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2019

### Parental Self-Efficacy of the “Unexpected Parent”

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Parental Self-Efficacy of the “Unexpected Parent”

Presented in Partial Fulfillment of the  
Requirements for the Degree of  
Doctor of Occupational Therapy

Eastern Kentucky University  
College of Health Sciences  
Department of Occupational Science and Occupational Therapy

Cinthia L. Arbogast  
2019

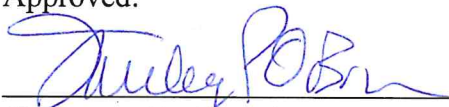
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**DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL  
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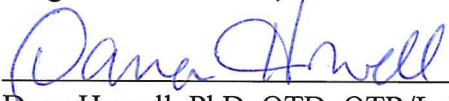
Certification

We hereby certify that this Capstone project, submitted by Cinthia L. Arbogast conforms to acceptable standards and is fully adequate in scope and quality to fulfill the project requirement for the Doctor of Occupational Therapy degree.

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EASTERN KENTUCKY UNIVERSITY  
COLLEGE OF HEALTH SCIENCES

DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY


This project, written by Cinthia L. Arbogast under direction of Dr. Geela S. Spira, Faculty Mentor, and approved by members of the project committee, has been presented and accepted in partial fulfillment of requirements for the degree of

DOCTOR OF OCCUPATIONAL THERAPY

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## Executive Summary

**Background:** Research focused on the “unexpected parent” is limited. This population of parent is increasing in frequency.

**Purpose:** The purpose of this capstone study was to provide support to unexpected parents. The study focused on the area of establishing and maintaining routines and consistency as a means to decrease negative behavior in order to improve parental self-efficacy. With improved skills and perceived improved abilities, the aim of this study was to improve this performance of this group of parents during their participation in the occupation of parenting.

**Theoretical Framework.** The theory driving this research is the occupation-based model called the Canadian Model of Occupational Performance and Engagement (CMOP-E).

**Methods.** This quantitative study analyzed the parental self-efficacy of a group of “unexpected parents” utilizing the Tool to Measure Parenting Self Efficacy (TOPSE). Self-efficacy was measured before and after the implementation of a routines-based parenting group. Seven participants met the inclusion criteria and participated in the four-week group. The objective of this study was to determine if participation in a routines-based parenting education group would increase parental self-efficacy in a group of “unexpected parents”.

**Results.** Six out of seven participants increased in parental self-efficacy scores from pre-test to post-test. A paired sample t-test analysis compared mean scores from pre-test to post-test and found a p-value = 0.009.

**Conclusions:** Based on the results of this study, participation in a routines-based parenting group increases parental self-efficacy of “unexpected parents” as measured by the TOPSE. The findings of this study suggest that an occupational therapist led, routines-based parenting group incorporating peer support, activities, and education can lead to increased perceived self-efficacy among a group of “unexpected parents”.

## **Acknowledgements**

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I would like to thank my mom, Lisa Arbogast, for all her support and encouragement during this process. Without her support, I could not have finished. Also, I would like to thank her for watching my children and picking them up from daycare so that I would work on school. I would like to thank my dad and stepmom for their support.

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Finally, I would like to thank God for his continued presence in my life. Without him, I could not have completed this program.

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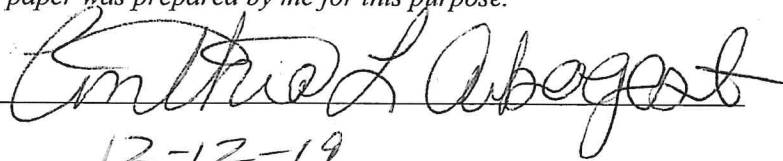
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Title of Submission: Parental Self-Efficacy of the "Unexpected Parent"

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Date of Submission: \_\_\_\_\_

12-12-19



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## **Section One: Nature of Project**

Blended families, single parent families, families consisting of adopted children, families consisting of same sex parents, foster families, and families in which grandparents were raising the children became a common trend within today's society (Rice, 2017). Current estimates showed that about 50% of the current population grew with a family structure that deviated from the traditional American family structure (Rice, 2017). Livingston's (2014) analysis showed that 15% of children were living with a parent that has remarried, 34% of children were living with a single parent, and 5% of children were living with grandparents. The author asserted that this trend would continue to rise.

A portion of this population resulted in an untraditional family structure due to unforeseen circumstances. These circumstances, whether caused by drug addiction, death, or divorce, caused a shift in the family structure (Rice, 2017). The shift could cause tension and/or stress on the parents, some who have newly entered the role, decreasing their perceived self-efficacy in their role as parents. For this research study, this population was referred to as "unexpected parents". The literature surrounding "unexpected parents" lacked in depth and volume when addressing how these parents cope with this change. Therefore, this research study sought to learn about the perception of self-efficacy in these "unexpected parents" and to provide a routines-based intervention that could raise their self-efficacy resulting in more effective parenting.

Preventative health care is an important aspect of the healthcare system that is continuously lacking within the United States (Chen, 2009). For preventative care to be successful, it must be a community endeavor. Doll (2010) discussed the role communities could play in facilitating engagement in occupations which further allows occupational therapists to

provide a holistic practice within the context of the natural environment. This research study served as a form of preventative health care for parents as it attempted to decrease mental stress that could lead to further illnesses. This research study also served to provide parents with the tools to positively impact their children's behavior. Bater and Jordan (2017) explained that incorporating education about routines into interventions served as a form of early intervention to decrease negative behaviors in children. Therefore, this study provided a routine-based educational intervention aimed to decrease stress caused by the situational factors of being an "unexpected parent".

### **Definitions of Key Terms**

**Parental self-efficacy:** This term refers to the parents' perception of how well they respond and perform in regard to parenting tasks (Perform Well, 2017).

**"Unexpected parent:"** This term refers to individuals who have entered into parenting due to unforeseen circumstances.

**Routines:** This term refers to a sequence of events or actions in which the family follows regularly.

### **Problem Statement**

With the rise of "unexpected parenting," options for parent education programs in rural communities was lacking in availability and substance. The lack of support and knowledge these parents experience combined with situational factors and behaviors exhibited from their children could cause a decrease in parents' self-efficacy which then could impact the parents' participation and performance in the occupation of parenting.

## **Purpose Statement**

The purpose of this capstone study was to provide support to unexpected parents. The study focused on the area of establishing and maintaining routines and consistency as a means to decrease negative behavior in order to improve parental self-efficacy. With improved skills and perceived improved abilities, the aim of this study was to improve this performance of this group of parents during their participation in the occupation of parenting.

## **Project Objectives**

(1) To determine if participation in a routines-based parent education program raised parent self-efficacy in a group of “unexpected parents” in Mason County, West Virginia.

(2) To discover perceived barriers and/or limitations to the occupation of parenting as experienced by a group of “unexpected parents” in Mason County, West Virginia.

## **Theoretical Framework**

The theory driving this research is the occupation-based model called the Canadian Model of Occupational Performance and Engagement (CMOP-E). This model assesses the interaction between the person, the environment, and the occupation in order to better understand the evolution of occupational performance (Cole & Tufano, 2008). Within this model, occupational performance is the outcome of the interaction between the three components. Occupational performance is greatly individualistic and largely based on the individual’s perceived satisfaction within his or her role (Cole & Tufano, 2008). Since this study addresses the “unexpected parent’s” perceived satisfaction in his or her role of parent, the use of the COPM-E seems appropriate as the model would address the interaction between the components that lead to the parent’s occupational performance.

Within this research study, the interaction of the three components was different for each parent. Person was defined as the parents including all physical components, mental components, and affective components as they related and interacted to create the self or human spirit of the parents (Cole & Tufano, 2008). The environment included all physical, cultural, social, and institutional environments that interacted and influenced the parents. Occupation represented the occupations and roles in which the parents participated in which included self-care, leisure, and productivity (Cole & Tufano, 2008). In regard to this research study, the parent's occupational performance was inferred by his or her perceived satisfaction within the role of parenting.

### **Significance of the Study**

This study sought to add to the occupational therapy literature surrounding the “unexpected parent”. It also sought to add to the literature surrounding the effectiveness of routines-based parent education programs in increasing parental self-efficacy by analyzing their reported perceived self-efficacy. Based on a needs assessment previously completed, the need for more knowledge and strategies in the areas of behavior management was reported by this population. This study may make a significant impact in the community in the following manner; if parents learn the importance of routines and consistency in diminishing and managing behaviors of those they care for, the parent's self-efficacy could increase, causing not only a change in their parenting styles but also in the lives of their children, turning this unexpected life chapter into one of joy and blessing.

### **Summary**

This research study assessed a routines-based parent education program for improving perceived self-efficacy in “unexpected parents”. The study sought to analyze the benefits gained from a routines-based parent education program in relation to the parental self-efficacy scores of

the parents in order to facilitate the parents' positive engagement in the occupation of parenting. This research formulated and assessed a form of preventative care in order to maximize quality of life and engagement in the occupation of parenting. With the expanding trend of the "unexpected" family structure, it was vital to add significant information about this population in the literature as well assisting in identifying issues and providing support where it is needed.

## Section Two: Detailed Literature Review

One important occupation within an individual's life is the occupation of parenting. Parenting serves as a vital aspect of society. When an individual becomes a parent, that individual takes on an occupation that encompasses many roles. This role is dynamic and imperative; however, the occupation of parenting is experienced differently by each individual that encounters it. The responsibility of parenting incorporates keeping other humans alive, making sure they have food, water, clothing, and having a place to stay (Chodorow, 1999). In addition to these responsibilities, parents serve as protectors, teachers, and providers (Chodorow, 1999). Parents serve to provide structure to their children by developing and adhering to routines (Spagnola & Fiese, 2007). Parenting also incorporates and interacts with other occupations like health maintenance. Successful participation in the occupation of parenting is not only important for the mental and physical health of the parents, but also for the mental and physical health of the children (Office of Disease Prevention and Health Promotion [ODPHP], 2019a). The interactions and experiences of children plays an important role in transforming them into adults (ODPHP, 2019b). Successful parenting also ensures that follow and adhere to routines within the family. By following and adhering to routines within the family, children not only learn behaviors that are culturally acceptable, but they are also able to anticipate what events occur next (Spagnola & Fiese, 2007). Due to the diverseness of the occupation of parenting, it is imperative to educate parents on matters that could improve their self-efficacy and participation in parenting, could further their children's development, and could also decrease negative behaviors exhibited by the children. This not only provides support for this generation but also helps to ensure the health and well-being of the next generation.



Not all parents actively enter into parenting in the same manner. Some parents accept the role after a change in life circumstances. These parents face certain struggles created by the situation surrounding their acceptance of the parenting role. Community-based programs could effectively address these struggles of the parents and assist them in increasing their participation in the occupation of parenting. This literature review further analyzes the literature surrounding these topics.

### **Unexpected Parents**

Within the realm of parenting, there are parents who stand out from traditional parents due to various life circumstances. Due to these life circumstances, these caregivers in the parental role may be grandparents who are left to raise their grandchildren, aunts and/or uncle who are left to raise nieces and/or nephews, and mothers or fathers who were suddenly a single parent. Within this Capstone Project, these parents, who are not undergoing the traditional married/partner route, but rather have entered this role due to unforeseen or unfortunate circumstance are going to be referred to as the “unexpected parent”.

This category of “unexpected parents” is a growing population of individuals within the United States of American. Livingston’s (2014) analysis shows that 34% of children are living with a single parent and 5% of children are living with grandparents. With these statistics estimated to rise, Bishop (2018) reports that the state of West Virginia, where this Capstone Project was conducted, has the second highest population of children being raised by grandparents. As the unexpected parent population increases, the need for research in this area continues to grow. This study addressed the perception of self-efficacy in “unexpected parents”.

### **Self-Efficacy**

The term self-efficacy originates from psychology models that were seeking to explain inconsistencies between acquired skills and performance outcomes (Gage & Polatajko, 1994). These inconsistencies manifest when individuals have the skills required to perform certain tasks; yet, they did not complete these tasks to their ability level. Self-efficacy plays a vital role in individuals' successful participation in occupation because "it determines which activities people engage in, the amount of effort they expend before terminating the activity, and how long they will persevere in the face of adversity" (Bandura, 1981, p. 215). When individuals lack positive experiences within their roles and occupations, self-efficacy could decrease, causing a change in their occupational performance.

Parental self-efficacy refers to the parents' perception of how well they respond and perform in regard to parenting tasks (Kendall & Bloomfield, 2005). Parent self-efficacy has been determined to be an important factor in the development of children. Parents who have higher confidence in their abilities and skills as parents often times are more involved with their children and generally believe that they are positively impacting their children's lives (Perform Well, 2017). King and Elder (1998) demonstrates that grandparents' perceptions of being able to raise their grandchildren differed amongst each other; however, that grandparents with a strong sense of self-efficacy play more of an active role in their grandchildren's lives.

There were multiple methods of improving self-efficacy in the literature; however, this Capstone Project focused on community-based services. Taubin, Maeir, and Hahn-Markowitz (2015) found positive results in increasing parental self-efficacy with a community-based program. Graham, Rodger, and Ziviani (2013) assessed occupational performance coaching as a method to increase mothers' self-efficacy and increase occupational performance. Along with parenting programs, Leahy-Warren, McCarthy, and Corcoran (2012) analyzed the importance of

social aspects in the self-efficacy of first-time mothers. Social support can help increase maternal self-efficacy. Lack of self-efficacy could greatly influence parents' participation in the occupation of parenting; therefore, it was important to learn more about analyzing the self-efficacy of these "unexpected parents" in order to then determine how best to provide them the services and support needed to facilitate further participation in parenting.

### **Assessments of Self-Efficacy**

One way to study the perceptions of skills and abilities in the unexpected parent was by assessing parental self-efficacy. There were several standardized assessments available to measure parental self-efficacy. Three assessment tools were chosen for a deeper literature review for the purpose of choosing one of them for the study the Tool to measure Parenting Self-Efficacy (TOPSE), the Parenting Sense of Competence Scale (PSOC), and Parenting Scale (PS). All these assessments were widely utilized and therefore have a developed based of research that supports their use with this population.

The Tool to Measure Parenting Self-Efficacy (TOPSE) is an evaluation tool that was created in the United Kingdom (UK); while it is sensitive to parenting in the UK, it has deemed a valid and reliable measure to assess parental self-efficacy. The TOPSE was developed due to a need for a more rigorous evaluation tool (Kendall & Bloomfield, 2005). Eight domains are assessed in the TOPSE:

1. Emotion and affection
2. Play and enjoyment
3. Empathy and understanding
4. Control
5. Discipline and boundary setting

6. Pressures of parenting
7. Self-acceptance
8. Learning and knowledge (Kendall & Bloomfield, 2005).

Focus groups were conducted in order to test the tool. Within the testing of the tool overall reliability is a .94. Kendall and Bloomfield (2005) found this tool to be a valid and reliable tool to assess parental self-efficacy. Therefore, the TOPSE appears to be a viable assessment for occupational therapists to use in it aligns well with the holistic nature of occupational therapy. By assessing various domains of parental self-efficacy, the TOPSE gets a fuller picture of the parent's parental self-efficacy. This aligns with the use of C-MOP E to evaluate the interaction between the parents and their perceptions of the occupation of parenting (Cole & Tufano, 2008).

The Parenting Sense of Competence Scale (PSOC) is the parental self-efficacy assessment that is most utilized (Rogers and Matthews, 2004). This assessment addresses parental satisfaction and efficacy. The PSOC has high reliability but did not have a lot of normative data (Rogers and Matthews, 2004). Rogers and Matthews (2004) completed research which agrees with previous research finding some correlations in satisfaction with efficacy and interest showing few correlations. This research was further enriched by Gilmore and Cuskelly's (2008) completed research.

The Parenting Scale (PS) is another widely used parental self-efficacy measure. This assessment addresses parenting discipline style as relating to three structures: Laxness, over reactivity, and verbosity (Arnold, O'Leary, Wolff, & Acker, 1993). The PS has very high construct validity and reliability especially in the laxness and over reactivity sections (Arnold, O'Leary, Wolff, & Acker, 1993). A study by Irvine, Biglan, Smolkowski, and Ary (1999) came

to the same conclusion confirming the previous research finding correlations with laxness and over reactivity. Another study finds this assessment valid for parents of children with the attention deficit disorder (Harvey, Danforth, Ulaszek, & Eberhardt, 2001). This assessment lends itself well to a community program that looks at discipline and behavior.

### **Pitfalls for the “Unexpected Parents”**

With the change of roles and family dynamics seen within the lives of the “unexpected parents,” struggles and complications are bound to arise. Hughes et al. (2007) notes that more grandparents are taking on the role of primary caregiver which could be physically and mentally taxing on these parents. Pilkauskas and Dunifon (2016) and Hughes et al. (2007) analyzes some of the potential effects that raising a grandchild could have on the grandparents. They did not find any negatives for the grandparents; however, some negatives are found for the children (Pilkauskas & Dunifon, 2016). Smith, Cichy, and Montoro-Rodriguez (2015) discusses stress and coping techniques of the grandparents and how that could affect the children. While Jackson, Preston, and Franke (2010) discusses how negative stress of single mothers could affect the children and how the mother interacts with the children. Stress on parents could greatly affect parenting styles and adequacy (Bendixen et al., 2011). Along with the stress caused by the changing family structure, a change in or lack of routines can also disrupt the family. Daily routines provide the family with a normalcy that provides an organized and predictability to everyday life (Spagnola & Fiese, 2007).

In addition to mental and physical tolls and stress, multiple studies show a correlation between children having behavioral issues and being raised by single parents or grandparents. Furthermore, instability that could be caused by suddenly becoming an “unexpected parent” can cause child behavior problems and have various other negative effects on the children

(Sandstrom & Huerta, 2013). This instability could be influenced by the changing of routines or the lack of routines being enforced. Behavioral issues add another level of stress and difficulty to the occupation of parenting. Findings by Pilkauskas and Dunifon (2016) and Smith and Palmieri (2007) suggest that the children raised by grandparents seem to demonstrate an increase in behavior issues and tendencies. There are several theories as to why this correlation exists. Jackson et al. (2010) reports that over time the increase of stress for a single parent can result in behavior problems in the children. This study specifically assesses the interaction between stress, father involvement, and type of punishment given showing that when stress was higher, punishment is harsher and when punishment is harsher, negative behaviors in school are exhibited by the children (Jackson et al., 2010). Spagnola and Fiese (2007) report that within divorced families, routines can differ between the homes causing further tension and confusion. The mental and physical tolls combined with stress and situational factors were noted to cause disruptions and deviations to the parents' way of life including participation in activities of daily living. Minkler and Fuller-Thomson (1999) examined the limitations in activities of daily living experienced by these grandparents. Another study noted the change of social roles, lifestyle, and relationships experienced by these parents (Hughes et al., 2007). Therefore, it was imperative to assist "unexpected parents" gain efficacy in their parenting methods in order to facilitate participation in parenting and promote positive mental health.

### **Decreasing Negative Child Behaviors**

Behavioral issues add another level of stress and difficulty to the occupation of parenting. Based on a needs assessment, "unexpected parents" felt that they benefited the most from knowledge and training in the realm of behavior management techniques (Arbogast, 2018). When addressing and preventing negative behavior, one impactful aspect was to teach the

parents parenting skills (Hutchings, Bywater, Daley, Gardner, Whitaker, Jones, & Edwards, 2007). However, behavior management was an expansive topic. Therefore, this Capstone Project focused on education on routines and consistency in order to decrease negative child behaviors and increase parental self-efficacy and participation in the occupation of parenting. The implementation of consistent routines in the lives of children served as a tool to help decrease anxiety, stress, power struggles, lack of cooperation, and helped to foster independence (Markham, 2019). The premise of the study was that by utilizing routines and consistency, children knew the schedule thus cooperated more with less power struggle (Markham, 2019). By decreasing negative behaviors exhibited by the children, parental stress would decrease thus raising parental self-efficacy.

### **Routines**

Following routines can be very important for families and children to do. Over the years, more research has been completed in the area of routines especially when dealing with children. This research consists of investigating both regular routines and mealtime specific routines. Research supports the need to provide resources to parents about structure and routines especially during mealtimes and bedtimes (Marquenie, Mangohig, & Cronin, 2011). Spagnola and Fiese (2007) discussed the importance of family routines and how these routines or lack of can influence behavior. Bater and Jordan (2017) examine the influence of routines on self-regulation and externalizing behavior finding routines as a key aspect to preventing behavior problems. The type of routines followed also influenced into a family's level of activity (Kugel, Hemberger, Krpalek, & Javaherian-Dysinger, 2016). By having consistent routines, children are better able to anticipate what is going to occur next which reduces some negative behaviors.

For example, mealtime routines serve an important part in development of age typical, positive mealtime behaviors. Research evidence has shown that mealtime routines reduced mealtime stress and negative behaviors (Caldwell et al., 2018; Savage, Fisher, & Birch, 2007). Suarez, Atchison, and Lagerwey (2014) analyzed some of the common mealtime routines to further understand the parents' perspectives of what worked, did not work, or caused more confusion or chaos.

### **Community-Based Programs**

One way to reach “unexpected parents” and provide both knowledge and support was through use of community-based programs. Multiple studies have addressed community-based programs as a way to increase quality of life for families. Kingsley and Mailloux (2013) showed positive ratings for family centered programs and parenting which could lead to positive outcomes for both the parents and their children. Bendixen et al. (2011) examined the importance of parent involvement in improving the quality of the parent-child relationship and diminishing negative effects on child behavior. This study also has shown the importance of community-based programs addressing stress and coping mechanisms to promote health and well-being for the families (Bendixen et al., 2011).

Fingerhut (2013) addressed parents' participation in occupation using family centered practice as a means to change the lives of the family unit as a whole. Graham, Rodger, and Ziviani's (2013) study provided further support for a family centered community-based program to improve both parenting skills and have lasting effects on the children as a positive result of utilizing the Canadian Occupational Performance Measure and Goal Attainment Scaling. Kugel et al. (2016) provided evidence that families' routines could be changed by a community based occupational therapy program. Research has shown that when parents participate in parent



education programs for routine trainings their self-efficacy increases and there was an improvement seen in the children's behaviors (Kingsley & Mailloux, 2013).

These articles provide evidence that a community-based caregiver program can lead to positive outcomes for both the parents and their children. These articles also supported the need for parent-based interventions to promote growth in children. Community-based programs align with the American Occupational Therapy Association's (AOTA) Vision 2025 and the Healthy People 2020 initiative by seeking to promote a healthier lifestyle and better quality of living in these parents (American Occupational Therapy Association, 2017; Office of Disease Prevention and Health Promotion, 2017a; Office of Disease Prevention and Health Promotion, 2017b). Teaching the parents behavior management techniques could result in an increase in their parenting self-efficacy which in turn, could increase their participation in parenting. An assumption of this study was that this improvement would create a better home life for the children, and long term could help the children to grow into well-adjusted adults.

### **Summary**

With the increase of "unexpected parents" caring for children, this study aimed to provide tools to increase in self-efficacy when participating in the occupation of parenting. Therefore, by teaching parents in this study the importance of routines and consistency it was anticipated that this would decrease stress within their homes. As children began to incorporate consistent routines, it was expected that they would have less anxiety and problematic behaviors. Community-based programs focused around parental education is one source of increasing parental knowledge and participation and therefore was used in this study.

### **Section Three: Methods**

This quantitative Capstone Project addressed whether a routines-based parenting education program increased perceived parental self-efficacy in a group of “unexpected parents”. Seven participants met the inclusion criteria. Participants were informed of their rights, the purpose, goals, risks, and benefits of the study, and then consent was given. The routines-based parent education program consisted of four sessions that each lasted about an hour. The program was held on four consecutive Tuesday evenings.

#### **Project Design**

The design of this Capstone Project was a One-Group Pretest-Posttest Design. This design assessed baseline measures of parental self-efficacy prior to program implementation and compared to post-implementation results utilizing the TOPSE. The participants included seven parents who represented the “unexpected parent” population and met inclusion criteria. This objective of this Capstone Project was to increase parental self-efficacy following participation in a routines-based parenting program. The seven participants attended all four of the sessions. The sessions lasted for about an hour and consisted of group discussions, education on the topics of the week, and activities to reinforce the topics.

#### **Setting**

This Capstone Project took place within a community setting in rural West Virginia. The program was implemented within a local church located in Point Pleasant, West Virginia due to the setting’s easy access for the participants and adequate space to support a small group of individuals. The preacher of the church provided written consent to allow usage of the building (See Appendix A).

**Inclusion Criteria**

Inclusion criteria included individuals who represent the “unexpected parent”. This population was chosen due to the interaction of life struggles or demands that can have a negative impact on parenting. Therefore, the inclusion included but was not limited to: Grandparents raising children, aunts/uncles acting as parents, and individuals who have become single parents.

**Exclusion Criteria**

Exclusion criteria included couples raising children together due to support systems formed with each other. Also excluded from this study were families in which the children were fostered or adopted due to the availability of support from various agencies.

**Recruitment Procedures**

The program was open to any “unexpected parents” that were willing to participate. Participants for this study were recruited by convenience sampling consisting of volunteers who were not randomly assigned into intervention groups.

A flyer was produced and distributed to potential subjects (See Appendix B). Flyers were posted on social media seeking participants for this Capstone Project by the principal investigator. Flyers stated that volunteers were requested for parental education program with the education being in the area of routines and consistency in order to influence behavior. Flyers also included the time and location for the education program along with the contact information of the principal investigator. Potential participants were to call, text, or email the principal investigator in order to discuss program details and set up an initial meeting to obtain initial data.

## **Ethical Considerations**

Ethical considerations often arise during research studies; therefore, it was important to anticipate ethical issues that could develop and plan for them accordingly (Creswell, 2014). Prior to conducting research studies, it was important to reflect on the ethical standards of professional associations (Creswell, 2014). Occupational therapists adhere to a code of ethics when performing their duties. Within the occupational therapy *Code of Ethics* (American Occupational Therapy Association, 2015), there were certain principles in which were abided by. In relation to this Capstone Project, several ethical principles arose. One such principle was Beneficence, which related to showing concern for others including preventing harm and eliminating circumstances that could harm (Clark & Chandler, 2013). This Capstone Project addressed this principle by looking out for the well-being of the caregivers and their children by attempting to reduce the negative effects caused by low parental self-efficacy, lack of knowledge, and support. Another important principle was Social Justice, which revolved around providing fair and just treatment in a way that society benefits (Clark & Chandler, 2013). This program was offered to all unexpected parents of children regardless of social status. It was important to adhere to a code of ethics in order provide the best treatment free from harm and prejudice.

All research that is completed on humans is subject to review and approval through the Institutional Review Board (IRB) (See Appendix C). Within the IRB there were certain principles that must be upheld in order to provide protection to the subjects. Principles that are mandated as a part of the IRB requirements include: Respect for persons (autonomy, voluntariness, and informed consent), beneficence, and justice (Bailey, 2014). To honor the principle of respect for persons informed consent must be obtained prior to collecting research. The informed consent details that participation was voluntary and that they have been informed

of the risks associated with the study. It is important to be transparent with the participants and identify a research problem that the participants will benefit from (Creswell, 2014). They also must maintain their right to privacy/confidentiality (Bailey, 2014). In accordance to the principle of beneficence it is important that all participants should partake in and benefit from the research study. As the data is analyzed, the research needs to remain neutral and avoid discussing only the positive results (Creswell, 2014). Once the study is underway, all the participants will be treated the same and shown no particular favors (Creswell, 2014). This is in accordance to the principle of justice (Bailey, 2014).

IRB approval was received prior to implementation. To ensure ethical concerns were addressed, participation in this Capstone Project was voluntary. Participants were required to sign an informed consent form detailing the purpose of the study, study procedures, risks, benefits, confidentiality, voluntary participation and contact information for the principal investigator and institutional review board. Once informed consent was gained, the researcher started collecting data.

### **Participants**

A total of seven participants took part in this study. Two of the participants were grandparents raising grandchildren. Five of the participants were single parents. The participants' ages varied from 28 years old to 54 years old. Two of the participants were males. Five of the participants were females.

### **Timeline of Project Procedures**

Weeks 1-2

Flyers were distributed on social media.

Interested participants contact the researcher via phone calls, text messages, and online messages.

Researcher determined interested participants eligibility for the program.

Researcher informed participants of the first session which was held on October 22, 2019 at 5pm.

Week 3

Participants were introduced to the group.

Participants were informed of all rights, responsibilities, risks, and benefits of participation in the study.

Participants signed informed consent.

TOPSE was administered to gather the initial data.

First session was completed

Weeks 4-5

Group sessions 2-3 were conducted.

Participants answered reflective questions

Week 6

Final group session was conducted.

Participants completed post-session TOPSE and completed exit reflections.

Week 7-10

Researcher analyzed the quantitative data.

Researcher examined the answers to the reflective questions and exit survey.

Week 11

Written Capstone was completed.

## Outcome Measures

Participants for this study were assessed on their perception of parental self-efficacy. The Tool to Measure Parenting Self Efficacy (TOPSE) was the assessment measure utilized to compare initial data to outcome data (See Appendix D). The TOPSE is a standardized assessment created in the UK consisting of a ten-point Likert scale addressing forty-eight statements regarding parental self-efficacy (Kendall & Bloomfield, 2005). While this assessment is lengthier than other parent assessments evaluated for this study, the questions are easy to understand and answer. This is important when dealing with rural communities where the parents need to be able to understand what is being asked of them. Eight domains are assessed in the TOPSE:

1. Emotion and affection
2. Play and enjoyment
3. Empathy and understanding
4. Control
5. Discipline and boundary setting
6. Pressures of parenting
7. Self-acceptance
8. Learning and knowledge (Kendall & Bloomfield, 2005).

The eight domains provides the researcher a balanced holistic view at the caretakers, rather than just assessing one domain of efficacy. Therefore, the TOPSE is a viable assessment for occupational therapists to use as it aligns with the holistic nature of occupational therapy. This assessment is useful for community-based programs as it addresses all aspects of parenting regardless of type of parent (traditional, unexpected, male, female).

## **Project Measures**

Participants completed the initial (session 1) and the final (session 4) TOPSE.

Participants completed a demographic information sheet that asked their age, gender, type of parent, education level, and ages of their children.

## **Project Interventions**

The first group session included discussions around the general topic of routines. These discussions included what routines are, why children need them, and what benefits are obtained through use of routines. The researcher facilitated discussion amongst the group using these topics. Baseline information was also obtained from the parents to determine what routines they follow and what routines they believed they needed to strengthen. This information allowed the researcher to be more aware of where the parents were starting and what direction the group should take in following weeks. With this information, the group chose one routine (bedtime routine) to focus on creating, changing, and adapting.

During the remainder of the sessions, the groups started with an engaging activity that was related to the topics of the day, as facilitated by the researcher. Following the activity, the group focused on researcher led education and discussion on the topics. Following the education and discussion, the group completed another activity to assist with reinforcing the lessons learned. Session one focused on introduction to the topic of routines and routines in general (Table 1). Session two focused on parental creation of routines for the children (Table 1). Session three focused on problem solving the created routines (Table 1). Session four focused on how to get the children back onto routine and taking the knowledge learned and applying to other routines (Table 1).



Table 1. Session Outline

<b>Session 1</b>	<b>Session 2</b>	<b>Session 3</b>	<b>Session 4</b>
Introduction	Parents creating routines for their “unexpected children”	Problem Solving	Out of Routine
Informed Consent	Choose a Routine (Participants chose bedtime routines as the focus during session two)	Discuss behaviors or problems seen in their routines	Off Routine
TOPSE Initial Administration	Research about that routine	Problem solved behaviors as a group	Community Outings
General discussion on routines	AOTA Fact sheet	Family Planning Worksheet	Wrap Up
What are they?	Created routines	Family Routine Guide	Tools to assist them
Why/Do children need them? Benefits of them.	Picture schedule/ List		Re-administer TOPSE
Homework: Think about routines used daily to discuss during session two.	Homework: Implement routine created	Homework: Use problem solving strategies on created routines	Homework: Use strategies learned to assist with other routines

## Section Four: Results and Discussion

### Description of Results

Parents' self-efficacy was evaluated before and after the program implementation using the TOPSE. TOPSE scores were represented in each of the eight domains and in a total score. Within each of the eight domains, a minimum score possible was zero with a maximum score possible of 60. Within the total TOPSE score, a minimum score of zero could be obtained while the maximum score possible was 480. The following sections describe the change results of the TOPSE for participants by domain and the total score using. Mean domain and mean total scores were analyzed using a paired sample t-test (See Table 2).

Table 2. Domain Results

Domain	T statistic	p score		Significance
<b>Emotion and Affection</b>	-3.59	0.011	p < 0.05	Significant
<b>Play and Enjoyment</b>	-3.85	0.008	p < 0.05	Significant
<b>Empathy and Understanding</b>	-2.23	0.067	p > 0.05	Not Significant
<b>Control</b>	-3.16	0.020	p < 0.05	Significant
<b>Discipline and Setting Boundaries</b>	-2.01	0.091	p > 0.05	Not Significant
<b>Pressures</b>	-2.77	0.032	p < 0.05	Significant
<b>Self-Acceptance</b>	-2.88	0.028	p < 0.05	Significant
<b>Learning and Knowledge</b>	-3.58	0.012	p < 0.05	Significant

**Emotion and Affection.** The mean scores for pre-test and post-test were analyzed using a paired sample t-test in order to determine if the results were clinically significant. The mean score for pre-test was 47. The mean score for post-test was 55. The difference between pre-test mean and post-test mean was 8 points. The results of the test show the t statistic at -3.59 with a critical value at 2.45. The p score equals 0.011 ( $p < 0.05$ ). Therefore, the difference in the means from pre-test to post-test was statistically significant.

**Play and Enjoyment.** The mean scores for pre-test and post-test were analyzed using a paired sample t-test in order to determine if the results were clinically significant. The mean score for pre-test was 45. The mean score for post-test was 54. The difference between pre-test mean and post-test mean was 9 points. The results of the test show the t statistic at -3.85 with a critical value at 2.45. The p score equals 0.008 ( $p < 0.05$ ). Therefore, the difference in the means from pre-test to post-test was statistically significant.

**Empathy and Understanding.** The mean scores for pre-test and post-test were analyzed using a paired sample t-test in order to determine if the results were clinically significant. The mean score for pre-test was 43. The mean score for post-test was 50. The difference between pre-test mean and post-test mean was 7 points. The results of the test show the t statistic at -2.23 with a critical value at 2.45. The p score equals 0.067 ( $p > 0.05$ ). Therefore, the difference in the means from pre-test to post-test was not statistically significant.

**Control.** The mean scores for pre-test and post-test were analyzed using a paired sample t-test in order to determine if the results were clinically significant. The mean score for pre-test was 36. The mean score for post-test was 46. The difference between pre-test mean and post-test mean was 10 points. The results of the test show the t statistic at -3.16 with a critical value at

2.45. The p score equals 0.020 ( $p < 0.05$ ). Therefore, the difference in the means from pre-test to post-test was statistically significant.

**Discipline and Setting Boundaries.** The mean scores for pre-test and post-test were analyzed using a paired sample t-test in order to determine if the results were clinically significant. The mean score for pre-test was 44. The mean score for post-test was 50. The difference between pre-test mean and post-test mean was 6 points. The results of the test show the t statistic at -2.01 with a critical value at 2.45. The p score equals 0.091 ( $p > 0.05$ ). Therefore, the difference in the means from pre-test to post-test was not statistically significant.

**Pressures.** The mean scores for pre-test and post-test were analyzed using a paired sample t-test in order to determine if the results were clinically significant. The mean score for pre-test was 37. The mean score for post-test was 45. The difference between pre-test mean and post-test mean was 8 points. The results of the test show the t statistic at -2.77 with a critical value at 2.45. The p score equals 0.032 ( $p < 0.05$ ). Therefore, the difference in the means from pre-test to post-test was statistically significant.

**Self-Acceptance.** The mean scores for pre-test and post-test were analyzed using a paired sample t-test in order to determine if the results were clinically significant. The mean score for pre-test was 47. The mean score for post-test was 55. The difference between pre-test mean and post-test mean was 8 points. The results of the test show the t statistic at -2.88 with a critical value at 2.45. The p score equals 0.028 ( $p < 0.05$ ). Therefore, the difference in the means from pre-test to post-test was statistically significant.

**Learning and Knowledge.** The mean scores for pre-test and post-test were analyzed using a paired sample t-test in order to determine if the results were clinically significant. The mean score for pre-test was 47. The mean score for post-test was 55. The difference between pre-

test mean and post-test mean was 8 points. The results of the test show the t statistic at -3.58 with a critical value at 2.45. The p score equals 0.011 ( $p < 0.05$ ). Therefore, the difference in the means from pre-test to post-test was statistically significant.

**Total scores.** The mean for pre-test and post-test were analyzed using a paired sample t-test in order to determine if the results were clinically significant. The mean score for pre-test was 340. The mean score for post-test was 401. The difference between pre-test mean and post-test mean was 61 points. The results of the test show the t statistic at -3.82 with a critical value at 2.45. The p score equals 0.009 ( $p < 0.05$ ). Therefore, the difference in the means from pre-test to post-test was statistically significant.

### **Interpretation of Results with Literature**

The purpose of this capstone study was to provide support to “unexpected parents”. The study focused on the area of establishing and maintaining routines and consistency as a means to decrease negative child behavior in order to improve parental self-efficacy. With improved skills and perceived improved abilities, the aim of this study was to improve performance of this group of parents during their participation in the occupation of parenting. Following the completion of this four-week routines-based parental education program, the perceived parental self-efficacy of the participants improved; therefore, establishing that an occupational therapy led routines-based parental education program can improve the self-efficacy of “unexpected parents”.

The first objective was to determine if participation in a routines-based parent education program raised parent self-efficacy in a group of “unexpected parents” in Mason County, West Virginia. Objective One has been met as noted by significant results of the TOPSE scores.

The significant results of the TOPSE scores relate to findings within the literature. The significant results for the domain of “Emotion and Affection,” suggest that the “unexpected

parents” increased their perception of satisfaction in their emotion and affection for their children following the completion of the program. This increase in emotion and affection can be seen following a decrease in stress and increase in belief that they are positively impacting the lives of their children following participation within a routines-based parenting program (Perform Well, 2017). Within the domain of “Play and Enjoyment,” significant results suggest that the “unexpected parents” increased in their perception of their satisfaction of their abilities to play with their children and enjoy their children following the completion of the program. These results align with current research by showing that parents who have higher self-efficacy are more involved in the lives of their children (King & Elder, 1998). Within the domain of “Control,” significant results suggest that the “unexpected parents” increased in their perception of their satisfaction of their abilities and amount of control over their children following the completion of the program. Routines help to provide structure and support which can increase the amount of predictability therefore decreasing behaviors (Marquenie, Mangohig, & Cronin, 2011). Therefore, by providing this group of “unexpected parents” with tools and resources to improve their routines, parents improved in their perception of their self-efficacy.

Within the domain of “Pressures,” significant results suggest that the “unexpected parents” increased in their perception of their satisfaction with themselves in relation to the pressures of being a parent following the completion of the program. Anecdotally, within this program, parents reported that participation within this group allowed them to see that they were not alone in their situations. This awareness appears to have helped decrease the pressure that the parents put onto themselves. These pressures can be associated with stress of the “unexpected parents” which influences parental adequacy (Bendixen et al., 2011). Within the domain of “Self-Acceptance,” significant results suggest that the “unexpected parents” that participated in

the routines-based parent education program increased in their perception of self-acceptance in relation to themselves in the context of parenting following the completion of the program. Anecdotally, parents that participated within this group commented that they felt better knowing that other parents were having the same issues and behavior problems that they were. Parents noted that this knowledge increased their self-acceptance of themselves which related to the importance of social aspects in parenting (Leahy-Warren, McCarthy, & Corcoran, 2012). Within the domain of “Learning and Knowledge,” significant results suggest that the “unexpected parents” increased in their perception of satisfaction with their learning and knowledge regarding parenting following the completion of the program. By participation within this program the parents committed to four weeks of learning, this increased their self-efficacy in this area.

Within the domain of “Empathy and Understanding,” a lack of significant results suggests that the “unexpected parents” did not significantly increase their perception of their own empathy and understanding that they feel towards their children following the completion of the program. The parents in this program may have already been empathetic and understanding towards their children. The aim of this program was to implement routines into the children’s lives in order to decrease negative children behavior and increase parental self-efficacy; therefore, this program did not specifically address being empathetic and understanding. Within the domain of “Discipline and Boundary Setting,” a lack of significant results suggest that the “unexpected parents” that participated in the routine-based parent education program did not increase their self-efficacy in the areas of discipline and boundaries following the completion of the program. While this program addressed the implementation of routines and consistency, specific aspects of discipline was not addressed. This could account for the lack of significance in this area.

The significance of the TOPSE total mean score suggests that the “unexpected parents” that participated in the routines-based parent education program increased in their overall self-efficacy regarding parenting following the completion of the program. This increase in self-efficacy aligns with current research that one method to reduce parental/caregiver stress is to implement consistent daily routines to provide normalcy and predictability to everyday life (Bendixen et al, 2011; Markham, 2019; Spagnola & Fiese, 2009). By implementing routines and decreasing the anxiety, stress, power struggles, and lack of cooperation, the stress of the parents decreased which appears to have caused an increase in parental self-efficacy. The findings from this study also align with current research that one method for improving parental self-efficacy is through the use of community-based programs (Bendixen et al, 2011; Kingsley & Mailloux, 2013; Taubin, Maeir, & Hahn-Markowitz, 2015). Therefore, this routines-based parent education program appears to be an adequate community-based program to raise parental self-efficacy by teaching parents how to create and implement consistent routines thus decreasing negative behaviors exhibited by their children.

The second objective for this project was to discover perceived barriers and/or limitations to the occupation of parenting as experienced by a group of “unexpected parents” in Mason County, West Virginia. This objective was met, as noted anecdotally through the use of participant reflections and discussions. The use of routines can be utilized within community-based programs to change family units and improve parental self-efficacy (Kugel et al, 2016). Parents within this group made numerous comments on the realization that they are not alone. They noted that other parents were having the same issues as themselves. They also noted that through this program they gained knowledge to support their parenting and to help manage their children’s behaviors/reactions.



As the numbers of “unexpected parents” continue to rise, it is imperative that they continue to feel supported and increase in parental self-efficacy (Rice, 2017). This program provided “unexpected parents” with both the support and knowledge from an occupational therapist in the area of routines and the support and understanding from fellow “unexpected parents”. This support and knowledge served to increase the parental self-efficacy of the parents that participated within this study. As parental self-efficacy rises, participation in the occupation of parenting also rises (King & Elder, 1998). The results of this study are consistent with other literature that states that the implementation of routines can increase parental self-efficacy by decreasing negative behaviors exhibited by the children (Spagnola & Fiese, 2007). This program was a community-based program. Community-based programs are an effective means of improving self-efficacy of parents (Graham, Rodger, & Ziviani, 2013). The results of this study support the knowledge that community-based programs can increase parental self-efficacy.

Occupational therapists are skilled in observing how the interaction between the person, environment, and occupation influences a person’s satisfaction within his/her occupation (Cole & Tufano, 2008). By participating in a routines-based parenting education program within the community, the parents were influenced in each of these three areas: Person, environment, and occupation. The interaction between these changes could have caused the significant increase in parental self-efficacy. It is possible that by providing the parents with a better understanding of routines (a performance pattern that directly impacts the occupation of parenting) the parents themselves increased in knowledge, skills, and competency. Therefore, the change in occupation led to a change in the person as seen by the increase in parental self-efficacy.

## **Limitations**

Several limitations could have influenced this study. The first limitation was the program length. This program only lasted four weeks; however, it is unclear how much time is needed to establish a routine and problem solve issues dealing with that routine. The second limitation was researcher bias. The researcher for this Capstone Project is an “unexpected parent;” therefore, the researcher is biased. To attempt to decrease this bias, the researcher kept a reflective journal during the implementation of this program. A third limitation was the small sample size. While the size of the group was appropriate for this type of group and allowed for more individualized sharing amongst members, having more groups would have allowed for the data to be more generalizable to a larger group. Finally, no long term follow up was included to see if results remained consistent after some time had passed.

## **Implications for Occupational Therapy**

Occupational Therapists can use their knowledge and skill sets in the areas of the parenting occupation to provide unexpected parents with support. The support gained from a community based- program can aid parents to alter the performance patterns of the children they have unexpectedly begun to parent. By altering the performance patterns of the children, an increase may be seen in the parental self-efficacy of the parents.

As a whole, occupational therapist have a vast knowledge of routines. Occupational therapists are skilled in knowing how to establish routines, how to alter routines, and how-to problem solve routines. Occupational therapists also are skilled in knowing how to analyze occupations and behaviors and understand how routines could be influencing them. Therefore, occupational therapists can use this knowledge to help clients become more aware of the importance of routines and how routines can both support and hinder occupational performance.

In alignment with the CMOP-E, the interaction between the person, the environment, and the occupation plays a huge role in the occupational performance of a person (Cole & Tufano, 2008). The creation and/or the altering of routines influences the parents by altering the occupation and potentially the environment. This influence raises parental satisfaction in the occupation of parenting. As evidenced in this study, community-based programs are an efficient means to provide occupational therapy services to groups of individuals. Through the use of community-based programs, occupational therapists can reach a broader spectrum of clients and promote an efficient and peer supportive model of intervention.

### **Considerations for Future Research**

With the population of “unexpected parents” expected to rise, this Capstone Project serves as a starting point for occupational therapists to begin to consider how they can influence and serve this population. From this Capstone Project, a longitudinal study can be conducted in order to see if the significance that was found continues after over time. This Capstone Project also serves as a program that can be further evaluated by administering and completing the same group with more individuals in order to see if similar results are collected. Occupational therapists have an extensive knowledge in the area of routines; therefore, it is worthwhile to conduct more research in the area of routines by occupational therapists.

### **Conclusion**

Findings from this Capstone Project were consistent with previous research studies that suggested that a community-based program can increase parental self-efficacy. However, this Capstone Project further suggested that a four-week occupational therapist led routines-based parenting program was able to significantly improve parental self-efficacy of the “unexpected parent”. Even with consideration of limitations, this project identified a gap in services and

intervened to improve outcomes, thus adding to the growing body of occupational therapy literature in the area of routines and parental self-efficacy.

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## Appendix A: Consent to Use Church

### Letter of Support for Off-Campus Research

September 7, 2019

Institutional Review Board:

As an authorized representative of Bellemead United Methodist Church, I grant approval for Cinthia Arbogast to conduct research involving human subjects at my organization. I understand that the purpose of this research is to assess the self-efficacy of "unexpected" parents and provide parental education in order to increase their self-efficacy.

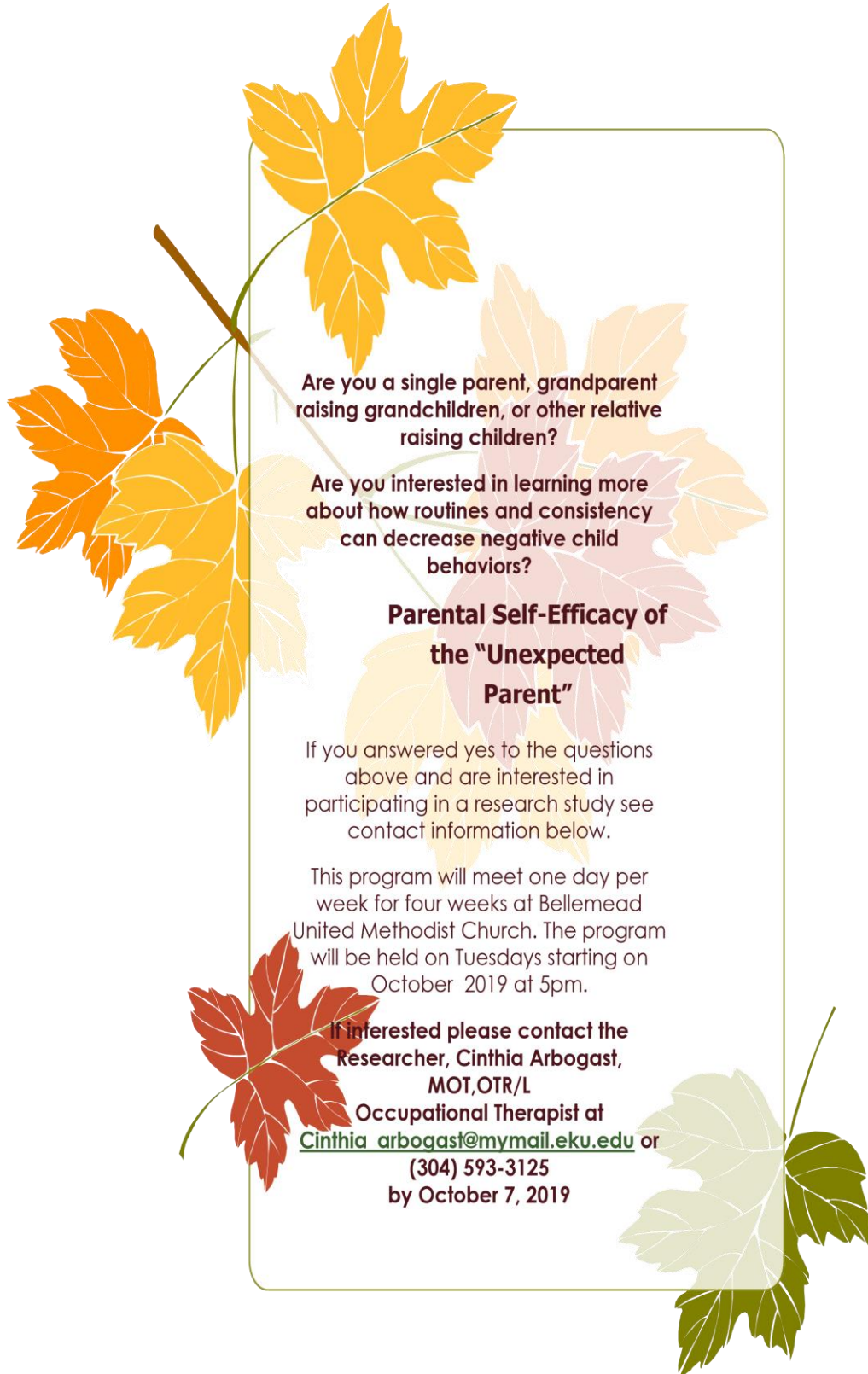
I grant permission for this project to involve up to ten "unexpected" parents and I have determined these individuals to be appropriate subjects for this research. I understand that they will be asked to attend five meetings that will be set at the church.

To support this research, I agree to allow access to and allow use of the church for meeting purposes.

Sincerely,  


Sincerely,  
Chip Bennett  
Preacher

## Appendix B: Program Flyer



Are you a single parent, grandparent raising grandchildren, or other relative raising children?

Are you interested in learning more about how routines and consistency can decrease negative child behaviors?

**Parental Self-Efficacy of the "Unexpected Parent"**

If you answered yes to the questions above and are interested in participating in a research study see contact information below.

This program will meet one day per week for four weeks at Bellemead United Methodist Church. The program will be held on Tuesdays starting on October 2019 at 5pm.

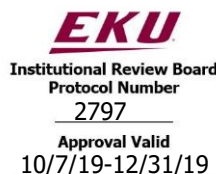
If interested please contact the Researcher, Cinthia Arbogast, MOT,OTR/L Occupational Therapist at [Cinthia\\_arbogast@mymail.eku.edu](mailto:Cinthia_arbogast@mymail.eku.edu) or (304) 593-3125 by October 7, 2019

## Appendix C: IRB Approval

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# Consent to Participate in a Research Study

## Parental Self-Efficacy of the “Unexpected Parent”



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### Key Information

You are being invited to participate in a research study. This document includes important information you should know about the study. Before providing your consent to participate, please read this entire document and ask any questions you have.

#### **Do I have to participate?**

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering. If you decide to participate, you will be one of about ten people in the study.

#### **What is the purpose of the study?**

The purpose of the study is to provide support to unexpected parents. The study focuses on the area of establishing and maintaining routines and consistency as a means to decrease negative behavior in order to improve parental self efficacy. Participants are eligible for this study if they represent the “unexpected parent”. This term means individuals who have entered into parenting due to unforeseen circumstances. Therefore, the participants includes but are not limited to: grandparents raising children, aunts/uncles acting as parents, and individuals who have become single parents.

#### **Where is the study going to take place and how long will it last?**

The research procedures will be conducted at Bellemead United Methodist Church. You will need to come to 510 Burdette Street, Point Pleasant, West Virginia 25550 four times during the study. Each of these visits will take about one hour. The total amount of time you will be asked to volunteer for this study is four hours over the next four weeks.

#### **What will I be asked to do?**

During this study, you will be asked to attend four sessions. At the first session and the last session you will be asked to complete a questionnaire based on your perceptions of your parenting. During these sessions, you will learn about the benefits of routines and consistency in decreasing children’s negative behaviors. You will also be asked to participate in group discussions.

**Are there reasons why I should not take part in this study?**

You could be excluded from this research if you are not currently taking on the role of parent or if you are fostering your children.

**What are the possible risks and discomforts?**

To the best of our knowledge, the things you will be doing have no more risk of harm or discomfort than you would experience in everyday life. You may, however, experience a previously unknown risk or side effect.

**What are the benefits of taking part in this study?**

There is no guarantee that you will get any benefit from taking part in this study. However, some people have experienced increased satisfaction and/or confidence when parenting. We cannot and do not guarantee that you will receive any benefits from this study. Your participation is expected to provide benefits to others by adding to the research surrounding parenting programs.

**If I don't take part in this study, are there other choices?**

If you do not want to be in the study, there are no other choices except to not take part in the study.

Now that you have some key information about the study, please continue reading if you are interested in participating. Other important details about the study are provided below.

**Other Important Details****Who is doing the study?**

The person in charge of this study is Cinthia Arbogast at Eastern Kentucky University. She is being guided in this research by Dr. Gayle Spira, PhD, OTR/L. There may be other people on the research team assisting at different times during the study.

**What will it cost me to participate?**

There are no costs associated with taking part in this study.

**Will I receive any payment or rewards for taking part in the study?**

You will receive a chance of winning a \$25 gift card for taking part in this study. If you should have to quit before the study is finished, you will not be entered into the drawing for the reward. This gift card is being financed by Cinthia Arbogast and will not be reimbursed from Eastern Kentucky University.

**Who will see the information I give?**

Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about this combined information. You will not be identified in these written materials.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. Include the following statement if the data will not be recorded with identifying information: For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key.

However, there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court to tell authorities if we believe you have abused a child or are a danger to yourself or someone else. Also, we may be required to show information that identifies you for audit purposes.

**Can my taking part in the study end early?**

If you decide to take part in the study, you still have the right to decide at any time that you no longer want to participate. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to end your participation in the study. They may do this if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the University or agency funding the study decides to stop the study early for a variety of reasons.

**What happens if I get hurt or sick during the study?**

If you believe you are hurt or get sick because of something that is done during the study, you should call Cinthia Arbogast at (304) 593-3125 immediately. It is important for you to understand that Eastern Kentucky University will not pay for the cost of any care or treatment that might be necessary because you get hurt or sick while taking part in this study. Also, Eastern Kentucky University will not pay for any wages you may lose if you are harmed by this study. These costs will be your responsibility.

Usually, medical costs that result from research-related harm cannot be included as regular medical costs. Therefore, the costs related to your care and treatment because of something that is done during the study will be your responsibility. You should ask your insurer if you have any questions about your insurer's willingness to pay under these circumstances.

**What else do I need to know?**

You will be told if any new information is learned which may affect your condition or influence your willingness to continue taking part in this study.

We will give you a copy of this consent form to take with you.

**Consent**



Before you decide whether to accept this invitation to take part in the study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact the investigator, Cinthia Arbogast at (304) 593-3125. If you have any questions about your rights as a research volunteer, you can contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-622-3636.

If you would like to participate, please read the statement below, sign, and print your name.

I am at least 18 years of age, have thoroughly read this document, understand its contents, have been given an opportunity to have my questions answered, and voluntarily agree to participate in this research study.

---

Signature of person agreeing to take part in the study

Date

---

Printed name of person taking part in the study

---

Name of person providing information to subject

**Appendix D: Tool to Measure Parenting Self Efficacy**

# parentingevaluation

TOPSE Tool to measure Parenting Self-Efficacy





When completing this booklet,  
please focus on the child that has been  
part of the reason for you to attend  
a parenting programme



Name:.....

Date:.....

By completing this booklet, you will help us to evaluate our parenting programmes and enable us to make improvements.

There are no right or wrong answers. Your booklet will not be compared with other parents' and will remain confidential.

**The following section is about emotion and affection.**

Using the scale below, please enter in the boxes how much you agree with each statement.

The scale ranges from 0 (completely disagree) to 10 (completely agree).

You may use any number between 0 and 10. Please answer all statements.

0

1

2

3

4

5

6

7

8

9

10

Completely disagree

Moderately agree

Completely agree



0 I am able to show affection towards my child.

0 I can recognise when my child is happy or sad.

0 I am confident my child can come to me if they're unhappy.

0 When my child is sad I understand why.

0 I have a good relationship with my child.

0 I find it hard to cuddle my child.

**The following section is about play and enjoyment.**

Using the scale below, please enter in the boxes how much you agree with each statement.

The scale ranges from 0 (completely disagree) to 10 (completely agree).

You may use any number between 0 and 10. Please answer all statements.

0

1

2

3

4

5

6

7

8

9

10

Completely disagree

Moderately agree

Completely agree

I am able to have fun with my child.

I am able to enjoy each stage of my child's development.

I am able to have nice days with my child.

I can plan activities that my child will enjoy.

Playing with my child comes easily to me.

I am able to help my child reach their full potential.



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University of Hertfordshire working in collaboration with:  
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