

# Karitane Parenting Confidence Scale

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# Overview



- Why measure parenting confidence ?
- Scale Development of the KPCS
- Administering & Scoring
- Applications
- Questions

# Measuring Confidence in parents of Young Children

- Self-confidence is usually conceived as a relatively global and stable personality characteristic
- Relates to feelings of personal likelihood to succeed and cope

## ***What is parenting confidence?***

- A parent's feelings of competence in the parenting role

# Why measure this construct?

- A recent wave of research in this area
- Parenting confidence has emerged as an important variable
- Impacts on parent and child outcomes

*(Coleman & Karraker 1997; Jones & Prinz 2005)*

**Therefore need psychometrically sound measures in several contexts**

# Effect of self-confidence

- In general, people with a high sense of self-confidence in their ability to perform a particular task (i.e. parenting young children) tend to:
  - Trust their own abilities in the face of environmental demands
  - Conceptualise problems more as challenges than as threats
  - Persevere in the face of difficult situations

# Assessing parent's confidence



- Important clinical and research applications
- Increasing studies highlighted parenting confidence perceptions represent important resiliency or protective factors
- Often called:
  - ‘Perceived Parenting Self-efficacy’ (PPSE)
    - ‘Beliefs or judgements a parent holds of their capabilities to organise and execute a set of tasks related to parenting a child’

(de Montigny & Lacharite 2005, p. 390)

# Significance of Parental Confidence (*PPSE*)



- High levels
  - act as a buffer against factors that can compromise child's development
    - Parental depression, anxiety, stress & relationship difficulties
- Associated with:
  - Parental competence
  - Parental psychological functioning
  - Positive child outcomes
    - Child socio-emotional adjustment & behaviour

# Why measure parenting confidence in early childhood?

- Significance of 1<sup>st</sup> year of life
- Most parents will need help with some aspects of this crucial stage in the family's development
- Opportunity to identify needs / areas for additional support
- Early intervention
- Services providing this help need to be:
  - Evidence-based
  - Evaluated

# Project Partners



- Grant jointly obtained by:
  - Karitane
  - SSWAHS ICAMHS
  - MARCS Auditory Laboratories
  - University of Western Sydney
- Developed by Črnčec, Barnett & Matthey



# Karitane Parenting Confidence Scale



- No available measures were suited to the C&FH context of Karitane
  - Suitable for parents of infants who are experiencing difficulties
  - Language
  - Good psychometric properties

# Scale development

- Conducted detailed focus-groups with Karitane staff and clients to generate items
- Item face validity examined by experts
- Items refined through piloting
- Final scale had 15 items, 4 point scoring

# Staff Focus Groups

- Staff (n=45) expressed a need for
  - a short,
  - task-based
  - theoretically derived measure
  - Suitable for screening and assessment
  - Evaluation outcome measure
  - Suitable for diverse cultural groups and educational backgrounds

- For use by professionals providing information and interventions to parents of infants 0-12 months
- Developed and tested in the Australian context
- 15-item instrument
- Familiar format
  - Clients
  - Clinicians

# Explores confidence in:

- ❖ Feeding baby
- ❖ Settling baby
- ❖ Helping baby establish positive sleeping patterns
- ❖ Knowing what to do when my baby cries
- ❖ Understanding what baby is trying to tell me
- ❖ Soothing baby when distressed
- ❖ Playing with baby
- ❖ Managing when baby is unwell
- ❖ Partner's support
- ❖ That 'my baby is doing well'
- ❖ Making decisions about the care of my baby
- ❖ 'Being a mother/father is very stressful for me'
- ❖ Doing a good job as a mother/father
- ❖ 'Other people think I am doing a good job as a mother/father'
- ❖ People being there when I need support

# Clinical applications

- Screening for difficulties
- Selection of appropriate management plan
- Evaluation of services / interventions
  - Sensitive to change pre and post intervention
- Research
- Feedback to staff

# Who can administer the KPCS?



- Primarily developed for health professionals working with families experiencing C&FH and psychosocial issues of early parenthood
  - C&FHNs
  - Parentcraft Nurses
  - Allied Health
  - Medical professionals
- Could also be used by other professionals supporting parents with young children.

# Who can complete the KPCS

- Designed to measure perceived parenting self-efficacy in parents of children aged 0-12 months

# Administering the KPCS

- Self-report instrument
- Includes preamble, therefore minimal instruction required
- If face-to-face give brief introductory statement, e.g.
  - ‘I would like you to complete this scale on how you have been feeling as a parent
- Can be administered by mail-out
- No specific period between administrations

# Instructions & Demographics



## KARITANE PARENTING CONFIDENCE SCALE FOR PARENTS OF INFANTS

*Reference as: Croteau, R., Barnett, B., & Matthey, S. (in press: 2008). Development of an instrument to assess perceived self-efficacy in the parents of infant. Research in Nursing and Health.*

Your name: \_\_\_\_\_ Baby's name: \_\_\_\_\_  
 Your age: \_\_\_\_\_ Baby's age (months): \_\_\_\_\_  
 You are baby's (circle): mother / father Number of children including baby: \_\_\_\_\_  
 Cultural background: \_\_\_\_\_ Today's date: \_\_\_\_\_

This scale has 15 items. Please underline the answer that comes closest to how you generally feel.

Here is an example already completed:

eg. I am confident about holding my baby

No, hardly ever

No, not very often

Yes, some of the time

Yes, most of the time

*Office use only.*

Page 1 \_\_\_\_\_

Page 2 \_\_\_\_\_ +

Total \_\_\_\_\_

This would mean "I feel confident about holding my baby some of the time".

Please complete the other questions in the same way.

# Scoring

- Each item is scored 0, 1, 2, or 3
- Scores are summed to produce a total score
- General Rule: *High Score indicates parent is feeling confident on that item*
- Common scoring order
  - 1<sup>st</sup> response is always scored 0, second scored 1 etc
- Two items can be ‘not applicable’ – these items score as ‘2’
  - E.g. in relation to partner

# Total Score



- 15 items
- Possible range of scores of 0 – 45
- Clinical cut-off score = 39 or less

# Clinical ranges

<b>RANGE</b>	<b>SCORE</b>
Non-clinical range	40 or more
<i>Mild</i> clinical range	36-39
<i>Moderate</i> clinical range	31-35
<i>Severe</i> clinical range	31 or less

- Important to note this is not a diagnostic tool
  - If parents score 39 or less this does not per se imply any formal 'disorder.
- Some services may choose to target clients within moderate-severe clinical range
  - 35 or less

# Significant change?

- The Reliable Change Index of the KPCS was found to be six (6) points
- Where this change also moves the parent from scoring 39 or less (i.e. below KPCS cut-off score) to 40 or more, that client can also be considered to now be in the non-clinical range
- NB: This is based on mothers only.
  - Further research will be required to determine specific values for fathers

# Post-completion

- Where possible, check all items have been completed
  - ‘I’ll just check whether there is anything I need to clarify with you’
- Explore parent’s responses on:
  - items indicating low confidence
    - i.e. items scoring 0 or 1
  - ambiguous response
    - e.g. selected 2 responses
- Also comment on items of high confidence
  - Supports a strength’s based approach

# Scale validation

- Aim: to gather preliminary reliability and validity data
- Participants: N=194

<b>Group</b>	<b>N</b>
Community	47
RFCC Day Stay	55
RFCC PND Group	7
RFCC-LFCC Sleep & Settle Group	42
Karitane Residential	43

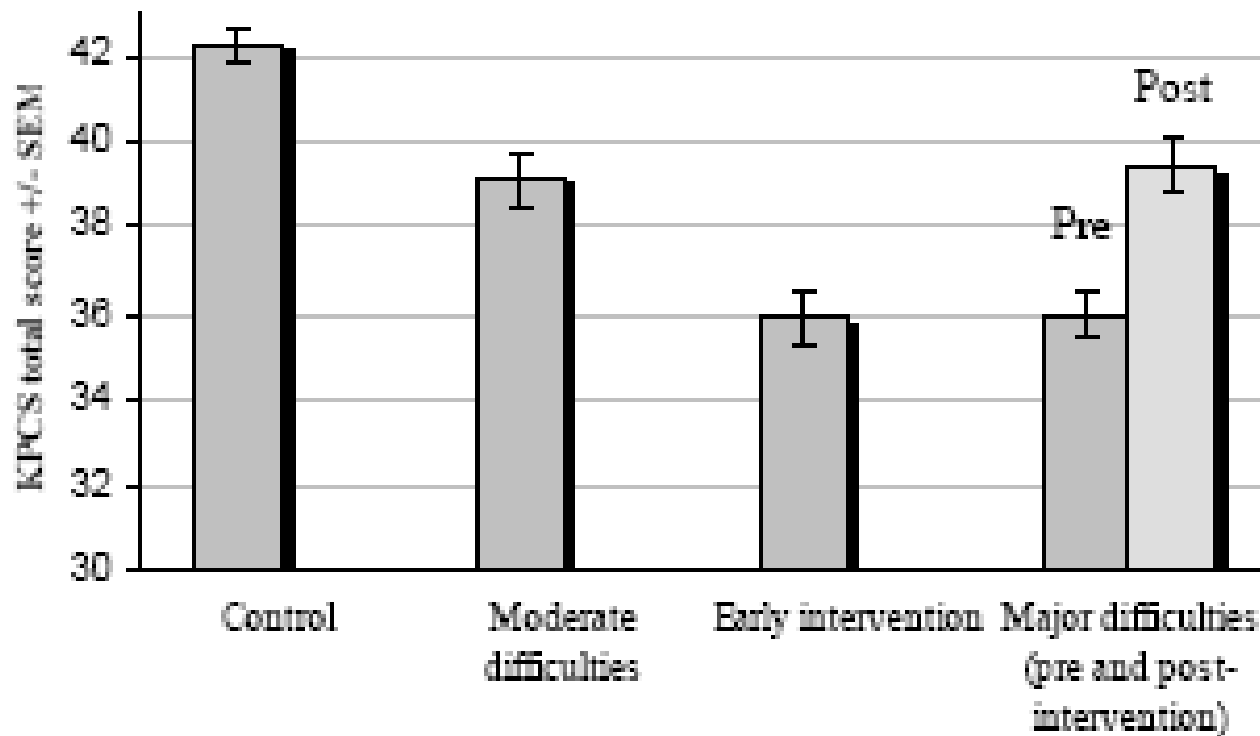
# Psychometric information

- Good internal consistency and test re-test reliability
- KPCS validity indicated acceptable correlations with other measures of PPSE and associated constructs including stress and depression

# Validation Study: Measures completed

	Control	Early intervention	Moderate difficulties	Major difficulties
Demographics	✓	✓	✓	✓
Karitane Parenting Confidence Scale	✓	✓	✓	✓
Parenting Sense of Competence Scale (Gibaud-Wallston, 1977)	✓	✓	✓	✓
Maternal Efficacy Questionnaire (Teti & Gelfand, 1991)	✓		✓	
Parenting Stress Index – Short form (Abidin, 1995)	✓			
Edinburgh Postnatal Depression Scale (Cox et al., 1987)	✓	✓		✓
Karitane Parenting Confidence Scale 4-week test-retest	✓			
Karitane Parenting Confidence Scale post residential admission				✓

# Validity Study Outcomes



# Key principles to work effectively with families of young children

- KPCS explores range of parenting issues that may require intervention & support
  - Work in partnership with families
  - Aim to build parental confidence
  - Use attachment theory as a framework
  - The importance of assessment
  - Holistic family-centred approach
  - Multidisciplinary approach
  - Provide a range of flexible strategies
  - Provide normative information

# Clinical Practice Benefits: *Reflections from use of KPCS*

- Enhancing assessment
  - Exploration of concerns
  - Additional support needs
- Management planning
  - Identifying appropriate interventions / strategies
- Discharge planning
- Building confidence
- Measuring outcomes
- Staff morale effects

# Registration Form



- No charge for use of scale
- Ask services to register
  - Track to provide additional information/resources
  - Offer opportunity to share data for further development
- CD
  - Manual
  - Master copy of KPCS
  - Sample spreadsheet

# Use of KPCS

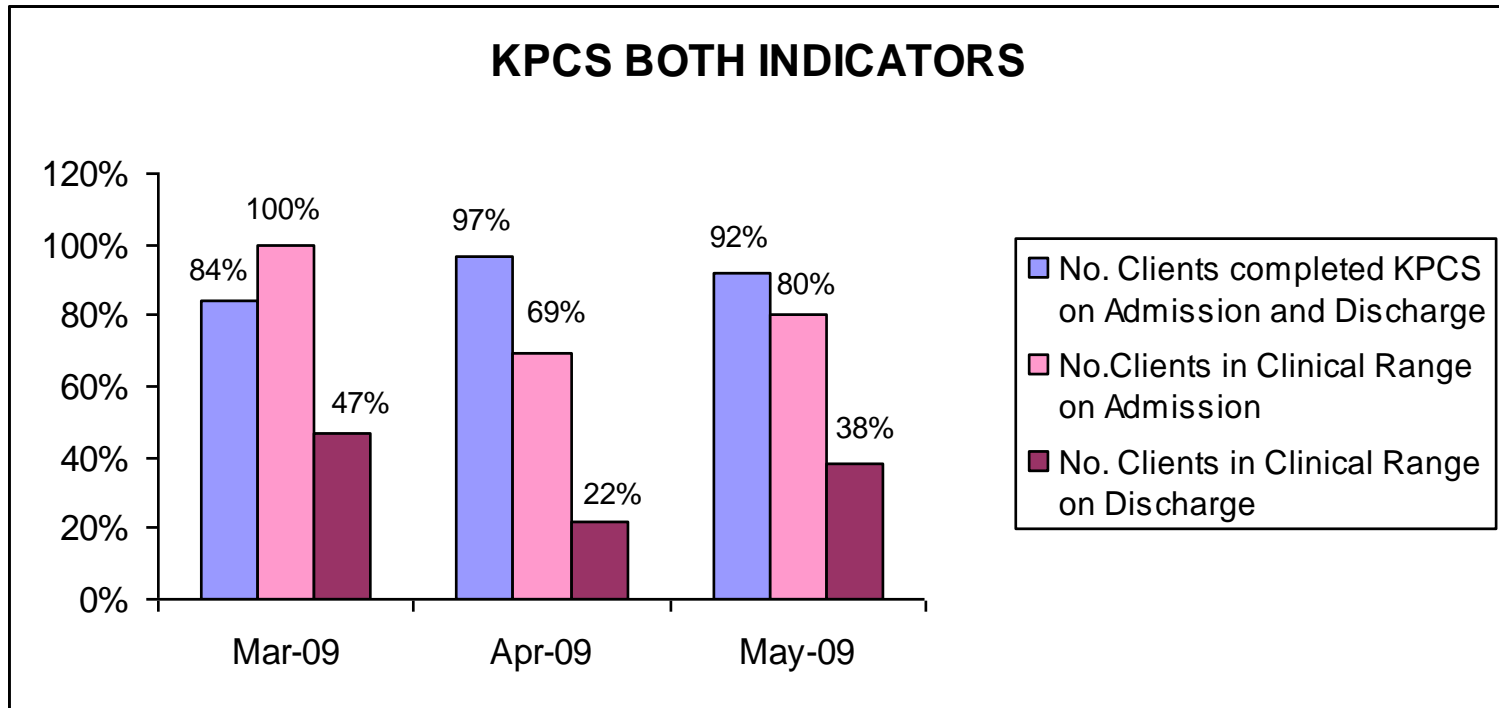
## Karitane Residential Unit.



- KPCS is administered to clients;
  - On admission to Karitane Residential unit
  - On discharge from Karitane Residential unit
- Scores reflective of increased confidence in parenting

# Use of KPCS

## Karitane Residential Unit.



# Follow up of Karitane residential unit clients post discharge



- KPCS administered 5 – 14 weeks post discharge (admitted over 6 weeks, 42 surveys returned)
  - Clients with scores 38 and below on admission 76%
  - Clients with scores above 39 on discharge 70%
- Follow up 5-14 weeks post discharge
  - 71% of clients score above 39

- **Črnčec, R., Barnett, B. & Matthey, S. (2008).** *Karitane Parenting Confidence Scale: Manual.* Karitane. Sydney: Australia.
- **Črnčec, R., Barnett, B. & Matthey, S. (in press: 2008).** 'Development of an instrument to assess perceived self-efficacy in the parents of infants. *Research in Nursing and Health.* Wiley Periodicals, Inc.



***QUESTIONS.....***