The beneficial effects of religiosity on parenting practices can be far reaching. Religiosity is not only associated with more positive interactions between family members, it is also predictive of positive parenting practices in the next generation (Spilman, Neppl, Donnellan, Schofield, & Conger, 2013).

Additionally, associations between religiosity and parenting stress have been found across cultures. For example, more religious involvement in African American and single mothers is associated with decreased parenting stress (Lamis, Wilson, Tarantino, Lansford, & Kaslow, 2014; Petts, 2012). Another study found a correlation between increased use of religious activities to cope with stress and decreased parenting stress in Malaysian mothers of children with intellectual disabilities, though this relationship did not remain significant in the hierarchical regression prediction analysis (Norizan & Shamsuddin, 2010).

Parental religiosity does not affect all parenting practices equally; increased parental religiosity is more closely associated with monitoring and closeness than with support and communication (Snider et al., 2004). In some instances, there may be a negative impact of religiosity on parenting practices. One example of this involves parent-directed education and discussions about sexuality; in a sample of Thai teens and

parents, increased parental spirituality was negatively correlated with parent-child discussions about sexual activity (Rhucharoenpornpanich et al., 2012). One meta-analysis showed that higher levels of Christian conservatism (or biblical literalism) were associated with greater approval of and use of corporal punishment. It should be noted that this was a review of literature from the 1980s and 1990s and may be outdated, as child-rearing attitudes have changed since that time (Mahoney et al., 2008). Another study found that greater parental religiosity was associated with greater child-reported parental rejection (Bornstein et al., 2017). It has been shown that whether parental religiosity has a positive or negative impact on child behavior depends on whether parents believe parenting is a God-given role and whether they use positive religious coping or negative religious coping (Weyand et al., 2013). Some studies have found that the impact of religiosity on parenting depends on the type of religious behaviors being engaged in (e.g., private versus public behavior) and how individuals interpret their religious beliefs. Higher levels of private religious behavior (e.g., private prayer) is correlated with more positive parenting practices such as bonding, discipline, and responsiveness, while, public religiosity (e.g., church attendance) is not related to those practices (Ausubel, 2013).

Religiosity and Child Outcomes

Positive Effects

Though the focus of the current study is the impact of parental religiosity on child behavior outcomes, most of the empirical literature to date has focused on behavior

outcomes for adolescents. Thus, the review that follows will include mostly studies of adolescent outcomes. When it comes to parental and familial religiosity, the outcomes for children are mostly positive. One consistent finding from the literature is the association between familial religiosity and decreased delinquency. The inverse relationship between religiosity and delinquency has been found across cultures and across religious affiliations (Khoury-Kassabri, Khoury, & Ali, 2015; Kliwer & Murrelle, 2007; Merrill, Folsom, & Christopherson, 2005; Merrill, Salazar, & Gardner, 2001; Simons et al., 2004). For example, in a sample of at-risk Arab adolescents in Jerusalem, the adolescent's religious faith acted as a protective factor against participation in juvenile delinquent behaviors and political violence (Khoury-Kassabri et al., 2015). There is some evidence that the pathway through which parental religiosity decreases adolescent delinquency is through its effect on the adolescent's religiosity. Adolescents of religious parents are more likely to be religious themselves, and ascribe to and internalize conventional values. They are also less likely to have friends from deviant peer groups. Both of these factors decrease the likelihood that the adolescent will engage in delinquent behaviors (Simons et al., 2004).

One aspect of delinquency that has been studied frequently is adolescent substance use. In one study containing an LDS sample, individuals whose parents did not attend church at all were 11 times more likely to have a history of substance use than individuals whose parents attended church weekly. In addition to church attendance, other protective factors included family discussions about religion and discussions about morality. In the same study, the authors found that individuals who felt that their parents'

religion was not important to them were eight to ten times more likely to have used drugs than those who perceived their parents' religion to be very important to them (Merrill et al., 2001). The effect of religion on delinquent behavior, such as underage drug and alcohol use, may depend on religious affiliation. For example, one study found that LDS college students were less likely to have used substances during adolescence than those who were of others faiths and those who were not religious. The protective effect of specific religious practices also depends on religious affiliation. For example, in one study weekly church attendance was only related to decreased substance use in LDS participants, not in participants who had other religious affiliations (Merrill et al., 2005). The link between religiosity and decreased substance has been replicated in multiple cultures; for example, parental religiosity is linked to lower risk for lifetime substance use and abuse in Central American adolescents (Kliewer & Murrelle, 2007).

In addition to a protective effect on delinquent behaviors, parental and familial religiosity also protect against other risky behaviors. For example, increased adolescent and parental religiosity are associated with less frequent heavy drinking (Barton, Snider, Vazsonyi, & Cox, 2014; Caputo, 2004; Hoffmann & Bahr, 2014). Parental religiosity also has direct and indirect effects on adolescent sexual behavior. For example, higher levels of parental religiosity indirectly decreased adolescent engagement in risky sexual behavior through adolescent religiosity and affiliation with less sexually permissive peers (Landor et al., 2011). Additionally, children of parents who are more religious tend to have a later onset for initiation of sexual relationships; this was true for all groups (various religious affiliations and race/ethnicities) of adolescents except Black

adolescents (Manlove, Terry-Humen, Ikramullah, & Moore, 2006).

Parental religiosity also has a significant positive impact on child mental health outcomes. Again, at least one study found that this was an indirect pathway through which increased adolescent religiosity led to decreased anxiety, depression, and feelings of low well-being (Barton et al., 2014). Another study found that higher levels of family religiosity served as a buffer or coping mechanism in children of parents with depression, to prevent them from developing depressive symptoms themselves (Rounding, Jacobson, & Hart, 2015). For adult children of parents with depression who do go on and develop depression themselves, increased church attendance and emphasis on religiosity improved psychosocial functioning (Kasen, Wickramaratne, & Gameroff, 2014). In addition to the decrease in internalizing symptoms, increased parental religiosity, specifically church attendance, also has been linked to decreases in externalizing symptoms in children and adolescents (Brody, Stoneman, & Flor, 1996; Christian & Barbarin, 2001; Kim, McCullough, & Cicchetti, 2009). Parent church attendance is protective against impulsivity, hyperactivity, loneliness, and sadness at home and at school as rated by both parents and teachers (Bartkowski, Xu, & Levin, 2008). The behavior differences detected by teachers are particularly notable given that it can be difficult to distinguish actual child behavior change in children of religious parents from perceived changes based on parental expectations.

In addition to mental health outcomes, family religiosity also has a largely positive impact on learning and educational outcomes. In young children, increased parental church attendance predicted a more effective approach to learning as rated by

both parents and teachers (Bartkowski et al., 2008). The beneficial effects to education continue as children grow older. For example, in high school students, higher levels of parental religiosity were related to higher grade point averages. It should be noted that this study compared sexual minority students and non-sexual minority students; the beneficial effect was only found for non-sexual minority students, while the results for sexual minority students were not significant (Gottfried & Polikoff, 2012). Parental religiosity can impact how well children do in school as well as how much education they ultimately pursue. Greater parental religiosity has been linked with greater educational attainment in a longitudinal study of adolescents (Caputo, 2004).

Parental religiosity also has been shown to affect the development of prosocial behaviors. In adolescents, increased parental religiosity predicts increased social responsibility. For example, adolescent children of religious parents had higher levels of self-control, honesty, and work ethic. This effect was independent of the influence of religiosity on parenting practices and seemed to show a direct link to child outcomes (Lindner Gunnoe et al., 1999). The beneficial impact of prosocial behaviors extends into adulthood and is passed on to the adult offspring's family. Adult children of more religious parents demonstrated more positive relationships in their own families with their partners and children (Spilman et al., 2013).

Neutral and Negative Effects

Not all of the child outcomes associated with parental religiosity are positive, some studies show no effect of parental religiosity in either direction and others show a deleterious effect. For example, one study showed that increased parental religiosity does

not have a significant impact on adolescent delinquency or mental health; however, this same study found a positive effect on educational attainment, physical health, and substance abuse (Caputo, 2004). Another study found that greater parental religiosity did not predict the closeness of the parent-child relationship retrospectively rated by adult children (Kapinus & Pellerin, 2008). Other studies show that parental religiosity may not have as significant of an impact on educational attainment and performance in school-aged and college-aged youth as other factors such as student's religiosity or family gender-role expectations (Abar, Carter, & Winsler, 2009; Rankin & Aytac, 2008). Based on current research, it is not clear why some studies show a positive effect of parental religiosity on child outcomes and why some studies show no effect; it may be due to subtle differences in the research questions being tested, the analytic techniques employed, or the specific population under study.

Increased parental religiosity has also been shown to have negative consequences for children's mental health, health behaviors, and social relationships in some studies. In families that are more spiritual or religious, children of parents with depression are more likely to develop depressive cognitions themselves (Rounding et al., 2015). Also, although strong parental religious beliefs and more frequent participation in family religious activities predicted later-onset of sexual activity in adolescents; it also predicted lower contraceptive use once teens became sexually active (Manlove et al., 2006). Additionally, greater levels of parental religiosity often led parents to be less approving of their children having close friendships with children from other ethnic or religious backgrounds for fear that it will dilute or weaken the child's religious commitment

(Munniksmma, Flache, Verkuyten, & Veenstra, 2012). One variable that is frequently associated with negative outcomes in religious families is different levels of engagement in religion between parents or conflict surrounding religion in the home. When one parent is more religious than the other is, adolescents experience more externalizing and internalizing symptoms (Aderka et al., 2011). Arguments about religion between parents also predicts increased sadness and loneliness, decreased social competence, and decreased self-control in young children (Bartkowski et al., 2008).

Sanctification of Parenting and Biblical Literalism

Two mechanisms through which religiosity may impact parenting is a literal interpretation of the bible and sanctification of parenting. Biblical literalism is defined as the extent to which an individual believes that the stories in the bible are factual historical events or fictional narratives. There is often a spectrum of literalism and individuals' beliefs may vary depending on which biblical story is being examined (Village, 2005). Sanctification of parenting is defined as the belief that the parenting role has divine significance (Murray-Swank, Mahoney, & Pargament, 2006; Pargament & Mahoney, 2005). One study found that greater sanctification of parenting is associated with greater parental investment in their relationship with their child; however, this association was not significant for parents who struggled with God (e.g., have a punishing or rejecting view of God; Dumas & Nissley-Tsiopinis, 2006). Another study found that mothers and fathers who had greater levels of parental sanctification engaged in more positive socialization, teaching, and inductive discipline with their children than parents who did

not sanctify the parental role (Volling, Mahoney, & Rauer, 2009).

Parental sanctification has variable impacts on parenting practices. Parental sanctification protects against stress, especially for parents of children with behavior problems; parents of children with behavior problems are better able to maintain parental functioning when they sanctify their role (Weyand et al., 2013). Another study found that greater sanctification of parenting is associated with less verbal aggression towards children and increased parental consistency. However, sanctification was also associated with greater use of corporal punishment by mothers who were biblically conservative (corporal punishment decreased in biblically liberal mothers; Murray-Swank et al., 2006). Studies have shown that biblical literalists are more likely to support corporal punishment of children and value obedience in children than nonliteralists (Ellison & Sherkat, 1993a, 1993b). It should be noted that the combination of sanctification of parenting and biblical literalism does not always produce negative parenting results; parents who are biblically conservative engage in more positive interactions with their children when parental sanctification increases (Murray-Swank et al., 2006). Other authors did not find an interaction between biblical literalism and parental sanctification with regards to parental discipline; this difference is likely due to sample and measurement differences (Volling et al., 2009). Overall, the influence of religiosity on parenting varies depending on the individuals' spiritual beliefs regarding parenting and their relationship with God as well as their interpretation of the bible (Ellison & Sherkat, 1993a).

Latter-Day Saint Parenting

Given the wide variety of faith affiliations it is important to do more than examine how religiosity generally affects parenting and child outcomes; it is useful to examine this phenomenon within specific faith groups. Examining one faith group in-depth allows researchers to explore the variability present within a group rather than focusing on between-group differences. Additionally, the characteristics that exist in one group may not even exist in another group. Experts in multicultural psychology recommend examining phenomenon within groups rather than conducting group comparison studies (Hall, Yip, & Zárate, 2016). One group that is modestly large in size but has not received significant attention in the psychological literature are members of the LDS Church. Although Mormonism is a Christian religion, there are both doctrinal and cultural practices that make the LDS church distinct from other religious groups (Marks, 2004). Thus, the impact of religiosity on parenting practices and child development outcomes in an LDS sample will be examined here.

Most of the current research regarding LDS families relates to religious outcomes for adult offspring. For example, one outcome that has been found in LDS samples is that birth order matters when it comes to the development of religiosity in adult offspring. First born and other earlier born children tend to be more religious as adults than younger born children. Differences have also been found in adult offspring's conceptualizations of God based on birth order (Chou & Liska, 2013). This likely reflects differences in parenting, such as amount of attention received, that occur in LDS families over time (Chou & Elison, 2014). There is also evidence that the quality and strength of the

attachment with parents during childhood can affect the level of devotion to one's religion later in life. For both men and women, those who reported a secure attachment with their mother, prayed more frequently as adults. However, after relevant variables such as current level of religiosity were controlled, this relationship only remained significant for men. These results need to be interpreted with some caution given that parent-child attachment style was measured with two-item indexes and psychometric properties were not reported (Chou, Esplin, & Ranquist, 2013).

Previous literature also shows links between religiosity in an LDS sample and specific parenting practices and styles. One study found that highly religious LDS mothers ranked high on authoritative parenting and low on authoritarian and permissive parenting styles. Additionally, LDS parents who self-reported higher levels of private religious behavior, reported lower levels of physical coercion and psychological control in parenting. However, it was noted that LDS parents who rigidly endorsed religious beliefs were more likely to use physical coercion and verbal hostility while parenting (Behling, 2011). One qualitative study found that LDS fathers' interactions with their children are impacted by their religious beliefs and practices (Marks & Dollahite, 2001). For example, there is a doctrinal belief that family relationships are the most important thing that a father can focus on in this life; fathers in this study reported that this belief led them to prioritize their relationship with their children. Fathers' beliefs about the importance of being a spiritual leader and providing spiritual service in the home led them to participate in religious ordinances with their children such as blessings and baptism. Additionally, fathers commonly engaged in religious practices such as scripture

study and prayer with their children in order to fulfill their perceived spiritual obligation to their family. Another religious belief that influenced fathers' parenting practices was the belief that family relationships can endure in the next life (i.e., eternal perspective); this belief led fathers to persevere in the work of fathering in the presence of challenges (Marks & Dollahite, 2001).

There is also empirical evidence that in some instances, what occurs in LDS families and LDS parent-child relationships is not too different from what occurs in other families. For example, areas of conflict between LDS parents and adolescents have been identified and seem consistent with what might occur in most families. Particularly contentious issues include chores, time use, and schoolwork (Schvanevelt, 1973). It should be noted that this study is dated and may not be applicable to current LDS families. Most of the studies that examined LDS parenting practices focused on fathers, thus, the following findings focus exclusively on fathers' parenting practices. One study found that LDS fathers, similar to other fathers, enjoy playing with their children and develop a closer relationship with their child as a result of playing with them (Dollahite, Marks, & Olson, 1998). Another study found that although LDS fathers are highly involved with their children, they are no more involved than fathers from other groups (e.g., nonreligious, evangelical Christians; Bollinger & Palkovitz, 2003). Overall, although there may be similarities between LDS families and other religious groups, it is important to examine LDS families specifically in order to best understand how parenting and child outcomes operate in this culture.

Perfectionism

Perfectionism and Religiosity

Since many religions, including the LDS faith, teach followers to live moral and upright lives or to adhere to strict moral codes, there can be a tendency for followers to develop perfectionism (Sica, Novara, & Sanavio, 2002). There is even a scripture in the bible which states “Be ye therefore perfect, even as your Father which is in heaven is perfect” (Matthew 5:48, King James Version). Perfectionism is defined as setting very high standards for oneself with a concerted effort to meet those standards (Hamachek, 1978; Rice & Slaney, 2002). Historically, perfectionism has been viewed as a negative psychological trait; individuals who experienced perfectionism were thought to focus excessively on the discrepancy between their standards and their ability to meet those standards (Rice & Slaney, 2002). Currently, perfectionism is understood as more nuanced construct (Rice & Slaney, 2002). The literature contains several examples linking religiosity and perfectionism (Sica et al., 2002; Yorulmaz, Gençöz, & Woody, 2010). However, the link with religiosity is not uniform across all types of perfectionism.

There are two dimensions of perfectionism discussed in the literature. Setting high standards for oneself and having the ability to maintain high levels of order and organization is generally thought to be an adaptive form of perfectionism (Rice & Slaney, 2002). Setting unrealistically high and rigid standards with which to evaluate oneself, focusing on the discrepancy between one’s performance and one’s standards, and never being satisfied with one’s performance is considered maladaptive or discrepancy perfectionism (Hamacheck, 1978). High levels of religiosity are positively correlated

with adaptive perfectionism and negatively correlated with maladaptive perfectionism (Allen & Wang, 2014; Crosby, Bates, & Twohig, 2011; Steffen, 2014). However, maladaptive perfectionism may be present in some religious families. For example, Allen, Wang, and Stokes (2015) found that maladaptive perfectionism in families intensifies the relationship between scrupulosity and shame in LDS individuals. Another important distinction in perfectionism is self-oriented, in which an individual has high standards for themselves, and society-oriented perfectionism, in which an individual is focused on society's expectations. Higher parental self-oriented perfectionism was linked to greater parenting self-efficacy, decreased parenting stress, and greater parenting satisfaction, whereas higher society-oriented perfectionism was associated with lower parenting self-efficacy and increased parenting stress (Lee, Schoppe-Sullivan, & Kamp Dush, 2012).

Studies that do not distinguish between adaptive and maladaptive perfectionism also show a link between religiosity and perfectionism. The link most commonly found in the literature is to obsessive-compulsive thoughts and behaviors. Religious individuals are more likely to rate thoughts as overly important and to attempt to control their thoughts (e.g., feeling that they should not have bad thoughts) than less religious individuals (Sica et al., 2002; Yorulmaz et al., 2010).

Perfectionism and Parenting

No matter the level of parental religiosity, perfectionism can influence parenting practices and child outcomes. One study found that perfectionistic parents used more overcontrolling strategies (i.e., reducing their child's autonomy) than non-perfectionist

parents in a structured performance task (Affrunti & Woodruff-Borden, 2015). In addition to broad impacts on parenting practices, perfectionism may also influence specific parenting behaviors such as language use when interacting with children. Perfectionistic mothers more frequently used anger and negative emotion words when discussing their child's performance on a task, indicating dissatisfaction with their performance (Affrunti, Geronimi, & Woodruff-Borden, 2015). Parental perfectionism can even indirectly influence partners' parenting behaviors; for example, one study found that mothers who have perfectionist expectations for fathers' parenting behavior are less likely to encourage father involvement. Some studies examine the differential influence of positive and negative perfectionism on parenting. For example, one study found that parental positive perfectionism is positively associated with parental acceptance of children while negative perfectionism is negatively associated with acceptance. In that same study, the authors found that negative perfectionism was associated with criticism of children and more permissive parenting. The link between perfectionism and permissive parenting may seem counterintuitive, but the authors theorized that parents may avoid setting limits in order to evade criticism from their partner or children (Greblo & Bratko, 2014). Another study found that a form of positive perfectionism was linked to better parental adjustment (e.g., higher parenting efficacy and satisfaction) while negative perfectionism was linked with poorer adjustment (Lee et al., 2012).

Parental perfectionism also influences outcomes for children of perfectionists. Several studies show that parental perfectionism is associated with the development of perfectionism in children (Appleton, Hall, & Hill, 2010; Cook & Kearney, 2009, 2014;

Frost, Lahart, & Rosenblate, 1991; Neumeister, 2004). One hypothesized pathway for this relationship is that parents' unrealistic expectations and conditional approval leads to the development of perfectionism in children (Appleton et al., 2010; Neumeister, 2004). Given the association between perfectionism and anxiety in parents, it makes sense that children of perfectionists, who are more likely to be perfectionists themselves, experience more internalizing disorders such as depression and anxiety (Affrunti & Woodruff-Borden, 2015; Besharat, 2003; Frost et al., 1991; Randall, Bohnert, & Travers, 2015). One study found that both parental perfectionism and the type of parenting strategies used by perfectionists (i.e., overcontrol) contribute to the development of anxiety in children (Affrunti & Woodruff-Borden, 2015). Another study found that mothers' use of language when interacting with their children, such as using negative emotion words, predicted whether children would develop anxiety (Affrunti et al., 2015). Overall, the literature supports the conclusion that perfectionism, especially negative perfectionism, has a negative impact on parenting practices and child outcomes.

Summary

Parenting practices are one of the most important determinants of child behavior (Schwarz et al., 2012). Religiosity is one contextual variable that has been shown in the literature to have a particularly significant impact (Landor et al., 2011). Overall, increased religiosity tends to have a positive impact on parenting practices and child outcomes but this is not always true (Landor et al., 2011; Mahoney et al., 2008). For Judeo-Christian parents, there are variables such as biblical literalism and sanctification

of parenting that may influence the impact of religiosity on parenting (Murray-Swank et al., 2006). Additionally a parent's level of both positive and negative perfectionism may influence the relationship between parenting practices and religiosity (Affrunti & Woodruff-Borden, 2015). Since each religious faith is different in its beliefs and practices, it is important to examine these variables within an individual religious faith. In general, a multicultural psychology approach, in which one group's unique characteristics are studied without assuming that those same characteristics are present in other groups, is favored. Studying one religious group as opposed to making group comparisons allows researchers an in-depth understanding of the variability present within a group rather than focusing on differences between groups (Hall et al., 2016). In the current study, members of the LDS church were examined.

CHAPTER III

METHODS

Participants

There were 210 participants who self-identified as members of the LDS church and had at least one child between the ages of 2 and 12. The participant demographic information is contained in Table 1. Most of the participants resided in Utah (33.8%, $n = 71$) or New York (31.9%, $n = 67$). The remaining participants were approximately evenly distributed over 26 other states. Most participants were born into the LDS church (76.7%, $n = 161$). The age of conversion for those who were not born in the church, ranged from three to 65 ($M = 24.18$, $SD = 11.66$). Most of the participants had a spouse or partner who lived with them and their child (91.4%, $n = 192$). Of those participants, 84.3% ($n = 177$) had an LDS spouse or partner. The vast majority of participants were the biological parent of the child for which they were completing the measures (96.7%, $n = 203$). Most of the participants had never attended a parenting class (61%, $n = 128$). The child demographic characteristics are contained in Table 2. Previous research on LDS individuals in the U.S. found that LDS individuals are more likely to be White, have some college, and be in the middle-income bracket than the general population (Pew Research Center, 2009). The sample in the current study is racially representative of LDS individuals in the U.S. as of 2014; however, the current sample is more educated and has higher income than the general LDS population (Pew Research Center, 2014).

Table 1

Participant Characteristics

Variable	Mean	SD	%	<i>n</i>
Age	35.70	7.16		
Gender				
Male			50	105
Female			50	105
Race and ethnicity				
White/Caucasian			90.5	190
Black/African American			2.9	6
Asian			2.4	5
Latino/a or Hispanic			1.9	4
Native American			1	2
Pacific Islander			1	2
Other			0.5	1
Marital status				
Married			89	187
Single/never married			4.3	9
Divorced			3.3	7
Separated			1.4	3
Divorced/remarried			1.4	3
Living with partner/unmarried			.5	1
Education				
High school graduate (GED)			7.6	16
Some collage/trade school/associate degree			23.3	49
College graduate/bachelor's degree			44.3	93
Graduate or professional degree			24.8	52
Annual Income				
< \$15,000			3.3	7
\$15,000 - \$30,000			9	19
\$30,000 - \$45,000			11.4	24
\$45,000 - \$60,000			10.5	22
\$60,000 - \$75,000			12.9	27
> \$75,000			52.9	111
Political ideology				
Strongly liberal			13.8	29
Moderately liberal			10	21
Moderate			37.6	79
Moderately conservative			28.6	60
Strongly conservative			10	21

Table 2

Child Characteristics

Variable	Mean	SD	%	<i>n</i>
Number of children per family	2.95	3.39		
Child age	7.74	3.37		
Child gender				
Male			64.3	135
Female			35.7	75
Child race and ethnicity				
White/Caucasian			90	189
Latino/a or Hispanic			3.8	8
Black/African- American			2.4	5
Other			1.9	4
Asian			1	2
Native American			1	2
Child mental health services				
Yes			30	63
No			70	147

Measures

Participants completed a demographics form that included questions about gender, race and ethnicity, age, income, education level, family size, mental health, political ideology, state of residence, and similar information about the child for which they completed the measures (see Appendix A). It also included questions specific to religion including religion of the coparent (or other adult in home), whether the respondent was raised LDS or converted to the church, and age of conversion.

The Eyberg Child Behavior Inventory (ECBI; Eyberg & Pincus, 1999) was used to measure the frequency and intensity of behavior problems experienced by the children of the parents in the study. The measure was designed to be used with children ages two

to 16 and contains 36 items rated on a 7-point Likert scale ranging from Never (1) to Always (7). The sum of these item ratings produces the raw score for the Intensity Scale with scores ranging from 32 to 252 (clinical cutoff = 131). The raw scores can also be converted to standardized *T* scores, which range from 33 to 94 (clinical cutoff = 60). The parents are also asked to rate whether each behavior is currently problematic for them (“yes” or “no”). Summing the number of “yes” responses produces the Problem Scale Score but only the *T* score for the Intensity Scale was used in the current study. Prior studies have found internal consistency for the Intensity scale to be .95 and test-retest reliability to be $r = .75$ (Eyberg & Pincus, 1999; Funderburk, Eyberg, Rich, & Behar, 2003). The ECBI scales are highly correlated with the Child Behavior Checklist Externalizing scale, which demonstrates concurrent validity (Boggs, Eyberg, & Reynolds, 1990). In addition, the ECBI has been shown to discriminate between children who have been referred for treatment of behavior problems and children who have not been referred for treatment (Eyberg & Pincus, 1999). Internal consistency in the current study was consistent with previously reported statistics, with a Cronbach’s alpha of .98.

The Parenting Scale was used to measure parents’ disciplinary practices. Parents rated their likelihood of using various discipline strategies in response to child misbehavior (Rhoades & O’Leary, 2007). Thirty items are rated on a 7-point Likert Scale with the discipline mistake and its effective counterpart serving as anchors. For example, an item such as, “When my child misbehaves....” is anchored with the following statements “I do something right away” and “I do something about it later.” The original scale produced scores in three dysfunctional discipline areas: Laxness, which is a

measure of permissive discipline; Overreactivity, which is a measure of anger, verbal and physical aggression in interactions with children; and Verbosity, which is a measure of overreliance on talking or lengthy verbal responses to children's misbehavior (Arnold, O'Leary, Wolff, & Acker, 1993). However, the Verbosity scale identified in the original study has not been replicated (Harvey, Danforth, Ulaszek, & Eberhardt, 2001; Irvine, Biglan, Smolkowski, & Ary, 1999; Prinzie, Onghena, & Hellinckx, 2007; Reitman et al., 2001). Although shortened versions of the Overreactivity and Laxness Scales have been developed, confirmatory factor analyses and item response theory techniques lend support for using the original Overreactivity and Laxness Scales because of superior psychometric properties (Lorber, Xu, Slep, Bulling, & O'Leary, 2014; Salari, Terreros, & Sarkadi, 2012). Prior studies have demonstrated that internal consistency for both the Laxness Scale ($\alpha = .83$), and Overreactivity Scale ($\alpha = .82$) is adequate. Test-retest reliability also was adequate for both scales ($r = .82-.83$) Evidence for construct validity was supported by the finding of significant differences on the Laxness and Overreactivity Scale scores between parents of clinic-referred children and parents of non-clinical children. Scores on the Parenting Scale were also correlated significantly with observed discipline mistakes (Arnold et al., 1993). Overall, multiple studies support the sound psychometric properties of the Parenting Scale with parents of preschoolers, school-age children, and adolescents (Arnold et al., 1993; Irvine et al., 1999; Lorber et al., 2014; Prinzie et al., 2007). In the current study, the Overreactivity and Laxness subscales were used. A total score, which is the combined average score from the Overreactivity and Laxness subscales was used in the correlation analyses. The possible range of average

scores is from one to seven. In the current study, the Laxness ($\alpha = .81$), Overreactivity ($\alpha = .74$), and combination of the Laxness and Overreactivity scales ($\alpha = .85$) had adequate internal consistency.

Religiosity was measured using the scale developed by Chadwick and Top (1993) to measure religiosity in an LDS sample. Several variations of the scale have been used containing different subscales with slightly different items (Chadwick & Garrett, 1998; Chadwick & Top, 1993; Chadwick, Top, & McClendon, 2010). In the current study, Chadwick and Top's (1993) version was used; however, the three items on the Integration with Congregation subscale were omitted as integration with congregation was not a central issue to this study. The scale contains 24 items separated into five subscales: Belief, Private Religious Behavior, Spiritual Experiences, Family Religious Behavior, and Public Religious Behavior. The Belief subscale contains eleven LDS religious doctrines such as, "Jesus Christ is the divine Son of God" to which respondents rate their agreement on a 5-point Likert scale ranging from 1 (Strongly Agree) to 5 (Strongly Disagree) with 3 (Mixed Feelings) serving as the midpoint. The Private Religious Behavior Subscale contains three items such as "I read the scriptures" and respondents rate the frequency with which they engage in the behavior from 1 (Daily) to 5 (Never). The Spiritual Experiences subscale contains three items such as "I know what it feels like to repent and be forgiven" for which respondents rate their agreement. The Family Religious Behavior subscale contains three items such as, "My family has family prayer" for which respondents rate the frequency they engage in the behavior. The Public Religious Behavior subscale contains four items such as "I attend Sacrament Meeting"

and respondents rate the frequency with which they engage in the behavior on the same 5-point scale (Chadwick & Top, 1993). A factor analysis was conducted and both the Eigenvalues and factor weights supported the unidimensionality of the scales and Cronbach's alpha coefficients supported their reliability (Chadwick & Top, 1993). Another study reported satisfactory internal consistency for the three subscales used in that version, with alpha coefficients of $r = .95$ for the Belief subscale, $r = .80$ for the Private Religious Behavior subscale, and $r = .79$ for the Public Religious Behavior subscale (Chadwick & Garrett, 1998). In the current analysis, an average score based on the responses for all of the items on each of the Religiosity Subscales, with a possible range from 1 to 5, was used in the correlational analyses. The individual subscale scores were used in the other analyses. Cronbach's alpha was adequate for all scales: religious belief ($\alpha = .94$), spiritual experiences ($\alpha = .83$), private religious behavior ($\alpha = .77$), public religious behavior ($\alpha = .79$), family religious behavior ($\alpha = .85$), and total ($\alpha = .93$).

A review of the literature revealed that methods for measuring biblical literalism are quite variable with some studies using one item and other studies using 10-item scales that include accounts from the bible (Stroope, Franzen, & Uecker, 2015; Village, 2012). Although biblical literalism is a complex and nuanced concept, in the current study, it was measured using two items because of the potential for respondent fatigue and because biblical literalism was not central to the main analysis in this study. The two items selected for this study have previously been used with parents to measure biblical literalism (Ellison, Musick, & Holden, 2011). The two items are as follows: "The *Bible* is

God's Word and everything happened or will happen exactly as it says" and "The *Bible* has the answer to all important human problems." These items were rated on a 6-point Likert scale ranging from strongly disagree to strongly agree (Ellison et al., 2011). Similar items have been used to measure biblical literalism in other studies (Cassese & Holman, 2016; Schieman, 2011). An average score based on ratings for the two items, with a possible range of one to six, was used in the analysis. The Pearson's r correlation between the two items was $r = .62, p < .01$.

The Manifestation of God in Parenting Scale (MOGPS) was used to measure the extent to which individuals in this study viewed their role as parents as sanctified or linked to their experiences of God (Murray-Swank et al., 2006). This scale was designed to be used with individuals who have theistic religious beliefs and is particularly relevant for religions associated with the Judeo-Christian tradition. Respondents rate their level of agreement with 14 items such as "Being a parent is a calling from God" on a 7-point Likert scale ranging from strongly disagree (1) to strongly agree (7). A total score is obtained by summing the ratings for each item. Possible scores range from 14 to 98 (Murray-Swank et al., 2006). Internal consistency for this scale ranges from $\alpha = .87$ for mothers and $\alpha = .98$ for fathers (Volling et al., 2009). Another study found that the internal consistency for the scale to be very high ($\alpha = .97$) (Weyand et al., 2013). The total score was used in the current study. The internal consistency in the current study was $\alpha = .98$.

The Positive and Negative Perfectionism Scale (PANPS) was used to measure adaptive and maladaptive perfectionism. The PANPS is a 40-item questionnaire on which

respondents rate their agreement with statements such as, “I set impossibly high standards for myself” on a 5-point Likert scale ranging from strongly agree (5) to strongly disagree (1). There are 20 items on both the Positive and Negative Perfectionism Scale and scores can range from 20 to 100 for each scale (Terry-Short, Glynn Owens, Slade, & Dewey, 1995).

Previous studies using a factor analytic approach revealed a two-factor solution for this measure: Negative perfectionism and positive perfectionism. The two-factor solution has been supported in multiple studies though the number of items varied in each solution (Haase & Prapavessis, 2004; Haase, Prapavessis, & Owens, 1999, 2002). One study compared several confirmatory factor analyses of the PANPS and found that a two-factor model with correlated factors came closest to being a good fit yet it fell just short of four of the five statistical criteria for a good fitting model (Egan, Piek, Dyck, & Kane, 2011). Validity was demonstrated through expected group differences in PANPS scores. For example, athletes obtained the highest scores on the Positive Perfection Scale when compared to individuals with depression, individuals with eating disorders, and a control group. Additionally, athletes and the control group had lower negative perfectionism scores than the eating disorder group and the depression group (Terry-Short et al., 1995). The validity of the Positive Perfectionism Scale was supported in a non-clinical group by moderate to high correlations with the Personal Standards subscale on the Multidimensional Perfectionism Scale (Frost, Marten, Lahart, & Rosenblate, 1990), which is correlated with positive adjustment (Stoeber & Otto, 2006). Internal consistency for both scales was high, with Cronbach’s alpha’s ranging from .84 to .86 for the positive

perfectionism scale and .87 to .94 for the negative perfectionism scale (Egan et al., 2011; Greblo & Bratko, 2014). Test-retest reliability for the Positive Perfectionism Scale is $r = .77$ and for Negative Perfectionism it is $r = .82$ (Bergman, Nyland, & Burns, 2007). Both the Positive and Negative Perfectionism Scale Scores were used in the current study. Internal consistency for the Positive Perfectionism Scale was $\alpha = .91$, Negative Perfectionism Scale was $\alpha = .95$ and Total Scale was $\alpha = .95$

Procedures

University IRB approval was obtained prior to recruiting participants for this study. The Qualtrics Online Sample tool was used to recruit participants who matched the inclusion criteria for this study; only individuals living in the U.S. were eligible to participate. Participants were required to self-identify as members of the LDS church and have at least one child between the ages of two and 12. The inclusion criteria and the desired sample size were given to Qualtrics. A fee was paid to Qualtrics Panel for recruitment of each participant. Qualtrics partnered with companies that had existing panels of individuals who were interested in completing online surveys. The partner companies invited individuals who potentially met the inclusion criteria to participate in the study in exchange for receiving a small payment. Most participants were paid in a virtual currency (point system). For this study, participants received between \$2.30 and \$2.88 depending on who their partner provider was. It is important to note that virtual currency and US dollar currency are not always even in value.

There were 1,781 individuals who started the online survey. Of those participants,

1,571 were screened out due to not passing the initial eligibility questions or not completing the survey ($n = 1554$), answering questions related to the inclusion criteria inconsistently ($n = 16$), or providing unusable data ($n = 1$), which left 210 participants in the final sample. Qualtrics conducted a soft-launch of the survey with a small sample of participants to obtain the median completion time. Thereafter, participants who completed the survey in less than one-third of the median soft-launch time were excluded from the dataset as it was assumed they were not responding accurately or thoughtfully. The initial dataset from Qualtrics contained 17 unusable responses. The responses were unusable for various reasons including participants who were younger than 18, participants who did not meet the inclusion criteria, and participants who selected the same answer for the entire survey. Unusable responses were sent back to Qualtrics and the survey was reopened to obtain additional responses. The new responses were reviewed to ensure they met the eligibility requirements and were retained in the final dataset ($n = 210$). The researchers also set a quota to obtain a sample of approximately equal numbers of males and females.

Several strategies intended to increase the validity of responses were implemented prior to launching the study. For example, participants received a one-time use anonymous survey link that prevented them from taking the survey more than once. Additionally, participants were reminded throughout the survey that their responses were anonymous and that there were no “right or wrong” answers. Additionally, if respondents left an item blank they were reminded to complete the item before continuing but this was optional and they were able to proceed without answering all items.

The Qualtrics survey included a letter of information describing the study (see Appendix B), the demographics questionnaire, the ECBI, the Parenting Scale, the Religiosity Scale, the Biblical Literalism Scale, the Manifestations of God in Parenting Scale, and the Positive and Negative Perfectionism Scale. The presentation of the measures was counter-balanced in order to control for potential order effects. If a participant had more than one child within the specified age range, he or she was instructed to complete the measures on either the oldest or youngest child in the age range; this was randomly assigned to control for potential biases in parent selection of the child.

Data Analysis

Descriptive statistics, including means, standard deviations, and correlations among measures were calculated using SPSS version 23. To answer the first research question, the correlations between Biblical Literalism, Sanctification of Parenting, Religiosity, and Parenting Practices were explored. The remaining research questions were answered using structural equation modeling (SEM). The SEM was estimated using the program, Mplus Version 8. SEM was performed to test the hypothesized model, which included a direct effect of religiosity on parenting practices and its indirect effect on child behavior. The moderated effect of Negative and Positive Perfectionism on the relationship between religiosity and parenting practices was included as an interaction effect in the model. The hypothesized conceptual model is depicted in Figure 1. The hypothesized model included two latent variables: Parental Religiosity and Parenting

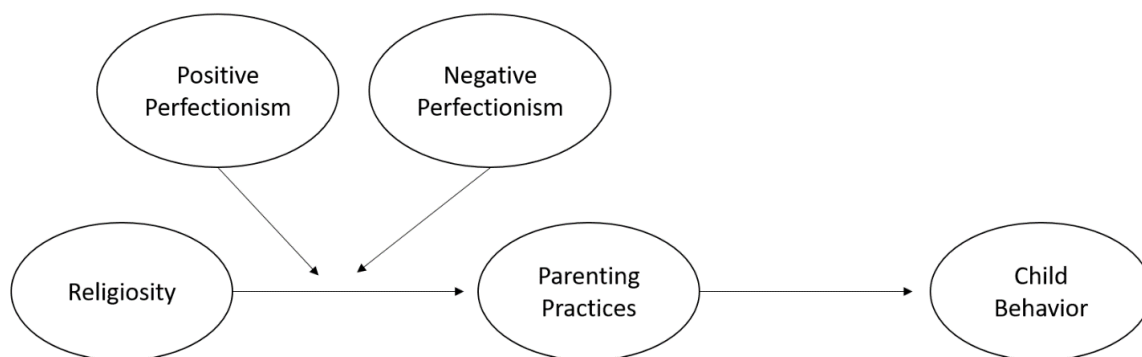


Figure 1. Diagram of hypothesized conceptual model.

Practices and 10 observed variables: positive perfectionism, negative perfectionism, parenting overreactivity, parenting laxness, religious belief, spiritual experiences, private religious behavior, public religious behavior, family religious behavior, and child behavior. In the hypothesized structural model, parenting practices and child behavior were endogenous variables while religiosity, positive perfectionism, and negative perfectionism were exogenous variables. Model fit for the confirmatory factor analysis was assessed by examining the chi square, root mean square error of approximation (RMSEA), standard root mean square residual (SRMR), comparative fit index (CFI), and Tucker-Lewis Index (TLI). A nonsignificant chi square, a RMSEA < .06, a SRMR < .08, and a CFI and TLI > .95 indicate a good-fitting model (Hu & Bentler, 1999). Model fit for the full SEM model was assessed using comparative fit indices (e.g., AIC, BIC). Prior to interpreting model parameters, the paths were examined to ensure the relationships were in the expected direction. Given the very small amount of missing data in the analysis (< 1%), pairwise and listwise deletion were used to handle cases with missing data. This is consistent with recommendations from Tabachnick and Fidell (2013) for insignificant amounts of missing data.

CHAPTER IV

RESULTS

Descriptive statistics, including means and standard deviations, were calculated for all of the measures in the study. The summary statistics for the variables of interest in the current study are contained in Table 3. Notably, the mean ECBI t score ($M = 62.25$) was above the clinical cutoff which means that on average, parents in this study reported clinical levels of disruptive behavior in their children. Additionally, on average, parents in this sample tended to have a literal interpretation of the bible, were highly religious, and tended to view God as highly involved in their role as parents. The current sample's average levels of both positive and negative perfectionism were higher than the control

Table 3

Descriptive Statistics for Variables of Interest

	Mean	<i>SD</i>	Range
Biblical Literalism	5.45	1.27	1-7
Eyberg Child Behavior Inventory total t score	62.25	18.14	33-91
Manifestations of God in Parenting Scale total score	80.72	17.72	14-98
Positive and Negative Perfectionism Scale: Positive perfectionism	77.79	10.71	42-100
Positive and Negative Perfectionism Scale: Negative perfectionism	68.77	16.87	27-96
Parenting Scale Laxness	3.05	0.98	1.09-5.55
Parenting Scale Overreactivity	3.21	0.96	1.0-5.6
Religiosity scales			
Religious belief	4.46	0.63	1-5
Spiritual experiences	4.42	0.70	1-5
Private religious behavior	3.88	0.90	1-5
Public religious behavior	3.84	1.02	1-5
Family religious behavior	3.72	1.14	1-5

group in a study conducted by the developers of this measure (Terry-Short et al., 1995). Additional descriptive statistics for variables not used in the main analysis are contained in Appendix C.

The bivariate Pearson correlations between each variable of interest are presented in Table 4. All but eight of the correlations were statistically significant ($p < .05$ and $p < .01$). There were moderately strong positive correlations between Negative Perfectionism and Positive Perfectionism ($r = .60, p < .01$), such that greater levels of Negative Perfectionism were associated with greater levels of Positive Perfectionism; Negative Perfectionism and Parenting Laxness ($r = .61, p < .01$), such that greater levels of Negative Perfectionism were associated with greater levels of laxness in parenting; and Negative Perfectionism and child disruptive behavior ($r = .66, p < .01$), such that greater levels of Negative Perfectionism were associated with greater levels of child disruptive behavior. There was also a moderately strong correlation between Parenting Laxness and disruptive child behavior ($r = .66, p < .01$), such that greater levels of laxness in parenting was associated with greater levels of child disruptive behavior. Additionally, there were strong positive correlations between Religious Belief and Spiritual Experiences ($r = .78, p < .01$), Private and Public Religious Behavior ($r = .71, p < .01$), Private and Family Religious Behavior ($r = .76, p < .01$), and Public and Family Religious Behavior ($r = .77, p < .01$).

The correlations between biblical literalism, sanctification of parenting, religiosity (as measured by the Total Religiosity Score), and parenting practices (as measured by the combined Overreactivity and Laxness scores) were examined. There were moderate

Table 4

Bivariate Pearson Correlation Matrix for Variables of Interest

Measures	1	2	3	4	5	6	7	8	9	10	11	12
1. Biblical literalism	—											
2. ECBI total <i>t</i> score	.29**	—										
3. MOGPS total score	.45**	.17*	—									
4. PANPS: Positive perfectionism	.29**	.41**	.22**	—								
5. PANPS: Negative perfectionism	.18**	.66**	.06	.60**	—							
6. Parenting scale: Laxness	.19**	.66**	-.05	.31**	.61**	—						
7. Parenting Scale: Overreactivity	.10	.56**	-.09	.27**	.56**	.57**	—					
8. Religiosity: Belief	.29**	-.17*	.39**	.05	-.15*	-.21**	-.19**	—				
9. Religiosity: Spiritual experiences	.30**	.02	.48**	.17*	.03	-.09	-.05	.78**	—			
10. Religiosity: Private behavior	.46**	.36**	.47**	.36**	.32**	.22**	.18*	.39**	.57**	—		
11. Religiosity: Public behavior	.48**	.39**	.46**	.31**	.34**	.27**	.25**	.32**	.40**	.71**	—	
12. Religiosity: Family behavior	.44**	.42**	.43**	.39**	.43**	.30**	.29**	.26**	.45**	.76**	.77**	—

* Significant at the .05 level (2-tailed).

** Significant at the .01 level (2-tailed).

positive correlations between biblical literalism and sanctification of parenting ($r = .45, p < .01$) and biblical literalism with religiosity ($r = .49, p < .01$), indicating that as literal interpretation of the bible increased so did one's sanctification of parenting and religiosity. There also was a moderate positive correlation between sanctification of parenting and religiosity ($r = .55, p < .01$), indicating that as one's level of religiosity increased so did his or her sanctification of parenting. There was a statistically significant but weak correlation between biblical literalism and parenting practices ($r = .17, p < .05$). There was no relationship between sanctification of parenting and parenting practices ($r = 0.05, p > .05$).

Differences between fathers' and mothers' ratings on all study measures were explored. Fathers reported significantly more child behavior problems than did mothers ($t = 9.525, p < .0001$). Fathers reported engaging in more ineffective parenting practices including laxness ($t = 7.76, p < .001$) and overreactivity ($t = 5.002, p < .0001$). In addition, fathers reported higher levels of both positive ($t = 5.54, p < .001$) and negative perfectionism ($t = 2.56, p < .05$). There were significant differences between fathers and mothers on all of the religiosity variables except spiritual experiences. Fathers rated themselves significantly higher on private religious behavior ($t = 3.097, p = .002$), public religious behavior ($t = 4.226, p < .001$), and family religious behavior ($t = 3.235, p = .001$) while mothers reported higher levels of religious belief ($t = -2.034, p = .043$).

Confirmatory Factor Analysis

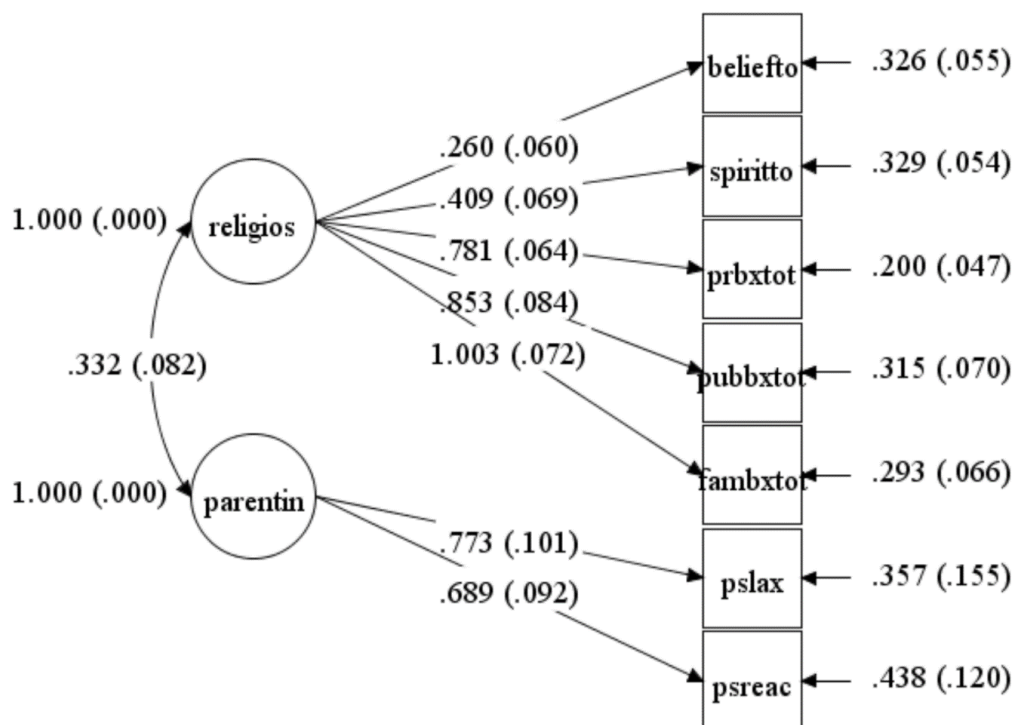
Prior to evaluating the structural model, the measurement model was assessed by

conducting a confirmatory factor analysis on the hypothesized latent religiosity variable and the latent parenting practices variable. A visual inspection of the distributions of the observed variables in the model was conducted and it was determined that all of the religiosity subscales were negatively skewed and the ECBI total t score distribution was bimodal. The negative skew on the religiosity variables was expected given that the sample was comprised of individuals who self-identified as LDS. Several transformations were attempted on the variables to reduce skewness. Several reflection procedures, beginning with the most conservative (reflection square root transformation) to increasingly substantial transformations (reflection Logarithmic/Log 10 and reflection inverse) were attempted (Tabachnick & Fidell, 2013). Overall, none of these transformations led to markedly improved distributions and all of them led to an extremely poor fitting model; thus, the remaining analyses were conducted with the original untransformed variables. The data also were examined to detect univariate and multivariate outliers. Univariate outliers were assessed by converting raw scores to Z scores; Z scores greater than an absolute value of 3.29 were considered outliers. Twelve univariate outliers were identified. Multivariate outliers were assessed with Mahalanobis distance. Five multivariate outliers were identified. The outlier cases were examined and it was determined that the outliers were not due to missing data, data entry errors, or being from another population, although they tended to be less devout LDS individuals (participants who were outliers on variables related to religiosity were less religious). When the full structural model was run without the univariate and multivariate outliers, two of the results that were originally nonsignificant became statistically significant; the

remaining results were unchanged. Ultimately, the outliers were retained in the data since a robust estimator was used. Outliers have been shown to have little effect on similar robust estimation approaches (Yuan & Zhong, 2013). Linearity was assessed by visually evaluating the bivariate scatter plots for all combinations of the observed variables. It was determined that linearity was adequate for all of the variables. Collinearity of the observed variables was assessed by exploring the correlations between the observed variables to look for unexpectedly high correlations. The correlations between variables on the same factor and between predictor and outcome variables were appropriately strong but there were no unexpectedly high correlations. Additionally, collinearity diagnostic tests were conducted in SPSS. The following guidelines were used to identify problematic levels of collinearity: A condition Index greater than 30 and two or more variance proportions that are greater than .5 (Belsley, Kuh, & Welsch, 1980). One of the dimensions was above the established guidelines, which suggests a problem with collinearity. It is possible that this collinearity reduced statistical power of the analysis; however, using bias-corrected bootstrapped confidence intervals in the mediation analysis helped to limit the potential impact of collinearity on that analysis.

Due to violations of normality, The Maximum Likelihood estimator with standard errors that are robust to nonnormality (MLR) was used to assess the measurement model. MLR standard errors are computed using a sandwich estimator. Several fit indices were used to assess the fit of the current study's data with the hypothesized model. Recommended cut-off values to indicate good fit are as follows: nonsignificant Chi-square, *RMSEA* <.05, *SRMR* <.08, *CFI* >.95, and *TLI* >.95 (Hu & Bentler, 1999). The fit

statistics suggested that the hypothesized model (Model 1, see Figure 2), with one latent factor for Religiosity and one latent factor for Parenting, was a poor fit for the data in this study (see Table 5 for fit statistics). The Religiosity Scale has not been extensively studied, however, several studies have demonstrated that the five religiosity subscales are separate dimensions of the underlying religiosity factor, which is how they were tested in the original model (Chadwick & Garrett, 1998; Chadwick & Top, 1993; Chadwick et al., 2010). The hypothesized factor structure for the parenting variable was well established



Note. Figure contains standardized parameter estimates with standard errors in parentheses

Religios = Religiosity
Parentin = Parenting

Beliefto = Religious Belief
Spiritto = Spiritual Experiences
Prbxtot = Private Religious Behavior
Pubbxtot = Public Religious Behavior
Fambxtot = Family Religious Behavior
Pslax = Parenting Laxness
Psreac = Parenting Overreactivity

Figure 2. Confirmatory factor analysis diagram for model 1.

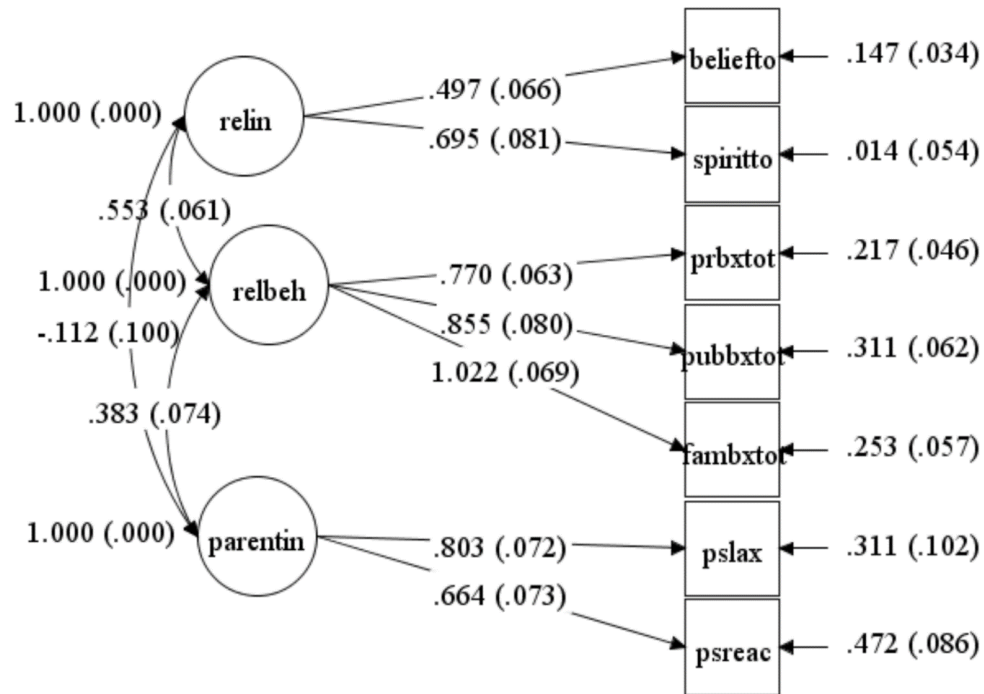
Table 5

Fit Statistics for Measurement Models

Model	χ^2	df	RMSEA	SRMR	CFI	TLI	AIC	BIC	aBIC
Hypothesized model (Model 1)	197.565**	13	.261	.133	.689	.498	3259.739	3333.270	3263.563
Final model (Model 2)	40.228**	11	.113	.048	.951	.906	3076.568	3156.784	3080.739
Model 3	136.891**	11	.234	.130	.788	.595	3202.361	3282.577	3206.532

** $p < .0001$.

in previous studies (Harvey et al., 2001; Irvine et al., 1999; Prinzie et al., 2007; Reitman et al., 2001). An exploratory factor analysis was conducted in order to determine if another theoretically sound model created a better statistical fit with the data. A review of the observed religiosity variables revealed that they could be substantively grouped into two different types of religiosity: Internal Religiosity and Religious Behavior. Internal Religiosity encompasses one's doctrinal beliefs and whether one believes he or she has encountered divine or spiritual experiences in his or her life. Religious Behavior encompasses the actions a person takes to live her or his religion. This model is consistent with prior research that demonstrates that religious belief and religious behavior are separate dimensions of religiosity among LDS individuals (Cornwall, Albrecht, Cunningham, & Pitcher, 1986). This model (Model 2; see Figure 3) adequately fit the study data and greatly improved the fit from the hypothesized model (see Table 5). Standardized residuals were also examined to further assess model fit; if standardized residuals could not be calculated (due to negative variance), normalized residuals were used. Values greater than an absolute value of 1.96 indicate potential sources of model misfit. The standardized residual covariance between Family Religious Behavior and



Note. Figure contains standardized parameter estimates with standard errors in parentheses.

Relin = Internal Religiosity
 Relbeh = Religious Behavior
 Parentin = Parenting

Beliefto = Religious Belief
 Spiritto = Spiritual Experiences
 Prbxtot = Private Religious Behavior
 Pubbxtot = Public Religious Behavior
 Fambxtot = Family Religious Behavior
 Pslax = Parenting Laxness
 Psreac = Parenting Overreactivity

Figure 3. Confirmatory factor analysis diagram for model 2.

Religious Belief was $z = -3.75$ and the standardized residual covariance between Parenting Overreactivity and Religious Belief was $z = -4.16$. Additionally, the normalized residual covariance between Parenting Laxness and Religious Belief was -2.212 . This indicates that the observed variable Religious Belief and its relationship with several other variables may be a potential source of misfit. However, modification indices calculated in Mplus are considered a more reliable way to guide detection of model misfit (Muthén, 1998-2004).

Modification indices were reviewed to see if substantively meaningful changes could further improve the fit of this model. The Mplus default test (i.e., Chi-square) was used to assess which model parameters could be relaxed to improve model fit (Geiser, 2013). Model fit would have improved if Religious Belief and Spiritual Experiences were allowed to load on both religiosity factors. Based on the poor-fitting model obtained when all of the observed religiosity variables loaded on one factor, having one religiosity factor was not appropriate. Additionally, allowing the observed religiosity variables to load on both religiosity factors did not fit with the theoretical conceptualization, so the modifications were not made. All other modifications that were indicated were not supported by theory and were not implemented. Additionally, bivariate correlations between the observed variables were examined to determine if the variables within a factor correlated more highly with each other than with variables on the other factor. All of the correlations between the variables within a factor were higher than across factors (see Table 4).

In order to further improve statistical fit of the model, other substantively meaningful factor structures were considered. Given that the existing literature shows a distinction between internal religiosity and external religiosity (Ashby, 1999), Model 2 was revised to see if Spiritual Experiences, Religious Belief, and Private Religious Behavior (i.e., behavior others may not be aware of) loaded onto an internal religiosity factor and if Public Religious Behavior and Family Religious Behavior loaded onto an external religiosity factor. This model (Model 3) was a poor fit to the data (see Table 5). Information criteria statistics were compared for the three models and the smaller

statistics for Model 2 indicated it was the best fit for the data. Thus, the structural model was evaluated using Model 2 (see Figure 3).

The factor loadings were all statistically significant in the expected direction ($p < .001$). Two of the three latent factors were significantly correlated; Internal Religiosity was significantly correlated with Religious Behavior ($r = .553, p < .001$) and Religious Behavior was significantly correlated with Parenting Practices ($r = .383, p < .001$). However, Internal Religiosity was not significantly correlated with Parenting Practices ($r = -.112, p = .260$). The squared multiple correlation (SMC or R^2) values were obtained to evaluate the amount of variability in the observed variables explained by the latent variables. The construct of Internal Religiosity accounts for 62.7% of the variability in religious belief and 97.3% of the variability in spiritual experiences. The construct of religious behavior accounts for 73.2% of the variability in private religious behavior, 70.1% of the variability in public religious behavior, and 80.5% of the variability in family religious behavior. Finally, the construct of parenting accounts for 67.4% of the variability in parenting laxness and 48.3% of the variability in parenting overreactivity. overall, it was determined that the latent variables were well represented by the observed variables.

Structural Equation Model

The structural equation model was estimated using the maximum likelihood estimator with standard errors that are robust to nonnormality (MLR). First, the structural model without the latent interaction term was estimated in order to provide a basis for

comparison to determine the utility of including the interaction effect. The fit statistics were as follows: ($\chi^2 = 161.963$, $df=31$, $p < .0001$; $RMSEA = .142$; $CFI = .842$; $TLI = .776$; $SRMR = .179$). Information criteria statistics for the model were as follows: $AIC = 4732.391$; $BIC=4829.319$; $aBIC=4737.432$. Parenting practices significantly predicted disruptive child behavior ($\beta = 14.4779$, $p < .001$). Internal religiosity and religious behavior significantly predicted parenting practices ($\beta = -.462$, $p = .001$; $\beta = .717$, $p < .001$). Positive and Negative perfectionism did not significantly predict parenting practices ($\beta = .100$, $p = .130$; $\beta = -.007$, $p = .154$).

Next, the latent interaction term was included in the estimated model (see Figure 4). The observed variables involved in the interaction (positive and negative perfectionism) were mean-centered in order to aid interpretation of the parameter estimates for the interaction effect. Interaction plots using the mean-centered Positive and Negative Perfectionism values with the mean-centered parameter estimates were created. Estimated values for positive and negative perfectionism were taken from the 25th, 50th, and 75th percentile. Global fit indices for the full model could not be obtained due to the interaction effect; testing the interaction effect meant that means, variances, and covariances were not sufficient statistics for model estimation. Information criteria statistics for the full model were as follows: $AIC = 4700.063$; $BIC = 4810.202$; $aBIC = 4705.642$. The comparatively lower AIC, BIC, and aBIC values for the interaction model demonstrated that the addition of the interaction effect improved model fit. Standardized residuals could not be obtained due to the type of analysis conducted in Mplus (type = random); however, a review of unstandardized residuals revealed that ECBI t scores were

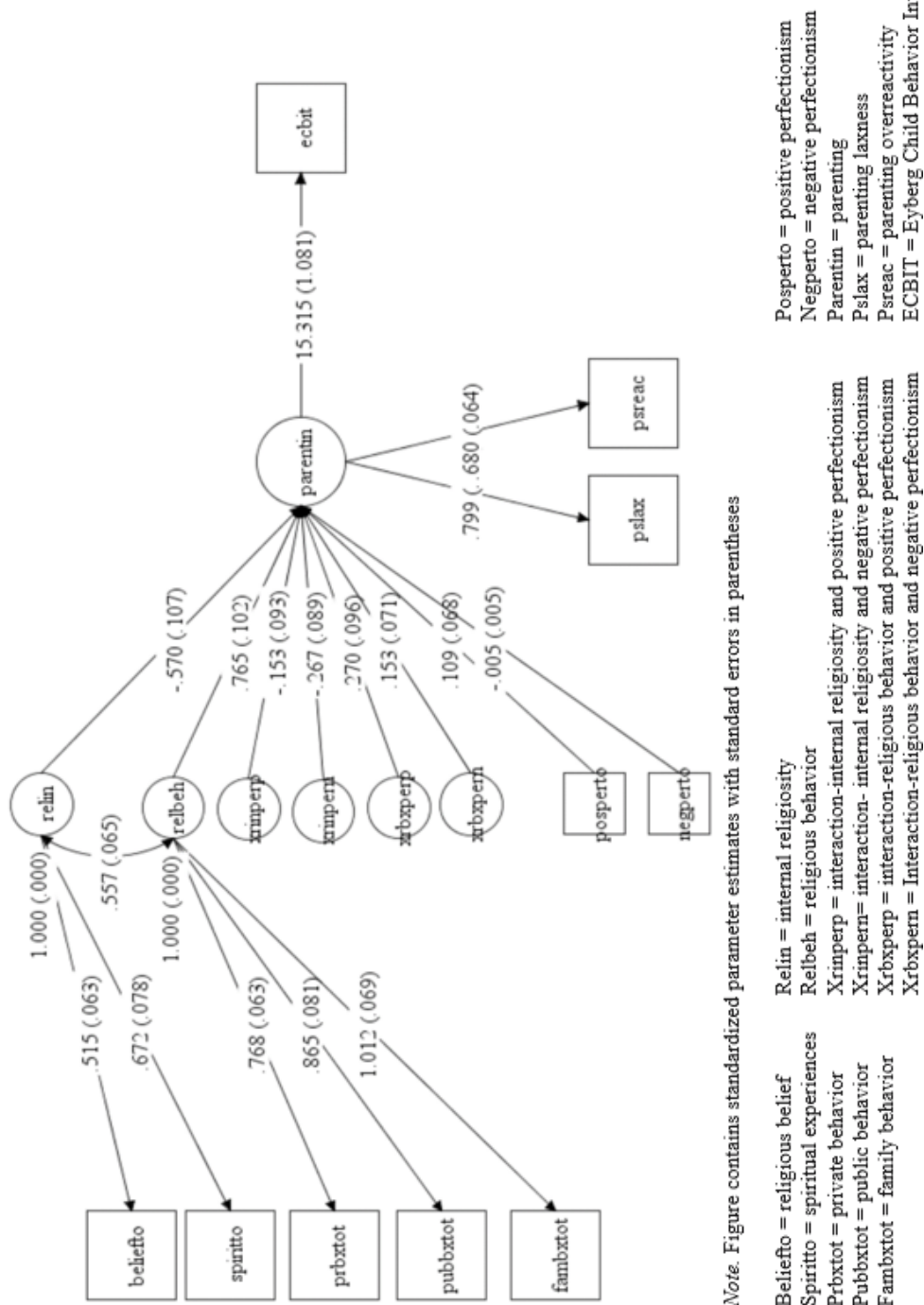


Figure 4. Structural model.

the main source of model misfit. This is likely due to the skewness and bimodal distribution of ECBI t scores.

Several covariates were explored to determine if results significantly changed when SES, parent gender, child gender, and level of education were controlled for. All of the results remained the same except the interaction between positive perfectionism and religious behavior on parenting practices was no longer significant. This result held for each of the covariates. Thus, the model was tested without covariates. Information criteria statistics for the model with a covariate were as follows: $AIC = 4689.052$; $BIC = 4805.865$; $aBIC = 4694.969$.

The standardized direct path coefficient from parenting practices to disruptive child behavior was statistically significant ($\beta = 15.32, p < .001$). Internal religiosity and religious behavior significantly predicted parenting practices ($\beta = -0.57, p < .001$; $\beta = .77, p < .001$). Positive and negative perfectionism did not significantly predict parenting practices ($\beta = .109, p = .107$; $\beta = -.005, p = .295$; respectively). The interaction between internal religiosity and positive perfectionism was not significant ($\beta = -.153, p = .100$) but the interaction between internal religiosity and negative perfectionism was statistically significant ($\beta = -.267, p = .003$), such that the effect of internal religiosity depended on the level of negative perfectionism. This interaction indicated that for parents high in negative perfectionism, greater levels of internal religiosity led to less ineffective parenting practices while for individuals who were low in negative perfectionism, greater levels of internal religiosity led to more ineffective parenting practices (see Figure 5). The interaction between religious behavior and positive perfectionism was statistically

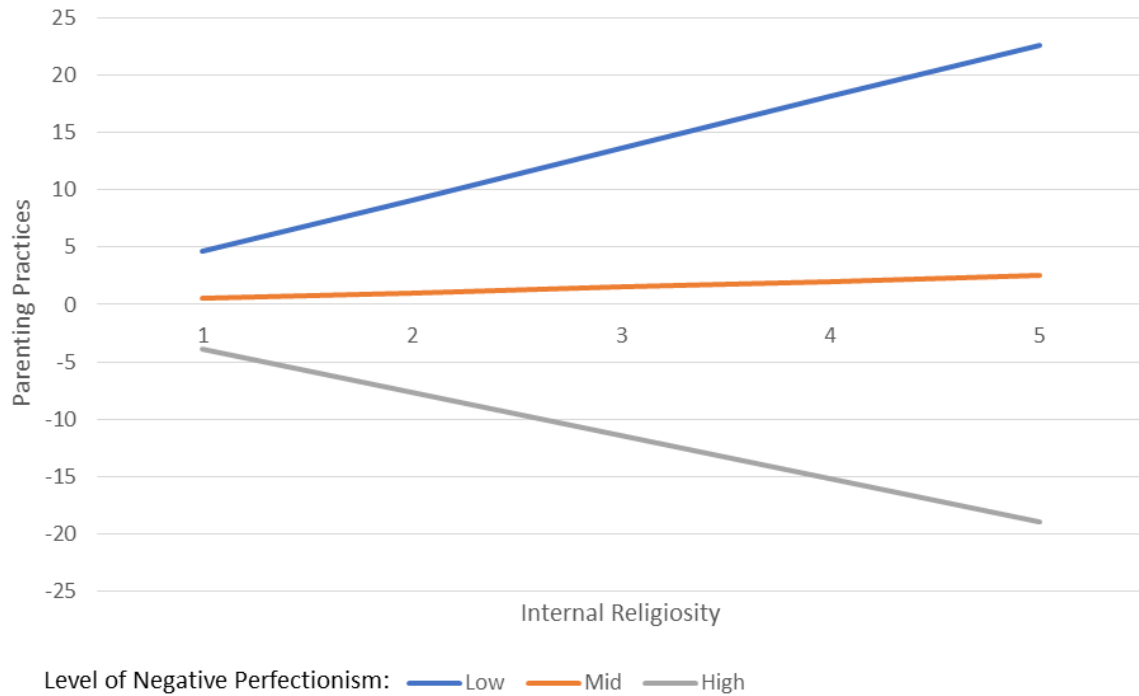


Figure 5. The interaction of varying levels of negative perfectionism on internal religiosity and parenting practices.

significant ($\beta = .270, p = .005$). For parents with high levels of positive perfectionism, greater levels of religious behavior led to more ineffective parenting practices. For parents with low levels of positive perfectionism, greater levels of religious behavior led to less ineffective parenting practices (see Figure 6). The interaction between religious behavior and negative perfectionism was also statistically significant ($\beta = .153, p = .031$). For parents with high levels of negative perfectionism, greater levels of religious behavior led to more ineffective parenting practices. For parents with low levels of Negative Perfectionism, greater levels of religious behavior led to less ineffective parenting practices (see Figure 7). The proportion of variability (R^2 values) of each endogenous variable explained by the model is contained in Table 6. These values can

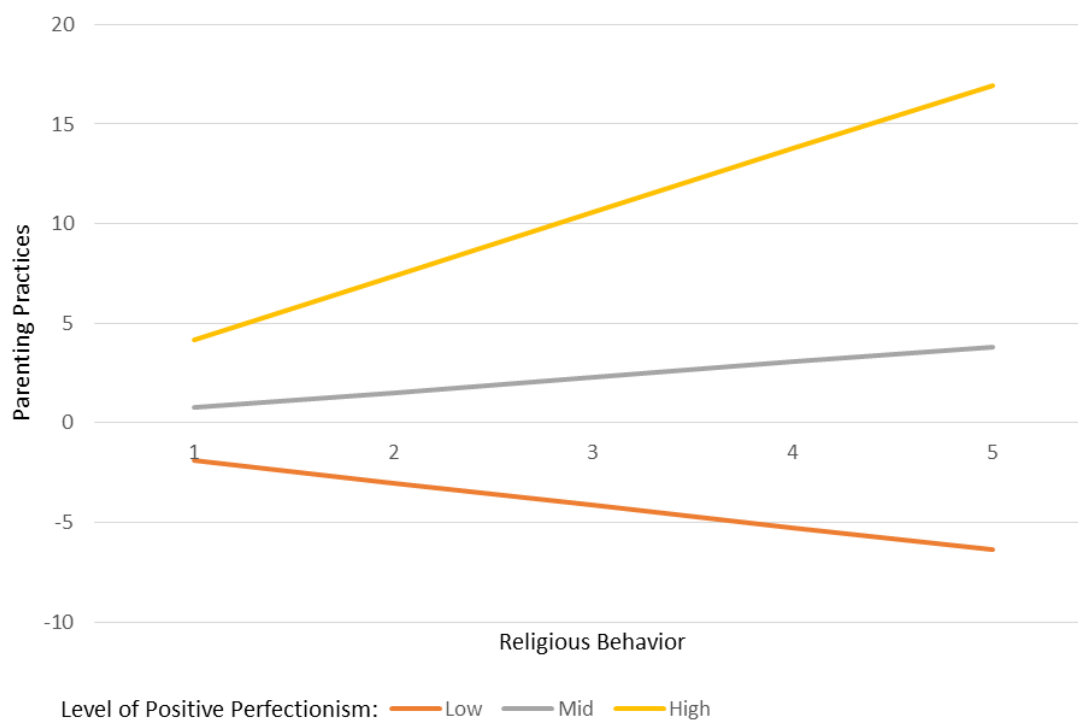


Figure 6. The interaction of varying levels of positive perfectionism on religious behavior and parenting practices.

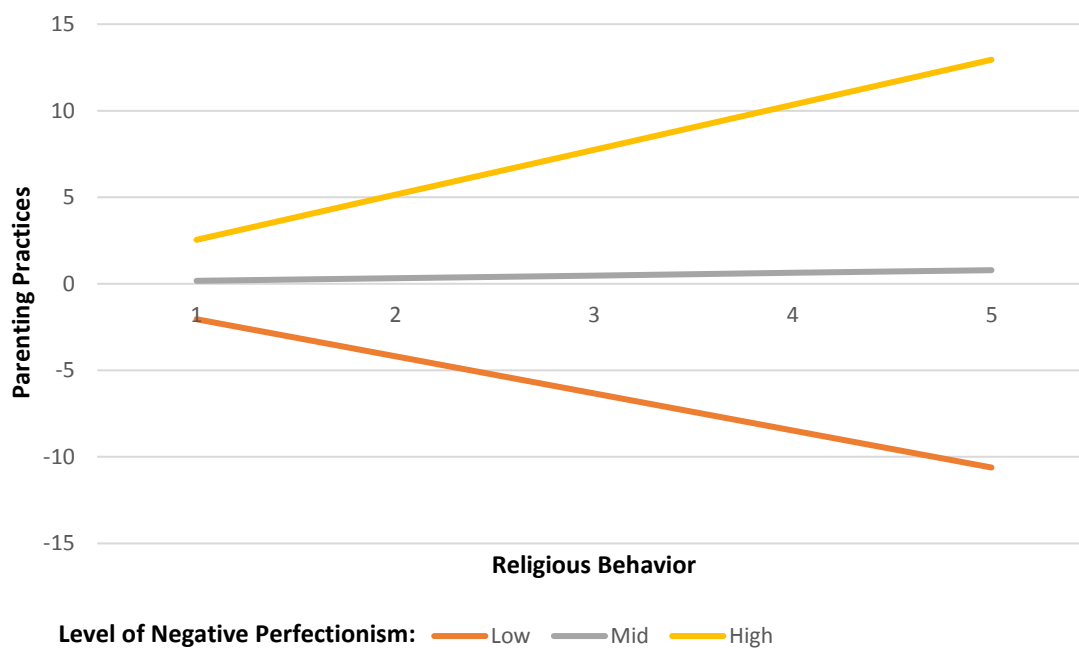


Figure 7. The interaction of varying levels of negative perfectionism on religious behavior and parenting practices.

Table 6

Proportion of Variability in Each Endogenous Variable Explained By the Model

Variable	R^2
Child behavior	.695
Religious belief	.671
Spiritual experiences	.905
Private religious behavior	.727
Public religious behavior	.715
Family religious behavior	.788
Parenting laxness	.647
Parenting reactivity	.490
Parenting	.567

also be interpreted as the lower bound of the reliabilities of these variables (Geiser, 2013).

Indirect Effect of Religiosity on Child Behavior

In order to assess the indirect effect of internal religiosity and religious behavior on child behavior through parenting practices, a structural equation model was specified as diagrammed in Figure 8. In this mediation analysis, religious behavior and internal religiosity were the predictors, parenting practices was the mediator, and child behavior was the outcome. The maximum likelihood estimator was used to estimate model fit. Bias-corrected bootstrapped confidence intervals were used to test the significance of the direct and indirect effects in the model. Several covariates were explored to determine if the results significantly changed when the model controlled for socioeconomic status (SES), parent gender, child gender, and level of education. The significance of the results

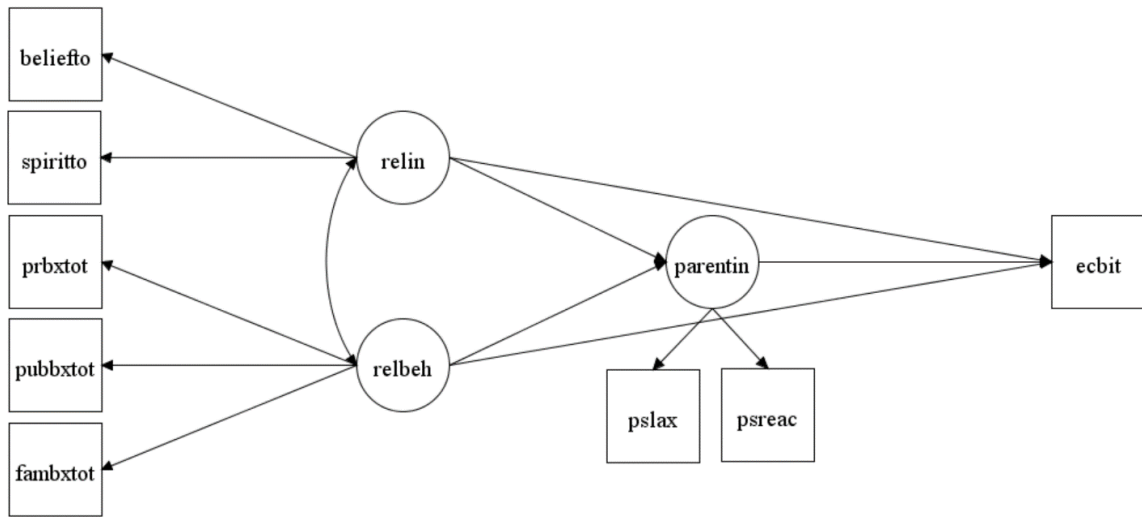


Figure 8. The mediation model.

did not change and the model was a poorer fitting model. Thus, the model was tested without covariates. The fit statistics for the model indicated a fit that was commensurate with the final confirmatory factor analysis model ($\chi^2 = 55.7755$, $df=15$, $p < .0001$; $RMSEA = .114$; $CFI = .958$; $TLI = .921$; $SRMR = .050$). Information criteria statistics were as follows: $AIC = 4730.073$; $BIC=4827.000$; $aBIC=4735.113$.

Internal Religiosity significantly predicted child behavior through parenting practices ($\beta = -6.554$, $p = .004$), such that greater levels of internal religiosity led to lower levels of disruptive child behavior. Parenting practices completely mediated the relationship between internal religiosity and child behavior as shown by the nonsignificant direct effect between internal religiosity and child behavior ($\beta = -0.159$, $p = .928$). The proportion of the effect that was mediated was 97%. The Kappa-squared effect size of $K^2 = .595$ indicates a large effect size (Preacher & Kelley, 2011). Religious Behavior also significantly predicted child behavior through parenting practices ($\beta =$

8.688, $p < .001$), such that greater levels of religious behavior led to increased levels of disruptive child behavior. Parenting practices completely mediated the relationship between religious behavior and child behavior as demonstrated by the nonsignificant direct effect between religious behavior and child behavior ($\beta = 3.212$, $p = .115$). The proportion of the effect that was mediated was 73%. The Kappa-squared effect size of $K^2 = .340$ indicates a large effect size.

CHAPTER V

DISCUSSION

Parenting practices are one of the most important determinants of child behavior (Botchkovar et al., 2015). The cultural context in which parenting occurs, including parents' religious background, has an impact on parenting practices (Weyand et al., 2013). Since there is extensive variability in religious beliefs and practices, it is important to study parenting practices within specific religious groups. The LDS Church, though it is the seventh largest denomination in the U.S., has not been extensively studied (National Opinion Research Center, 2014; Pew Research Center, 2014; P. Barlow, personal communication, March 1, 2018). An important personality characteristic that is related both to parenting and religiosity, and may be particularly relevant for LDS individuals, is perfectionism (Affrunti & Woodruff-Borden, 2015; Allen & Wang, 2014).

The purpose of the current study was to examine the impact of religiosity on parenting practices and child behavior in an LDS sample. Additionally, the interaction between perfectionism and religiosity and the impact that interaction has on parenting practices was of particular interest. The current study also aimed to explore additional variables of interest to an LDS sample including biblical literalism and sanctification of parenting and how those variables relate to parenting practices.

Biblical Literalism, Sanctification of Parenting, Religiosity, and

Parenting Practices

As expected, there were moderate positive relationships between biblical

literalism, sanctification of parenting, and religiosity. Participant's literal interpretation of the bible and beliefs about God's involvement in their parenting parallel their general religious beliefs. Since Latter-day Saint doctrine espouses the truth of the bible, it makes sense that in this study, participants who were higher in religiosity, including their beliefs in the doctrines of the church, have a more literal interpretation of the bible (Church of Jesus Christ of Latter-day Saints, 2004). Similarly, church doctrine teaches the importance of parenting; the doctrine states that God has commanded married couples to have children. Thus, it follows that parents who endorse higher levels of religiosity also rate sanctification of parenting higher (Church of Jesus Christ of Latter-day Saints, 2004). The positive relationship between sanctification of parenting and biblical literalism may be due to an underlying dimension of faithfulness to LDS doctrines and practices that encompasses literal interpretations of the bible, God's involvement in parenting, and religious beliefs and behavior.

There was no significant relationship between sanctification of parenting and parenting practices. This was surprising given previous literature has found a strong association between sanctification of parenting and parenting behavior (Dumas & Nissley-Tsiopinis, 2006; Goeke-Morey & Cummings, 2017; Murray-Swank et al., 2006; Volling et al., 2009; Weyand et al., 2013). Given that LDS doctrine states the family is essential to God's plan, it was anticipated that the perception of God's involvement in one's parenting would strongly influence parenting practices. Perhaps, other variables, such as the temperament of the child or parent-specific variables such as parent mental health or marital quality were more influential on parenting practices (Goeke-Morey &

Cummings, 2017). It is also possible that the lack of relationship was due to the way each variable was measured; the Manifestations of God in Parenting Scale included items that exclusively focused on a parent's role while The Parenting Scale specifically examined parenting behaviors. In this population, there may be a disconnect between a parent's abstract ideas about the parenting role and the behaviors they actually perform each day. Additionally, aside from encouraging parents to nurture, teach, and love their children, church doctrine does not discuss specific discipline practices that parents should or should not use; this also may have contributed to the non-significant correlation. It is also possible that the majority of parents, especially those who believe deeply in the religious significance of parenting, think that because it is important to them, they are parenting effectively, when in fact their parenting practices do not reflect this. The restricted range and negative skew of the distribution of scores on Manifestations of God in Parenting Scale may have contributed to the non-significant results.

There was a statistically significant but weak correlation between Biblical Literalism and Parenting Practices. An association was expected given previous literature that showed a relationship between biblical literalism and corporal punishment (Mahoney et al., 2008). Interestingly, a literal interpretation of the bible was more strongly related to laxness in parental discipline than overreactivity in parental discipline. It is possible that because the bible does not discuss parenting practices that pertain to modern-day situations, parents do not significantly change their parenting practices as a result of their belief in the bible. Additionally, the weak correlation could have been due in part to the relatively restricted range and the negative skew of the biblical literalism distribution.

Parental Religiosity and Parenting Practices

Internal religiosity and religious behavior had significant but opposite effects on parenting practices. Internal religiosity had a protective effect on parenting practices while religious behavior had a deleterious effect on parenting practices. The link between internal religiosity and improved parenting practices is consistent with previous literature, which shows that religiosity has a protective effect against severe discipline and abuse and is associated with rule setting and teaching about appropriate child behavior (Bornstein et al., 2017; Padilla-Walker et al., 2011; Webb & Whitmer, 2003; Wiley et al., 2002). It seems that individuals' religious beliefs, perhaps specifically their beliefs regarding the importance of family, influence their parenting behaviors. The negative impact of religious behavior on parenting practices was puzzling; previous research has not distinguished between internal religiosity and religious behavior when examining the impact on parenting. However, one study showed that public religious behaviors such as attending church were unrelated to positive parenting practices while another study showed that public religious behaviors were positively related to effective parenting practices (Ausubel, 2013; Perry & Snawder, 2017). Perhaps parents in this study who engage in high levels of religious behavior are more focused on the outward appearance of living their faith rather than internalizing doctrines about the importance of parenting. It is also possible that excessive time spent in religious activities may make it more difficult for parents to find time to engage in effective parenting practices. Additionally, LDS individuals who are very involved in their religion may be more likely to hold time-consuming church callings that may also take time away from engaging in effective

parenting practices.

Interaction Between Perfectionism and Religiosity

There was not a significant interaction between internal religiosity and positive perfectionism. However, there was a significant interaction between internal religiosity and negative perfectionism. Individuals high in negative perfectionism maintained the protective effect of internal religiosity on parenting practices. However, for individuals who were low in negative perfectionism, greater levels of internal religiosity had a negative effect on parenting practices. Perhaps maladaptive perfectionism, even if it leads parents to feel bad about themselves, is still motivating them to engage in more effective parenting practices. Individuals who are low in negative perfectionism may lack the motivation to engage in effective parenting practices, and their religious beliefs may be prioritized over effective parenting practices. Although precautions were taken to protect against social desirability, those who were high in negative perfectionism may have reported higher levels of internal religiosity and better parenting practices in order to appear more perfect. Overall, this finding was not what was expected given the literature that shows maladaptive perfectionism has a negative impact on parenting practices (Affrunti et al., 2015; Affrunti & Woodruff-Borden, 2015; Lee et al., 2012).

The interactions between religious behavior and both positive and negative perfectionism were statistically significant. For parents with high levels of positive and negative perfectionism, greater levels of religious behavior led to more ineffective parenting practices. This means that for those high in perfectionism, religious behavior is

operating the same way it did on parenting practices without the influence of perfectionism. For parents low in positive and negative perfectionism, greater levels of religious behavior led to less ineffective parenting practices. Perhaps all types of perfectionism become maladaptive and negatively impact behavior when individuals are balancing several domains of great importance that may compete for their time and energy. However, the association between positive perfectionism and ineffective parenting practices in the current study is inconsistent with previous literature, which demonstrates that positive perfectionism has a positive effect on a variety of behaviors, including parenting practices (Greblo & Bratko, 2014; Wang & Li, 2017). It is possible that in this population, positive perfectionism does not operate in the same way as it does in others. Perhaps for LDS individuals, striving to be perfect in living their religion, even if it is associated with positive feelings towards self, impedes their ability to parent effectively. Individuals who are high in perfectionism may rigidly adhere to the assigned importance of various life domains, prioritizing religious behavior over engaging in effective parenting practices. It should be noted that both of these possible explanations are at odds with the protective effects found for the interaction between high negative perfectionism and internal religiosity. It is possible that some of the unexpected findings related to perfectionism and religiosity may be due to a measurement issue. Perhaps, the religiosity measure did not function the way it was intended with this specific population. In summary, internal religiosity is helpful for parents high in negative perfectionism and religious behavior is helpful for individuals low in both types of perfectionism.

In this study, positive and negative perfectionism were correlated at $r = .6$. This

may mean that there is considerable overlap between the two types of perfectionism and that parents high in one type are most often high in the other type as well. Some researchers question whether positive perfectionism even exists due to the overlap with negative perfectionism (Flett & Hewitt, 2006). Thus, the differences in significance, particularly in the interaction between internal religiosity and positive and negative perfectionism in the current study may simply be an artifact of this sample.

Parental Religiosity and Child Behavior

Parents' internal religiosity had a positive effect on child behavior. Parents with higher levels of internal religiosity reported that their children had lower levels of disruptive behavior. This was a mediated effect such that the impact of internal religiosity on parenting is what led to a positive impact on child behavior. Higher levels of religious behavior was associated with higher levels of disruptive behavior in children. Again, this was due to the mediation of parenting practices. This finding is consistent with the previous literature that demonstrates the strong effect parenting practices have on child behavior (Botchkovar et al., 2015; Khan et al., 2015; Timpano et al., 2015). Devout members of the LDS church hold themselves and their children to high standards of moral behavior. This expectation may extend to children's compliance and obedience, which may lead these parents to perceive and report more disruptive behavior problems than might be reported in another sample. It appears that the effect of religiosity on child behavior parallels the effect of religiosity on parenting practices.

Limitations

There were several limitations in this study. The first of which, was the lack of normality in several of the observed variables in the model. The skewness of the religiosity variables and the skewed bimodal distribution of ECBI scores may have negatively impacted model fit. The results of the structural equation model must be interpreted with caution given the lack of normality. However, an MLR with robust standard errors was used in the CFA and in the interaction SEM model, which corrects for at least some bias associated with violations of multivariate normality. Additionally, bias-corrected Bootstrap estimates were used to interpret the significance of the mediation analysis. Another potential limitation was the impact of collinearity on the power of the analysis. Power to detect significant effects may have been reduced due to collinearity. However, bias-corrected bootstrap estimates were used in the mediation analysis, which helped to mitigate this limitation.

Another limitation was that some of the model fit indices for the CFA and SEM indicated global fit was less than ideal. The lack of normality among the variables may have had a negative effect on model fit. Other reasons for poor model fit were explored by examining the correlations between the observed variables and reviewing the modification indices in Mplus. All of the correlations were appropriate in that variables on the same factor correlated more highly within the factor than with variables on other factors. Additionally, the modification indices suggested changes that would have improved the fit of the model but were not supported by the theory and were not implemented. It is possible that there are other important variables, such as sanctification

of parenting, which if added to the model, would improve model fit. In addition, having only two variables to indicate a factor, as is the case with the Parenting latent variable and the Internal Religiosity latent variable means that the model has fewer degrees of freedom and thus less predictive ability. It also may lead to an over-simplification of the construct, excluding other important variables.

Another limitation in the current study was the discrepancy between characteristics of the sample and the population of LDS church members in the U.S. The intent was to obtain a sample that closely represented the population of members of the LDS Church in the U.S. However, approximately one third of the sample resided in the state of New York. In the general population, only about 1.2% of the LDS Church members in the U.S. reside in New York. It is possible that factors associated with geographic location such as cultural or political background may have had an undue influence on the results or reduced the generalizability of the findings in the current study. Additionally, this sample tended to have higher levels of education and higher income than the general LDS population in the U.S. (Pew Research Center, 2014).

There were also several unusual characteristics of the sample that may have influenced the results or limited generalizability. One such characteristic, is that the average score reported on the disruptive child behavior measure (ECBI) was above the clinical cut-off. This is unusual given that this was a community sample and scores above the clinical cut-off indicate a need for further evaluation for significant psychopathology (Eyberg & Pincus, 1999). Given the strong association between ineffective parenting practices and disruptive child behavior, it is possible that the sample in the current study

had unusually high levels of ineffective parenting practices making the true relationship between religiosity, perfectionism, and parenting practices difficult to determine. Results may have differed with a sample of parents that more closely represented the parenting practices and levels of child behavior typically found in a non-clinical sample.

Additionally, this sample had elevated levels of both positive and negative perfectionism compared to a control group originally tested with the measure (Terry-Short et al., 1995). Higher levels of positive perfectionism were expected in this sample given the previous research showing that LDS individuals tend to be high in adaptive perfectionism; however, elevated levels of negative perfectionism were not found in previous studies (Allen & Wang, 2014; Crosby et al., 2011). It is possible that the current sample's elevated negative perfectionism may have contributed to the sample's overall higher levels of ineffective parenting practices (Terry-Short et al., 1995).

Another possible limitation of the current study was the method of recruiting participants and the study design. Participants in this study were recruited from panels of individuals who were already signed up to complete surveys and other online tasks in order to earn money. It is possible that participants recruited using this method are less interested in scientific research and may be less concerned with providing thorough and careful responses. However, quality control measures were put in place in order to screen out participants who were careless. For example, participants who completed the survey in an unrealistically short amount of time were removed from the study. In addition, participants who selected the same answer for an entire questionnaire were also removed. It is expected that participants who remained in the study after passing these quality

control checks provided reasonably accurate data. Additionally, information was only obtained from parents in this study so there was no cross-informant information obtained.

Future Directions

There were several findings in the current study that were puzzling and inconsistent with study hypotheses and with previous research. Future research should be conducted with Latter-day Saint individuals to provide evidence of whether the results of the current study are applicable to the general LDS population. For example, the influence of perfectionism on parenting in LDS individuals should be examined to figure out why negative perfectionism had a protective effect on parenting practices for those high in internal religiosity but a deleterious effect on parenting practices for those high in religious behavior. In addition, it would be useful to study why positive perfectionism, which has been shown to positively influence behavior in previous research, had a harmful impact on parenting practices in individuals high in religious behavior (Greblo & Bratko, 2014). Perhaps there is another variable that may be underlying the relationship between perfectionism, religiosity, and parenting such as cognitive rigidity that should be explored. Additionally, the negative impact of religious behavior on parenting practices was notable and inconsistent with the research that shows religiosity generally has a positive impact on parenting practices (Padilla-Walker et al., 2011). It would be useful to examine this association further to determine if this finding was specific to this sample or if it applies to LDS individuals more broadly. Additional research to determine how to decrease the use of ineffective parenting practices in LDS individuals who engage in high

levels of religious behavior would be helpful.

The current study was an in-depth analysis of Latter-day Saint individuals. The results of this study may only apply to this specific religious group. Future research should be conducted with other religious groups to determine if the same relationships between the variables of interest are found in other groups. For example, it would be useful to study whether perfectionism interacts with internal religiosity and religious behavior in the same way with individuals from other religious denominations. Additionally, the link between religiosity, parenting practices, and child behavior should be explored in other religious groups. Exploring the relationship between these variables among other religious groups could assist researchers in identifying factors that prevent parenting and child behavior problems by better understanding the contexts that contribute to these problems. Additionally, understanding how religiosity influences parenting practices and child behaviors in various groups would also help clinicians to tailor interventions to specific groups to increase the cultural competence of the intervention. Given the significant differences between mothers and fathers on important variables in this study, mothers and fathers may need to be examined separately in this population in future studies.

Implications

The majority of participants in this sample reported that they had never attended a parenting class. Given the overall high levels of ineffective parenting practices and child disruptive behavior that were reported in the sample, encouraging LDS parents to attend

parenting classes may be an appropriate recommendation. Given the level of importance placed on parenting and families in the LDS church, it seems that parents would find this type of intervention acceptable. The barrier may be that parents do not realize that they are using ineffective parenting practices that could be improved with education or training. Perhaps distributing information on effective parenting practices among LDS individuals would be an important first step. It also may be useful for clinicians working in communities with large numbers LDS individuals to build partnerships with ecclesiastical leaders in order to facilitate referrals for behavior management services and parenting interventions for parents who would like additional assistance in this area.

In conclusion, this study was conducted to determine the influence of religiosity on parenting practices and child behavior in a sample of members of the LDS church. Additionally, the interaction between positive and negative perfectionism with religiosity was of interest. The results of the current study showed that the effect of religiosity on parenting practices depended on the dimension of religiosity being examined. Internal religiosity, including one's beliefs and spiritual experiences, had a positive impact on parenting practices and child disruptive behavior. However, religious behavior, including private and public religious activities, had a negative impact on parenting practices and child behavior. The interaction with perfectionism was complex; high levels of perfectionism led to more effective parenting practices in individuals high in internal religiosity while high levels of perfectionism led to less effective parenting practices in individuals high in religious behavior.

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APPENDICES

Appendix A

Demographic Questionnaire

Demographic Questionnaire

Were you born a member of the Church of Jesus Christ of Latter-day Saints?

- ☐ Yes
- ☐ No

If not, did you convert?

- ☐ Yes
- ☐ No

If so, at what age did you convert? _____

Do you have a spouse, partner, or co-parent who lives with you and your child?

- ☐ Yes
- ☐ No

What is your spouse, partner's, or co-parent's religion?

- ☐ Atheist/Agnostic
- ☐ Buddhist
- ☐ Catholic
- ☐ Hindu
- ☐ Jewish
- ☐ Latter-day Saint (e.g., Mormon)
- ☐ Muslim
- ☐ Protestant
- ☐ Other _____

Your gender

- ☐ Male
- ☐ Female
- ☐ Other _____

Your Age

Your Race/Ethnicity

- ☐ Black/African American
- ☐ Latino/Hispanic
- ☐ Asian
- ☐ White/Caucasian
- ☐ Native American
- ☐ Pacific Islander
- ☐ Other _____

Marital Status

- ☐ Single/Never married
- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Divorced/Remarried
- ☐ Living with Partner-unmarried
- ☐ Other _____

Education

- ☐ Less than High School Graduate
- ☐ High school graduate/GED
- ☐ Some college/Trade School/Associate's Degree
- ☐ College Graduate/Bachelor's Degree
- ☐ Graduate or Professional degree

Annual Household Income

- ☐ Less than \$15,000
- ☐ \$15,000-30,000
- ☐ \$30,000-45,000
- ☐ \$45,000-60,000
- ☐ \$60,000-75,000
- ☐ More than \$75,000

What state do you live in?

▼ Alabama (1) ... Northern Mariana Islands (56)

How many children do you have?

Have you ever participated in parenting classes?

- ☐ Yes
- ☐ No

What is your political ideology?

- ☐ Strongly Liberal
- ☐ Moderately Liberal
- ☐ Moderate
- ☐ Moderately Conservative
- ☐ Strongly Conservative

Do you have more than one child between the ages of 2 and 12?

- ☐ Yes
- ☐ No

Please complete the following questions based on your *youngest* child between the ages of 2 and 12.

What is your relationship to the child?

- ☐ Biological Parent
- ☐ Step Parent
- ☐ Adoptive Parent
- ☐ Legal Guardian
- ☐ Other _____

Child's gender

- ☐ Male
- ☐ Female
- ☐ Other _____

Child's Age

Child's Race/Ethnicity

- ☐ Black/African American
- ☐ Latino/Hispanic
- ☐ Asian
- ☐ White/Caucasian
- ☐ Native American
- ☐ Pacific Islander
- ☐ Other _____

Has your child ever received mental health services or medication for behavioral or mental health issues?

- ☐ Yes
- ☐ No

Appendix B
Letter of Information



Page 1 of 2
 Protocol #8310
 IRB Approval Date: March 28, 2017
 Consent Document Expires: March 27, 2020
 IRB Password Protected per IRB Coordinator

v.8 2.24.2016

Letter of Information

Parenting Practices in a Latter-day Saint Sample

Introduction

You are invited to participate in a research study conducted by Gretchen Peacock, a professor in the Psychology Department at Utah State University and Trisha Chase, a graduate student in the Psychology Department at Utah State University. The purpose of this research is to find out more about parenting practices among members of the Church of Jesus Christ of Latter-day Saints (hereafter referred to as LDS). You have been asked to participate in this study because you are over 18, have a child between the ages of 2 and 12, and have identified as a member of the LDS church. There will be approximately 200 individuals who will participate in this study. This [form](#) includes detailed information on the research to help you decide whether to participate in this study. Please read it carefully and ask any questions you have before you agree to participate.

Procedures

Your participation will involve completing a series of questions through an online survey system ([Qualtrics](#)). The questions will cover demographic information, religiosity, beliefs about the bible and God's involvement in your parenting, your perceptions of yourself, your parenting practices, and your child's behavior. The survey will take approximately 45 minutes to complete.

Risks

This is a minimal risk research study. That means that the risks of participating are no more likely or serious than those you encounter in everyday activities. The foreseeable risks or discomforts include discomfort answering questions about yourself or your child. In order to minimize those risks and discomforts, the researchers will not be collecting any identifiable information from you. If your discomfort is too great, you may stop responding to the survey questions. There is a small risk of loss of confidentiality but we will take steps to reduce this as outlined below.

Benefits

There is no direct benefit to you for participating in this research study. More broadly, this study will help the researchers learn more about the relationship between religiosity and parenting practices in LDS individuals. This information may be useful for future researchers studying this population or for clinicians who provide services to this population.

Confidentiality

Data that you provide as part of this study will be anonymous. We will collect your information through [Qualtrics](#), a secure, encrypted online survey platform. No identifying information is requested and your computer's IP address will not be sent to the researchers. After collection, the data will be securely stored in a restricted-access folder on Box.com, an encrypted, cloud-based storage system. It is possible, although unlikely, that unauthorized individuals could gain access to your responses because you are responding online. However, your participation in this online survey involves risks similar to a person's everyday use of the internet.

Voluntary Participation & Withdrawal

Your participation in this research is completely voluntary. If you agree to participate now and change your mind later, you may withdraw at any time by exiting the survey. If you choose to withdraw after you have provided responses, your incomplete data will remain in the dataset as we will be unable to determine whose data is whose.



Page 2 of 2
 Protocol #8310
 IRB Approval Date: March 28, 2017
 Consent Document Expires: March 27, 2020
 IRB Password Protected per IRB Coordinator

v.8 2.24.2016

Payment

For your participation in this research study, you will receive payment in the amount specified by Qualtrics.com. Compensation will occur once you have completed the survey.

IRB Review

The Institutional Review Board (IRB) for the protection of human research participants at Utah State University has reviewed and approved this study. If you have questions about the research study itself, please contact the Principal Investigator at 435-797-0721 or Gretchen.peacock@usu.edu. If you have questions about your rights or would simply like to speak with someone other than the research team about questions or concerns, please contact the IRB Director at (435) 797-0567 or irb@usu.edu.

Gretchen Peacock
 Principal Investigator
 (435) 797-0721; Gretchen.peacock@usu.edu

Trisha Chase
 Student Investigator
Trisha.m.chase@gmail.com

Informed Consent

By clicking "agree" below and continuing on to the survey, you agree to participate in this study and confirm you are at least 18 years of age or older. You indicate that you understand the risks and benefits of participation, and that you know what you will be asked to do. You also agree that you have asked any questions you might have, and are clear on how to stop your participation in the study if you choose to do so. Please be sure to retain a copy of this form for your records.

Appendix C

Descriptive Statistics for Variables Not Used in the Final Analysis

Table C1

Descriptive Statistics for Variables Not Used in the Final Analysis

Variable	Mean	SD	Range
ECBI total raw score	139.70	63.96	36-241
PANPS total perfectionism	146.50	24.86	69-189
Parenting scale			
Parenting scale verbosity	3.95	0.70	1.86-5.57
Parenting scale total	3.37	0.68	1.73-4.77
Religiosity total score	4.18	0.63	1.92-4.88

CURRICULUM VITAE

TRISHA K. M. CHASE
(nee Markle)

1340 East 4750 South, Apt D4
Salt Lake City, UT 84117
(509) 948-5737
Trisha.m.chase@gmail.com

EDUCATION

- | | |
|---------------|--|
| Ph.D. | Utah State University , Logan, UT
Combined Clinical/Counseling/School Psychology (APA accredited)
Dissertation: <i>Religiosity, Perfectionism, and Parenting Practices in a Latter-day Saint (LDS) Sample</i>
Chair: Gretchen Peacock, Ph.D. |
| Ed.S.
2016 | Utah State University , Logan, UT
School Psychology (NASP approved)
Thesis: <i>Influencing the Acceptability of Parent Training Interventions Through Treatment Rationales</i>
Chair: Gretchen Peacock, Ph.D. |
| M.S.
2013 | Utah State University , Logan, UT
Psychology |
| B.S.
2011 | Brigham Young University , Provo, UT
Major: Psychology
Minor: Family Life
<i>Magna Cum Laude</i> |

LICENSURE

2017	School Psychologist (K-12) Educator License for the State of Utah
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CLINICAL EXPERIENCE

2018-2019	Psychology Intern University Neuropsychiatric Institute – SLC, UT Supervisors: Tiffani Morgan, Psy.D. & Christopher James Powers, Ph.D.
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- Children, adolescents, and parents
- Day treatment and inpatient
- Served in a staff psychologist role on a multidisciplinary team conducting individual and family therapy sessions, social skills groups, DBT skills groups, and psychological evaluations

2017 – 2018

Student Practicum Therapist

Anxiety Clinic – Logan, UT

Supervisor: Michael Twohig, Ph.D.

Direct contact hours: 101

- Children and adults
- Conducted clinical intake interviews and provided outpatient psychotherapy using acceptance and commitment therapy

2016 – 2017

Graduate Assistant Therapist

Neurobehavioral Center for Growth – Layton, UT

Supervisor: Jennifer Cardinal, Ph.D.

Direct contact hours: 264

- Children, adolescents, and parents
- Conducted diagnostic intake interviews and provided outpatient psychotherapy using behavioral parent training, cognitive behavioral therapy, acceptance and commitment therapy, social skills training, and problem-solving skills training
- Conducted ADHD evaluation

2015 – 2016

School Psychologist Intern

Davis School District – Layton, UT

Supervisor: Alison Musso, Ph.D.

Direct contact hours: 214

- Preschool-sixth Grade Students including functional skills classrooms (for students with intellectual disabilities)
- Conducted psychoeducational assessments to evaluate eligibility for special education and to determine students' educational classification
- Provided social skills training, cognitive behavioral therapy, and problem solving skills training groups
- Provided individual therapy using behavioral modification and cognitive behavioral therapy
- Consulted with teachers to assist in implementing effective behavior management strategies
- Participated in meetings with other educators, students, and parents (Special Education Team Meetings, Individualized

Education Plan Meetings, and Local Case Management Team Meetings)

2014 – 2016

Student Practicum Therapist

Biomedical Clinic at the Center for Persons with Disabilities – Logan, UT

Supervisor: Clint Field, Ph.D.

Direct contact hours: 64

- Children, adolescents, and parents in a primary care setting
- Conducted diagnostic intakes and provided individual psychotherapy using behavioral parent training and cognitive behavioral therapy; used behavioral progress monitoring data
- Coordinated care with medical doctors

2014 – 2015

Graduate Assistant Clinician

Clinical Services at the Center for Persons with Disabilities – Logan, UT

Supervisor: Martin Toohill, Ph.D.

Direct contact hours: 144

- Toddlers, children, adolescents, and adults
- Conducted comprehensive psychodiagnostic evaluations and autism diagnostic evaluations
- Conducted Social Security Income evaluations
- Collaborated with interdisciplinary team including medical doctors, speech language pathologists, occupational therapists, early interventionists, and psychologists
- Completed scoring, interpretation, and integrated report writing for all assessments
- Held feedback sessions with clients

2014-2015

School Practicum Student

Davis School District-Layton, UT and Bear River Charter School- Logan, UT

Supervisors: Dawn Sheen, Ed.S. and Donna Gilbertson, Ph.D.

Direct contact hours: 91

- Kindergarten-eighth grade students
- Provided individual psychotherapy with students
- Conducted social skills and cognitive behavioral therapy coping skills groups
- Conducted psychoeducational assessments
- Provided a class-wide bullying intervention
- Engaged in teacher consultation regarding academic and behavioral interventions

- Attended Individualized Education Plan Meetings

2013 – 2016

Practicum Student Therapist

Utah State University Psychology Community Clinic – Logan, UT
Supervisors: Jenna Glover, Ph.D., Gretchen Peacock, Ph.D., and Susan Crowley, Ph.D.

Direct contact hours: 126

- Child, adolescent, adult, and family community population
- Conducted diagnostic intakes and individual therapy using cognitive behavioral therapy, acceptance and commitment therapy, behavioral parent training, and interpersonal process therapy
- Conducted a social skills group for high school boys
- Provided comprehensive psychological and psychoeducational assessment

TEACHING EXPERIENCE

2013 – 2018

Instructor

Utah State University, Logan, UT

Psy 3010: Psychological Statistics (online)-Fall 2017, Spring 2018

Psy 5330: Psychological Measurement & Test Theory (online) – Summer 2015

Psy 3210: Abnormal Psychology-Summer 2014

Psy 4950: Undergraduate Apprenticeship-Fall 2013, Spring 2014

2013-2015

Guest Lecturer

Utah State University, Logan, UT

Psy 3210: Abnormal Psychology

- Lecture: Schizophrenia Spectrum Disorders
- Lecture: Generalized Anxiety Disorder & Specific Phobia

Psy 1010: General Psychology

- Lecture: Stress

2012 – 2017

Graduate Teaching Assistant

Utah State University, Logan, UT

Psy 2800/3010: Psychological Statistics- 6 semesters

- Tutored students, graded exams, assisted with course administration

Psy 1010: General Psychology-Spring 2014

- Led discussion groups, graded written assignments, proctored exams

Psy 6310: Intellectual Assessment (Graduate class)-Fall 2013

- Modeled administration of intelligence tests, evaluated graduate students' competency in administering intelligence tests

2011 **Teaching Assistant**
 Brigham Young University, Provo, UT
 Psych 111: General Psychology

GRANTS

Title: *Influencing the Acceptability of Parent Training Interventions Through Treatment Rationales*

Date submitted: February 2014 (Funded)

Amount: \$500

Funding source: Utah State University Center for Women & Gender

Role: Principal Investigator

Title: *A Single Subject Experiment Testing the Effect of Animal-Assisted Therapy on Children with Reactive Attachment Disorder, Inhibited Type*

Date submitted: October 2010 (Funded)

Amount: \$11,000

Funding source: WALTHAM Foundation

Role: Undergraduate Research Team Leader (PI: Burlingame)

Title: *A Single Subject Experiment Testing the Effect of Animal-Assisted Therapy on Children with Reactive Attachment Disorder, Inhibited Type*

Date submitted: February 2009 (Funded)

Amount: \$1,500

Funding source: Brigham Young University Office of Research and Creative Activity

Role: Undergraduate Research Team Leader (PI: Burlingame)

Title: *A Single Subject Experiment testing the effect of animal-assisted therapy on children with Reactive Attachment Disorder, Inhibited Type*

Date submitted: September 2009 (Funded)

Amount: \$700

Funding source: Brigham Young University Counseling Center

Role: Undergraduate Research Team Leader (PI: Burlingame)

PUBLICATIONS

Peacock, G.G., **Chase, T.**, & Prout, K. (in progress). Wetting Bed and Clothes: Helping Handout for the Home. In G. Bear & K. Minke (Eds.), *Helping Children Handouts, fourth edition*. National Association of School Psychologists.

Peacock, G.G., **Chase, T.**, & Prout, K. (in progress). School Refusal: Helping Handout for the School and Home. In G. Bear & K. Minke (Eds.), *Helping Children Handouts, fourth edition*. National Association of School Psychologists.

- Chase, T.** & Peacock, G.G. (2017). An Investigation of Factors that Influence Acceptability of Parent Training. *The Journal of Child and Family Studies*, 26, 1184-1195. DOI10.1007/s10826-016-0644-x
- Peacock, G.G., **Chase, T.**, & Prout, K. (2017). Evidence Based Interventions for Elimination Disorders in Children and Adolescents: Enuresis and Encopresis. In L.A. Theodore (Ed.), *Handbook of Applied Interventions for Children and Adolescents* (pp. 435-446). New York, NY: Springer Publishing Company.
- Barrett, C.A., Levin, M.E., Pierce, B.G. **Chase, T.M.**, & Cottrell, J.M. (2015). School-based consultation training: Encouraging skillful, self-aware instructional consultation through acceptance and commitment training. *The Utah Association of School Psychologists Observer*, 30(2), 3-5.

PRESENTATIONS

- Olson, K. & **Chase, T.** (2017, April). *Tier 1- School-based Home Behavior Management*. Poster presentation at Utah State University Research Week Student Research Symposium, Logan, UT.
- Chase, T.**, Peacock, G.G., & Malmberg, J. (2016, February). *Implementing School-Based Parent Training Interventions Using a Three-Tiered Model*. Mini-Skills presentation at The National Association of School Psychologists Annual Convention, New Orleans, LA.
- Chase, T.** & Crotty, B. (2015, November). *Enhancing Family-Centered Early Intervention Services Utilizing an Electronically Administered Satisfaction Survey*. Poster presentation at the Association of University Centers on Disabilities Annual Conference, Washington, DC.
- Chase, T.**, & Peacock, G.G. (2014, October). *Influencing Acceptability of parent training interventions through treatment rationales*. Poster presentation at The National Conference in Clinical Child and Adolescent Psychology, Lawrence, KS.
- Markle, T.**, & Smith, T. B. (2011, February). *The effect of positive parenting practices on children with developmental disabilities*. Poster presentation at the Utah Conference on Undergraduate Research, Ogden, UT.
- Markle, T.**, & Smith, T. B. (2011, April). *The effect of positive parenting practices on children with developmental disabilities*. Poster presentation at the McKay School of Education Mentored Research Conference, Provo, UT.
- Markle, T.**, Clayson, P. E., Ng, R., Johnson, P., & Burlingame, G. M. (2010, April). *Evidence based recreational therapy at a psychiatric state hospital*. Poster

presentation at the Mary Lou Fulton Conference, Provo, Utah.

SPECIALTY TRAININGS

- | | |
|-----------|---|
| 2014-2015 | Utah Regional Leadership Education in Neurodevelopmental Disabilities Long-term trainee
Utah State University, Logan, UT <ul style="list-style-type: none"> • Completed 300 training hours (leadership, didactic, and clinical hours) to learn to provide interdisciplinary family-centered care to children with special healthcare needs and their families. |
| 2014 | Acceptance and Commitment Therapy Founder's Boot Camp
Steven C. Hayes, Ph.D.; Kelly Wilson, Ph.D.; Kirk Strosahl, Ph.D.
Reno, NV (four days) |
| 2014 | UASP Annual Conference: Executive Function Skills in Children and Adolescents
Sarah Ward, MS CCC-SLP
Salt Lake City, UT (one day) |
| 2014 | Ethical Issues Facing School Psychologists
UASP
Salt Lake City, UT (half day) |
| 2013 | Acceptance and Commitment Therapy Experiential Workshop
Michael P. Twohig, Ph.D.
Utah State University, Logan, UT (one day) |
| 2013 | Inclusive Excellence Symposium
Utah State University, Logan, UT (one day) |
| 2013 | Getting Started as a Successful Proposal Writer and Academician
Peg AtKisson, Ph.D.
Utah State University, Logan, UT (one day) |

VOLUNTEER EXPERIENCE

- | | |
|-------------|--|
| 2007 - 2011 | Assisted in group therapy sessions and provided long-term mentorship to several children
Children's Justice Center, Provo, UT |
| 2010 | Assisted children in group therapy sessions and in therapeutic milieu
Utah State Hospital, Provo, UT |

2009 Interned at orphanage for children with disabilities
St. Andrew's Placement Center, Iasi, Romania

HONORS AND AWARDS

2014 – 2017 Nielsen Scholarship for Talent in Psychotherapy and Assessment
(\$3,000)
Utah State University, Psychology Department, Logan, UT

2015 Graduate Enhancement Award (\$4,000)
Utah State University, Graduate Student Council, Logan, UT

2015 Walter R. Borg Applied Practice and Research Scholarship (\$3,000)
Utah State University, Department of Psychology, Logan, UT

2008 – 2011 Academic Scholarship/Dean's List
Brigham Young University, Provo, UT

MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS

APA Division 53 Society of Clinical Child & Adolescent Psychology, student member

Utah Psychological Association, student member