Karitane Parenting Confidence Scale

Developed by:
Dr. Rudi Črnčec,
Prof. Bryanne Barnett, &
Dr. Stephen Matthey
Overview

• Why measure parenting confidence?
• Scale Development of the KPCS
• Administering & Scoring
• Applications
• Questions
Self-confidence is usually conceived as a relatively global and stable personality characteristic. It 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 1st 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
• 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


<table>
<thead>
<tr>
<th>Your name: __________________________</th>
<th>Baby’s name: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your age: __________________________</td>
<td>Baby’s age (months): ___________________</td>
</tr>
<tr>
<td>You are baby’s (circle): mother / father</td>
<td>Number of children including baby: ______</td>
</tr>
<tr>
<td>Cultural background: ________________</td>
<td>Today’s date: ________________________</td>
</tr>
</tbody>
</table>

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*

<table>
<thead>
<tr>
<th>No, hardly ever</th>
<th>No, not very often</th>
<th>Yes, some of the time</th>
<th>Yes, most of the time</th>
</tr>
</thead>
</table>

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\textsuperscript{st} 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

- 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

<table>
<thead>
<tr>
<th>RANGE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-clinical range</td>
<td>40 or more</td>
</tr>
<tr>
<td><em>Mild</em> clinical range</td>
<td>36-39</td>
</tr>
<tr>
<td><em>Moderate</em> clinical range</td>
<td>31-35</td>
</tr>
<tr>
<td><em>Severe</em> clinical range</td>
<td>31 or less</td>
</tr>
</tbody>
</table>
• 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

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>47</td>
</tr>
<tr>
<td>RFCC Day Stay</td>
<td>55</td>
</tr>
<tr>
<td>RFCC PND Group</td>
<td>7</td>
</tr>
<tr>
<td>RFCC-LFCC Sleep &amp; Settle Group</td>
<td>42</td>
</tr>
<tr>
<td>Karitane Residential</td>
<td>43</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Control</th>
<th>Early intervention</th>
<th>Moderate difficulties</th>
<th>Major difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Karitane Parenting Confidence Scale</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Parenting Sense of Competence Scale</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>(Gibaud-Wallston, 1977)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal Efficacy Questionnaire</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Teti &amp; Gelfand, 1991)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting Stress Index – Short form</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Abidin, 1995)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edinburgh Postnatal Depression Scale</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>(Cox et al., 1987)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karitane Parenting Confidence Scale 4-week test-retest</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karitane Parenting Confidence Scale post residential admission</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
• 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.

KPCS BOTH INDICATORS

Mar-09 Apr-09 May-09

No. Clients completed KPCS on Admission and Discharge
No. Clients in Clinical Range on Admission
No. Clients in Clinical Range on Discharge
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
