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Abstract

The primary purpose of this study was to develop the Myanmar version of the Future Scenarios Questionnaire based on a translation of the Lundell's (2008) original instrument. Lundell (2008) developed the Future Scenarios Questionnaire to measure future oriented emotion socialization. To examine the reliability of the Myanmar version of the Future Scenarios Questionnaire, a questionnaire survey of 107 preschool children's mother from Mandalay, Meiktila and Shwe Bo were conducted. According to the factor analysis, results indicated a clear two-factor solution (i.e. two factors with Eigenvalues greater than 1.0). Cumulatively, these two factors accounted for 63.88% of the variance. Internal consistencies for the different subscales were acceptable with Cronbach's alphas ranging from .57 (Contingencies) to .84 (Encourage Expression). These resulted two-factor on the scale were organized as a single test named "Myanmar version of the Future Scenarios Questionnaire". The results show that the Myanmar version of the Future Scenarios Questionnaire is a reliable test. In addition, the pattern of relations between the Future Scenarios Questionnaire and several maternal characteristics was examined in order to demonstrate some construct validity. So it is obvious that values of reliability coefficient for these scales are high enough to warrant a safe application.

Keywords: Future Scenarios Questionnaire, two factor solution, construct validity

Introduction

There are few measures available to measure emotion socialization in Myanmar and even fewer, if any, to measure future-oriented emotion socialization. To date, there is little instrument available that looks at the strategies or behaviors parents employ in response to children's negative emotions (such as anger, fear, or sadness) that they anticipate will be felt or experienced by their children in the near future. Given this, a primary purpose of this study was to develop and to explore validation of a self-report instrument, the Future Scenarios Questionnaire (FSQ).

The FSQ attempts to capture several different approaches in s self-report format, which theoretically fall under two broad categories: strategies that encourage children's expressions of emotion, and strategies that inhibit or restrict children's expressions of emotion. First, we will discuss possible approaches that fall under the category of encouraging children's emotion expression: (1) Acknowledging and labelling the anticipated emotion. In addition to teaching the child about emotions by assigning meaning, this strategy would also convey maternal acceptance and support of the emotion; (2) Helping the child feel more in control of the situation by instilling a sense of mastery or by helping him/her generate explicit strategies that might be effective in a particular situation (e.g. coaching or problem-solving); (3) Actively encourage the child to express and talk about the emotion in a direct way; and finally, (4) Using strategies that help the child mentally reframe an upcoming stressful event. This could involve distancing from the emotional event without taking the child away from his or her feelings, for example, via storytelling, drawing pictures or some other abstract, creative strategy.

There are also several possible strategies that would likely serve to restrict or discourage a child's expression of emotion. These include: (1) Refrain from any discussion of the emotional content of the event or even the event itself, perhaps in an attempt to avoid creating feelings of anxiety or distress in a child (or the mother); (2) Discuss the event, but

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downplay or minimize the negative emotions that might be aroused; (3) Deceive the child about what he or she will likely feel (e.g. denial of the emotion) or distort the meaning of the emotional experience in some way (e.g. by providing inappropriate attributions about the cause of the emotion); (4) Shame or lecture a child about expressing the emotion perhaps in order to pre-empt an emotional display; (5) Use external contingencies such as threats or bribes in order to try to halt their children's expression of negative emotion. These could take the form of either material tangible contingencies (e.g. a treat) or a more "psychological" contingency, such as explicit maternal approval or disapproval; and finally, (6) Focus on the negative aspects of the situation by exaggerating or overestimating the severity, consequences, or the uncontrollability of the stressful event. This could be due to mothers becoming over-aroused themselves when faced with the thought of the child experiencing or displaying a negative emotion. Their focus on their own personal distress or discomfort would make it difficult to focus on the emotional needs of the child and support him/her through the emotional experience.

In mother-child conversations about the past, maternal styles of reminiscing do not appear to be situation-specific but rather, seem to reflect a consistent attribute of the mother (Reese & Fivush, 1993). Additionally, Kuersten-Hogan and McHale (2000) found a striking level of stability in mothers' use of emotion talk as children progress from the toddler years to the preschool years. In other words, mothers' tendencies to use either high or low levels of emotion talk when their children were toddlers continued as their children became preschoolers, despite significant changes in children's abilities to both verbally express emotions and understand parents' explanations of emotions. These authors suggest that this consistency in emotion talk is due to other, enduring parental variables such as awareness of, interest in, and experience and comfort with emotional events.

Consistent with these ideas, we predicted there would be other, more stable, maternal characteristics or traits that would relate in meaningful ways to mothers' response styles on the FSQ. In other words, the extent to which children's emotional expressions are encouraged or discouraged is likely to some extent indicative of more generalized maternal mindsets or internal schemas around emotions and relationships. These implicit, or to some extent unconscious, schemas would guide how mothers react and respond to their children's behaviors and emotional displays (Bugental & Happaney, 2002; Bugental, Johnston, New, & Silvester, 1998). Examples of some of these mindsets include maternal attachment representations, maternal mind-mindedness, and maternal perceptions of control in relationships. In the present study, each of these was assessed. In addition, a measure of maternal alexithymia, a personality construct, was included in order to assess mothers' potential deficits in the ability to describe, process, and regulate emotions. The Coping with Children's Negative Emotions Scale (CCNES) was also included in the battery of validation measures in order to ascertain the overlap in responding between these two related emotional socialization measures.

Method

Participants

Participants were a group of 107 mothers of preschool-age children (57 boys and 50 girls) used in this study. Data were gathered from ShweBo, Meikthilar and No. (1), No. (2), Daywin, Pyikyeekyattayai Preschool in Mandalay. Ninety-four mothers (91%) reported being married or living in a common-law relationship, and 9 mothers (9%) reported being either single, divorced, or separated. Fifty-eight mothers (55%) reported having one child, 36 mothers

(34%) reported having two children, and 12 mothers (11%) reported having more than two children.

Overall, mothers were well-educated, with a majority of mothers 65 (62%) having completed college, university and an additional 39 (38%) reported having high and low school. Thirty-one mothers (30%) reported working full-time, twenty-five mothers (24%) reported working part-time and forty-eight mothers (46%) do not work done. Eighty-three mothers (79%) reported caring herself, one mother (1%) reported caring her husband, nineteen mothers (18%) reported caring relatives, parent or sibling and two mothers (2%) reported caring caregiver.

Procedures

Recruitment and Mother Package. Potential participants mother were contacted and were given a brief explanation of what the study entailed. Upon agreeing to participate, arrangements were made to send a questionnaire package home or school (depending on the mother's preference) that was to be completed by mothers and returned to the researcher. A date for the interview was also scheduled at that time. This package included the Toronto Alexithymia Scale (TAS-20), the Coping with Children's Negative Emotion Scale (CCNES), and the Parent Attribution Test (PAT) as well as detailed instructions for completion of these questionnaires.

Interview. There were five mother interviewers. All of whom were thoroughly trained by the researcher. Mothers were administered the Secure Base Scripts task (SBS) and the Maternal Mind-Mindedness Interview (MMM), both of which were audio-recorded. Finally, mothers were asked to complete an additional questionnaire package, which included the Future Scenarios Questionnaire (FSQ). Mothers were also asked for their permission to be contacted in the future in the event of a follow-up study and were asked if they wished the results of the study to be communicated to them upon completion. At the end of the study, mothers were debriefed and were given the opportunity to ask any questions they might have about the study. They were also given a basket gift (in the amount of 850 kyats) as appreciation.

Measures

Future Scenarios Questionnaire (FSQ). The Future Scenarios Questionnaire (FSQ) is a self-report questionnaire that was developed by Lundell (2008). It includes nine future-oriented scenarios in which mothers anticipate that their child will experience a negative emotion. Mothers were asked to read each of the scenarios and indicate the likelihood from 1 (not at all likely) to 7 (very likely) that they would say or do each of ten listed suggestions in order to help their child deal with or emotionally prepare for the situation. The listed suggestions included the following: (1) Acceptance: conveying acceptance, understanding, and tolerance of the child's negative emotion (e.g. "tell him/her that it can be really hard when a good friend moves away and he/she might feel sad"); (2) Mastery: invoking child's feelings of mastery or control over the situation by suggesting different ways of handling the situation (e.g. "role play with a toy Doctor's Kit about what will happen and what he/she can expect at the doctor's office"); (3) Abstraction: using creative, abstract ways of talking about the situation or emotion (e.g. drawing a picture of reading a storybook about a similar event); (4) Encourage Expression: encouraging the child to explicitly talk about his or her negative feelings (e.g. "encourage him/her to talk about what he/she feels when he/she thinks about friend moving away"); (5) Shaming: responding in a way that shames, judges, or ridicules the child (e.g. "tell him/her not to act like a baby by crying at the doctor's office") (6) Minimizing: responding in a way that minimizes, dismisses, or downplays the emotion (e.g. "tell him/her that it won't be a big deal"; "tell him/her that there's no reason to be scared and not to overreact"); (7)

Distortion: denying or distorting the emotional experience of the child (e.g. "tell him/her that he/she won't be that scared" or "tell him/her that the shot won't hurt"); (8) Contingencies: taking away something from the child or "bribing" the child to conform to maternal expectation of how the child should feel (e.g. "telling him/her that if he/she is really brave at the doctor's, s/he'll get a new toy"); (9) Maternal Distress: responding in a way that is overly intrusive often with an exaggerated focus on mother's upset or concerns (e.g. "let him/her know how upset it makes me for him/her to have to miss the party") and (10) Avoidance: not doing or saying anything beforehand. Cronbach's alphas for the original subscales were ranging from .67 (Maternal Distress) to .94 (Encourage Expression).

The descriptions were translated into Myanmar by the author and checked by the supervisor against the original version to ensure the conceptual equivalence of the Myanmar version to the original version. Internal consistencies for the different subscales were acceptable with Cronbach's alphas ranging from .57 (Contingencies) to .84 (Encourage Expression). Additional information regarding the psychometric properties of the FSQ can be found in the Results section.

Coping with Children's Negative Emotions Scale (CCNES). Maternal responding to children's negative emotions was measured with the Coping with Children's Negative Emotions Scale (CCNES; Fabes et al., 1990). This is a parent-report questionnaire that outlines 12 scenarios in which children are likely to display distress and negative affect. For each situation, mothers were asked to rate, on 7-point scale, the likelihood that they would respond in each of the following six ways. The reliability coefficient of the Coping with Children's Negative Emotions Scale were found to be .75 for Expressive Encouragement; .78 for Emotion-Focused Reactions; .74 for Problem-Focused Reactions; .64 for Distress Reactions; .78 for Punitive Reactions and .76 for Minimization Responses. The average of the three non-supportive (Distress, Punitive and Minimization Reactions) and supportive (Expressive Encouragement, Emotion- Focused, and Problem-Focused Reaction) subscales were calculated to form a Non-Supportive Score and Supportive Score. Cronbach's alphas for these subscales were found to be .71 and .73 respectively.

Secure Base Scripts Task. Maternal cognitive representations of attachment were measured with the Secure Base Scripts Task which assesses both the content and quality of a "secure base script" (Waters and Waters, 2006). Mothers were presented with a series of six word-prompt outlines that were designed to elicit a sense of a story. Mothers were asked to read down each column from left to right and to use the prompts to tell a story. They were told that the stories would be audio-taped and should they choose to stop and start the story again, they were permitted to do so. Two coders read each story and rated it for secure base scriptedness using a 7-point scale with higher numbers indicating higher scriptedness. Percent agreement between the two coders for the story was 76% (Baby's Morning).

Maternal Mind-Mindedness Interview (MMM). Maternal mind-mindedness was measured with a single-question interview that was developed by Meins et al. (1998). Mothers were asked "Can you describe [their child's name] for me?" Mothers were told that there were no right or wrong answers and they were free to talk about any of their child's characteristics for as little or as long as they wished. Mothers' responses were audio-taped and transcribed verbatim prior to coding. Mothers' descriptions were coded for mind-related or "mental" attributes which included any reference to children's mental life, such as their mind, imagination, will, intellect, interest, etc. Attributes relating to emotions were also placed in this category. A mind-mindedness score was obtained by calculating the proportion of mental attributes to the total number of attributes mentioned by the mother. Higher scores indicated

greater mind-mindedness. All transcripts were coded by one primary coder and a second coder. The percent agreement between the two coders was 77%.

Maternal Perceived Control (PAT). To measure maternal perceived control, we developed with Bugental and coworkers' (1989) the Parent Attribution Test (PAT). Respondents were asked to rate the importance she or he attributes to potential causes of caregiving success and failure, in order to ascertain the perceived balance of control between caregiver and child. Mothers were asked to read a hypothetical babysitting scenario in which the interaction did not go well. Mothers were then asked to rate each of 12 factors (on a 7-point scale from "not at all important" to "very important") as possible reasons for such an experience. The factors included six child-attributed reasons and six caregiver-attributed reasons. Adult Control over Failure (ACF) and Child control over Failure (CCF) scores were obtained by taking the mean of the relevant factors for each subscale. A final Perceived Control over Failure (PCF) score was obtained by subtracting the CCF score from the ACF score for each respondent.

Maternal Alexithymia Scale (TAS). To measure mothers' emotional functioning, we also attempted to develop the Toronto Alexithymia Scale (TAS-20) based on the Bagby and coworkers' (1994) original instrument. It is a self-report instrument designed and to measure difficulties in identifying and describing emotions. The TAS-20 is assumed to measure three facets of emotional functioning: (1) difficulty identifying emotions and distinguishing them from bodily sensations; (2) difficulty describing emotions to others; and (3) externally oriented style of thinking. Mothers were presented with 20 statements and were asked to rate on a 5-point scale from 1 (Strongly Disagree) to 5 (Strongly Agree) how much they agreed/disagreed with each of them. The alpha of this scale was .73.

Results

Overview of Analysis

Data screening. Ranges, means, and standard deviations for all of the measures included in the study are presented in Table 1. Prior to data analysis, all variables were screened for normality by looking at skew values and normality statistics.

Analytic plan. The purpose of this study was to develop the Future Scenarios Questionnaire (FSQ), which was intended to tap mothers' styles of responding to anticipated children's negative emotions. The underlying structure of FSQ as well as its psychometric properties was examined. Additionally, the pattern of relations between FSQ and several maternal characteristics was examined in order to demonstrate concurrent and construct validity.

Table 1   Descriptive Statistics of All Variables in the Study

Measure	N	Min	Max	Mean	SD
FSQ-Encourage Expression (EEE)	107	1.69	6.36	4.89	.67
FSQ-Discourage Expression (DEE)	107	1.75	5.89	4.58	.70
CCNES- Supportive Responses	107	3.64	6.72	5.54	.64
CCNES- Non-supportive Responses	107	1.61	5.19	3.52	.83
Secure Base Scripts (SBS)	105	1.00	5.00	1.44	.63
Maternal Mind-Mindedness (MMM)	106	.00	3.00	1.54	.73
Perceived Control over Failure (PCF)	107	-2.50	5.00	.71	1.19
Maternal Alexithymia (TAS)	107	15.00	51.00	31.49	7.27

*Note: FSQ-EEE and FSQ-DEE are summary score means that were derived in the way described below.

Psychometric Properties of the Future Scenarios Questionnaire

Factor analysis. The FSQ originally consisted of ten subscales which were previously described in the Method section. The Avoidance subscale (which comprised Item #10 for each of the scenarios – "I would say or do nothing") was not used in the calculation of the final score because of a significantly skewed distribution and restricted range of endorsement. The remaining nine subscales were then subjected to a principal components analysis with Varimax rotation.

Eight of the nine subscales clearly loaded on one of two factors, however one subscale, Distortion, cross-loaded positively on both factors. In addition, the Cronbach's alpha for this subscale was .58. These two indications suggested that Distortion, as measured in this sample, is likely not a single construct, thus a decision was made to drop this subscale from all further analyses. The remaining eight subscales were then subjected to another principal components analysis with Varimax rotation and the results indicated a clear two-factor solution (i.e. two factors with Eigenvalues greater than 1.0). Cumulatively, these two factors accounted for 63.88% of the variance. The factor loadings for each subscale are shown in Table 2.

The first factor had an Eigenvalue of 2.64 and accounted for 33.05% of the variance. This factor was labeled Discourage Emotion Expression (DEE) and consisted of Minimizing, Shaming, Contingencies, and Maternal Distress. Cronbach's alpha for this subscale was .83. The second factor had an Eigenvalue of 2.47 and accounted for 30.83 % of the variance. This factor was labeled Encourage Emotion Expression and consisted of Acceptance, Mastery, Abstraction, and Encourage Expression. Cronbach's alpha for this subscale was .79. Cronbach's alphas for each of the final eight subscales of the FSQ are also shown in Table 2 and indicate good internal consistency.

Table 2   Factor Loadings and Cronbach's Alphas for the Two-Factor Solution to the Future Scenarios Quesitonnaire   (N= 107)

FSQ Subscale	Cronbach's Alpha		Factor Loading
	I	**II**	**A**
Discourage Expression of Emotion (DEE)			
Shaming	.65		.86
Minimizing	.65		.79
Contingencies	.56		.77
Maternal Distress	.66		.71
Encourage Emotion Expression (EEE)			
Acceptance		.60	.78
Mastery		.70	.78
Abstraction		.65	.69
Encourage Expression		.85	.81

Table 3 Intercorrelations among Mother Variables

	FSQ-EEE	FSQ-DEE	CCNES-Support	CCNES-Nonsupport	SBS	MMM	PCF	TAS
FSQ-DEE	.48**	-						
CCNES- Support	.18*	-.02	-					
CCNES- Nonsupport	-.17*	.26**	.90	-				
SBS	.18*	.03	.17*	-.04	-			
MMM	.02	.06	.12	-.24**	.20*	-		
PCF	-.01	-.23**	.12	-.14	.07	.00	-	
TAS	-.01	.25**	.01	.45**	-.09	-.05	-.13	--

†p $<.10$ *p $< .05$ **p $<.01$ ***p $< .001$

Additional maternal characteristics that were measured were: CCNES (Supportive and Non-supportive), Secure Base Scripts (SBS), Maternal Mind-Mindedness (MMM), Perceived Control over Failure (PCF), and Maternal Alexithymia (TAS). Intercorrelations among these variables are presented in Table 3.

Inspection of the pattern of correlations in Table 3 reveals some evidence of construct validity for the FSQ scale. First, Encourage Emotion Expression (EEE) was significantly positively correlated with the Supportive subscale of the CCNES and Discourage Emotion Expression (DEE) was significantly positively correlated with the Non-supportive subscale of the CCNES. These correlations were expected given the theoretic similarity between these two measures. The EEE subscale and the DEE subscale of the FSQ were significantly positively correlated (r = .48). These correlations were expected given the theoretic not similarity between these two measures. The EEE was significantly negatively correlated with the Non-supportive subscale of the CCNES (r = -.17); however, these correlations were moderate. The DEE subscale was significantly positively correlated to the Supportive subscale of the CCNES (r = -.02).

Significant correlations with additional mother variables hypothesized to be related to modes of responding on the FSQ also provided some validity evidence. For the Secure Base Scripts (SBS), and consistent with predictions, there was a moderate significant positive correlation with the EEE subscale (r = .18). Thus, mothers who had greater access to a "secure base script" were more likely to report encouraging their children's expression of emotion on the FSQ. There was no significant correlation with the DEE subscale.

Also consistent with predictions, maternal perceptions of control, as indexed by the PCF score, was significantly negatively related to the DEE subscale (r = -.23). Thus, mothers who perceived themselves as having more control relative to the child in a challenging situation were less likely to discourage or suppress children's expression of emotion with strategies such as shaming and minimizing. The EEE subscale was unrelated to the PCF scale. In addition, maternal alexithymia (TAS) was significantly positively related to the DEE subscale of the FSQ (r = .25). Thus mothers who report difficulties understanding, processing, or describing emotions were more likely to report employing strategies that discourage children's expression of emotions. The correlation between EEE and TAS was not significant.

Finally, and unexpectedly, maternal mind-mindedness was completely unrelated to both components of the FSQ (r = .02 for EEE and .06 for DEE).

Discussion

The primary purpose of this study was to develop and to explore validation of a self-report instrument, the Future Scenarios Questionnaire (FSQ), a new self-report questionnaire designed to measure parental responding to anticipated children's emotion. In doing so, we developed initial support for the validity of a self-report measure, the Future Scenarios Questionnaire. We will discuss the construct validity of the FSQ.

The results of this study provided some preliminary support for the FSQ as a valid, this instrument for assessing the ways by which mothers respond to their children's negative emotions when faced with upcoming stressful situations. In particular, the pattern of correlations among the two factors of the FSQ - Encourage Emotion Expression (EEE) and Discourage Emotion Expression (DEE) - and several additional mother measures demonstrated some evidence of construct validity. For the most part, this pattern was consistent and in accordance with our predictions.

In responding to the items on the FSQ, mothers were required to draw upon conscious appraisal processes, which lend towards self-presentation or response style bias in a way that instruments that access more implicit, or even unconscious schemas (for example, Secure Base Scripts, PAT) likely do not. Indeed, the pattern of correlations among the FSQ subscales and these measures largely supported my hypotheses that maternal schemas would relate to how a mother might address or prepare her child for an upcoming stressful situation.

With respect to attachment representations, mothers who were rated as more "secure" were more likely to report encouraging their children's expression of negative emotions on the FSQ. This is consistent with prior attachment-related research that has shown that secure or autonomous mothers are more open and willing to approach and discuss negative emotions than mothers who are more "insecure" (see Laible & Panfile, in press). Unexpectedly however, mothers' security (as assessed by the SBS measure) was unrelated to the Discourage Emotion Expression subscale of the FSQ. This suggests that perhaps the relation between a mother's security and the extent to which she might either encourage or discourage emotion expression is not so straightforward, and that additional factors, such as individual differences in children, might need to be considered. This suggestion is also somewhat in accordance with Berlin and Cassidy's (2003) conclusion that mothers of secure children neither heighten nor suppress children's negativity, but rather accept and are moderately controlling of it.

Additionally, and consistent with predictions, mothers who perceived themselves as having more control relative to a child in difficult caregiving situations were less likely to discourage (and more likely to encourage) children's expression of negative emotions in anticipation of stressful events. This is likely due to these mothers being more confident and efficacious in their ability to tolerate and deal with negative emotions in their children, and perhaps being less likely to become dysregulated themselves in the face of a perceived power imbalance.

There was one maternal mindset we assessed, maternal mind-mindedness, that contrary to prediction, did not correlate with either factor of the FSQ. One possible explanation for this finding is that the mind-mindedness interview involved asking a mother to produce a narrative about her child as opposed to endorsing how she would respond directly to her child in a particular circumstance (i.e. what the FSQ requires). One difference between the mind-

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mindedness measure and the other two measures included to assess maternal schemas (i.e. the SBS and the PAT) is that the mind-mindedness measure requires that a mother still keep her particular child in mind, rather than generating fictional stories based on word-prompts (e.g. SBS) or giving likely reasons for a difficult encounter with an imaginary or hypothetical child (e.g. PAT). For these latter two tasks, a mother's responses might be more removed from her actual past experiences and relationship with her own child, so thus might be more "projective" or more representative of qualities within herself, independent of qualities in her particular child. And indeed it was found that these maternal qualities did relate to the subscales of the FSQ in anticipated and meaningful ways. The mind-mindedness construct, on the other hand, although functioning at a level of mind states (e.g. the degree to which a mother considers her child as having a "mind"), might be quite distinct from the actual maternal behaviors or strategies which are accessed by the FSQ. In other words, there might be a difference between what a mother carries in her head about her child, assessed through an analysis of maternal language (i.e. MMM interview), versus how she interacts with her child, as assessed by the FSQ (see Meins, et al., 2001).

We also examined the relation between the FSQ and the personality trait of alexithymia, and found that as predicted, mothers who rated themselves as more alexithymic, were more likely to report strategies that disavowed or discouraged their children's expressions of negative emotions. This is consistent with the idea that these mothers have inherent difficulties understanding, processing, and in particular, communicating about emotions in general.

Finally, the strong correlations between the EEE and the DEE subscales of the FSQ and the supportive and non-supportive subscales of CCNES respectively were not surprising given the similarity in the development and intent of the two measures. These correlations provide some indication that the FSQ is in fact measuring the ways by which mothers do respond to children's negative emotions. On the other hand, these high correlations might also suggest that these scales are both measuring the same construct, that is, the ways in which mothers respond to negative emotions in general, regardless of their past, present, or anticipated orientation. This of course, needs to be clarified in future studies. Further, with respect to the principal components analysis of the FSQ, it is recognized that the sample size is small, and the subject to variable ratio is minimal, limiting firm conclusions about the scale's validity.

The above findings cumulatively point to the FSQ as a potentially valid instrument. However, additional and more extensive examination of the psychometric properties is certainly needed in order to establish stability, reliability, and discriminant validity, with larger samples and over time. Also, relating mothers' responses on the FSQ to observations of their actual parenting behaviors and to additional child outcomes is an important next step in extending and establishing the validity of the FSQ.

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