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FACTORS THAT CONTRIBUTE TO SOCIAL EMOTIONAL COMPETENCE
IN EARLY CHILDHOOD AND PARENTAL RESILIENCE

A Dissertation

by

JACKELINE GUILLON

Submitted to the Graduate College of
The University of Texas Rio Grande Valley
In partial fulfillment of the requirements for the degree of

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Major Subject: Educational Leadership

FACTORS THAT CONTRIBUTE TO SOCIAL EMOTIONAL COMPETENCE
IN EARLY CHILDHOOD AND PARENTAL RESILIENCE

A Dissertation
by
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May 2020

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ABSTRACT

Guillon, Jackeline., Factors that contribute to social and emotional competence in early childhood children and parental resilience. Doctor of Education (Ed.D.), May 2020, 103 pp., 14 tables, references, 59 titles, 5 appendices.

This study examined the relationship among parental resilience, child gender, maternal education, and socioeconomic status and the social emotional competence of children ages two through five years old attending a childcare facility in the Rio Grande Valley. Identifying factors that are specifically linked to child social emotional competence may inform decisions about how to implement effective preschool programs for children. Until recently, the literature on social emotional competence has been limited and mostly focused on a child's early life experiences and parenting behaviors. An explanatory sequential mixed methods design was used in this study. The quantitative portion utilized multiple regression analysis to test the null hypothesis in this study. Quantitative data were collected using the procedures described in the methodology section of this dissertation and was analyzed using an *F*-distribution, and an alpha level of .05. Two sample groups, one of children two years old and a second of children ages three-five years old, were analyzed separately. The most significant variables that contributed to the social emotional competence of the two-year old sample group were Parental Resilience, Child Gender, Home Language, Socioeconomic Status and Number of Children in the Home explaining 31 % of the total variance. The most significant variables that contributed to the social emotional competence of the three to five-year old sample group were Parental Resilience,

Child Gender and Socioeconomic Status explaining 27% of the total variance. Both descriptive and inferential analyses were performed. Also, a qualitative narrative research study of parental resilience perceptions was examined through two focus group interviews. Five themes emerged from the qualitative data collected: Motherhood Guilt, Employment, Loneliness, Gender Roles and the Role of Mothers. The results of this study are limited only to children two-five years old that are enrolled at a childcare facility in the Rio Grande Valley.

DEDICATION

Above all, thank you Lord for your grace and guidance throughout this journey. The completion of my doctoral studies was only possible with the love and support of my family. I dedicate this dissertation to my parents, Israel and Martha Guillon, whom are the driving force behind every achievement and the voice in my head reminding me to never give up. Your sacrifice, commitment and love for our family shines through in all you do. To my siblings: Israel, Karina and DeeAnna, thank you for showing up, every time, in all the ways that matter most. I am so incredibly proud of you three and so lucky I get to live life alongside you!

To my children: Olivia Jackeline and Luis Andres, I dreamt of you and prayed for you long before I ever met you. Being your mom continues to be my greatest gift and most daring adventure! You have gifted me new perspectives, the will to not lose sight of my purpose and the courage to persevere. Someday, when you read through these pages, I hope you are reminded that anything is possible if you set your mind to it! I love you both so much! To our dogs: Harley, Nene, Goldie and Buster: thank you for the love and joy you bring to our lives! Bentley, I love you sweet girl and I will miss you every day till the day we meet again.

Mami y Papi: Hoy, juntos, ¡Lo hemos logrado! En estas páginas están reflejados 35 años de sacrificio, compromiso y esfuerzo. Pero, sobre todo, el amor inmenso que nos han demostrado siempre. Gracias por su gran ejemplo. ¡Los quiero tanto!

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To the teachers and staff at the childcare facility where this study took place, I thank you for the work of heart you do every day for the children and families of our community. The joy and love you have for the work that you do was felt by this humble researcher in the most unforgettable ways. Thank you for your support and being a part of this journey.

To the parents and families that participated in this study I extend my deepest gratitude and recognition. I pay tribute to their extraordinary efforts as they embrace their own parenting journeys. Their contributions to this study were powerful and heartfelt. Thank you for providing your insight and life experiences. My hope is that all parents are able to see the amazing work they do each day and how loved and important they are to their children, families, communities and the world around them.

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CHAPTER I

INTRODUCTION

The first five years are the most developmentally significant years in a child's life. Our primary responsibility as a society is to provide all children with the learning opportunities and support necessary to ensure a capable, intelligent, social and emotionally competent future generation. Nobel Prize winner, James Heckman, economist at the University of Chicago, has researched the impact of investing in the first five years of a child's life. He finds that the most effective way to "produce social mobility, equal opportunity, and lifetime success is by providing nurturing environments that empower children with the capabilities to flourish as dignified and engaged citizens and workers throughout their lives" (Jana, 2017, p. 202). The best legacy we can gift future generations is to help the children of today develop a strong social emotional competence, empower mothers and provide adequate support systems, address the financial stress issues that so many families face and celebrate parental resilience in all its forms (Campbell, et al., 2016; Garner, Mahatmya, Brown, & Vesely, 2014).

Social emotional competence is developed through experiences children encounter, the behavior modeled for them from parents, caregivers and the transactions of the environment around them. "Emotional competence is not only a foundational skill for socially responsible behavior, but it also promotes safe and supporting learning environments" (Campbell, et al., 2016, p.23). Social emotional competence encourages building relationships, overall wellbeing, and success in academics. Such outcomes are desired by all stakeholders and benefit everyone

from the individual to society. From a policy perspective then, an evidence base that guides academics as well as families, educators and society as a whole is important (Landy, 2002). In addition, studies show that gender and maternal education are also a factor in building a child's social emotional competence (Cabrera, Wight, Fagan, & Schadler, 2011). Gender differences may affect how children learn (Garner, Mahatmya, Brown, & Vesely, 2014), on the other hand, maternal education may have an impact on how mothers cope with raising children (Maupin, Brophy-Herb, Schiffman, & Bocknek, 2010).

Socioeconomic status is also an important factor that affects families and children. According to a recent study published by the Center for Public Policy Priorities "Child Well-Being in the Rio Grande Valley" (2017) more than 430,000 children live in this community. The rate of child poverty in the Rio Grande Valley is nearly twice as high as the statewide child poverty rate. Texas reports, 23% of children are living in poverty while in Hidalgo county 43% of its child population is living in poverty (Child Well-Being in the Rio Grande Valley, 2017). "Family income (living above/below poverty line) yielded modest effects in that its influence is traced through family processes such as parental involvement and access to educational resources and services, and through its impact on parental well-being" (Hartas, 2011, p. 776). Parental well-being affects how parents interact with their children which is most important in the early years as children are learning and imitating behavior from their parents. Financial pressures cause additional stress on families and limit their ability to afford resources they may need. These resources may include childcare, food, transportation, and health care (Maupin, Brophy-Herb, Schiffman, & Bocknek, 2010). Directly and indirectly financial pressures affect the overall well-being of children in our communities (Lee, Anderson, Horowitz, & Gerald, 2009).

Parental resilience is essential towards building stronger social emotional competence in children. “It is essential to invest in the development of social-emotional competence at an early age – a task that necessitates active parent involvement (Thomson and Carlson, 2017). Parents are the primary caregivers and role models for their children (Hall, 2008). “Outcomes within low-income groups, however, differ greatly, with some parents in poverty demonstrating very effective parenting skills and their children exhibiting positive outcomes” (Maupin, Brophy-Herb, Schiffman, & Bocknek, 2010, p.180). “It is likely that low-income parents differ in their receipt of public assistance, perceptions of resource adequacy, and coping strategies used, and these differences may differentially relate to parenting” (Maupin, Brophy-Herb, Schiffman, & Bocknek, 2010, p. 182). Due to the important role parents play in the lives of their children it is important to further study parental resilience from the parent’s perspective to gain insight and knowledge about their experiences.

Developing social emotional competence is a process that requires involvement from parents, policymakers, educators and communities to focus their energy towards implementing support programs and interventions that work. “In his April 2014 testimony before the US Senate Committee on Health, Education, Labor and Pensions former Procter & Gamble chairman and CEO John E. Pepper stated: The first five years of life are a unique period of brain development, which lays the foundations for lifelong learning. The achievement gap starts to open as early as age two or three, when research shows that low-income children know half as many words as higher-income children... In business, we rarely have the luxury of making investment decisions with as much evidence as we have to support the economic value of investing in early childhood development and education” ((Jana, 2017, p. 205). For this reason, in this study, the focus will center around how gender, maternal education, family income and parental resilience may relate

to social emotional competence in children aged two to five years old. In addition, an in depth analysis will be centered on parents' perceptions about their own resilience.

Statement of the Problem

According to the Centers for Disease Control and Prevention today in the United States 17.4 % or one of every six children aged two through eight years old has a diagnosed mental, behavioral, or developmental disorder (Data and Statistics on Children's Mental Health, 2019). Social emotional competence development in children will help them cope with stressors in their environment, engage in better relationships and encourage their overall well-being (Webster-Stratton & Reid, 2004). Studies show that “approximately 20% of all preschool-aged children experience significant social-emotional challenges (Lavigne et al., 1996), and early intervention is imperative to ensure that problems do not escalate to a clinically significant level” (Thomson & Carlson, 2017, p. 419). Left unaddressed these social and emotional challenges can not only affect other areas of development, but can also hinder the academic performance of the child. Research shows that children with problem behavior in their early years will grow to have difficulty learning, not be as socially involved and face mental health concerns in adulthood (Hartas, 2011, p. 776).

“Evidence suggests that without early intervention, emotional, social, and behavioral problems (particularly, aggression and oppositional behavior) in young children are key risk factors or ‘red flags’ that mark the beginning of escalating academic problems, grade retention, school dropout and antisocial behavior” (Webster-Stratton and Reid, 2004, p. 97). Studies show that the preschool age period is the best time to intervene directly with children and an optimal time to facilitate social competence. This allows children to learn coping mechanisms and reduces the possibility of the behaviors from becoming normal patterns of behavior for children.

(Webster-Stratton & Reid, 2004). Director at Harvard's Center on the Developing Child Jack Shonkoff, along with his colleagues, has found that poverty and adversity in early childhood don't just influence children's learning and educational success. They have the potential to compromise children's ability to learn during the time that is most critical for foundational brain growth and development (Jana, 2017).

Early intervention is key towards addressing developmental concerns and developing social emotional competence. "Preventing, reducing, and halting aggressive behavior at school entry, when children's behavior is most malleable, is a beneficial and cost-effective means of interrupting the progression from early conduct problems to later delinquency and academic failure" (Webster-Stratton & Reid, 2004, p. 97). Understanding how social-emotional competence and adjustment indicators vary in young children at specific ages and as they grow appears to have important implications for educational policy and practice. Specifically in regard to how to best support competence building in children at risk (Campbell, et al., 2016). Studies about social emotional competence in children are needed in order to implement appropriate, culturally sensitive and diverse programs to better serve our communities.

Need for the Study

While there is growing literature on the relation between social emotional competence and parental resilience (Center on the Developing Child, 2019), there are no previous studies that combine the research to identify associations that combine gender, maternal education, and family income. "Experts on the role of parents and their children's relational competence and overall development state that the lack of information about ethnic minority children in the United States means that we have only an incomplete picture concerning children's peer relationships" (Hall, 2008, p. 89). The qualitative narrative study will describe individual stories

from parents in the Rio Grande Valley and their resilience perceptions (Creswell, 2013). Identifying the factor(s) linked to social emotional competence for children in the Rio Grande Valley will be a crucial factor for policymakers, educators and parents towards generating successful interventions in the community (Garner, Mahatmya, Brown, & Vesely, 2014).

Purpose of the Study

The purpose of this study was to examine the extent to which parental resilience, gender, maternal education, and socioeconomic status relate to social emotional competence for children enrolled in a childcare center in the Rio Grande Valley. In addition, the purpose of the qualitative narrative study component is to further understand the resilience perceptions for parents in the Rio Grande Valley enrolled at a childcare center (Creswell, 2013). Studies have shown that young children who demonstrate higher levels of social-emotional competence, both in terms of emotional knowledge and interpersonal skills, and lower levels of problem behavior are better able to engage in learning during preschool. They also have greater academic success in early elementary school (Moore et al., 2015). This study identified factors that contribute to increasing social emotional competence and provides insight about parent's perceptions about resilience.

Research Questions

This study examines factors such as gender, family income, maternal education and parental resilience that may contribute to the social and emotional competence of children two-five years of age in the Rio Grande Valley to address the following three questions:

RQ1: What proportion of total variance in Social Emotional Competence can be contributed by Parental Resilience, Child Gender, Maternal Education and Socioeconomic Status in two-year old children?

RQ2: What proportion of total variance in Social Emotional Competence can be contributed by Parental Resilience, Child Gender, Maternal Education and Socioeconomic Status in three to five-year old children?

RQ3: What are parent's perceptions regarding their own resilience?

Methodology Overview

An explanatory sequential mixed methods design was utilized for this study. "Mixed methods research combines quantitative and qualitative research designs by including both quantitative and qualitative data in a single study. The purpose of mixed methods research is to understand a phenomenon more fully than is possible using either quantitative or qualitative designs alone" (Mills & Gay, 2016, p. 425). The quantitative component utilized multiple regression analysis to test the null hypothesis in this study. Multiple regression is a quantitative approach that attempts to determine the overall contribution by multiple independent or predictor variables on a dependent or criterion variable (Hinkle, Wiersma & Jurs, 2003). The following paradigms were utilized in this study for the two different sample groups:

Two-year old Sample Group

$$\hat{Y}_{\text{(Social Emotional Competence)}} = X_1 \text{(Parental Resilience)} + X_2 \text{(Child Gender)} + X_3 \text{(Socioeconomic Status)} + X_4 \text{(Home Language)} \\ + X_5 \text{(Number of Children in the Home)}$$

Three to Five-year old Sample Group

$$\hat{Y}_{\text{(Social Emotional Competence)}} = X_1 \text{(Parental Resilience)} + X_2 \text{(Child Gender)} + X_3 \text{(Socioeconomic Status)}$$

Social Emotional Competence (\hat{Y}) will be the dependent variable in this study. Social Emotional Competence (\hat{Y}) will be measured via the Devereaux assessment that is completed by the child's teacher to the student during the school year. Parental Resilience (x_1), Child Gender (x_2), Socioeconomic Status (x_3), Home Language (x_4) and Number of Children in the Home (x_5)

will be independent variables. Parental Resilience (x_1) will be measured by the *The 14-Item Resilience Scale* and will be provided to all parents/legal guardians of children participating in the study at the time they sign the Informed Consent.

Next, the qualitative component is a narrative research study. For this study, it is important to identify the feelings parents have about their experiences and how they perceive their life story. In addition, qualitative findings will help interpret the results from the quantitative portion of this study. Two separate Focus Group Interviews were held at the childcare center, a familiar setting to participants to encourage participation. The focus group interviews were audio recorded with consent from the participants. The discussion prompts were regarding parental resilience perceptions (Appendix 4).

The sample used for this study included children aged two through five years enrolled in a Rio Grande Valley childcare center. The childcare facility selected to participate in this study is a state licensed childcare center that serves families from diverse socioeconomic backgrounds. The researcher was available on site to address any questions from parents. Envelopes with Informed Consent Form, Family Demographics Form and *The 14-Item Resilience Scale* were provided to all participating families. Parents had two weeks to complete and return the envelopes. The data collection phase of the study took two weeks to complete.

Instrumentation for the quantitative portion of the study included three instruments, *Devereux Early Childhood Assessment for Toddlers DECA-T*, *Devereux Early Childhood Assessment for Preschoolers, Second Edition DECA-P2* and *Parent Resilience Questionnaire RS14*. The scores for the DECA-T and DECA-P2 were available at the school, parents signed consent for the childcare center to share the scores with the researcher. Licensing permission for the *Parent Resilience Questionnaire, RS14* (Wagnild, 2019) was obtained on behalf of the

publisher and parents were asked to complete the questionnaire (Appendix C). A Family Demographic Form was created by the researcher to obtain information for each participating family (Appendix C). A researcher-made instrument containing Focus Group Discussion prompts was used to collect qualitative data (Appendix E).

Quantitative data were analyzed using multiple linear regression where the test of significance was carried out using an F-distribution, and an alpha level of .05. Both descriptive and inferential analyses were conducted (Winkle, Wiersma, & Jurs, 2003). The descriptive analyses involved computing means and standard deviations of the demographic and child outcome measures by Social Emotional Competence. In addition, all focus group audio recordings were transcribed, coded and analyzed to identify themes. (Creswell, 2014). Data were stored by researcher in a USB drive.

Significance of the Study

The information learned will help to guide the implementation of interventions that can improve the social emotional competence of children in our communities. In addition, it will provide parents, teachers, educational and community leaders insight into the areas that could be improved or further reviewed to generate the appropriate changes to increase student achievement in their academics but most importantly, in life. Chapter 5 contains a discussion of the importance of the study.

Definition of Terms

Maternal Education: highest level of education completed by the mother

Parental Resilience: “the ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress” (APA 2011)

Social Emotional Competence: Social emotional competence is the “early social and emotional development as the emerging ability of young children (ages 0-5) to ‘form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore environment and learn – all in the context of family, community and culture’ (Yates et al., 2008, p. 2 as seen in Darling-Churchill and Lippman, 2016, p. 1).

CHAPTER II

REVIEW OF LITERATURE

This study examined the relationship among parental resilience, gender, socioeconomic status, and maternal education and the social emotional competence of children attending a childcare facility in the Rio Grande Valley. Child development specialists across multiple disciplines (e.g., education, medicine, child welfare) acknowledge the importance of positive social and emotional development to overall child well-being and the subject continues to gain prominence in public discourse (Darling-Churchill & Lippman, 2016). However, the development of social emotional competence is the sum of the life experiences a child is exposed to. Children's life experiences prior to starting elementary school have a strong relationship with their cognitive development and their ability to perform well in school. "School readiness and school achievement are at the forefront of our country's domestic social policy concerns" (Ramey & Ramey, 2004, p. 472). This study is focused on identifying the relationship, if any, of how child gender, maternal education, family income and parental resilience contribute to the development of social emotional competence.

Theoretical Framework

Two frameworks will be guiding this study, Social Cognitive Theory by Bandura (1986) and Bronfenbrenner Ecological Systems Theory (1979). Social cognitive theory was introduced by Albert Bandura (1986), he considered that social behavior is learned and shaped by the experiences or environmental events to which a child is exposed (Landy, 2002, p.518). In social learning and social-cognitive frameworks behavior is shaped partly through observational and

direct learning experiences. Those experiences lead to the formation of “internalized cognitive scripts, values, and beliefs that guide and maintain behavior over time” (Dubow, Boxer, & Huesmann, 2009, p. 3). Social Learning Theory states people learn from one another through observing, modeling and imitating and this component is critical in the development of moral attitudes, values and standards (Bandura, 1986). For the development of social emotional competence in a child, according to social learning theory, the interactions the child has with his primary caregivers and environment will deeply shape development. “A central tenet of social cognitive theory is that human behavior operates within a framework of triadic reciprocity involving reciprocal interactions among three sets of influences: personal (e.g., cognitions, beliefs, skills, affects), behavioral, and social/environmental factors.” (Schunk, 2012, p. 103).

Bandura describes behavior as regulated by two major mechanisms: social control and self-regulation (Landy, 2002). “There is evidence that young children learn from observing models and that young children can make reasonably valid self-efficacy judgments” (Bandura, 1986, p. 184). His theory states “people process and synthesize feedback information from sequences of events over long intervals about the situational circumstances and the patterns and rates of actions that are necessary to produce given outcomes.” (Bandura, 1977, p. 192).

Conditioning and learning concepts were used to explain the development of empathy, prosocial behavior, and to develop social competence (Landy, 2002). The relationships children build with their parents serve as the foundation for the relationships they will build throughout their life. How children view and treat others will be largely be based on the relationship they share with their parents (Hall, 2008). “For example, a child exposed to parents who model achievement-oriented behavior (e.g., obtaining advanced degrees; reading frequently; encouraging a strong work ethic) and provide achievement-oriented opportunities (e.g., library and museum trips;

after-school enrichment programs; educational books and videos) should develop the guiding belief that achievement is to be valued, pursued, and anticipated.” (Dubow, Boxer, & Huesmann, 2009, p. 3). One of the main beliefs of social cognitive theory is that people are always building a sense of agency or capability to control a large part of the important events in their lives. For this reason, people develop outcome expectations, goals and self-evaluations. (Schunk, 2012) This cognitive process accounts for the emergence and persistence of achievement-related behaviors and ultimately to successful achievement (Dubow, Boxer, & Huesmann, 2009, p. 3). Social learning theory is very important to the study of social emotional competence in young children. Due to the strong relationships between parents and children the quality of the relationship and even the absence of such relationship is detrimental and directly affects child development.

The second framework of this study is guided by the ecological systems theory (Bronfenbrenner, 1979). “Uri Bronfenbrenner, a pioneer in child development, considered the complexities of child development in relation to all other people and events in children’s lives” (Hall, 2008, p. 64). The ecological systems theory states that human development is influenced by the different types of environmental systems. It attempts to explain why behavior may be different in different environments for example behavior at work and behavior at home with family. Ecological systems theory suggests that development takes place within different systems of the environment, including microsystems, mesosystems, exosystems, and macrosystems (Bronfenbrenner, 1979). Many experts believe that the ecological model is essential to comprehend how interactions between people and their environment shape the development of children (Gulbas & Zayas, 2017). Each system has a direct effect on child development and changes in one system can directly affect or conflict with other systems.

Microsystems are the direct environments closest to the child. These may be family, teachers, neighbors and other people who have a direct contact with the child. The theory states that the system not only exists around the child, but the child constantly interacts with the system by interactions that she may have with those that are part of it, like parents, siblings etc. (Bronfenbrenner, 1979).

Mesosystems involve the relationships between two or more of the microsystems in a child's life. For example, the involvement of family and teachers. Or the involvement of the school with the neighborhood. Families decide on childcare, which is dependent on socioeconomic status, geographic location, services provided etc. Parents decide on what childcare arrangements will be made and the childcare arrangements made both make an impact on the child and on the mesosystem. According to Marshall (2004), childcare has a direct influence on the family system. Parents oftentimes adapt their interactions with their children from what they observe in their children's childcare environment, which also impacts child development. The mesosystems of families and childcare operate within a larger system called exosystem. The exosystem is the setting in which there is a link between the context where the child does not have any active role. This may be the workplace of the child's parents, community health services, extended family, etc. These systems are all interrelated with the development of the child because they affect the child in one way or another. However, the child does not interact directly with them but is directly affected by the interactions between the systems (Bronfenbrenner, 1979).

All the above-mentioned systems operate within a larger system, the macrosystem, which consist of societal and cultural practices and beliefs. These directly affect child development because they are the guide by which the child's microsystem and mesosystem base their

decisions (Bronfenbrenner, 1979). It also applies to the customs, values, and laws that affect the system. For example, if the system values the maternal care of children and opposes childcare it may be more challenging for a family to make the accommodations for childcare. This may also include the laws that dictate what the requirements are that make families candidates for receiving childcare subsidies and therefore directly impact the possibility of the child's enrollment in a high-quality preschool. "Children need high-quality care, opportunities for developing and maintaining relationships, adequate nutrition, and support from families, educators, and communities. When these and other protective factors are in place, children experience positive development in all domains and have the internal adaptive resources to cope with trauma and stress they encounter" (Pizzolongo & Hunter, 2011, p. 69).

This study is an effort to identify relationships between parental resilience, gender, socioeconomic status, and maternal education through both Social Learning Theory by Bandura and Bronfenbrenner's (1979) Ecological Systems Theory. Bandura (1986) states that children learn through modeling critical skills that will aide their success in school and in their lives. By having the tools to build relationships and participate in social context children would have a better opportunity of success. Bronfenbrenner's Ecological Systems Theory provides the information that states that there are several systems in which a child will utilize his social abilities and learning to better navigate multiple systems would lead to a more positive experience. "Mapping the ecology of behavior and social competence in young children in crucial to untangle the contribution of child, proximal and distal factors to child behavior" (Hartas, 2011, p. 776). Both theories provide the foundation for this study because they are interdependent and crucial for the development of social emotional competence.

Social Emotional Competence

Research concerning the development of social emotional competence of young children has been studied for several decades (Landy, 2002). There is no specific definition for social emotional competence however, the following definition will be used for the purpose of this study. Social emotional competence is the “early social and emotional development as the emerging ability of young children (ages 0-5) to form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore the environment and learn – all in the context of family, community and culture” (Darling-Churchill and Lippman, 2016, p. 1). Hall (2008) defines it in the following way, “Social competence means that children have a set of skills that facilitates their interactions with others; their relationships are built upon solid, direct communication that indicates concern for the self and for others. Often this relational competence means that children also likely have good self-esteem, less chance of depressive symptoms or anxiety, and report greater life satisfaction than children without relational competence” (Hall, 2008, p. 89).

Social emotional competence is an area of development that is most important in young children because this is where they are learning the coping strategies and emotional supports to guide them for the rest of their academic and professional careers. Research continues to show that the early childhood years are the best time to promote resilience in children. “Positive relationships and environments that support healthy cognitive, social, emotional and physical development provide the foundation for young children to develop the resources and skills they need to cope and adapt to adversity throughout childhood and the rest of their lives” (Pizzolongo & Hunter, 2011, p. 68).

A recent study found that children with a strong social emotional competence may be linked to pre-literacy skills. Curby et al., (2015) listed four competencies that are important for social and emotional competence. First, emotional expressiveness relates to being able to share emotions and have productive social exchanges. Second, Emotion Regulation “allows children to react in ways that are not simply a product of feelings, but their cognitions as well” (Curby, Brown, Bassett, & Denham, 2015). Third, Social Problem Solving is “successfully evaluating a problematic scenario, weighing the outcomes of possible reactions and choosing to respond in a socially competent manner” (Curby, Brown, Bassett, & Denham, 2015, p. 561). Fourth, Emotion Knowledge, the ability a child has to understand a signal of emotion. Bierman et al. (2008) found that preschoolers who received additional social-emotional training outperformed the control group in vocabulary, emerging literacy and learning engagement (Curby, Brown, Bassett, & Denham, 2015).

In many ways, ensuring that children develop a strong social emotional competence is a shared responsibility. Focusing on the positive development of children in all areas including cognitive, social, and emotional health will lead to a strong psychological health that should be equally important to parents and society as a child’s physical well-being (Hall, 2008). By placing equal importance to the social and emotional health of children as we do for their physical health, we would not only change the perspective of well-being but also raise a new generation equipped with the tools necessary to cope and strength to seek help if needed. “Moreover, strengthening young children’s capacity to manage their emotions and behavior, and to make meaningful friendships, particularly if they are exposed to multiple life stressors, may serve an important protective function for school success” (Webster-Stratton & Reid, 2004, p. 97). A 2015 study in the American Journal of Public Health followed a longitudinal study from

the early 1990s of more than 750 students and compared their observed behaviors as children, such as sharing, cooperating, listening and helping others to how those children, now adults, are performing in their adult lives. Researchers found that “the higher the children had scored on their social skills at age five, the better their outcomes were across an impressively wide range of areas that included education, employment, substance abuse, and mental health.” (Jana, 2017, p. 38).

Rio Grande Valley Children

According to the most recent Texas Early Childhood Education Needs Assessment published November 2012 Texas accounted for 53.2 percent of the total increase in the childhood population in the U.S. from 2000 to 2010 (Texas Early Childhood Education Needs Assessment, 2012). The growth will continue to be dominated by minority early childhood populations, particularly Hispanics, who will account for more than 65 percent of the increase in the childhood population from 2010 to 2015. The population growth will be accompanied by substantial increases in the number of early childhood and school-aged children who are impoverished. In 2010, 1.2 million or 24.9 percent of children in Texas were living in poverty, 1.3 million or 25.4 percent are projected to do so by 2015” (Texas Early Childhood Education Needs Assessment, 2012, p. 8). In fact, the most recent A State of Texas Children report shows that in 2018 there were 1.5 million or 21 percent children living in poverty. The total number of children increased as predicted but the percentage decreased (State of Texas Children: The road to a brighter future, 2018). It is important to note that the McAllen-Edinburg-Mission area had the highest rate of children living in poverty at 42.4 percent. Immediately after the Brownsville-Harlingen area reported a 39.2 percent. The entire Rio Grande Valley share the highest percentages of children living in poverty in Texas (Ura & Wang, 2018). These data suggest that

not only will the early childhood population continue to increase but the number of children with language, poverty and other challenges also increase.

Today due to changes in wages, the need of mothers to be employed, divorce and single parent households more children are spending their early years in a childcare setting (Crosnoe, 2007). “Given evidence that Mexican immigrants may access the childcare market in different ways than other parents and that early childcare is related to school readiness, the children of Mexican immigrants may be differentially prepared for the American educational system than their peers” (Crosnoe, 2007, p. 153). Children who grow up in poverty are significantly more likely to experience delays in early cognitive, language, and social-emotional development at school entry that undermine their subsequent academic achievement (Darling-Churchill & Lippman, 2016). “Overall, it is assumed that social emotional competence is influenced by the individual sociocultural characteristics of the child, as well as the social emotional practices in the home and the school context ” (Garner, Mahatmya, Brown, & Vesely, 2014, p. 169).

Over time, the achievement gap between these students and their higher-functioning peers often widens (Domitrovich, et al., 2013). “A growing body of literature suggests that peer competence and positive teacher-child relationships can help children overcome adjustment difficulties and foster motivation for learning in children living in poverty” (Campbell, et al., 2016, p. 31). A recent study focused on the school readiness of children from Mexican immigrant families found that “this population is large and growing exponentially... it is poor... it faces a future in which advanced educational credentials are all but necessary to accessing stable, rewarded sectors of the labor force” (Crosnoe, 2007, p. 152). In many ways this article is speaking about the children in communities of the Rio Grande Valley, although the study was not conducted there, it sheds light on many of the characteristics of the population. “Increasing

variation in the types of communities in which Mexican American children reside motivates a need for a deeper understanding of neighborhood influences on their academic performance, especially during the crucial early years of school” (Hibel & Hall, 2014, p. 366).

School readiness is defined in this study as “the cognitive, social and emotional skills that allow children to ‘get a good start’ in elementary school” (Crosnoe, 2007, p. 153). Crosnoe’s study found that the children of Mexican immigrants may be differentially prepared for the American educational system than their peers. Children’s social and emotional development is affected by the attitude, values and behaviors of their families and communities in which they grow. “The extent to which social emotional learning programs include culturally sensitive content and materials and attend to the contextual factors that impact children’s social and emotional behavior in schools” (Garner, Mahatmya, Brown, & Vesely, 2014, p. 167).

Early learning is the foundation for where children will be placed upon entering elementary and their teacher expectations of skills and abilities. “Cross-population differences in school readiness translate into small inequalities in early learning that compound with time” (Crosnoe, 2007, p. 155). Results show that beginning with early childcare, children from Mexican immigrant families were by far the most likely of all four populations to be cared for solely by parents. Mexican Americans make up 63% of the United States Latino population. “The American education system’s effectiveness over the coming years will be considerably shaped by Mexican American students’ success or failure” (Hibel & Hall, 2014, p. 366). White and native African American children were more likely, compared to children from Mexican immigrant families to be in preschool and/or center care than to be in any other form of childcare. Early learning and school readiness are not automatic and since certain populations were not as likely to expose their children to early learning setting more intentional teaching is

needed upon school entry (Webster-Stratton & Reid, 2004, p. 98). “Preschool and center-care enrollment predicted higher levels of math achievement in kindergarten” (Crosnoe, 2007, p. 169). The difference is greater for children not exposed to pre-school programs because they experience a bigger learning curve when they start school. It can compound for Latin American children who are at higher risk for low social outcomes, particular in the school setting, due to not feeling a sense of belonging and language barriers that may inhibit positive social interactions with peers and teachers (Garner, Mahatmya, Brown, & Vesely, 2014).

In other words, children didn’t thrive as well as other children because the expectations at school were different than those at home and this included language too. Research shows that children’s social and emotional wellbeing is equally important for academic success as cognitive and academic performance (Crosnoe, 2007). “Research has indicated that children’s emotional, social, and behavioral adjustment is as important for school’s success as cognitive and academic preparedness” (Garner, Mahatmya, Brown, & Vesely, 2014, p. 171). Children from Mexican immigrant families entered school slightly less school-ready in the academic sense than their peers from other race/ethnic populations and slightly more school-ready in a social emotional sense (Crosnoe, 2007). Research tell us that center-based childcare and early education has been found to be associated with better school readiness and may be particularly important for children of immigrants because it allows them to acquire necessary proficiency before starting school (Han, Lee, & Waldfogel, 2012).

Child Care

Today, throughout the United States sixty nine percent of four and five-year old children are enrolled in a center based early childhood program (NAEYC, 2019). Early childhood programs are the most important tool our communities hold to increasing student achievement

both in school and life. “Rapid increases in maternal employment and single parenthood and sharp declines in real wages have come together to make non-parental childcare the normative experience for children in the U.S. before entering school” (Crosnoe, 2007, p. 156). According to the National Education Association, by providing high quality preschool programs children can start school ready to face the challenges before them and be confident that they will be successful in their education. Providing this positive initial experience is the foundation that will encourage students to stay in school, obtain a high school diploma and continue in a path to higher education. In order to meet that goal, we need to focus communities and early childhood programs to ensure that the strategies implemented today are successful (Early Childhood Education and School Readiness, 2019).

The use of non-parental childcare has been on the rise in the United States warranting the need for high quality research on the impact of center-based childcare. A shift occurred during the 1980s when the majority of women in the United States with pre-school age children were working outside the home (Marshall, 2004). Since then, the number under the age of five being cared for by someone other than a parent continues to be on the rise (Marshall, 2004). Therefore, childcare centers are one of the fastest growing resources for working parents. In Texas, three fourths of the overall supply of early care and education is a market system that primarily serves employed parents needing childcare (Adi-Japha & Klein, 2009). “Studies suggest that high-quality early education can reduce or even eliminate the income-linked achievement gap and that children whose home language is not English might especially benefit. Despite this, low-income families are challenged to locate and access early education and care programs for their children and when they do, it is often of lower quality than EEC for non-poor children” (Yazejian, et. al., 2015, p. 23)

The study of early childhood education in the United States can be traced to three cornerstone research projects: High/Scope Perry Preschool Project, Abecedarian Project and the Chicago Child-Parent Center Program. When compared to the study of early childhood education in the world, “daycare programs in England, Italy and Sweden were described and contrasted with daycare in the U.S. The other countries, especially Sweden, have coherent, comprehensive programs based on a set of assumptions about the positive outcomes of early education. In the U.S., by contrast, there is a “nonsystem.” (Bracey & Stellar, 2003) High/Scope Perry Preschool Project in the mid 1960s studied African American children that were randomly selected to participate. The vision was shaped by Piaget and other theorists that view children as active learners. The study followed the children well into adulthood and those who had participated in the research preschool programs were earning more income, were more likely to own their own homes, and had more stable long term relationships in contrast to the control group (Bracey & Stellar, 2003).

Another initiative was the Abecedarian Project, which was run in North Carolina since 1972 and provided full time care to children from birth until they entered school. The Abecedarian Project was a randomized controlled trial that tested the efficacy of early childhood education for high-risk children. This study was used to predict the outcomes of the Abecedarian Project for students in the preschool age group and school age group. The findings are consistent and encouraging, 18 months – 21 years of age, the benefits include higher IQ and higher reading and math scores. In addition, students had an increased role in their educational process.

The study found there should be stronger partnerships between the early childhood community and K-12 learning. In addition, better funding streams to promote partnerships that will help strengthen existing programs and implement practical accountability in the early

childhood community (Ramey & Ramey, 2004). In the decade that followed the beginning of the project it was observed that students that did participate completed more years of schooling than those in the control group. The Chicago Child-Parent Center Program (CPC) was a third initiative that was a larger project and took place in twenty centers. The programs attempted did cost money and invested more resources than the initiatives that are currently in place today such as Head Start (Bracey & Stellar, 2003).

A childcare resource available for parents that qualify according to family income is the Child Care Development Fund (CCDF). This is a federal program of childcare services for low-income parents and parents receiving or transitioning off public assistance who work, attend school or participate in a job training program. The Texas Workforce Commission oversees the CCDF program, with services generally managed through the state's 28 local workforce boards. Temporary Assistance for Needy Families (TANF)-related eligibility is governed by the state, but other CCDF eligibility requirements — generally based on family income up to a maximum of 85 percent of the state median income — may vary by board. Parents may also select CCDF-subsidized informal care provided through relatives. In Texas, over 12,600 providers offer early care and education through the CCDF program to nearly 140,000 children each month. Approximately 88 percent of children receiving CCDF-care are served in childcare centers and other seven percent in licensed or registered childcare homes. Less than five percent of Texas children served in the CCDF program in 2010 used informal care. (Texas Early Childhood Education Needs Assessment, 2012).

It is most important to remember that children are the responsibility of all stakeholders. “When adults provide responsive care to infants, toddlers and preschoolers, children learn to trust others. When children are held to high expectations by their parents or other caregivers,

children begin to believe in themselves and realize they are capable” (Pizzolongo & Hunter, 2011, p. 68). Children depend on adults for essential needs such as feeding, bathing and diapering. Most importantly, they depend on adults to provide policy, protections and support in their communities both for children and their parents (Hall, 2008). “Teaching social and emotional skills to young children who are at risk either because of biological and temperament factors or because of family disadvantage and stressful life factors can result in fewer aggressive responses, inclusion with prosocial peer groups, and more academic success.” (Webster-Stratton, 2004, p. 98). A combined effort to serve children and encourage positive learning experiences and overall well-being is the best investment for society. Students who are prepared to succeed during the first years of school seem to thrive in continued academic success (Hibel & Hall, 2014).

Child Gender

Research studies on child gender and social emotional competence are more descriptive in the behaviors of each gender. It is observed that child gender segregation begins to take place by preschool age. At this age, children begin to show preference for specific toys that may correlate with their gender identity. The child builds identity and as they explore their environment (Aamodt & Wang, 2011). “Gender identity, [is] defined as [a] child’s self-identification as male or female” (Aamodt & Wang, 2011, p. 66). Most babies have an understanding of gender, but they fully process the concept by age two, by age five children will most likely make toy preferences based on their gender. Which will influence the roles they take while playing and imitating social interactions (Jana, 2017).

In fact, studies mostly highlight how boys and girls may have reacted differently in many cases due to behavior that is developmentally appropriate or expected. Werner (1990) noted that

resilience in girls was promoted by parenting styles that placed emphasis on risk taking, independence, and stable emotional support. For boys, resilience was promoted by parenting styles that provided higher degrees of supervision and structure, the presence of a male role model, and support for expressing emotions. “Researchers suggest that the gender segregation or the preference or tendency for children in preschool and elementary school to play with their own gender may be based more on the sharing of similar play interests than on merely being of the same gender as seen in (Landy, 2002, p. 525). It is interesting to note that segregated play groups are the norm through elementary school and the pattern of behavior in children can be observed across distinct societies, from small remote villates to large modern cities (Aamodt & Wang, 2011). “Numerous studies have shown that girls outperform boys in emotion knowledge, from labeling and recognition of emotions to the more advanced understanding of complex emotions and their causes” (Garner, Mahatmya, Brown, & Vesely, 2014, p. 171). It is important to note though that these differences may be more related to societal expectations rather than a lack of ability.

Another observation is that how boys and girls engage in social play is different and often representative of the roles they experience in their environment (Landy, 2002). In a study of twins in the second year of life, girls scored higher on measures of empathy (Aamodt & Wang, 2011). Girls seem to express more positive emotion and are generally more emotion regulated than boys (Garner, Mahatmya, Brown, & Vesely, 2014). Howes and Farver (1987) “found that for 16-33 month olds, boys actually responded more and showed more prosocial behavior. Also, Eisenberg and Lennon (1983) concluded that boys “show similar physiological responses to the distress of others, but less facial or verbal interactions” (Landy, 2002, p. 525).

It is important to note however that the research on child gender and its relationship to social emotional competence is limited. According to the research “these differences are not as large as most people believe. Effect sizes range from small to medium. These differences do not predict individual behavior very well, but some of them are noticeable at group level” (Aamodt & Wang, 2011, p. 71) However, research on gender does describe gender identity being discovered while a child is two through five years. For that reason, gender is included in this study since the children will be between two and five years old (Aamodt & Wang, 2011).

Maternal Education

Maternal education is an important factor to consider for the development of social emotional competence in young children. “Parental education is linked to the parents providing a more stimulating physical, cognitive, and emotional environment in the home, and more accurate beliefs about their children’s actual achievement. These proximal processes likely affect the developing child’s achievement-related aspirations and actual achievement behavior” (Dubow, Boxer, & Huesmann, 2009, p. 2). According to the research, there are positive relations between parents’ levels of education and parents’ expectations for their children’s success. This suggests that more highly educated parents actively encourage their children to develop high expectations of their own. One of the most consistent predictors of children’s level of educational attainment is their parent’s level of education (Spera, Wentzel, & Matto, 2009). “Parents with high education levels are more likely to have the educational experience and resources to draw upon when helping their children achieve a college- or graduate-level education” (Spera, Wentzel, & Matto, 2009, p. 1143). For example, parents with strong educational values (i.e., belief in the importance of education) are more likely to have high achieving children than parents with less strong educational values (Seginer 1983). Education is important because it also allows parents

a greater access to resources and support systems that can positively impact the child in addition to modeling to their children that education is possible and a built in expectation in family life. (Dubow, Boxer, & Huesmann, 2009).

Parents are the first relationship that children build and for that reason, the child is influenced by the quality of shared experiences. Cohen (1989) found that the more mothers believe they can affect the sociability of their children or that they will not be blamed if things don't work out, the more likely they are to be involved in making sure their children have opportunities for relationships with their peers (Landy, 2002). Educating parents about the importance of their involvement with their children and encouraging stronger relationships is a way to help mothers recognize the importance of their interactions with their children. Mother's parenting behaviors appear to act as a filter that influence their children. As a matter of fact, "quality of mother-child interactions is directly linked to children's cognitive outcomes." (Cabrera, Wight, Fagan, & Schadler, 2011, p. 2000). Considering the strong effect a mother's parenting can have on her children it is important to ensure that mothers are provided the necessary supports to thrive in their motherhood role. McLoyd's (1989) review found that parents who experience difficult economic times have children who are more pessimistic about their educational and vocational futures" (Dubow, Boxer, & Huesmann, 2009, p. 4).

The implications for parent education are powerful and can affect various functioning of both the family and society. As Davis-Kean (2005) suggested, increasing parental education would have more permanent effects than supplemental income programs. Magnuson and McGroder (2001) have demonstrated short-term benefits on children's achievement through an intervention which led to relatively small increases in parental education" (Dubow, Boxer, & Huesmann, 2009, p. 12).

Another important aspect to consider is how parental values affect young children even if parents have not received a higher education. Research shows that parents can positively engage their children and encourage their academic success if parents have a high regard for education and instill those feelings in their children even if the parents have not completed higher education. “Eccles’ expectancy-value theory of achievement proposes that parents socialize their children towards higher levels of educational achievement and occupational success by modeling achievement-related behaviors and fostering positive expectations for academic performance.” (Dubow, Boxer, & Huesmann, 2009, p.11). Studies have shown that children of immigrant parents tend to excel academically. At times, children of immigrant parents will even excel more than their minority peers with U.S.-born parents (Schaller, Rocha, & Barshinger, 2007). This is likely accounted for by the parents’ positive attitude toward education, which motivates their children to aspire to greater heights.

Kao and Tienda (1995) found that “foreign born parents had significantly higher educational aspirations for their children than did native-born parents. Thus, parental immigrant status appears to be a crucial factor shaping the educational aspirations of immigrant youth” (Schaller, Rocha, & Barshinger, 2007, p. 8) As a matter of fact, African American and Hispanic parents place a high value on education, are concerned with educational issues, and have aspirations for their children that equal those of non-minority parents (Spera, Wentzel, & Matto, 2009). Many minority parents recognize education as a vehicle for upward mobility (Delgado-Gaitan and Trueba 1991 as cited in Spera, Wentzel, & Matto, 2009, p.1141). According to the Pew Hispanic Center and the Henry J. Kaiser Family Foundation (2004): “nearly all (95%) Latino parents say that it is very important to them that their children go to college, [and] the majority (54%) of Latinos say that young people have little chance of success without a college

degree’’(Schaller, Rocha, & Barshinger, 2007, p. 9). Maternal education is a factor that may impact the development of social emotional competence in young children and therefore a variable in this study.

Socioeconomic Status

Socioeconomic status is a factor considered in this study because it determines the access families have for resources. One in six children in the United States is currently living with a family whose income falls below the Federal poverty guidelines (Maupin, Brophy-Herb, Schiffman, & Bocknek, 2010). Income is important because the financial stress caused can affect the parenting styles and the environment the child is in. Judy Dunn, a psychologist who is expert on children’s friendships, states that “low social status or poverty can have negative effects on children in predictable ways. Stress on families due to poverty can manifest in many ways that related to children’s friendships” (Hall, 2008, p. 90). Children learn through the behavior modeled to them by their parents and the adults caring for them. In this way, family income is not only the material items and support that may not be available but also the way it affects the caretakers as well. The Family Stress Model defines economic pressure as “difficulties in dealing with stressful economic conditions, including the inability to pay bills or to meet basic material needs, such as food and clothing” (Lee, Lee, & August, 2011, p. 419).

Belsky’s (1984) model of parenting states that “a healthy marital relationship and social network support are distinct sources likely to promote parenting competence, both directly and indirectly. Specifically, social networks may promote effective parenting by enhancing parent’s psychological functioning” (Lee, Anderson, Horowitz, & Gerald, 2009, p. 418). Parenting practices are affected by the access or lack of social support. In addition, the implications of socioeconomic status are related to the physical well-being of parents which may further

complicate family life. Financial stress may deteriorate parents' mental health by "increasing their depressive symptoms through lower social support and parents with high levels of depressive symptoms are less likely to demonstrate the necessary patience, sensitivity, and responsiveness to raise children effectively" (Lee, Lee & August, 2011, p. 486).

In addition, prior research has found that children living in poverty are more likely to attend lower-quality preschool programs, and therefore benefit less than other children attending higher-quality programs (Goelman & Pence, 1988). There are programs in place such as Child Care Services by Workforce Solutions and South Texas College Pass Program in the Rio Grande Valley that implement programs to help pay for adequate childcare. However, these resources are often grant-funded and at times may require a waiting period to be accepted. (Texas Early Childhood Education Needs Assessment, 2012).

Another very important consideration is that while socioeconomic status is a strong factor it alone does not determine the outcome of all children and that is why it is very necessary to study how socioeconomic status affects families (Hall, 2008). "Psychologists have studied parents who raise children with vulnerabilities inherent to the family such as chronic poverty or divorce, yet their children become thriving, successful adults. Hallmarks of these families include inculcation of certain values like the importance of family relationships, individual responsibility and high academic expectations" (Hall, 2008, p.10). What is known is that there are differences in the outcomes of children that face socioeconomic challenges. Seccombe (2002) identified resilient families as having clear-cut expectations for their children, creating routines and celebrations, and sharing core values. The attitude that parents take towards their financial situation and how they counsel and educate their children that makes the most difference. Not all children raised in poverty will remain in poverty and being raised in rich

homes does not ensure continued financial success either. (Mayer, 1997). “It is critical that children’s social emotional competence be viewed in light of not only the sociocultural demands of the dominant culture but also the sociocultural expectations of their families” (Garner, Mahatmya, Brown, & Vesely, 2014, p. 168).

Most importantly the research shows that how much parents invest in their children is determined by their own “values and norms, their ability to finance investments (which is influenced by their income), and the availability of alternative sources of investment, such as government programs.” (Mayer, 1997, p. 46) In other words, parents are a strong influence in the importance family income will be portrayed for children. The financial poverty of one in every six households is reality for communities yet how that situation is defined is unique to the situation of each household. For this reason, socioeconomic status is an important factor in this study.

Parental Resilience

Resilience is defined by the American Psychological Association (APA) “as the ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress” (Pizzolongo & Hunter, 2011, p. 67). The study of resilience began in the last few decades of the 20th century, psychologists wanted to understand human behavior so that they may find resources to help individuals cope or improve their wellbeing (Hall, 2008). In the 1970s and 1980s Michael Rutter (1979) and Norman Garmezy (1985) wrote about “examining those children who are psychologically healthy, despite risks such as poverty” (Hall, 2008, p. 9). They found “a positive temperament, a normal level of intelligence, one good parent, one good external resource such as a teacher, and one positive context external to the home such as a well-functioning school could lead to resilience” (Hall, 2008, p. 9). Conceptually, resilience is the

transactional product of individual traits and environmental possibilities. Because adaptational responses are often tied to skills, competences in problem solving, communication, and coping, as well as an ability to act in a planful way are considered to be core elements of resilience (Fraser, Richman, & Galinsky, 1999).

Parental resilience is important because parents are modeling behavior to their children and in this way teaching them how to react to stressful and/or difficult situations. “When risk occurs in families, whether chronic or acute, the parents’ response is observed by children as cues about how to manage their own response” (Hall, 2008, p. 10) “According to Edith Grotberg (1995), a developmental psychologist, ‘Resilience is important because it is the human capacity to face, overcome and be strengthened by or even transformed by the adversities of life’” (Pizzolongo & Hunter, 2011, p. 67). The way parents cope are important elements because the that may influence their parenting skills as well as their perceptions of the resources they have available (Maupin, Brophy-Herb, Schiffman, & Bocknek, 2010).

The truth is parents bear the full responsibility of the well being of their children which can be an overwhelming reality without the proper supports in place (Hall, 2008). Research shows that “children with lower emotional and social competencies are more frequently found in families where parents express more hostile parenting, engage in more conflict, and give more attention to children’s negative than positive behaviors” (Webster-Stratton & Reid, 2004, p. 97). Parental mental health is an important component in encouraging relationships that foster positive development for children. (Lee, Anderson, Horowitz, & Gerald, 2009).

A study conducted by Maupin et al., (2010) found that there are four types of parent profiles. The Adapted, Connected, Disconnected and Disempowered. Adapted parents received the least amount of public assistance while connected parents received the highest use of public

assistance. Both of these groups reported use of the highest level of constructive coping strategies across all four coping dimensions. Disconnected parents received the fewest number of public assistance and lowest levels of constructive coping strategies. Disempowered parents received the highest number of public assistance and had the lowest resource adequacy perception (Maupin, Brophy-Herb, Schiffman, & Bocknek, 2010, p.190). Paying close attention to the strengths in families is also very important because although they may be financial poverty parents may still share strong relationship with their children and encouraging their positive development. “Boss (1992) suggested that if researchers simply focus on resources alone, they may miss critical intervening variables that are more powerful, above and beyond the depletion of resources in predicting resiliency in families” (Maupin, Brophy-Herb, Schiffman, & Bocknek, 2010, p. 190). This is why the study of parental resilience is so powerful.

“Adults can, however, promote resilience in young children by fostering protective factors that can buffer the negative effects of stress and trauma. Resilience helps children (and adults) ‘overcome adversity with courage, skills, and faith’ (Pizzolongo & Hunter, 2011, p. 67). Building this coping ability is not only a strength for the parent but also a huge lesson for children that they will continue to build. As the anthropologist Catherine Panter-Brick notes, “studies of resilience uncover how people manage to live their lives and make the best of dire circumstances” (Gulbas & Zayas, 2017, p. 54). Resilient children often have families who include one good parent with warmth and high expectations, as well as positive relationships with family members (Hall, 2008).

Empowering parents and families and promoting coping mechanisms and providing available supports could be the resource needed to generate real change and help better prepare the social emotional competence of young children. Hartas (2011) found that “for parents living

in poverty, positive parenting, emotional relatedness and parent psychological well-being are important resources to ‘sustain natural growth’ in their children’s social competence” (Hartas, 2011, p. 778). The study of parental resilience is essential towards building stronger social emotional competence in children.

Current Research Developments

There are several areas of research currently focused on the development of social and emotional competence. The Center on the Social and Emotional Foundations for Early Learning is a five year project lead by Vanderbilt University designed to “strengthen the capacity of Head Start and child care programs to improve the social and emotional outcomes of young children” (Center on the social and emotional foundations for early learning, 2019, p. 1). Other initiatives in place include Zero to Three, an organization raising awareness about the health and well-being of infants and toddlers. Through their information campaigns and research, they shed light on the importance of positive experiences for children ages zero to three (Zero to Three, 2019). The National Association for the Education of Young Children is a national organization serving early childhood educators with the latest research and accreditation. Their efforts are focused on accrediting child care programs, educating early childhood teachers, publishing research and advising policy both at state, national and global platforms (NAEYC,2019). The involvement of both local and widespread organizations is a highlight on the importance of providing the best developmental experiences for young children.

The development of social emotional competence is a responsibility of parents, families, childcare programs, health care professionals and society as a whole. The literature supports a study to examine the effect parental resilience, gender, maternal education and socioeconomic status have on the social emotional competence of children.

CHAPTER III

METHODOLOGY

This study examines to what extent parental resilience, child gender, maternal education, and socioeconomic status contribute to social emotional competence in children ages two-five years old enrolled in a childcare center in the Rio Grande Valley. Also, a qualitative narrative research study of parental resilience perceptions was examined.

Research Design

An explanatory sequential mixed methods design was utilized for this study. “Mixed methods research combines quantitative and qualitative research designs by including both quantitative and qualitative data in a single study. The purpose of mixed methods research is to understand a phenomenon more fully than is possible using either quantitative or qualitative designs alone” (Mills & Gay, 2016, p. 425). The quantitative portion of the study examined to what extent certain variables have on social emotional competence of young children. On the other hand, the qualitative portion provides insight to parents’ perceptions of resilience. In addition, it allows the opportunity to learn more about parents’ life experiences as they relate to the social emotional competence of their young children. In an explanatory sequential mixed methods design quantitative data are collected first and the findings obtained determine what type of data is collected in the qualitative portion of the study. Qualitative data is used to help explain or provide further detail on the information obtained from the quantitative portion of the study (Mills & Gay, 2016)

The quantitative component utilizes exploratory analysis and graphs, bivariate correlation analysis and an all possible procedures multiple regression analysis to test the null hypothesis in this study. Multiple regression is a quantitative approach that attempts to determine the overall contribution by multiple independent or predictor variables on a dependent or criterion variable (Winkle, Wiersma, & Jurs, 2003). The following original equation was utilized in this study:

$$\hat{Y}_{\text{(Social Emotional Competence)}} = X_1 \text{ (Parental Resilience)} + X_2 \text{ (Child Gender)} + X_3 \text{ (Maternal Education)} + X_4 \text{ (Socioeconomic Status)}$$

Social Emotional Competence (\hat{Y}) is the dependent variable in this study. Social Emotional Competence (\hat{Y}) was measured using the Devereaux assessment scores completed by the child's teacher during the school year. Scores were provided by the childcare center for all children whose parents provided consent. However, after a bivariate correlational analysis was conducted predictor variables were updated to reflect only the variables that significantly correlated with the dependent variable, Social Emotional Competence (SEC) at $p < .05$ level of significance. Thus, the updated variables were used as the predictors to the criterion in the multiple regression analysis. Predictor variables were different for the two different age groups. The equations are as follow:

Two-year old Sample Group

$$\hat{Y}_{\text{(Social Emotional Competence)}} = X_1 \text{ (Parental Resilience)} + X_2 \text{ (Child Gender)} + X_3 \text{ (Socioeconomic Status)} + X_4 \text{ (Home Language)} + X_5 \text{ (Number of Children in the Home)}$$

Three to Five-year old Sample Group

$$\hat{Y}_{\text{(Social Emotional Competence)}} = X_1 \text{ (Parental Resilience)} + X_2 \text{ (Child Gender)} + X_3 \text{ (Socioeconomic Status)}$$

In addition, this study determines the individual contribution of each independent variable: Parental Resilience, Child Gender, Socioeconomic Status, Home Language and Number of children in the home to the total variance in Social Emotional Competence. Multivariate analysis of variance is a particularly useful data analytic technique to evaluate mean differences on multiple dependent variables while simultaneously controlling for the inter-correlations among them (Rudy, Kubinski, & Boston, 1992).

The qualitative component is a narrative research study. “Narrative researchers collect stories from individuals (and documents and group conversations) about individuals’ lived and told experiences” (Creswell, 2013, p. 71) For this study it was important to identify the feelings parents have about their experiences and how they perceive their life story. It was set up as a Focus Group Interview at the child care center to encourage parent participation since they are familiar with the setting. “Focus groups are advantageous when the interaction among interviewees will likely yield the best information, when interviewees are similar and cooperate with each other, when time to collect information is limited and when individuals interviewed one-on-one may be hesitant to provide information” (Krueger & Casey, 2009; Morgan, 1988; Stewart & Shamdasani, 1990 as cited in Creswell, 2013, p. 164). When conducting focus group interviews it is important for the researcher to ensure that all participants are able to share their point of view (Mills & Gay, 2016). The focus group was audio recorded with consent from the participants. The discussion prompts were regarding parental perceptions about resilience (Appendix D).

Research Questions

This study examines factors such as parental resilience, gender, and socioeconomic status that may contribute to the social emotional competence of children two through five years of age in the Rio Grande Valley to address the following three questions:

RQ1: What proportion of total variance in Social Emotional Competence can be contributed by Parental Resilience, Child Gender, Socioeconomic Status, Home Language, and/or Number of Children in the Home in two-year old children?

RQ2: What proportion of total variance in Social Emotional Competence can be contributed by Parental Resilience, Child Gender and/or Socioeconomic Status in three to five year old children?

RQ3: What are parent's perceptions regarding their own resilience?

The first two research questions will be developed into hypothetical constructs that will be tested through the test of significance.

Research Hypothesis

Social emotional competence in two-year old children is a function of Parental Resilience, Child Gender, Socioeconomic Status, Home Language and Number of children in the Home

Social emotional competence in three to five-year old children is a function of Parental Resilience, Child Gender and Socioeconomic Status.

Null Hypothesis

Social emotional competence in two-year old children is not a function of Parental Resilience, Child Gender, Socioeconomic Status, Home Language and Number of children in the Home

Social emotional competence in three to five-year old children is not a function of Parental Resilience, Child Gender and Socioeconomic Status.

Population and Sample

For the quantitative portion of the study purposive sampling, the process of selecting a sample that is believed to be representative of a given population, was used (Mills & Gay, 2016). It included 99 children a total aged two years and three to five years enrolled in a Rio Grande Valley childcare center. This study explores the relationship between the social emotional competence and parental resilience, child gender, and socioeconomic status for this particular sample of children. For the qualitative component, purposive sampling was used. An example of purposive sampling would be as follows: given a pool of participants, decide how many of them can reasonably participate in the study, and randomly select a number to participate (Mills & Gay, 2016). Only those parents that attended the Focus Group interview were considered participants for the qualitative portion of the study. All participants provided consent to be included in the data collection process. Data collected did not contain names or any other identifiers of the participants. Pseudonyms were assigned to protect the identity of participants. The data was transcribed and stored electronically in the form of a word document.

Site Selection

The childcare facility selected to participate in this study is a state licensed childcare center in operation since June 1999. The childcare center is licensed to care for 450 children ages zero months through thirteen years old. The childcare center is affiliated with several state and federal programs to help provide subsidized childcare rates for parents. The hours of operation are Monday-Friday, 6:30 am – 6:00 pm and they are open year-round to better serve the needs of the community. It is only closed nine holidays of the calendar year. The program

operates during the school year August through May and as a summer camp during the months of June and July. This facility is ideal for this study due to the varied types of families it serves. Certain families pay full tuition, others are enrolled through Child Care Services and a third are current full-time students paid for by South Texas College. In addition, this childcare center already utilizes the *Devereux Early Childhood Assessment* system to screen children for their social and emotional well-being.

Instrumentation

Three instruments, *DECA-T*, *DECA-P2* and *RS14*, were used to collect data for the quantitative component of the study. A researcher-made instrument containing Focus Group Discussion prompts was also be used to collect qualitative data. Family Demographic Information was also obtained (Appendix C).

Social Emotional Competence

Social emotional competence was measured using the *Devereux Center for Resilient Children* (DCRC) Assessment Tools. These instruments were already in use at the childcare center and the Program Director provided the scores to the researcher for all the children that had parental consent to participate with their scores. For children ages two years old the *Devereux Early Childhood Assessment for Toddlers*, *DECA-T* will be used (Mackrain, LeBuffe, & Powell, 2007). A different tool will be utilized for children ages 3-5 years old called the *Devereux Early Childhood Assessment for Preschoolers*, Second Edition, *DECA-P2* (LeBuffe & Naglieri, 2012).

Devereux Early Childhood Assessment for Toddlers (DECA-T)

This instrument was published in 2007, it is a behavior rating scale that is completed by parents and/or caregivers which provides an assessment of within-child protective factors central to social and emotional health and resilience in Toddlers ages 18 to 36 months. The *DECA-T* is

part of the Devereux Early Childhood Assessment Program for Infants and Toddlers (DECA-I/T) which is available for children ages 4 weeks to 18 months. Observation of the toddler for four weeks is necessary to complete the assessment. The instrument is composed of 36 items with three subscales as follow: Initiative (11 items) – toddler’s ability to use independent thought and action to meet his/her needs; Self-Regulation (7 items) – toddler’s ability to use independent thought and action to meet his or her needs; Attachment/Relationships (18 items) – the mutual, strong, long-lasting relationship between the toddler and significant adults such as family members and teachers. Percentile ranks and T-scores are provided for each scale. Cronbach’s alpha ranges .94 to .95. (Mackrain, LeBuffe, & Powell, 2007).

Using the data collected for the two-year old group in this study a factor analysis using principal component analysis was conducted. The rotation method selected was Varimax with Kaiser Normalization using IBM SPSS Statistics Version 25 software. The rest of the Dimension Reduction statistical control options in SPSS were left in the default setting.

Reliability

Devereux Early Childhood Assessment for Preschoolers, Second Edition (DECA-P2)

More recently published in 2012, this instrument is a behavior rating scale that may be completed by parents and/or teachers which provides an assessment of within-child protective factors central to social and emotional health and resilience, as well as a screener for behavioral concerns in children ages 3 to 5 years old. Observation of the preschooler for four weeks is necessary to complete the assessment. The instrument is composed of 38 items with three subscales as follow: Initiative (9 items) - the child’s ability to use independent thought and action to meet his/her needs; Self-Regulation (9 items) - child’s ability to express emotions and manage behaviors in healthy ways; Attachment/Relationships (9 items) - child’s ability to promote and

maintain mutual, positive connections with other children and significant adults. The three subscales sum the total score for Total Protective Factors. In addition, a Behavioral Concerns (11 items) score is applied. Percentile ranks and T-scores are provided for each scale.

Cronbach's alpha ranges .92 to .95 (LeBuffe & Naglieri, 2012).

Using the data collected for the three to five-year old group in this study a factor analysis using principal component analysis was conducted. The rotation method selected was Varimax with Kaiser Normalization using IBM SPSS Statistics Version 25 software. The rest of the Dimension Reduction statistical control options in SPSS were left in the default setting.

Parental Resilience

Parents that volunteered to participate were asked to complete a 14 question *Parent Resilience Questionnaire, RS14*. (Wagnild, 2019). Licensing permission was obtained on behalf of the publisher (Appendix C), The Resilience Center, and permission was granted for the use in this study. In the ten years since the RS14 was made available to researchers, its construct validity has been evaluated using content analysis, known groups, convergent/discriminant studies, correlation studies, factor analysis, pretest-posttest intervention studies. (Wagnild, 2019).

The resilience (measured by the *RS14*) is positively associated with self-esteem, active coping, forgiveness, health promotion, family health, psychological well-being, sense of community, social support, sense of coherence, healthy lifestyle behaviors, self-care during chronic illness, purpose in life, self-transcendence, religiosity, optimism, high physical function, spiritual well-being, goal achievement, and many other positive qualities. (Wagnild, 2019).

Cronbach's alpha ranges from .89 to .96. (Wagnild, 2019).

Focus Group Discussion Prompts

The researcher created discussion prompts (Appendix E) that were used during the Focus Group Discussion to obtain more information regarding the parent's perceptions of their own resilience. Questions were also influenced by the findings of the quantitative data analysis. The questions will be open ended to allow participants to share their perspective and experiences.

Family Demographic Form

A Family Demographic Form was created by the researcher to obtain information for each participating family. The form is formatted in three columns. The first column titled "Child Information" asks the child's gender, age, home language, ethnicity and total number of children in the household. The second column asks about 'Parent Information', parent relationship to the child, parent's age, marital status, socioeconomic status, and whether or not they receive childcare subsidy. The third column asks about Parent Education of both parents and Parent Work Status of both parents as well.

Data Collection Procedures

Following approval by the Institutional Review Board at the University of Texas Rio Grande Valley the researcher notified the childcare facility participating in the study that approval had been granted. Initially, the researcher attended a staff meeting to introduce herself to everyone and explain the purpose of the research. Envelopes were prepared with the following:

1. Informed Consent (Appendix B)
2. Family Demographics Form (Appendix D)
3. RS14 Parental Resilience Questionnaire (Licensing Agreement, Appendix C)

Envelopes were available to all parents with children ages two through five years old enrolled at the childcare center. Parents had two weeks to return their envelopes to their child's

teacher. The study took approximately four weeks to complete. Researcher was available on site to answer any questions parents had throughout the process.

For the qualitative component of the study, the researcher is the primary data collection instrument (Mills & Gay, 2016). Researcher invited parents to participate in a Focus Group Interview at the childcare center. The focus groups took place on a Saturday from 9am to 11 am and 1pm to 3pm. Childcare was available for parents to facilitate attendance. The Pre-School classroom hosted the interview. Audio recording was used to record the data collected, parents signed a consent form prior to the interview beginning. The researcher introduced herself to the group and explained the purpose of the Focus Group and the process to the group. Parents were encouraged to share regarding their personal experiences and resilience in their journey through parenthood. Discussion questions are available in (Appendix E).

Thank you notes were sent out to every family that participated in the study one week after all data had been collected. In addition, a thank you note was sent to each staff member and the Program Director of the childcare facility for their participation in the study.

Data Analysis Procedures

The data was collected using the procedures described in the previous subsection of this dissertation. All quantitative data was analyzed using an F-distribution, and an alpha level of .05. Both descriptive and inferential analyses were conducted. The descriptive analyses involved computing means and standard deviations of the demographic and child outcome measures by Social Emotional Competence. The inferential analyses examine the total variance explained in Social Emotional Competence by Parental Resilience (x_1), Child Gender (x_2), and Socioeconomic Status(x_3). SPSS Software was used for the analysis of data.

Qualitative data collected from the Focus Group Discussion was organized and reviewed. Data was transcribed, coded and themes emerged from analysis. (Creswell, 2014). In addition, data analysis process was aided by qualitative software. NVivo 10 is designed to assist researchers with organizing, classifying, and analyzing data and allows researchers to work with documents (Mills & Gay, 2016). Data was stored by researcher in a USB drive. As part of the verification process, the researcher provided a copy of the transcript to all participants before continuing with analysis (Creswell, 2013).

CHAPTER IV

QUANTITATIVE RESULTS

The purpose of this study was to investigate the relationship among parental resilience, child gender, socioeconomic status and social emotional competence of children ages two through five years old. Specifically, how much of the total variance in social emotional competence may be accounted for by the predictor variables. The sample of children were enrolled in a Rio Grande Valley childcare center with families from varied socioeconomic backgrounds who were primarily of Hispanic origin. Their parents provided permission to obtain their Devereux Early Childhood Assessment scores on file at the childcare center, completed a resilience survey and a focus group interview. Both parents and children were the subjects of this quantitative portion of the study. The data analysis included exploratory analysis and graphs, bivariate correlational analysis and an all possible procedures multiple regression analysis for each data set. One data set provided the results for children ages two-years old and a second data set provided the results for children ages three to five-years old.

Research Questions

The different methods of statistical analysis described below helped the researcher answer the following two research questions:

Quantitative Research Question 1

What proportion of total variance in Social Emotional Competence can be contributed by Parental Resilience, Child Gender, Socioeconomic Status, Home Language, and/or Number of Children in the Home in two-year old children?

Quantitative Research Question 2

What proportion of total variance in Social Emotional Competence can be contributed by Parental Resilience, Child Gender and/or Socioeconomic Status in three to five-year old children?

Data Analysis

The data analysis will include exploratory analysis and graphs, bivariate correlational analysis and an all possible procedures multiple regression analysis for each data set. One data set will provide the results for children ages 2 years old and a second data set will provide the results for children ages 3-5 years old.

Results for Research Question 1

The first research question, What proportion of total variance in Social Emotional Competence can be contributed by Child Gender, Family Income, Maternal Education, and Parental Resilience in 2 year old children, was answered after performing a factor analysis on the Devereux Early Childhood Assessment for Toddlers, DECA-T (Mackrain, LeBuffe and Powell, 2007), and exploratory and confirmatory analyses side by side to ensure fidelity of the results obtained (Tukey, 1977).

Factor Analysis.

A principal component analysis was performed on the 36 items derived from the Devereux Early Childhood Assessment for Toddlers, DECA-T, by Mackrain, LeBuffe and Powell (2007). The rotation method selected was Varimax with Kaiser Normalization using IBM SPSS Statistics Version 25 software. Dimension Reduction statistical options in SPSS were left in the default mode. It is important to limit the number of factor loadings, which will provide more accurate depictions to interpret (Hinkle, Wiersma & Jurs, 2003). After

determining that all factors measured what they intended to measure all factors were added up to create the Social Emotional Competence construct. The Social Emotional Competence construct included Initiative, Self-Regulation, and Attachment consists of three items which yielded a Cronbach's alpha of .9184 (N=100).

Bivariate Correlational Analysis.

A bivariate correlation matrix was generated using SPSS to identify and test for significance whether these variables are correlated with the dependent variable (Social Emotional Competence) at the .05 level of significance. Parental Resilience, Child Gender, Home Language, Socioeconomic Status and Number of Children in the Home were the only variables that significantly correlated with the dependent variable, Social Emotional Competence (SEC) at $p < .05$ level of significance. Thus, these five variables were used as the predictors to the criterion in the multiple regression analysis and lead to the refined null hypothesis as follows:

H_0 : Social Emotional Competence is not a function of Parental Resilience, Child Gender, Home Language, Socioeconomic Status, and Number of Children in the Home (X_1, X_2, X_3, X_4, X_5).

Exploratory/Descriptive Analysis.

A total of 30 DECA-T scores were obtained with parental consent for two year old children from the childcare center. Table 1 portrays some demographic make-up of the sample group (Table 1).

Table 1

Characteristics of the Sample Group of Children Ages 2 years old, N=30

Descriptors	<i>f</i>	%
Child Gender		
Girls	16	53
Boys	14	46
Age		
Two years old	30	100
Ethnicity		
Caucasian	7	23
Hispanic/Latino	22	73
Bi-Racial or Multi-Racial	1	3
Home Language		
English	17	57
Spanish	4	13
Both English and Spanish	9	30
Number of Children in the Home		
One	10	33
Two	14	47
Three	5	17
Seven	1	3

The study consisted of 30 subjects, 16 girls and 14 boys; 73% Hispanic/Latino, 23% Caucasian and 3% Biracial/Multiracial. Home language was reported as English in 57% of the population, 13% Spanish, and 30% Both English and Spanish. Number of children in the home varied from one to seven children, the highest percentage was households with two children at 47%. Table 2 depicts additional demographic information (Table 2).

Table 2

Characteristics of Parents of the 2 year old Sample Group, N=30

Descriptors	<i>f</i>	%
Age of Parent		
Less than 20 years	1	3
25-29 years	8	27
30-34 years	12	40
35-39 years	9	30
Marital Status		
Single, Never Married	3	10
Single, Separated	3	10
Married	21	70
Lives with Partner	3	10
Socioeconomic Status		
Less than \$25,000	8	27
\$25,000 - \$49,999	13	43
\$50,000 - \$74,999	2	7
\$75,000 - \$99,999	4	13
\$100,000 and above	3	10

The majority of parents, 40% reported to be ages 30-34 years of age and 70% reported to be married. In addition, the highest socioeconomic percentage for families was 43% in the \$25,000-\$49,000 income bracket. Parental Resilience was measured by the RS-14 survey and respondents reported the highest in the Very Low resilience category at 33%. Moderately High and High Resilience had 19% each (Table 3). Education attainment and employment status information may be found in the Appendix (Appendix F).

Table 3

Characteristics of Parental Resilience of Two-Year Old Sample Group, N=30

Descriptors	<i>f</i>	%
RS-14		
Very Low	10	33
Low	5	16
On the Low End	3	10
Moderate	1	3
Moderately High	6	19
High	6	19

Table 4

Characteristics of Parents Age, Marital Status and Socioeconomic Status of 2 year old Parents

Descriptors	Mother		Father	
	F	%	F	%
Educational Levels				
Less than a high school diploma	0	0	1	3
High School Diploma/GED	11	37	13	43
Associate degree	3	10	7	24
Bachelor's Degree	13	43	9	30
Graduate Degree	3	10	0	0
Employment				
Full Time	22	73	22	73
Part Time	6	20	4	13
Student	1	3	0	0
Unemployed	1	3	4	13

All Possible Procedures Multiple Linear Regression.

The All Possible Procedure with Backward Elimination allows the researcher to assess the predictive contribution of individual predictors and contributions for grouped predictors as well. For example, in this case there are five possible predictors. Tables 4, 5, 6 and 7 show each step of the All Possible Procedure with Backward Elimination with individual and grouped

predictive contributions for this data set. The Multiple Regression Analysis including all five independent predictors yielded the following findings, $R = .65$, $R^2 = .43$, adjusted $R^2 = .31$. This finding reveals that 31% of the variance in Social Emotional Competence in two year-old children, the dependent variable, is predominantly explained by these five variables: Parental Resilience, Child Gender, Home Language, Socioeconomic Status and Number of Children in the Home.

Table 5

*Comparison Between the Full Model and One Independent Variable Removed
Using All Possible Procedures*

Predictor Variable(s)	Predictor Variable(s) Removed	R^2 Full Model	R^2	(R^2)	Difference
X ₁ X ₂ X ₃ X ₄	X ₅	.561	.315	.205	.246
X ₁ X ₂ X ₃ X ₅	X ₄	.645	.415	.322	.230
X ₁ X ₂ X ₄ X ₅	X ₃	.625	.391	.297	.328
X ₁ X ₃ X ₄ X ₅	X ₂	.642	.413	.319	.229
X ₂ X ₃ X ₄ X ₅	X ₁	.590	.349	.244	.346

Note. The following X assignments are used:

- X₁ Parental Resilience
- X₂ Child Gender
- X₃ Home Language
- X₄ Socioeconomic Status
- X₅ Number of Children in the Home

Table 6

*Comparison Between the Full Model and Two Independent Variables Removed
Using All Possible Procedures*

Predictor Variable(s)	Predictor Variable(s) Removed	R ² Full Model	R ²	(R ²)	Difference
X ₁ , X ₂ , X ₃	X ₄ , X ₅	.558	.311	.232	.247
X ₁ , X ₂ , X ₄	X ₃ , X ₅	.530	.281	.201	.249
X ₁ , X ₃ , X ₄	X ₂ , X ₅	.558	.311	.232	.247
X ₂ , X ₃ , X ₄	X ₁ , X ₅	.483	.234	.145	.249
X ₁ , X ₂ , X ₅	X ₃ , X ₄	.587	.344	.272	.243
X ₁ , X ₃ , X ₅	X ₂ , X ₄	.633	.401	.332	.232
X ₂ , X ₃ , X ₅	X ₁ , X ₄	.578	.334	.258	.244
X ₁ , X ₄ , X ₅	X ₂ , X ₃	.623	.338	.320	.285
X ₂ , X ₄ , X ₅	X ₁ , X ₃	.399	.159	.066	.240
X ₃ , X ₄ , X ₅	X ₁ , X ₂	.574	.329	.252	.245

Note. The following X assignments are used:

- X₁ Parental Resilience
- X₂ Child Gender
- X₃ Home Language
- X₄ Socioeconomic Status
- X₅ Number of Children in the Home

Table 7

*Comparison Between the Full Model and Three Independent Variables Removed
Using All Possible Procedures*

Predictor Variable(s)	Predictor Variable(s) Removed	R ² Full Model	R ²	(R ²)	Difference
X ₁ , X ₃	X ₂ , X ₄ , X ₅	.554	.307	.256	.247
X ₂ , X ₃	X ₁ , X ₄ , X ₅	.447	.200	.141	.247
X ₁ , X ₅	X ₂ , X ₃ , X ₄	.583	.340	.293	.243
X ₂ , X ₅	X ₁ , X ₃ , X ₄	.387	.150	.089	.237
X ₁ , X ₄	X ₂ , X ₃ , X ₅	.530	.281	.229	.249
X ₂ , X ₄	X ₁ , X ₃ , X ₅	.161	.026	-.044	.135
X ₁ , X ₂	X ₃ , X ₄ , X ₅	.496	.246	.192	.250
X ₃ , X ₅	X ₁ , X ₂ , X ₄	.562	.316	.265	.246
X ₄ , X ₅	X ₁ , X ₂ , X ₃	.393	.154	.094	.239
X ₃ , X ₄	X ₁ , X ₂ , X ₅	.476	.227	.169	.249

Note. The following X assignments are used:

- X₁ Parental Resilience
- X₂ Child Gender
- X₃ Home Language
- X₄ Socioeconomic Status
- X₅ Number of Children in the Home

Table 8

Comparison Between the Full Model and Four Independent Variables Removed Using All Possible Procedures

Predictor Variable(s)	Predictor Variable(s) Removed	R ² Full Model	R ²	(R ²)	Difference
X ₅	X ₁ X ₂ X ₃ X ₄	.382	.146	.116	.236
X ₄	X ₁ X ₂ X ₃ X ₅	.161	.026	-.008	.135
X ₃	X ₁ X ₂ X ₄ X ₅	.441	.194	.166	.247
X ₂	X ₁ X ₃ X ₄ X ₅	.000	.000	-.034	.000
X ₁	X ₂ X ₃ X ₄ X ₅	.496	.246	.220	.250

Note. The following X assignments are used:

- X₁ Parental Resilience
- X₂ Child Gender
- X₃ Home Language
- X₄ Socioeconomic Status
- X₅ Number of Children in the Home

Results for Research Question 2

The second research question, what proportion of total variance in Social Emotional Competence can be contributed by Child Gender, Family Income, Maternal Education, and Parental Resilience in 3-5 year old children, was answered after performing a factor analysis on the Devereux Early Childhood Assessment for Preschool, DECA-P2 (Mackrain, LeBuffe and Powell, 2007), and exploratory and confirmatory analyses side by side to ensure fidelity of the results obtained (Tukey, 1977).

Factor Analysis.

A principal component analysis was performed on the 36 items derived from the Devereux Early Childhood Assessment for Preschoolers, DECA-P2, by Mackrain, LeBuffe and Powell (2007). The rotation method selected was Varimax with Kaiser Normalization using IBM SPSS Statistics Version 25 software. Dimension Reduction statistical options in SPSS were left in the default mode. It is important to limit the number of factor loadings, which will

provide more accurate depictions to interpret (Hinkle, Wiersma & Jurs, 2003). After determining that all factors measured what they intended to measure all factors were added up to create the Social Emotional Competence construct. The Social Emotional Competence construct included Initiative, Self-Regulation, Attachment and Behavior consists of four items which yielded a Cronbach's alpha of .9184 (N=100).

Bivariate Correlational Analysis.

A bivariate correlation matrix was generated using SPSS to identify and test for significance whether these variables are correlated with the dependent variable (Social Emotional Competence) at the .05 level of significance. Parental Resilience, Child Gender, and Socioeconomic Status were the only variables that significantly correlated with the dependent variable, SEC at $p < .05$ level of significance. Thus, these three variables were used as the predictors to the criterion in the multiple regression analysis and lead to the refined null hypothesis as follows:

H₀: Social Emotional Competence is not a function of Parental Resilience, Child Gender, and Socioeconomic Status (X_1 , X_2 , X_3).

Exploratory/Descriptive Analysis.

A total of 69 DECA-P2 scores were obtained with parental consent for three to five-year old children from the childcare center. Table 1 portrays some demographic make-up of the sample group (Table 1).

Table 9

Characteristics of the Sample Group of Children Ages 3-5 years old, N=69

Descriptors	<i>f</i>	%
Child Gender		
Girls	39	56
Boys	30	43
Age		
Three years old	36	52
Four years old	28	41
Five years old	5	7
Ethnicity		
Caucasian	8	12
Black/African American	2	3
Hispanic/Latino	56	81
Asian	1	1
Other	2	3
Home Language		
English	39	56
Spanish	8	12
Both English and Spanish	20	29
Other	2	3
Number of Children in the Home		
One	21	30
Two	32	47
Three	8	12
Four	7	10
Seven	1	1

The study consisted of N=69 subjects, 39 were girls and 30 were boys; 81% Hispanic/Latino, 12% Caucasian, 3% African American, 3% Other and 1% Asian. Home language was reported as English in 56% of the population, 12% Spanish, and 29% Both English and Spanish. Table # depicts additional demographic information (Table #).

Table 10

Characteristics of Parents of the Three to Five- year old Sample Group, N=69

Descriptors	<i>f</i>	%
Age of Parent		
Less than 20 years	1	1
20-24 years	1	1
25-29 years	6	7
30-34 years	25	36
35-39 years	26	38
40 or older	10	17
Marital Status		
Single, Never Married	4	6
Single, Separated	3	5
Single, Divorced	9	14
Married	46	67
Lives with Partner	6	7
Widowed	1	1
Socioeconomic Status		
Less than \$25,000	12	18
\$25,000 - \$49,999	34	50
\$50,000 - \$74,999	18	25
\$75,000 - \$99,999	4	6
\$100,000 and above	1	1

The majority of parents, 36%, reported to be ages 30-34 years of age and 67% reported to be married. In addition, the highest socioeconomic percentage for families was 50% in the \$25,000 - \$49,999 income bracket. Parental Resilience was measured by the RS-14 survey and respondents reported the highest percentage in the Moderately High category at 29%. Very Low-End resilience reported 14 % and High resilience also reported 14% (Table 10). Education attainment and employment status information may be found in the Appendix (Appendix F).

Table 11

Characteristics of Parental Resilience of Three to Five- year old Sample Group, N=69

Descriptors	<i>f</i>	%
RS-14		
Very Low	10	14
Low	6	9
On the Low End	5	8
Moderate	18	26
Moderately High	20	29
High	10	14

Table 12

Characteristics of Parents Age, Marital Status and Socioeconomic Status of 3-5 year old Parents

Descriptors	Mother		Father	
	F	%	F	%
Educational Levels				
Less than a high school diploma	1		5	
High School Diploma/GED	24		21	
Associate degree	13		16	
Bachelor's Degree	28		26	
Graduate Degree	3		1	
Employment				
Full Time	61		59	
Part Time	3		0	
Student	3		2	
Unemployed	1		8	

All Possible Procedures Multiple Linear Regression.

The All Possible Procedure with Backward Elimination allows the researcher to assess the predictive contribution of individual predictors and contributions for grouped predictors as well. For example, in this case there are three possible predictors. Tables 11 and 12 show each step of the All Possible Procedure with Backward Elimination with individual and grouped

predictive contributions for this data set. Multiple regression is a quantitative approach that attempts to determine the overall contribution by multiple independent or predictor variables on a dependent or criterion variable (Hinkle, Wiersma & Jurs, 2003). The Multiple Regression Analysis including all five independent predictors yielded the following findings, $R = .55$, $R^2 = .30$, adjusted $R^2 = .27$. This finding reveals that 27% of the variance in Social Emotional Competence in three to five year-old children, the dependent variable, is predominantly explained by these three variables: Parental Resilience, Child Gender and Socioeconomic Status.

Table 13

*Comparison Between the Full Model and One Independent Variable Removed
Using All Possible Procedures*

Predictor Variable(s)	Predictor Variable(s) Removed	R^2 Full Model	R^2	(R^2)	Difference
X ₁ X ₂	X ₃	.44	.20	.17	.24
X ₁ X ₃	X ₂	.37	.13	.11	.24
X ₂ X ₃	X ₁	.55	.30	.28	.25

Note. The following X assignments are used:

- X₁ Parental Resilience
- X₂ Child Gender
- X₃ Socioeconomic Status

Table 14

*Comparison Between the Full Model and Two Independent Variables Removed
Using All Possible Procedures*

Predictor Variable(s)	Predictor Variable(s) Removed	R^2 Full Model	R^2	(R^2)	Difference
X ₁	X ₂ X ₃	.21	.05	.03	.16
X ₂	X ₁ X ₃	.41	.17	.15	.24
X ₃	X ₁ X ₂	.36	.13	.12	.23

Note. The following X assignments are used:

- X₁ Parental Resilience
- X₂ Child Gender
- X₃ Socioeconomic Status

Summary of Results

This study followed an explanatory sequential mixed methods design. Quantitative findings report the findings for two separate groups, children ages 2 years old and children ages 3-5 years old. The different methods of statistical analysis helped the researcher answer the research questions. For the two-year old group 30% of the variance of their Social Emotional Competence (DV) was explained by the following independent variables: Parental Resilience, Child Gender, Home Language, Socioeconomic Status and Number of Children in the Home. For children ages three to five, Parental Resilience, Child Gender and Socioeconomic status were the three independent variables that explained 27% of the variance. Both age groups shared Parental Resilience, Child Gender and Socioeconomic Status as predictor variables for socioemotional competence in children ages two through five-years old.

CHAPTER V

QUALITATIVE RESULTS

The qualitative portion of the study is a narrative research study that explores an in-depth description of parental resilience perceptions. “Qualitative research is especially helpful when it provides us with someone’s perceptions of a situation that permits us to understand his or her behavior” (Krathwohl, 1998, p. 230). Qualitative data places an emphasis on the experiences people live and this is important towards finding meaning in the events and processes of life. The data were collected via open-ended questions at focus group interviews. “Focus groups often produce data that are seldom produced through individual interviewing and observation and thus yield particularly powerful knowledges and insights” (Denzin & Lincoln, 2011, p. 559). Data gathering was done in two separate focus group interviews. One focus group interview was for parents of children aged two years old and the second focus group interview was for parents of children ages three to five years old.

Research Question

This chapter contains the findings of the focus groups conducted to answer the following research question:

RQ3: What are parents’ perceptions regarding their own resilience?

This chapter includes discussion that the analysis conducted was consistent with narrative research analysis and how it relates back to the research question. In addition, the process used to analyze transcripts from both focus group interviews conducted that lead to the codes and themes described in this chapter. There were three levels of analysis: (a) open coding, (b)

structural coding and (c) in vivo coding. At each level of analysis, comparison was used to further refine, until themes emerged.

Selection of Participants

The study was conducted at a childcare center in the Rio Grande Valley. The childcare center offers childcare services to children from diverse socioeconomic backgrounds. One hundred parents volunteered to participate in the quantitative portion of this study. Fourteen parents and two grandparents participated in the qualitative focus group interviews. Eight parents and one grandparent participated in the two-year old parents' group and seven parents and one grandparent participated with the three to five-year old age group. Grandparent responses were not considered in the study but they were allowed to attend the Focus Group.

Purposive sampling was used to select participants, this type of sampling “selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study (Creswell, 2013, p. 156). All of the participants in the study were parents with children enrolled at the childcare center. In addition, criterion sampling involved setting specific criteria and only allowing those with the criteria to participate (Mills, 2016). Participants were required to have their children enrolled in the specific age groups at the childcare center. Participation in the study was voluntary and participants had the right to withdraw at any time. Invitation flyers were sent out to selected parents who had replied to the quantitative portion of the study.

Data were collected via focus group interviews with open-ended questions. Data collected did not contain any name or any other identifiers of the participants. All data collected were transcribed and stored electronically in the form of a word document. The collection process consisted of audio recorded focus group sessions, my written notes, the participants'

responses to posed questions. As part of the verification process, the researcher provided a copy of the transcript to all participants before continuing with analysis (Creswell, 2013).

Focus group interviews took place on a Saturday morning and childcare was available on site. The preschool classroom was the location chosen to host the interview. Twelve chairs were placed in the center of the classroom in circle formation to allow all participants to see each other and encourage dialogue. Participants were selected from the larger pool of parents that had initially participated in completed the quantitative surveys. Participants were selected to represent the overall general population of the childcare center. Two separate focus groups were organized in order to capture both two-year old and three to five-year old parents. The quantitative data analysis demonstrated differences in how independent factors related to the social emotional competence of young children. This qualitative portion was focused on obtaining a more personalized understanding of the quantitative findings. For that reason, participants were selected that could provide a mix of different socioeconomic backgrounds, parental resilience scores and general life experience.

The first focus group interview took place from 9 am to 11 am with parents of children enrolled in the two-year old classrooms. Eight parents and one grandparent attended this session. All eight participants were mothers and one grandmother. As participants arrived the researcher introduced herself again and welcomed everyone to the group. Before initiating the interview, the researcher explained what the process would be and how the questions would be asked and that everyone was encouraged to participate. All participants completed a Consent Form, and everyone agreed to continue with the Focus Group Interview. It should be noted that all participants seemed comfortable and willing to participate. Participants in this interview all had children enrolled in classrooms of two-year old children.

The second focus group interview was hosted the same Saturday from 1pm to 3pm. This was for parents of children ages 3-5 years old. Seven parents and one grandparent participated in this interview. Only the data shared by mothers was considered for the data analysis. It should be noted that all participants were also mothers and one grandmother. The same arrival procedures were followed, and consent forms were obtained for all participants as well.

Participants were all female, mostly all mothers between the ages of 27-38 years of age. In addition, two grandmothers attended the event. There was a total of 15 participants, eight in the first focus group with mothers of two-year old children and seven mothers with mothers of children ages 3-5 years. A little more detail will be shared for the following participants: Amanda, Rose, Abigail, Grace and Diana. Amanda is a married, 33-year old mother of two boys, one six years old and the other two years old. She reported being a stay at home mother and is devoted to her children and her home life. Rose is single, 29-year old mother of one, she currently is currently employed in two different places. She credits her mother for being a strong support system for her and is focused in providing for her family. Abigail is married, 30-years old and has two children, one three and a half and the other two years old. She reported both her husband and her work full time, and she lives far away from her family. They rely on the support of her mother and father in law, from time to time. Grace is a single thirty five year old mother of two, she works full time to support her children. Diana is single mother, attending college full time and working part time. She relies on her family's support with her four-year old daughter.

Data Analysis

Upon completion of the focus group interviews, the recorded interview data were transcribed verbatim into an electronic word document format by the researcher (Saldana, 2016).

“The process of coding involves aggregating the text or visual data into small categories of information, seeking evidence for the code from different databases being used in a study, and then assigning a label to the code” (Creswell, 2013, p. 184). Both interviews transcriptions were initially coded, where “the researcher examines and categorizes the data” (Denzin & Lincoln, 2011, p. 369). Transcripts were then uploaded into In Vivo 12, for word query analysis, structural coding and exploratory analysis. Each interview was structurally coded, “categorized the data into segments by similarities, differences, and relationships by using conceptual phrases” (Saldana, 2016, p. 53) using In Vivo 12 software. Also, In Vivo coding analysis, “exact words used by participants” were also used to preserve the authenticity of responses and provide range to the categories that emerged (Creswell, 2013, p. 185). Once categories were generated, they were compared to one another. The categories generated are as follow: motherhood, employment, loneliness, gender roles, and support system.

Next, a secondary level of coding was used to analyze the relationships between the categories resulting from the primary level coding. “Second cycle methods coding strategies require such analytic skills as classifying, prioritizing, integrating, synthesizing, abstracting, conceptualizing and theory building” (Saldana, 2016, p. 67). Pattern coding was used for secondary analysis in this study. Pattern coding identifies similarly coded data by grouping them and generating major themes (Saldana, 2016). The initial coding categories were grouped, and this generated the five major themes found in this study. Motherhood Guilt, Employment, Loneliness, Gender Roles and the Role of Mothers.

Qualitative Research Question and Emerging Themes

Themes are “broad units of information that consist of several codes aggregated to form a common idea” (Creswell, 2013, p. 186). Researcher reviewed the notes taken and ensured that

all data was labeled within the current category. Data interpretation “involves abstracting out beyond the codes and themes to the larger meaning of the data” (Creswell, 2013, p. 187).

Theme 1: Motherhood Guilt

The first theme, Motherhood Guilt relates to the guilt experienced by the respondents in the group. When posed with the question about what surprised them most about their parenthood experience the group shared that guilt was the unexpected feeling they feel often, “Just a lot more guilt than I anticipated” (Amanda). When sharing about how they manage their guilt they shared that it is not only guilt associated with how they perceived their parenting to be but how they felt they had to choose between professional careers or being dutiful mothers. “...first you come with the guilt of you not contributing and all that [entails], but I can live with that because we’ll still survive” (Amanda). Respondents shared that they coped differently after the birth of each child. Each birth changed their perspective and family situation in a unique way which put more pressure to learn the best choices to make while compromising the decisions they would of probably took before. Diana shared, “I thought I was going to be a certain type of parent and becoming the parent I needed to be and trying to figure out the middle ground was really hard for me”. Moments like this describe how resilience is present in the parental role.

Also, respondents shared that they felt conflicted about meeting their new responsibilities while also maintaining their previous responsibilities. In addition, certain professions seemed to carry a special uniqueness. Abigail shared, “there is also a lot to say for the guilt teachers feel sometimes because they are educating children but they’re not with their own because of demands of their job.” Adjusting to motherhood is an extraordinary life changing event that carries over into all areas of life. Respondents also shared that the “guilt takes on many forms” and it changes as the years pass. Amanda described it as a “new normal that all parents have to

get used to.” For every respondent the weight of this theme was evident in how they each personalized their experience in a way that was incredibly unique to each of them but visibly equally powerful. It was clear that the expectations of their parenting experiences were individual to each participant however, they each reported a strong sense of guilt about what they perceived were their shortcomings.

Theme 2: Employment

Employment, as it relates to the socioeconomic dynamics of each family, was a giant theme in how it reflects how families cope day to day. Some respondents shared that being able to afford childcare became a real stressor the moment they became pregnant. For others, they stated they relied heavily on childcare subsidy programs. Another participant shared that she had to be employed full time and sometimes take additional jobs in order to provide for her household. She reported “I am always working and if he’s not at daycare he’s with my mom, his grandma. But I am trying to spend more time with them so that he can see that I am still a part of his life. But it’s very, very hard.” (Rose). Most respondents agreed that it was difficult to make the choice to return to the workforce but it was necessary in order to provide financially for their families. Grace shared, “I was twenty-nine when I had my first one and thirty-one when I had my second one. I was always looking forward to seeing them grow but unfortunately, financially I had to work. I missed a lot of their growth. The person who nourishes them the most is my mom.” In addition, respondents shared how difficult it could be to find adequate childcare and the different support available to help afford childcare. Abigail shared “finding the right place for the children and us was the most important thing, because I knew they would be the ones spending more time with them. It was hard but I had to be strong, very strong.” In addition, the cost of childcare can also be a burden for families that do not qualify for childcare subsidies.

Respondents shared that employment is a challenge for them, both being employed or choosing to stay home. For many families it was simply not an option to survive as a one income household, but that also brought on other

Theme 3: Loneliness

This theme explores the power of perceived loneliness when relationships are not providing meaningful space for shared understanding. This theme of the interview is the most dynamic because it highlights the importance of both the presence and absence of relationships. Feeling lonely was a perception shared by several participants. They further explained they “weren’t actually lonely but they felt lonely” (Rose). Feeling lonely even when surrounded by their partners/spouses and family was something the group agreed upon. They further explained that many times the primary caregiver responsibilities were theirs to manage alone, and that was difficult to cope with at times. Mostly, that they didn’t feel understood by their partners/spouses and that they felt a sense of isolation in their experience as mothers. For example, one respondent shared “my family is in many different places so I kind of also felt a little lonely” (Abigail). Another respondent shared, “I think it’s more because I am from out of town. I moved here. It’s just my husband’s family and my mother in law but I am kind of alone. Being alone is hard” (Abigail). Having the proper support systems in the form of family or friendships are essential in order to build strong relationships during the early motherhood years.

In addition, respondents shared they “momentarily lost themselves” while they coped with the new roles they were undertaking. One respondent shared that she “wasn’t prepared for the giant shift in daily life but mostly how much harder she would be on herself, judging herself immensely for every decision taken about the children, the household, her marriage, just everything!” (Amanda). Mostly, the theme reflects around perceived loneliness and how

everyone in their own genuinely shared that they too, had experience that feeling and still from time to time feel that way. The group shared a moment when everyone looked at each other and empathized because they felt that they were the only ones feeling that way. It was incredibly genuine and powerful to recognize their common struggles.

Theme 4: Gender Roles

When referring to their exchanges with their spouses/partners the topic of gender roles was important. “Also, the dynamic of the male and female role, and so when I think my husband says something needs to get done child related... I felt it was more on me to take time off to miss work and go and take care of doing those things” (Abigail). The expectations of the responsibilities that each person takes on are different and that adjustment can be difficult to cope with. In addition, in the absence of communication it can also cause a strain on the marital relationship. “I felt like a burden because I chose to stay home for several months after our firstborn arrived, but it was something I felt only mothers cope with, nobody expects fathers to take time off, they are simply expected to work!” (Rose). Another participant shared “I still feel that as a mom, you always want to do more and have everyone coming together” (Diana). The group also shared that it is important to also talk with significant others about the shared responsibility of being parents. Single mothers shared that it was different to cope with being solely in charge but they also stated they “could clearly see how gender can affect parenting styles and expectations but ultimately, the primary caregiver would always be in charge of meeting all the child’s needs” (Grace). Sharing experiences about parenting both single and married spaces was a topic of much liveliness with the group. Mostly, because the experiences shared by married participants differed in nature to those in single parent households, yet both admitted that it was difficult in both circumstances. “Every family is different, and

communication becomes the most important thing, for example, my husband and I had to learn to talk about the shared responsibilities of the house in order to reach as close to a common ground as possible” (Abigail). The group discussed the importance of recognizing that each parent has different role to play but what is most important is that they agree on how they will both be present and available to parent the children, even if the parents are no longer together.

Theme 5: Role of Mothers

The strongest relationship identified by all participants was the crucial relationship with their mothers as they learned to navigate their motherhood experience. “I think I got the strength from my mom because she raised eleven kids” (Rose). Participants shared that the support of their mothers was invaluable for them as they coped with motherhood and the challenges that they have encountered. Almost every respondent had a strong sentiment about the huge support and mentor they have found in their mother and how they value that relationship most in this new stage of their lives. When sharing about their perspective about resilience a respondent shared “You are always going to be figuring [motherhood] out, you are never going to stop learning” (Abigail). Respondents also shared about understanding a new perspective as they embraced their own role as mothers and how they mostly found comfort and appreciation in the journey their mothers took before them. For some “not having my mom here, because she lives away is really hard, but that is how life happened, we talk daily, so I do what I can” (Abigail). Another respondent shared, “I lost my mom when I was just a child, so becoming a mom was definitely a different experience. It was almost like losing my mom all over again because I wish I could call her and have those conversations, but I think I am doing ok, it makes me that much more devoted to being present because I know that life can happen at any time” (Maren). It brought awareness to the group to recognize how much older generations mattered and the

comfort, familiarity and knowledge they had to offer was discussed as the “biggest blessing” (Amanda). It was poignant to observe how mothers genuinely identified their own mothers and other mothers as their biggest source of relief and understanding. There was a general realization that there is much to be said about how mothers will also evolve too, to meet the needs of their children and grandchildren. Amanda shared, “it is the love we have for our children and family that definitely gives us the courage to push forward, for me resilience is another word for love.”

Summary of Results

The qualitative findings of this study generated five themes Motherhood Guilt, Employment, Loneliness, Gender Roles and Role of Mothers to answer the qualitative research question, what are parents’ perceptions regarding their own resilience? The first theme Motherhood Guilt reflects upon how mothers cope with changing expectations both external from family and society and internal, their own. Employment as a theme refers to the expectation that a mother will return to work while she determines if she is capable of managing the multiple roles and how this decision affects both parents, children and the family as whole. Parents perceived their resilience manifested in how they coped with the guilt they felt in their parenting role trying to be present for their children while also making the necessary decisions for financial stability. The third theme, Loneliness, addresses the emotions perceived by parents as they tackle the multiple responsibilities surrounding their family and work life. Next, Gender Roles, describes how respondents felt there was different expectations based on their gender and how it made communication very important in order to create shared understanding. Finally, the Role of Mothers theme was the genuine consensus of the magnitude of the relationships mothers carry with their children, in regards to their families and as they relate to the younger

generations. The themes identified offer a unique perspective to the challenges and giant triumphs parents navigate on a daily basis and they move forward raising families.

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

This mixed methods explanatory-sequential study examined the extent to which parental resilience, child gender, and socioeconomic status relate to social emotional competence for children ages two through five years of age enrolled in a childcare center in the Rio Grande Valley. In addition, the purpose of the qualitative narrative study component is to further understand the resilience perceptions for parents in the Rio Grande Valley enrolled at a childcare center. This chapter contains a summary of the research conclusions for both quantitative and qualitative data, implications and recommendations for future research.

Quantitative Research Conclusions

Data analysis included exploratory analysis and graphs, bivariate correlational analysis and an all possible procedures multiple regression analysis for each data set. Exploratory and confirmatory analyses were performed side by side in the analysis of the data to ensure the fidelity of the obtained results (Tukey, 1977). The Devereux Early Childhood Assessment for Toddlers and Pre-Schoolers (LeBuffe & Naglieri, 1999), The 14-Item Resilience Scale (Wagnild, 2014) and a Family Demographic Form were used as measurements in this non-experimental, mixed methods explanatory sequential design. The remainder of this section discusses the findings from the research questions.

Research Question 1

Findings provided an adjusted null hypothesis for Research Question 1, which was rejected by the data collected in this study. Therefore, the data indicate that Social Emotional Competence (Y) in two-year old children, is a function of Parental Resilience (X_1), Child Gender (X_2), Home Language (X_3), Socioeconomic Status (X_4) and Number of Children in the Home (X_5). The All Possible Procedures Multiple Linear Regression yielded the following findings, $R = .65$, $R^2 = .43$, adjusted $R^2 = .31$. The Full Model revealed that 31% of the variance in Social Emotional Competence in two-year-old children was explained by the five predictor variables: Parental Resilience, Child Gender, Home Language, Socioeconomic Status and Number of Children in the Home.

For children two years of age, the data shows that Parental Resilience (X_1) is the highest predictor variable at 24.6%, followed by Home Language (X_3) at 19.4% and Number of Children in the Home (X_5) at 14.6%, See Table 7. Parental Resilience (X_1) was described as “Very Low” by 33% of respondents in this age group. The other categories such as “Moderately High” were at 19% as well as “High” also at 19%, meaning 38% of two-year old parents reported a “Moderately High” to “High” resilience. Home Language (X_3) accounted for 19.4% of the variance in the depended variable, Social Emotional Competence. Parents reported 57% of the families spoke English at home, 13% spoke Spanish and 30% reported speaking both English and Spanish. Combined, Parental Resilience (X_1) and Home Language (X_3) accounted for 44% of the variance in social emotional competence in children two years of age.

Research Question 2

Findings also provided an adjusted null hypothesis for Research Question 2, which was rejected by the data collected in this study. Therefore, the data indicate that Social Emotional

Competence (Y) in children ages three to five years old, is a function of Parental Resilience (X_1), Child Gender (X_2), and Socioeconomic Status (X_3). For this data set, All Possible Procedures Multiple Linear Regression yielded the following findings, $R = .55$, $R^2 = .30$, adjusted $R^2 = .27$. The Full Model revealed that 27% of the variance in Social Emotional Competence in three to five-year old children was explained by three predictor variables: Parental Resilience, Child Gender, and Socioeconomic Status.

The findings for children three to five years old yielded Child Gender (X_2) as the highest predictor variable at 17% and Socioeconomic Status (X_3) at 13% for variance in the dependent variable Social Emotional Competence. This finding is very interesting and agrees with previous research. (Aamodt & Wang, 2011) report that by preschool age it is observed that gender segregation begins to take place and children begin to show preference for specific toys that may correlate with their gender identity. Socioeconomic Status (X_3) as a predictor of social emotional competence is also recognized in the literature because it can affect the resources, parenting styles and environment a child is exposed to (Lee, Lee & August, 2011). Parental Resilience (X_1) accounted for only 5 % of the variance for this age group. “Resilience in families involves processes that may fluctuate over long periods of time rather than being static or constant” (Conger & Conger, 2002).

It is important to note that both age groups shared three predictor variables, Parental Resilience, Child Gender, and Socioeconomic Status in common for social emotional competence.

Qualitative Research Conclusions

The explanatory sequential mixed methods design of this study allowed for qualitative data to be collected after the quantitative data analysis. Findings for the qualitative portion of

this study answer Research Question 3: What are parents' perceptions regarding their own resilience? The findings generated five themes: Motherhood Guilt, Employment, Loneliness, Gender Roles and the Role of Mothers.

In this study, resilience is defined using the American Psychological Association definition "as the ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress" (Pizzolongo & Hunter, 2011, p.). Conceptually, Fraser, Richman and Galinsky (1999) state that resilience is the transactional product of individual traits and environmental possibilities. Because adaptational responses are often tied to skills, competences in problem solving, communication, and coping, as well as an ability to act in a planful way are considered to be core elements of resilience. This study interviewed parents of children ages two through five years old with children enrolled in a childcare program.

Theme 1: Motherhood Guilt

The first theme, Motherhood Guilt relates to the guilt experienced by the respondents in the group. Parents perceived their resilience manifested in how they coped with the guilt they felt in their parenting role. One participant shared that it was hard to decide whether to return to her career or decide to be a stay at home mom. In addition, the guilt reflected how they reconciled their new roles as it related to their family and the additional responsibilities that they carried outside of the home. In addition, respondents shared that the guilt was not only in first time parents, with each birth there was a newness associated with the changing family dynamics and that was still a trying time as well. Mostly, they all recognized that the feelings of guilt transformed as time passed and the needs changed and choices needed to be made. Participants reported their resilience was perceived as how they were able to cope with the mixed feelings they felt at moments as they coped with their parenting roles.

Theme 2: Employment

The socioeconomic challenges faced by families were a giant theme as it relates to how parents cope. Most families reported that childcare was a primary concern as soon as they learned they were pregnant. In addition, participants reported that it was a struggle to decide if it was feasible to stay home or make childcare arrangements. For single-parent households the need for childcare arrangements was essential. Another participant shared that she works so much that she feels guilty that she is not able to spend as much time with her child as she would like to. Another important consideration was the availability of childcare that met their employment needs. Having a viable plan for meeting family needs was a critical component that affected how parents perceived their resilience.

Theme 3: Loneliness

This theme originated in the participants' shared feelings that they felt "alone" in their motherhood journey even though they acknowledged that they had support around them. Brene Brown's shame resilience theory study found that the most important benefits of developing empathy and connection with others is "recognizing how the experiences that make us feel the most alone, and even isolated, are often the most universal experiences... we share in common what makes us feel most apart" (Brown, 2006, p. 49). Even though they were all facing similar challenges, participants felt that they were alone in their motherhood journeys and reported feeling isolated due to being the primary caregivers. In addition, some respondents shared that their family and support system resided elsewhere and that was challenging to cope with at times. Having the proper support systems in the form of family or friendships are essential in order to build strong relationships during the early motherhood years.

Theme 4: Gender Roles

Gender roles were also important in what was expected of each parent and the expectations of responsibilities and how those were managed. Respondent's shared that as mother's they were expected to sacrifice their employment or simply be the primary parents. Not all respondents shared that they had similar experiences, in fact, single mothers shared that carrying the full responsibility of the children was a big undertaking. For married couples, the gender differences were often dealt with through effective communication. Respondent's also shared that society has different expectations for parents and that can also play a role in how their family decisions were made. The group discussed the importance of recognizing that each parent has different role to play but what is most important is that they agree on how they will both be present and available to parent the children, even if the parents are no longer together

Theme 5: Role of Mothers

This theme was one all respondent's identified with for multiple reasons. For mothers, having a strong relationship with their mother was reported as being very important. It was a recognition of the extraordinary work their mothers had done while they also embraced their own motherhood journeys. Both the physical presence or absence of mothers was equally significant to respondent in their respective ways. For those that had a close relationship with their mothers they identified with them as providing the biggest source of comfort and support. Mostly, respondents were aware of how their motherly roles were also changing to meet the needs of their children. While important the generational differences highlighted the importance of the relationships established with their children from their infancy.

The explanatory sequential mixed methods design of this study allows qualitative findings to add or describe to the quantitative findings. Both themes Guilt and Relationships

describe predictor variables in the quantitative part of this study. Parental Resilience is explained as the guilt felt by parents. Gender is also mentioned but in a different context, gender roles and expectations within parenthood. Socioeconomic status is also a factor mentioned by participants that affects the parenting experiences and choices they perceive available to them.

Implications for Theory

Guided by Bronfenbrenner's Ecological Systems Theory and Bandura's Social Cognitive theory this study examined social emotional competence in children enrolled in a childcare center in the Rio Grande Valley ages two through five years old. RQ1 further exemplifies Bronfenbrenner's Ecological System's Theory by taking into consideration five distinct predictor variables (Bronfenbrenner, 1979). Parental relationships, socioeconomic factors, family size and home language all contribute to the development of social emotional competence in young children. In doing so, it is important to consider how these systems are functioning within society. In addition, the qualitative component of this study was reinforced by Bandura's Social Cognitive theory. The importance of relationships and how behavior is modeled from one generation to another and how the roles of relationship affect resilience. (Bandura A. , 1986). The findings demonstrate that quantitative findings of parental relationships, socioeconomic factors, family size and home language are reflected in the qualitative themes that include Motherhood Guilt, Employment, Loneliness, Gender Roles and the Role of Mothers.

Implications for Practice

In the Rio Grande Valley, there were 1.5 million or 21 percent children living in poverty according to the most recent A State of Texas Children report published in 2018 (Ura & Wang, 2018). Identifying the factors that are linked to social emotional competence in children ages two through five years old is important in providing the accurate and necessary interventions to

encourage more positive outcomes in the community. Ungar (2004) cautions that the factors predicting positive growth under adversity need to be meaningful to young people who are the target population of resilience-based programs. (Ungar, 2004). Moving forward more attention should be placed on the systems affecting early childhood education and new parents as they initiate their parenthood journey. Bronfenbrenner's Ecological Systems Theory supports the importance of addressing predictor variables that include parental resilience, socioeconomic status, and family size (Bronfenbrenner, 1979). The success of entire communities depends on it. In addition, Bandura's Social Learning Theory informs that children have the capacity to learn and innovate. (Bandura A. , 1986). The best support we can provide young children in our community is to provide parents with the tools necessary for their success. "Resiliency cannot be understood or improved in significant ways by merely focusing on these individual-level factors. Instead careful attention must be paid to the structural deficiencies in our society and to the social policies that families need in order to become stronger, more competent, and better functioning in adverse situations." (Secombe, 2002, p. 385). The findings of this study better inform policymakers and the community at large in how to better serve the development of social emotional competence of young children in the Rio Grande Valley.

Limitations of the Study

The results of this study are limited only to Rio Grande Valley children ages two through five years old that are enrolled in childcare facilities. In addition, this study only focused on parental resilience, gender, socioeconomic status, home language, and number of children in the home and how these factors relate to social emotional competence. Participants were volunteers with children enrolled in one childcare center in the Rio Grande Valley. Data was collected only once, not allowing parents the opportunity to report changes between time periods. This will

affect the generalizability to other populations because unless their population sample is very similar to the one in this study there may be factors that are not identified in other populations. The generalizations of the quantitative result as well as the transferability of the qualitative results may be limited.

Recommendations for Future Research

The study of social emotional competence in young children is an effort to help build bridges and provide support to young children, their families and the communities in which they live. It is a proactive and responsible action in order to find new approaches and strategies to improve outcomes today and for future generations. The following recommendations would further explore the topic of social emotional competence in early childhood and parental resilience:

1. A study that requires participation of both mothers and fathers and their resilience experience in their parenthood journeys
2. Design of longitudinal studies that follow parents and their children from birth through five years of age to measure parental resilience

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APPENDIX

Appendix A
IRB Exempt Determination



Date: July 18-2019

PI: Jackeline Guillon-Matus

Dept: College of Education and P-16 Integration

Title: Early Childhood Social Emotional Competence and Parental Resilience

Re: IRB Exempt Determination for Protocol Number IRB-19-0191

Dear Jackeline Guillon-Matus,

A University of Texas Rio Grande Valley IRB reviewer had determined that this project meets the below criteria for Exemption under DHHS 45 CFR 46.104(d). The determination is effective as of July 18, 2019 within the exempt category of:

Category 2 (ii)- Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: Research that is determined to be Exempt from IRB review is not exempt from ensuring protection of human subjects. The Principal Investigator (PI) is responsible for the following through the conduct of the research study: (ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation.

1. Assuring that all investigators and co-principal investigators are trained in the ethical principles, relevant federal regulations, and institutional policies governing human subjects research.
2. Disclosing to the subjects that the activities involve research and that participation is voluntary during the informed consent process.
3. Providing subjects with pertinent information (e.g. risks and benefits, contact information for investigators, and IRB/ORC) and ensuring that human subjects will voluntarily consent to participate in the research when appropriate (e.g. surveys, interviews).
4. Assuring the subjects will be selected equitably, so that the risks and benefits of the research are justly distributed.
5. Assuring that the privacy of subjects and confidentiality of the research data will be maintained appropriately to ensure minimal risk to subjects.

Exempt research is subject to the ethical principles articulated in The Belmont Report, found at the Office of Human Research Protections (OHRP) Website:
www.hhs.gov/ohrp/humansubjects/guidance/belmont.html



Unanticipated Problems: Any unanticipated problems or complaints must be reported to the IRB/ORC promptly. Further information concerning unanticipated problems can be found in the IRB procedures manual.

Continuing Review: Exempt research is not subject to annual review by the IRB.

Modifications: Any change to your protocol requires a Modification Request for review and approval prior to implementation. The IRB may review the exempt status at that time and request an application for approval as non-exempt research.

Closure: Please notify the IRB when your study is complete through submission of a final report. Upon notification, we will close our files pertaining to your study.

If you have any questions please contact the Office of Research Compliance by phone at (956) 665-2093 or via email at irb@utrgv.edu.

Sincerely,

Nadia Garza de Ramirez

Nadia Garza de Ramirez
Sr. Research Compliance Specialist
Office of Research Compliance

Appendix B

IRB Consent Form



INFORMED CONSENT FORM

Study Title: Factors that Contribute to Social Emotional Competence in Early Childhood and Parental Resilience

Consent Name: _____

Principal Investigator: Jackeline Guillon-Matus Telephone: (956) 648-8720

Emergency Contact: Jackeline Guillon-Matus Telephone: (956) 648-8720

Key points you should know

- We are inviting you to be in a research study we are conducting. Your participation is voluntary. This means it is up to you and only you to decide if you want to be in the study. Even if you decide to join the study, you are free to leave at any time if you change your mind.
- Take your time and ask to have any words or information that you do not understand explained to you.
- We are doing this study because we want to learn more about the factors that contribute to social emotional competence in early childhood and how parental resilience may also play a role.

Why are you being asked to be in this study?

You are being asked to participate in the study because your child is enrolled at a childcare center participating in the study

What will you do if you agree to be in the study?

If you decide to participate in the study you will be asked to complete a Parent Resilience Questionnaire, Family Demographic Form and provide permission to obtain your child's Devereaux Assessment scores on file at the childcare center. A small group of participants will be randomly selected to participate in a Focus Group Interview to take place at the childcare center.

We would like to Audiotape the Focus Group Interview, please indicate whether you will allow us to do so by initialing one of the following:

_____ (initials) Yes, I give permission for Audiotaping

_____ (initials) No, I do not give permission for Audiotaping

Can you be harmed by being in this study?

- Being in this study involves no greater risk than what you ordinarily encounter in daily life.
- Risks to your personal privacy and confidentiality: Your participation in this research will be held strictly confidential and only a code number will be used to identify your stored data. However, because there will be a link between the code and your identity, confidentiality cannot be guaranteed.
- If we learn something new and important while doing this study that would likely affect whether you would want to be in the study, we will contact you to let you know what we have learned.

What are the costs of being in the study?

There are no costs for participating in the study.

Will you get anything for being in this study?

You will not receive any payments for taking part in this study.

Could you be taken out of the study?

You will not be taken out of the study unless you decide you do not want to continue in the study.

Can the information we collect be used for other studies?

Information that could identify you will be removed. We will not use or distribute information you gave us for any other research by us or other researchers in the future.

What happens if I say no or change my mind?

- You can say you do not want to be in the study now or if you change your mind later, you can stop participating at any time.
- No one will treat you differently. You will not be penalized.

How will my privacy be protected?

- We will share your information only with the Principal Investigator and Dissertation Committee.
- Your information will be stored with a code instead of identifiers (such as name, date of birth, email address, etc.).
- Even though we will make efforts to keep your information private, we cannot guarantee confidentiality because it is always possible that someone could figure out a way to find out what you do on a computer.
- No published scientific reports will identify you directly.

- If it is possible that your participation in this study might reveal behavior that must be reported according to state law (e.g. abuse, intent to harm self or others); disclosure of such information will be reported to the extent required by law.

Who to contact for research related questions

For questions about this study or to report any problems you experience as a result of being in this study contact Jackeline Guillon-Matus, (956) 648-8720, jackeline.guillon01@utrgv.edu

Who to contact regarding your rights as a participant

This research has been reviewed and approved by the University of Texas Institutional Review Board for Human Subjects Protections (IRB). If you have any questions about your rights as a participant, or if you feel that your rights as a participant were not adequately met by the researcher, please contact the IRB at (956) 665-2093 or irb@utrgv.edu.

Signatures

By signing below, you indicate that you are voluntarily agreeing to participate in this study and that the procedures involved have been described to your satisfaction. The researcher will provide you with a copy of this form for your own reference. To participate, you must be at least 18 years of age. If you are under 18, please inform the researcher.

Participant's Signature

____/____/____
Date

Appendix C

Licensing Agreement for *The 14-Item Resilience Scale*

INTELLECTUAL PROPERTY LICENSE AGREEMENT

This Intellectual Property License Agreement ("Agreement") is made and effective this **14 March 2019** ("Effective Date") by and between The Resilience Center, PLLP ("Licensor") and **Jackeline Guillon** ("Licensee").

Licensor has developed and licenses to users its Intellectual Property, marketed under the names "the Resilience Scale," "RS", "14-item Resilience Scale" and "RS14," and (the "Intellectual Property").

Licensee desires to use the Intellectual Property.

NOW, THEREFORE, in consideration of the mutual promises set forth herein, Licensor and Licensee agree as follows:

1. **License.**
Licensor hereby grants to Licensee a 1-year, non-exclusive, limited license to use the Intellectual Property as set forth in this Agreement.
2. **Restrictions.**
Licensee shall not modify, license or sublicense the Intellectual Property, or transfer or convey the Intellectual Property or any right in the Intellectual Property to anyone else without the prior written consent of Licensor. Licensee may make sufficient copies of the Intellectual Property and the related Scoring Sheets to measure the individual resilience of **up to 300** subjects, for non-commercial purposes only.
3. **Fee.**
In consideration for the grant of the license and the use of the Intellectual Property, subject to the Restrictions above, Licensee agrees to pay Licensor the sum of **US\$75**.
4. **Term.**
This license is valid for twelve months, starting at midnight on the Effective Date.
5. **Termination.**
This license will terminate at midnight on the date twelve months after the Effective Date.
6. **Warranty of Title.**
Licensor hereby represents and warrants to Licensee that Licensor is the owner of the Intellectual Property or otherwise has the right to grant to Licensee the rights set forth in this Agreement. In the event any breach or threatened breach of the foregoing representation and warranty, Licensee's sole remedy shall be to require Licensor to do one of the following: i) procure, at Licensor's expense, the right to use the Intellectual Property, ii) replace the Intellectual Property or any part thereof that is in breach and replace it with Intellectual Property of comparable functionality that does not cause any breach, or iii) refund to Licensee the full amount of the license fee upon the return of the Intellectual Property and all copies thereof to Licensor.
7. **Warranty of Functionality.**
Licensor provides to Licensee the Intellectual Property "as is" with no direct or implied warranty.
8. **Payment.**
Any payment shall be made in full prior to shipment. Any other amount owed by Licensee to Licensor pursuant to this Agreement shall be paid within thirty (30) days following invoice from Licensor. In the event any overdue amount owed by Licensee is not paid following ten (10) days written notice from Licensor, then in addition to any other amount due, Licensor may impose and Licensee shall pay a late payment charge at the rate of one percent (1%) per month on any overdue amount.
9. **Taxes.**
In addition to all other amounts due hereunder, Licensee shall also pay to Licensor, or reimburse Licensor as appropriate, all amounts due for tax on the Intellectual Property that are measured directly by payments made by Licensee to Licensor. In no event shall Licensee be obligated to pay any tax paid on the income of Licensor or paid for Licensor's privilege of doing business.
10. **Warranty Disclaimer.**
LICENSOR'S WARRANTIES SET FORTH IN THIS AGREEMENT ARE EXCLUSIVE AND ARE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

11. Limitation of Liability.

Licensor shall not be responsible for, and shall not pay, any amount of incidental, consequential or other indirect damages, whether based on lost revenue or otherwise, regardless of whether Licensor was advised of the possibility of such losses in advance. In no event shall Licensor's liability hereunder exceed the amount of license fees paid by Licensee, regardless of whether Licensee's claim is based on contract, tort, strict liability, product liability, or otherwise.

12. Support.

Licensor agrees to provide limited, e-mail-only support for issues and questions raised by the Licensee that are not answered in the current version of the *Resilience Scale User's Guide*, available on www.resiliencescale.com, limited to the Term of this Agreement. Licensor will determine which issues and questions are or are not answered in the current *User's Guide*.

13. Notice.

Any notice required by this Agreement or given in connection with it, shall be in writing and shall be given to the appropriate party by personal delivery or by certified mail, postage prepaid, or recognized overnight delivery services.

If to Licensor:

The Resilience Center
PO Box 313
Worden, MT 59088-0313

If to Licensee:

Name: Jackeline Guillon
2326 E 25th St
Mission, TX
United States

14. Governing Law.

This Agreement shall be construed and enforced in accordance with the laws of the United States and the state of Montana. Licensee expressly consents to the exclusive forum, jurisdiction, and venue of the Courts of the State of Montana and the United States District Court for the District of Montana in any and all actions, disputes, or controversies relating to this Agreement.

15. No Assignment.

Neither this Agreement nor any interest in this Agreement may be assigned by Licensee without the prior express written approval of Licensor.

16. Final Agreement.

This Agreement terminates and supersedes all prior understandings or agreements on the subject matter hereof. This Agreement may be modified only by a further writing that is duly executed by both Parties.

17. Severability.

If any term of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.

18. Headings.

Headings used in this Agreement are provided for convenience only and shall not be used to construe meaning or intent.

IN WITNESS WHEREOF, the Parties hereto have duly caused this Agreement to be executed in its name on its behalf, all as of the day and year first above written.

Licensor	The Resilience Center
Signature:	
Printed Name: Jackeline Guillon	Gail M. Wagnild, PhD
Title: Student	Owner and CEO
Date: 14 March 2019	14 March 2019

Appendix D
Family Demographic Form

FAMILY DEMOGRAPHICS FORM

CHILD INFORMATION

Gender

- ☐ Female
☐ Male

Child's Age

- ☐ 2 years
☐ 3 years
☐ 4 years
☐ 5 years

Home Language

- ☐ English
☐ Spanish
☐ Both English & Spanish
☐ Other: _____

Ethnicity

- ☐ Caucasian
☐ Black/African American
☐ Hispanic/Latino
☐ Asian
☐ Native Hawaiian/Pacific Islander
☐ American Indian/Alaska Native
☐ Bi-Racial or Multi-Racial
☐ Other

Children in Household

Please check all that apply and list how many for each age group:

- ☐ Birth - 2 years _____
☐ 3-5 years _____
☐ 6-10 years _____
☐ 11-18 years _____
☐ 19+ years _____

PARENT INFORMATION

My relationship to the child is:

My Age

- ☐ Less than 20 years
☐ 20-24
☐ 25-29
☐ 30-34
☐ 35-39
☐ 40 or older

Marital Status

- ☐ Single, Never Married
☐ Single, Separated
☐ Single, Divorced
☐ Married
☐ Lives with Partner
☐ Widowed

Socioeconomic Status/Income

- ☐ Less than \$25,000
☐ \$25,000-\$49,999
☐ \$50,000-\$74,999
☐ \$75,000-\$99,999
☐ \$100,000 and above

Child Care Subsidy

- ☐ Private Pay – Do NOT receive subsidies
☐ Workforce Solutions – Child Care Services
☐ South Texas College – Pass Program

PARENT EDUCATION

Mother's Education

- ☐ Less than high school diploma
☐ High school diploma/GED
☐ Associate's Degree
☐ Bachelor's Degree
☐ Graduate Degree

Father's Education

- ☐ Less than high school diploma
☐ High school diploma/GED
☐ Associate's Degree
☐ Bachelor's Degree
☐ Graduate Degree

PARENT WORK STATUS

Mother

- ☐ Full Time
☐ Part Time
☐ Student
☐ Unemployed

Father

- ☐ Full Time
☐ Part Time
☐ Student
☐ Unemployed



Appendix E

Focus Group Interview Questions

Focus Group Discussion Prompts

What is resilience to you?

How has parenthood changed you?

What do you like most about parenting? Least about parenting?

Do you have friends or family members that support you?

What are the biggest challenges you face?

How is the emotional relationship between you and your child?

Where do you draw your strength to carry on?

What are your dreams for you and your family?

Is there anything you would like to add or share?



BIOGRAPHICAL SKETCH

Jackeline Guillon was born in McAllen, Texas. She attended high school at South Texas ISD – Teacher Academy and graduated May 2002. That same year she enrolled at the University of Texas Pan American where she earned her Bachelor of Arts in Business Administration in 2006. In 2007 she returned to the University of Texas Pan American and earned her Master of Science degree in Social Work in 2010. After passing the Board of Social Work Examiners Master Level Examination she became a Licensed Master Social Worker in 2011. In 2013, she was accepted at the Educational Leadership Doctorate Program at the University of Texas Pan American (now known as the University of Texas Rio Grande Valley). She graduated with a Doctor of Education in Educational Leadership (Ed.D.) in 2020. You may contact her at jackieguillon@hotmail.com.