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## The intergenerational transmission of parenting beliefs and the impact of the Supporting Father Involvement Program on parenting beliefs in western Canada

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Rachel Honig  
The Intergenerational Transmission  
of Parenting Beliefs and the Impact  
of the Supporting Father  
Involvement Program on Parenting  
Beliefs in Western Canada

## **ABSTRACT**

This research examined the intergenerational transmission of parenting beliefs and the impact of the Supporting Father Involvement (SFI) program on parenting beliefs of program participants. In phone interviews, 49 participants from Western Canada were asked about parenting beliefs they hold most dear from their own growing up experience, how these beliefs influence their parenting, and if SFI strengthened or changed their beliefs. All participants had previously participated in SFI, an intervention designed to strengthen parenting, co-parenting, and couple relationships. Results from this study found the intergenerational parenting beliefs of participants to be putting the family first, discipline, unconditional love and support, and a love for learning. Participants described how their parenting beliefs helped created a closer bond within the family. SFI impacted parenting beliefs by providing a community forum to test pre-existing beliefs, helping to put values into practice, increasing sensitive parenting among parents, and strengthening beliefs; a few participants felt the program had no impact on their beliefs. This research demonstrates the prevalence of inter-generationally transmitted parenting beliefs and the specific values and beliefs of families living in Western Canada. Results indicated that through community and program support, families have the potential to increase their positive parenting behavior and strengthen pre-existing beliefs, such as father involvement, that specifically relate to the program's focus and goals.

**THE INTERGENERATIONAL TRANSMISSION OF PARENTING BELIEFS AND THE  
IMPACT OF THE SUPPORTING FATHER INVOLVEMENT PROGRAM ON  
PARENTING BELIEFS IN WESTERN CANADA**

A project based on an independent investigation,  
submitted in partial fulfillment for the requirements  
for the degree of Master of Social Work.

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2014

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## **CHAPTER I**

### **Introduction**

Intergenerational transmission of parenting behaviors has been of interest since early research done by Belsky (1984) who focused on child maltreatment and the effects of the psychological well-being of the parent on the child. This research helped solidify the theoretical model that parents influence their children and thus transmit beliefs and behavior patterns inter-generationally. This model of understanding led to effective interventions in the prevention of child abuse (Belsky, Conger, & Capaldi, 2009).

Additional theories continued to support the intergenerational transmission process from parent to child. Bandura's (1986) social learning theory describes a process by which the environment molds and shapes behavior through modeling and mirroring of everyday behavior by parents and other care-givers to children. For example how a child learns to eat or pick up toys through parental demonstration and teaching of these behaviors. Furthermore, Bowenian (1986) family systems theory asserts that family structure, roles, and dynamics impact relational frameworks and the repetition of these in the child's future relationships.

Empirical research on the intergenerational transmission of parenting has focused on interrelated factors to better understand what influences the transmission of parenting beliefs and behaviors. Factors such as class, gender, work stress, community supports, the co-parent relationship, and each factor's impact on families inter-generationally have been studied (for reviews see Serbin & Karp, 2003; Putallaz, Costanzo, Grimes, & Sherman, 1998).

I became very interested in family stories and the construction of family narratives throughout generations. I thought about when I asked people about their families, stories from previous generations tended to arise in their conceptions about who they are and who their children might become. It is upon personal reflection on my own growing up experiences that I began to notice how much my parent's childhood and their relationship with their parents impacted how they parented and their beliefs about parenting. Because of this impact I wanted to study how other family's parenting beliefs were influenced by their own growing up experiences and how that influences the way they parent their children. This interest led me to the research question: What kind of parenting beliefs do people hold most dear that come from their own growing up experiences, and how do these beliefs influence their own parenting?

In addition to the above question I was also curious about how beliefs are reinforced or changed. Because the participants in this study were involved in a program called Supporting Father Involvement or SFI, I wanted to know how participating in this program, focused on supporting families and encouraging father involvement, might have impacted or changed participants' beliefs about parenting (Cowan, Cowan, Pruett, & Pruett, 2010). This led to the additional research question: How did participating in SFI strengthen or change the participants' parenting beliefs?

This study is relevant to the field of social work because it continues to explore the impact of early life experiences on parents. When social workers are knowledgeable about the impact of parenting experiences on adults and their beliefs, appropriate and supportive interventions can be provided to parents and families. Social workers involved in intervention based programs have a more comprehensive understanding of the ways beliefs are impacted by program interventions through this research. This study also has positive implications for

supporting the large number of social workers involved in family, couple, and community based therapeutic work.

For this research 49 co-parents who participated in the SFI program approximately one year- 22 months prior were interviewed about their parenting beliefs. This qualitative study used a designed interview template for the interviews with prompts to further discussion on specific questions. The questions for this research study were part of a larger study and interview focused on evaluating the SFI program, attachment style of the co-parents, and family roles. Thematic analysis was used to analyze the qualitative data for this report. The following reviews theoretical and empirical research related to the intergenerational transmission of parenting beliefs, the methodology used for the study, findings, and a discussion of the findings with implication for future research and clinical social work.



## **CHAPTER II**

### **Literature Review**

This research paper will focus on parenting beliefs and how involvement in the Supporting Father Involvement intervention changes or impacts those beliefs. This study is a small part of a larger evaluation study. The SFI intervention curriculum focused on five domains of family life: family members' personality characteristics, mental health, and well-being, the three-generational transmission of expectations and relationship behavior patterns, the quality of the parent-child relationships, the quality of the relationship between parents, and the balance of life stresses and social supports in the family's relationships with peers, school, work, and other social systems." (Pruett, Cowan, Cowan, Pruett, 2009, p. 166). Parents are assessed in each of these five areas. The current research will focus on one of those domains: the three-generational transmission of expectations and relationship behavior patterns.

The intergenerational transmission of parenting beliefs is defined in the literature "as the process through which purposively or unintendedly an earlier generation psychologically influences parenting attitudes and behavior of the next generation" (Van IJzendoorn, 1992, pp. 76-77). This is a three-generational phenomenon where the generation before and after the parents' own, impacts and influences the beliefs that parents hold about parenting. Parents learn from their own growing up experiences about parenting and what behaviors they want to replicate or discard as parents themselves. Parents are then influenced or challenged by their

preconceived, often unconscious ideas about how to parent their child, all of which dynamically interacts with who the child is and how the co-parents work together.

Parenting beliefs are a critical aspect of understanding parenting behavior (Simons, Beaman, Conger, & Wei, 1992). The important link between beliefs and behaviors has numerous implications for the field of social work, policy, education, and child development. A foundational component to understanding beliefs and behavior is how this transmission occurs. Much research has focused on the transmission of parenting behaviors inter-generationally and the impact of early childhood experiences on parenting behaviors (e.g., Belsky, Conger, & Capaldi, 2009). There are numerous theories that have been posited to understand this transmission; this paper will focus on social learning theory and family systems theory.

### **Social Learning Theory**

Social learning theory emphasizes the impact of the environment on learning cognitions and behaviors. Bandura's "social cognitive theory embraces an interactional model of causation in which environmental events, personal factors, and behavior all operate as interacting determinants of each other" (Bandura, 1986, xi). When applied to parenting beliefs, social learning theory would predict that due to the child's experience of parenting by his/her own parents, and due to the environment in which that child grew up, these in turn will affect the parent's parenting behavior with his/her own children, in the next generation. Simons et al. explains:

Rarely do parents discuss parenting philosophy with their children. Rather, to the extent that parents transmit their beliefs about parenting to their children, it is through their parenting practices. Over and over the child observes and experiences the consequences of his or her parent engaging in a particular pattern of behavior. As a result of repeated

exposure to a style of parenting, the child might be expected to infer rules and principles expressed by the parent's behavior (1992, p. 824).

These experiences of parenting behavior in childhood form and create the parenting beliefs and practices of the next generation.

Other theorists have expanded upon Bandura's (1986) social learning theory to include biological components and influence. Patterson (1998) writes, "The continuity of parenting as a causal mechanism reflects a complex interplay between interpersonal and biological processes" (p. 1266). Van IJzendoorn (1992) states:

Intergenerational influences on parenting may include genetic factors. The transmission of genes from one generation to the next may shape the next generation's predispositions and proclivities towards experiencing the social and physical environment, and therefore its parenting style (p. 76).

Research currently includes a more comprehensive outlook on the intergenerational transmission of parenting behaviors to include both environmental and biological factors affecting the next generation of parents (Conger et al., 2009, p. 1280). For example, Meaney's (2001) research examines the effects of maternal care on genes and cognitive development of the offspring. Meaney's (2001) research demonstrates how maternal care creates variations in gene expression in children that then influences stress response and brain development (p. 1161). His findings "provide evidence for the importance of parental care as a mediator of the effects of environmental adversity on neural development" (Meaney, 2001, p. 1161). Including genetic factors in understanding how behaviors are inter-generationally transmitted provides additional insight into what influences this process.

## **Bowenian Family Systems Theory**

In explaining the determinants of child behavior, Bowen's (1985) family systems theory described a process of the child's behavior as a result of the family system across generations. A key component of Bowen's theory is the "multigenerational transmission process", which describes the effects of family patterns on every proceeding generation (p. 491). Bowen (1985) theorized that the interplay of family dynamics which he refers to as triangles, roles, and the process of "differentiation of self" within the family all influenced the family system, in turn, shaping and forming beliefs and behaviors that were likely to be repeated inter-generationally.

"Differentiation of self" which is described as the key theoretical factor, relates to how a person experiences decision making related to his/her emotions and intellect (Bowen, 1985, p. 424). Bowen (1985) describes higher functioning individuals as having more "differentiation", the ability to make decisions without being engulfed by their emotions (p. 424). He further explains that the well-being of both individuals and families can be described through their ability to differentiate, influenced by each other and society at large.

Bowen also describes several family dynamics that form the intergenerational passing of beliefs and attitudes. One such concept, "triangles", is foundational to his family systems theory. He describes triangles as the "predictable pattern of emotional forces between three people" that helps ebb the "flow" of emotional stress between a two-person system (pp. 424-425). He describes how the relational patterns of a three-person system become predictable and repeat over and over again, influenced by the emotional connections between those involved in the system. For example, when parents are under stress in their relationship one may rely on the child for additional support and balance. It may then become a predictable pattern that when the

parents have an argument one child (“the most vulnerable”) is pulled into the triangle to provide emotional support to the parent (Bowen, 1985, p. 373).

Another dynamic, the “family projection process”, is the process by which problems experienced by the parent are put onto their children psychologically and passed from generation to generation. For example, a mother’s anxiety about motherhood and creating a healthy attended to child can cause intense mother-child relations and cause stress within the child. It also explains how the child in the family who is most enmeshed continues on a path of least differentiation, while the child who is able to differentiate develops a healthier sense of self within the family system. This vulnerable child then experiences impairment to a degree influenced by parental stress and triangulation (Bowen, 1985).

Bowen (1985) also described the importance and meaning behind sibling position as the means through which “children develop certain fixed personality characteristics” (p. 426). He summarized this aspect of family systems theory as working together with other dynamics to understand the family’s “emotional process” and the role each person will play within the system (p. 426). How each person experiences family, parenting, and roles begins to impact their beliefs and behavior in the development of their own family in the next generation.

Two additions to his theory made include “emotional cutoff” and “emotional process in society” (Bowen, 1985, p. 426). “Emotional cutoff” is described as the “unresolved emotional attachment” (p. 382) to the parent, and the child’s inability to differentiate. Bowen (1985) discussed the interplay between the intensity of the “emotional cutoff” and differentiation; the less differentiated, the more intense the emotional cutoff. His theory not only applies to families but to society at large through “societal regression” (p. 385). He applied many of his theoretical concepts to conflicts in society, seeing similar patterns of dynamics between systems. These

larger societal influences also relate to parenting beliefs and behavior as they dictate norms and expectations within cultural systems.

Bowen's (1985) family system theory relates to the intergenerational transmission of parenting beliefs and behaviors in a number of ways. Understanding a parent's family system and their experience for example, of triangulation as a child, provides important context for their own parenting behavior. Because of processes such as the "family projection process" and "differentiation" there is a theory and context for understanding how one generation impacts the next and future family systems.

Through the theoretical lens of both social learning theory and family systems theory, it becomes clearer how behaviors become beliefs and are then transmitted from person to person, from generation to generation. Though these theories and studies strongly suggest that the intergenerational transmission of parenting beliefs occurs because of learned behavior, there is still some question about the means of causality (Sigel, 1992; Van IJzendoorn, 1992). Van IJzendoorn (1992) explains that studies using observational methods and the Adult Attachment Interview in their methodology in longitudinal research have strongly demonstrated that parenting beliefs are transmitted through behaviors. Van IJzendoorn (1992) also highlights the importance of "contextual factors" (p. 97) on the intergenerational transmission of parenting and their influence on each generation. Sigel (1992) discusses the importance of future research examining cultural factors and psychology of the parents as domains that may increase understanding in the transmission of parenting behaviors and beliefs from generation to generation. Next will follow an overview of research on parenting beliefs and a summary of variables examined in prior research on the intergenerational transmission of parenting beliefs and behaviors, leading up to the research questions for this study.

## **Overview of Prior Research**

Early history in the research of parenting beliefs and behavior focused on the understanding and prevention of child abuse. Belsky (1984) is known for his contribution to the research of multi-generational abusive parenting behaviors. His research helped to connect the abusive behaviors that abusive parents themselves experienced while children as influential factors in the continuation of these behaviors. Belsky's (1984) research focused on three primary factors regarding parenting: "(1) The parents' ontogenic origins and personal psychological resources, (2) the child's characteristics of individuality, and (3) contextual sources of stress and support" (p. 83). Belsky (1984) viewed these factors as informing parenting behaviors and sources of analysis in his research.

Belsky's research was foundational because it highlighted factors that influence parenting and could protect against the intergenerational transmission of abusive parenting. This information helped increase the understanding of what contributes to the cycle of abuse and in the development of prevention interventions, which was Belsky's (1984) main goal in the research. It also suggested that if research can help in understanding the determinants of abusive parenting, then these methods can also help the field understand what lies behind parenting practices overall (Belsky, 1984).

Much of the research in the area of parenting beliefs and behavior inter-generationally uses retrospective design. This method of analysis heavily relies on the memory of the individual and is prone to error, while also not providing accurate documentation of what the parents' childhood experience was from an objective perspective (Belsky, Conger, Capaldi, 2009; Caspi & Elder, 1988; Zeng-Yin & Kaplan, 2001; Putallaz et al., 1998). Perceptions change over time, and it is likely that how one looks back at her childhood and how she felt is not fully associated with how

she actually felt at the time. The research field adapted to this design limitation by more heavily using a prospective design method of data collection. This allowed researchers to follow generations of participants and to have a fully documented picture of how parenting behaviors and beliefs transmit from generation to generation at multiple points in time (Belsky et al., 2009; Caspi & Elder, 1988; Zeng-Yin & Kaplan, 2001). Prospective multi-generation studies grew from the early methodology applied in the field of parenting beliefs and behavior, which greatly strengthened research findings and results (Caspi & Elder, 1988; Zeng-Yin & Kaplan, 2001).

### **Transmission of Parenting Beliefs and Influential Factors**

There is much debate within the field of psychology and human behavior on the means in which changing thoughts and behavior occurs. Variation in clinical theoretical application such as the difference between cognitive therapy and psychodynamic therapy help to highlight different theoretical models. One main philosophy, cognitive therapy, created by Aaron Beck in the 1960s, is that behavior change occurs in the understanding and recognition of thoughts (Beck, 2011, p. 3). Cognitive therapy asserts that when a person begins to recognize a negative thought that leads to a particular behavior, change can be created when the thought is understood and challenged leading to a different more desirable outcome (Beck, 2011, p. 3). Psychodynamic therapy asserts that by bringing unconscious desires and beliefs to consciousness, and attending to resistance, transference, counter-transference, and relational dynamics with the therapist, clients can grow and develop relationally and in everyday functioning (Summers & Barber, 2010, p. 12). Though there is debate around the causes of change in thinking and behavior, there is also consistent interplay and overlap between the two philosophies.

Research studies have looked at a number of variables pertaining to parenting beliefs and behaviors. The following empirical articles outline these study results.



## **Variables Related to Parenting Beliefs and Behaviors**

Although there is a strong connection between experienced behaviors and one's own parenting beliefs, "parenting experienced in one generation is by no means inevitably repeated in the next" (Belsky, et al., 2009, p. 1202). Researchers began to ask, what are the variables that influence behaviors and beliefs and that either promote, interrupt, or challenge the inter-generational transmission?

**Harsh and constructive parenting practices.** Simons, Whitbeck, Conger, & Wu's (1991) two-parent family research found that harsh parenting practices did transmit inter-generationally, a similar conclusion to one Belsky (1984) drew previously. They concluded that the impact of harsh parenting practices was stronger for mothers than for fathers and that socioeconomic factors transmitted across generations influenced similarities across generations regarding the harsh discipline of male children (Simons et al., 1991, p. 159).

In other research, Zeng-Yin & Kaplan (2001) studied constructive parenting inter-generationally using a longitudinal data set that spanned two decades and gathered data during early adolescence, early adulthood, and middle adulthood. The authors hypothesized based on previous research that the following variables influence the transmission of a constructive parenting style: the psychological state of the parent, the strength of interpersonal relationships and attachment, the influence of social participation and education, and the effect of positive parenting in adolescence on the parent.

**Work and community.** Numerous studies have looked at what factors create the dynamic within a family system that then gets entangled within the family dynamic inter-generationally. Studies have specifically examined the impact of environmental stressors such as work and financial concerns on family dynamics inter-generationally as strong variables for intergenerational transmission (Caspi & Edler, 1988; Schulz, Cowan, Cowan, & Brennan, 2004).

Schulz et al., (2004) examined the influence of work on couples and families using a longitudinal study of 82 husbands and wives who were parents of young children. The authors measured workday pace and end-of-the-workday mood on withdrawn and angry marital behavior. Gender variations were found in this study indicating that “angrier marital behavior was more positively correlated with women’s negative work-day experiences, while findings for men indicated less angry and more withdrawn behavior”. The results of this research indicate work-related stress as a variable in understanding parent behavior, and therefore beliefs and practices of the next generation.

Parenting beliefs, behavior, and the three generational transmission of such are also influenced by community interactions. Research has emphasized the importance of community support in marital satisfaction and the impact of work stress on the family system (Hostetler, Desrochers, Kopko, & Moen, 2012; Schulz et al., 2004). Because we know that stress on the family system impacts parenting beliefs and behavior, the family system and parenting beliefs and behavior are interrelated to community support. Results of this research emphasized the influence of job-stress on parents and families and the important role community supports can play in mediating marital and family satisfaction, especially for fathers (Hostetler et al., 2012).

With the knowledge of interrelated influential factors impacting the family, more can be done to positively support the family and constructive parenting, and thus beliefs inter-generationally. When parents provide more constructive parenting, it positively influences the outcome of the next generation developmentally, and ingrains positive parenting beliefs and practices. Because research has identified the influence of work and community supports, interventions based on these factors could potentially provide support for creating constructive parenting beliefs inter-generationally.

**Gender.** Another aspect of parenting beliefs and behaviors relates to the socialization of gender roles and they are transmitted inter-generationally. Studies that focus on gender in co-parenting relationships indicate effects on parenting behavior and couple satisfaction (Hostetler et al., 2012; Schulz et al., 2004; Simons et al., 1992). Studies can continue to add to the breadth of research by studying the parenting behaviors and co-parent relationships of gay-identified families. If there is a known difference in how men and women are impacted by work related stress and how this impacts the family system, additional research on non-traditional families can continue to add depth to understanding families. If women and men engage differently under stress, then how does gender variation, transgender identified parents, or same-sex couple families react to work-related stress and community supports? How then are parenting beliefs and the transmission of such related to these variables? Additional research in this area could provide support for family interventions and services for non-traditional and same-sex parenting systems.

Studies have also indicated that parenting practices and behaviors influence children (who are potential parents later in life) differently based on their gender. For example, Simons et al. (1992) found that supportive parenting practices influenced the parenting beliefs of girls more than boys. They also concluded that harsh parenting practices were more impactful on the parenting beliefs of boys than girls when measured during late adolescence (Simons et al., 1992). If parents tended to think that their behavior had a strong impact on their child's development, more supportive parenting techniques were used and those beliefs were evident in their adolescent children (Simons et al., 1992). This research has implications for understanding the influence of gender on the socialization of parenting and the impact of parent understanding of

their own parenting behavior on their child's development. Both can be seen as factors influencing the direct transmission of harsh parenting behaviors and beliefs inter-generationally.

**Parenting style and problematic child behavior.** Research studies have looked to broader environmental components that impact the family such as socio-economic status and the inter-generational transmission of financial status on families and child development (Conger & Donnellan, 2007; Capaldi, Pears, Patterson, & Owen, 2003; Conger, Neppl, Kim, & Scaramella, 2003).

Conger et al. (2003) used a prospective longitudinal design to study the intergenerational transmission of angry and aggressive parenting and child behavior in three generations of participants. This study used observational methods to collect data, which were measured by multiple researchers to strengthen study results (Conger et al., 2003). The research from this study showed an intergenerational transmission of angry and aggressive parenting from the first generation to the second generation. .

Capaldi et al. (2002) also conducted research, using a prospective design across three generations through interviews, questionnaires, telephone interviews and teacher questionnaires. The authors concluded that there was a "significant association between the poor parenting practices of parents and those of their sons approximately 12 years later" (p. 139). Their findings also suggest that children who experience "poor parenting practices" become "at risk for the development of antisocial behavior" (Capaldi et al., 2002, p. 139). Focus has also been placed on the impact of school drop-out, substance-abuse, illness, and poverty, as well as biological and genetic factors contributing to intergenerational transmission of parenting practices (for review see Serbin & Karp, 2003).

Discussion exists on the need to look critically at methodological challenges the field of intergenerational studies experiences, such as the “interactive and sequential nature of individuals’ life trajectories” (Serbin & Karp, 2003, p. 140). This is important to address in developing a more comprehensive understanding of related factors to the intergenerational transmission of parenting beliefs and in researching “the effects of parenting training or other prevention programs, within intergenerational research” (Serbin & Karp, 2003, p. 141). Serbin & Karp (2003) call on the use of “multiple predictors to project developmental trajectories (i.e., hierarchical linear modeling, growth curve analysis” to expand this research area (pp. 140-141).

### **Current Research Study**

This study seeks to understand the impact of the SFI intervention on inter-generational parenting beliefs. The SFI curriculum focuses on processing the experience of parenting, fostering increased father involvement, and strengthened the co-parent relationship, among other outcomes. Prior research found a link between positive parenting beliefs and behaviors and strength in the co-parent relationship (Zeng-Yin & Kaplan, 2001; Clark, Young, & Dow, 2013).

Support has also been shown for the relationship between “neighborhood friends” for fathers in marital and family satisfaction (Hostetler et al., 2012) and the impact of participating in social activities on constructive parenting practices due to the socialization of societal values and norms (Zeng-Yin & Kaplan, 2001). The SFI intervention creates an environment for community support and peer learning through their group model. This could lead to an increase in engagement and support, which has been shown to have a positive effect on supportive parenting behaviors and beliefs.

This research will ask parents to identify beliefs they hold about parenting informed by their own growing up experience, how they see these beliefs influencing their own parenting, and how

participating in the SFI intervention has supported or influenced these identified beliefs. It is hypothesized that due to the strength of correlation between positive parenting beliefs and behaviors with strength in the co-parent relationship and community supports, that participation in the SFI intervention can strengthen positive parenting beliefs and challenge harsh parenting beliefs. This research will help add to the current understanding about how parenting patterns either continue or are mediated in the next generation.

The SFI intervention aims to change both attitudes and behaviors in individuals and couples by strengthening the co-parent relationship, increasing supports through group meetings and engagement, increasing the father's participation in the family, and ultimately creating a healthier family dynamic for parents and children.

## **CHAPTER III**

### **Methodology**

#### **The Current Research Question**

The research question for this study concerns the intergenerational transmission of parenting beliefs and how the SFI intervention changed or impacted those beliefs. Participants were asked the following questions: 1) What kind of parenting beliefs do you hold most dear that come from your own growing up experience? 2) How did these beliefs influence your own parenting? 3) How has participating in SFI strengthened or changed these beliefs?

The questions were designed so that parents self-select parenting beliefs informed by their own experience as children growing up within their family. The questions also ask participants to reflect on the influence of these beliefs in their own experience as parents. The final question regarding how their beliefs have been strengthened or changed due to involvement in SFI aims to address the impact of this intervention on the parenting beliefs of participants, from their own retrospective accounts, as they look back on the intervention one year to 22 months from the intervention's completion.

#### **Study Sample**

Participants for this study must have also completed participation in the SFI intervention in Alberta, Canada. Participant criteria for SFI in Alberta was that both partners are over 18 years of age, speak English, and agree to participate in the SFI intervention and the research being conducted on the program. Other selection criteria from their original participation in the

program include: the parents must have agreed to raise their youngest child together, regardless of whether they were married, cohabitating, or living separately. At the time of their participation in the SFI group, neither co-parent suffered from a mental illness or drug or alcohol abuse problems that interfered with their daily functioning at work or in caring for their child. If either co-parent reported serious problems of this kind, the family was not offered one of the study interventions and was referred for other appropriate services. Families who report any of the above difficulties when recruited by case managers for this follow-up study were excluded. At the time of recruitment into the SFI program, co-parents were not accepted if there was a current open child or spousal protection case with Child Protective Services or an instance within the past year of spousal violence or child abuse. This last criterion was designed to exclude participants whose increased participation in daily family life might increase risks for child abuse and neglect. Families who reported spousal violence or child welfare involvement at the time of recruitment to their case managers were again excluded. Participants must also have been willing to complete the questionnaire familiar to them from earlier participation in the SFI program. In addition, participants needed to have access to a phone line or Skype and be willing to speak with the researcher for about 45 minutes about their experience in SFI and their family relationships, roles, and functioning.

### **Data Collection**

Participants were selected randomly from the families who had completed the SFI intervention in Alberta one year to 22 months before this research. Case managers at each of the three sites in the Alberta study contacted families who completed the intervention in the proscribed time frame and recruited them for the current study. If families agreed to learn more about the study, they were given the information of one of four Smith College School for Social



Work M.S.W. students who then contacted them by phone. Researchers included Todd Chen, Sarah Robins, Annabel Lane and the current researcher (Rachel Honig). The three sites included family resource centers in Cochrane, Lethbridge, and Norwood, all located within the province of Alberta, Canada. From among those who agreed to be contacted, the case managers gave each potential participant's contact information to a designated student researcher. The researcher then called the potential participant and explained the study and how it would be conducted. All SFI participants completed and signed an informed consent form agreeing to participate in this expanded SFI evaluation research. The researchers discussed the consent form and issues of confidentiality with each participant.

This research study is part of the ongoing SFI evaluation in Alberta, which consists of two components: a questionnaire comprising standardized instruments and scales developed for former SFI evidence-based research conducted elsewhere, and a qualitative interview designed to assess participants' responses to questions about how the intervention affected their perceptions of themselves as partners, parents, and individuals (see appendices B and C). Researchers gave participants a choice about how they wished to complete the questionnaire: either completed by hand and mailed back to the research staff, sent an e-mailed link through survey monkey online, or conducted with the researcher over the phone. Once the participants completed the questionnaire, the researchers contacted participants to set up a time to conduct the interview. Interviews were done individually for each participant through either Skype video chat or by telephone.

The quantitative questionnaire consists of scales that assess parental depression, father involvement, family role sharing (who does what), communication styles, parent stress, and relationship satisfaction. In addition, for this study, an instrument assessing relationship

attachment between partners was assessed for those co-parents who described themselves as being in an intimate relationship (the majority of participants).

The researcher arranged separate times for each member of the co-parenting dyad to complete the qualitative interview, which was audiotaped and later transcribed. To avoid possible confounds from interview order, the researchers alternated which parent was interviewed first in each family. For example, the researchers interviewed the mother first for family one but reversed that order for family two at each site.

The qualitative interview, which is the source of data for this study is a comprehensive set of questions intended to provide data on evaluating the SFI program, attachment and parenting, division of tasks, and parenting beliefs and practices. The researchers asked participants open-ended questions that relate to individual functioning, father involvement, family role sharing, the couple or co-parenting communication styles, relationship quality, and attachment, parenting stress (including the quality of the parent-child relationship), and the intergenerational transmission of parenting beliefs and behaviors. Three questions relating to parenting beliefs are the focus of the current study.

Participants received a \$15.00 gift card for their participation in the study (completion of both portions of the research, quantitative and qualitative questionnaires). After the completion of both portions of the assessment for all families, the research team compiled the data to analyze any changes from the pre-intervention assessment, to the follow-up assessments, as well as to evaluate themes that emerged from the qualitative data.

### **Data Analysis**

After the completion of each interview, the interviews were transcribed for data analysis. Each interview was listened to carefully and transcribed by the researcher who also completed

the interview by phone with the participant. This was done in order to create consistency and depth of understanding from the recorded interview to the typed transcription. Padgett (2008) explains that interviewers who complete the transcription have the ability to better understand conversational nuances and fill in any gaps associated with the audio-recorded interviews (p. 135).

After the transcription of each interview, the data were then reviewed carefully by the researcher and other members of the research team. The first step of analyzing the transcribed interviews was coding, or creating “concepts or meaning units drawn from raw and partially processed data” (Padgett, 2008, p. 139). Words and phrases from the transcribed interviews were coded so that thematic domains could be established to synthesize the data (Padgett, 2008, pp. 151-152). Initially, open coding was used to interpret the data and search for organization in meaning from the interviews completed. Researchers focused on the raw data from the interviews while coding the data, attempting to withhold preconceived ideas about the answers or the known effects of participation in the Supporting Father Involvement program based on previous research. Codes were also created “in vivo, emerging directly from participants’ words” (Padgett, 2008, p. 154). This process allowed for less professional jargon and use of language by participants in order for the results to best represent their experience in the study (Padgett, 2008, p. 153).

Two student researchers separately coded three interviews. They then compared their categories and discussed discrepancies until agreement was reached. If agreement could not be reached, then the senior researcher (advisor) and other student researchers were brought in for further discussion, eventually consensus was reached on all codes. After coding was completed, the data were analyzed using thematic analysis in order to identify and organize themes that

arose from the coded interviews. Thematic analysis helped to assess trends in parenting beliefs and behaviors while still looking closely at each participant's response.

Throughout the coding, another researcher was periodically brought in to code randomly selected interviews in order to check for consistency in coding, to decrease researcher bias, and discuss "inter-coder" perspectives on data (Padgett, 2008, p. 155). When differing perspectives occurred, the team discussed the discrepancy and based on consensus agreed upon a decided interpretation of the data. This increased validity and also assessed for convergent and divergent perspectives on the research data, codes, and themes (Padgett, 2008, p. 155). Quotes are used to provide examples of participant responses and as supportive data for the researchers' organization of codes and themes.

### **Researcher Bias**

The researchers have their own bias towards the project that are influenced by our own social identities. Factors such as class, race, political views, religion, ability, gender, etc. can influence the ways in which research is analyzed and discussed. I identify as a white woman who grew up in a middle class family from the Northeast United States. Both my mother and father were active parents and worked full time. My mother took on more traditional female gender roles such as cooking and cleaning. This has influenced my own values and judgments about parenting beliefs and behaviors such as women and men should contribute equally to raising children and co-parents should resolve disagreements through dialogue. These therefore impacted the way in which I interacted with co-parents and how I interpret and or react to their responses, especially as they differ from my own understanding and construction of a healthy co-parenting relationship.

Societal norms about parenting and parenting beliefs may have also come out in the interview and skewed participant answers. In addition, my identity as a U.S. citizen interviewing Canadian participants is an important factor due to pre-conceived ideas that both U.S. citizens and Canadians have about one another. The researcher's affiliation with the Family Centre and the case managers could have also biased the research as it may be more difficult for participants to speak honestly about the organization or their interactions with staff knowing that this connection exists.

Due to these biases and other unconscious biases that I hold, I relied on multiple researchers on our team to decrease the influence of these biases as well as worked to recognize and look for ways in which they impacted the research. As a researcher I focused on being aware of my biases, attending to participant answers and experiences, and using inter-coder reliability for consistency in data analysis.

## **CHAPTER IV**

### **Findings**

The purpose of this study was to ask participants in the Supporting Father Involvement program about the parenting beliefs they hold most dear that come from their own growing up experiences. The purpose was also to find out how these self-identified beliefs impact their parenting and how participating in the SFI program strengthened or changed their parenting beliefs. This chapter presents the findings from 49 interviews with participants from the SFI program in Alberta, Canada. All participants in this study participated in SFI one year to 22 months prior to their involvement in the current study. Study participants identified as parents and met the criteria for participation in the SFI program (see Cowan et al., 2009 for a description of the original RCT intervention conducted over nine years in California). The interviews were conducted by four graduate students from the Smith College School for Social Work using the same interview template and structure. The demographic data presented in this chapter was collected through an online survey that all participants completed before their qualitative interviews with the researchers. This chapter reviews the parenting beliefs that participants identified as informed by their own growing up experiences. Additionally, results regarding the impact of their beliefs on parenting are also presented. Lastly, how SFI impacted or changed their beliefs is described in this review of the major findings from the qualitative interviews.

## Demographic Data

Fifty parent participants in this study completed quantitative questionnaires, with 49 of them also completing a qualitative interview. A total of 26 mothers and 24 fathers participated in the quantitative survey. All participants had previously participated in the SFI program in Alberta, Canada and lived in one of three areas in the Province: Norwood, Cochrane or Lethbridge. Participants from all three sites were interviewed for this research.

The age of participants ranged from 18-54 years with the mean age of mothers and fathers being between 35-44 years. Racially, the majority of participants identified as European or white (65.2 % of fathers and 75 % of mothers); 13 % of fathers and 8.3 % of mothers identified as Asian/Pacific Islander; and 4.2 % of mothers identified as Inuit. First Nation parents were also represented in this study (9% of fathers and 8% of mothers).

Participants additionally reported their levels of education. More mothers finished some college or a two-year degree, while the largest percentage of fathers were skilled laborers. Over a third (38%) of the fathers reported they completed technical or trade school, while 21% reported they completed a bachelor's degree. The majority of mothers (39%) reported completing some college or a 2-year degree, while 19% completed a bachelor's degree.

Parents' combined household income ranged from < \$20,000 to more than \$90,000. The average combined family income was between \$50,000 to \$60,000 a year, with a median income of \$60,000 and modal income of over \$90,000 a year. Lastly, a small percentage (8%) of mothers and fathers reported receiving financial assistance.

All of the participants identified as heterosexual and co-parenting with an opposite sex co-parent. In the survey, 85% of the couples indicated they were married (80% mothers; 91% fathers), 9% were living separately and raising a child together (separated or divorced), and 6%

were single (never-married or never-cohabiting couples). Questions regarding ability, sexuality, gender identity, religion, and other aspects of identity were not asked in this study. Participants are referred to as “mother” or “father” (however they chose to identify during the study) in the following description of the data to protect their confidentiality.

### **Parenting Beliefs**

In response to the question: What parenting beliefs do you hold most dear that come from your own growing up experience, participants in SFI reported parenting beliefs that were grouped into eight categories. These include family first, discipline, unconditional love and support, communication, respect, developing character in children, love for learning, and having fun. The following is a description of participant responses organized by category and number of responses.

**Family first.** A major theme related to parenting beliefs from their growing up experience was the importance of being involved and spending time with their family (n=39). Participants described the importance of “always having dinner together” (n=7), being involved and showing up to support kids in their activities (n=6), and being accessible to their kids (n=8). A group of mothers described “being involved with their children” as being accessible all the time (n=6). One mother explained, “I’ve been home for over two and a half years taking care of my kids. I don’t work, I’m 24 hours accessible to them all the time. My whole life is my kids”. Similarly, fathers described the importance of family time and being involved fathers (n=8). This included taking turns with childcare, making supper, doing dishes, and modeling father involvement for their children.

Some participants reported that their beliefs in “family first” and the importance of involvement came from their own experience of having uninvolved parents (n=6). A father



explained, “I could do the same, live that kind of life, but I chose to not focus on my career or the next advancement but rather on where am I gonna be located and can I spend time with the family, that kind of stuff”. In addition, a mother explained, “I’m here. My parents, they were busy working and stuff but they weren’t there enough to encourage us. I’m more involved with my kids than my parents were at this stage”.

**Discipline.** Beliefs about when and how to discipline were common among participants (n=15). For example, a couple of participants described the belief of only using discipline when absolutely necessary and only “at the right time” (n=2). Other parents described beliefs such as “no hitting or spanking” and discipline through discussions and time-outs (n=2). In addition, parents reported their own parents used corporal punishment and strictness in discipline (n=5); these parents described not wanting to repeat their own parents’ use of strict punishment. For example, one mother explained, “My parents were very strict so I try to work with my child rather than just be controlling”. Additionally, a father described his upbringing and how it has influenced his parenting:

I was brought up in an old fashioned Chinese family and we always believed that punishment comes first before any type of explanation. I still believe that physical discipline, like spanking sometimes has a place. But for me I realize that’s part of me and I understand at the same time I try to use a more diplomatic approach first before doing it the hard way.

Other parents reported being strict and using discipline as a parenting belief they continue to use that is a holdout from their own childhood experiences (n=2).

**Unconditional love and support.** About a quarter of the participants reported their belief in showing their children unconditional love and support (n=12). Both mothers and fathers described this belief as telling their children they love them unconditionally. A mother explained:

One thing that totally stands out to me was when I was growing up my mother would say ‘I love you’, right? All of the time. And that’s always stuck with me and I tell my kids I love them probably ten times in a four-hour period.

This mother, along with other participants, described her desire to replicate the unconditional love she received from her parents with her own children (n=3). Additionally, participants reported that due to the lack of unconditional love they received as children, they now as parents particularly emphasize unconditional love with their children. For example, a father explained:

It’s probably the lack of being told I was loved. There hasn’t gone a day that my kids have been born that I haven’t told them I love them. So with the lack of me getting that, now I make damn sure my kids get that. Without question. So. Yeah that’s going through my head all the time.

**Communication.** Another very common set of beliefs pertained to communication (n=11). Mothers and father’s expressed their belief that having open and honest communication with their children and teaching their children to communicate honestly is important (n=6). In particular, an emphasis from both mothers and fathers was placed on the importance of communicating about emotions within the family. Additionally, parents described their belief that communicating with their children should “be more than just telling them what to do and expecting them to listen”. Parents discussed that communicating with their children is a way to teach them. For example, a father explained, “Parent’s don’t tell their children something just

because they're adults. They tell it because they either experienced it or they don't want their child to get hurt".

**Respect.** Parenting beliefs about respect were also prevalent among responses from participants (n=8). A number of different aspects of respect were reported, such as, the belief that parents should respect their children, that children should respect their parents, respecting all family members, and respecting life. A father described respect inter-generationally within the family, saying, "My parents respect me as an adult because I respect them as a kid". Also, respectful communication was highlighted as a parenting belief. One mother said, "In my house, no one yelled at each other. That's something I really value being respectful and not raising your voice".

**Developing character in children.** A group of parents described the importance of parenting beliefs related to developing character in their children (n=8). Parents explained that their children having good character and manners was "more important than anything". They described believing in honesty, kindness, being fair, taking responsibility, and "doing the right thing". Some parents discussed wanting to "pass down" good manners from generation to generation. For example, "My dad was kind and fair. He would say little things about not judging people". Other participants described wanting to instill new values about the importance of "becoming a good person", which were values they reported were not emphasized during their own childhood.

**Love for learning.** A small group of parents reported the parenting belief that their children should have a love for learning (n=6). Parents reported a desire for their children to do well in school and "value education". Others reported they wanted their children to have "curiosity" and see the world as a place for learning. Mothers and fathers described that this

belief comes directly from their own experience with their parents. A father explained, “[My mom] always reinforced me going out and exploring stuff that I was interested in...and those are things that I really want to reinforce with [my child]”. A father also explained the importance of making sure his daughter learned about her family’s cultural heritage, saying, “I am a First Nation person and I tried to bring that into my daughter’s learning”. In addition to a love for learning, five parents reported the belief that their kids should be involved in activities, such as sports and music.

**Having fun.** A couple of parents said the belief that their children should have fun was most important. Parents reported beliefs such as “a balance of work and play” and that there should be “fun time, not just rules”. One mother said, “I really want [my kids] to know that I think it’s really important to be happy”.

**Closer bond.** The only repeated finding for the question, “how do your beliefs influence your parenting”, was the common response that strong beliefs create a closer bond within the family (n=5). Parents explained their beliefs helped to “build” a bond within the family and with family members living outside the home.

Many participants answered the question of how their beliefs impacted their parenting by re-stating their parenting beliefs or describing additional beliefs. The question therefore was not answered directly or in detail by most participants. This suggests that participants struggled to fully answer the question and that it may have been too abstract, not explained well or explored with participants, or outside their way of thinking to garner specific, in-depth responses.

### **The Impact of SFI on Parenting Beliefs**

This next section will review the responses to the following question: How did participating in SFI strengthen or change these beliefs? The vast majority of participants

answered this question positively by describing: the ways SFI helped to put their values into practice, an increase in sensitive and positive parenting, how SFI gave them a community forum for testing their parenting beliefs, and the strengthening and reinforcement of their values and beliefs through SFI. A group of participants (n=7, 14%) reported that SFI had no impact on their beliefs.

**Helped to put values into practice.** SFI helped parents put their values into practice, reminded them of their values, and introduced new values (n=10). A father said, “It reinforced that there was a way to balance your work life and your family life. [The program] introduced me to new tools on how to balance [both]”. Parents also described learning to “evaluate parenting” and the importance of self-care. One mother described her experience by saying:

[SFI] made me realize that there’s a lot more to it than I originally thought! There’s a huge learning curve, and it challenges your own thoughts and opinions on what it is to be a good parent, and how to be a good parent, and what that looks like in day-to-day life.

A mother also described how SFI helped her teach her husband and ask him to practice new parenting skills with her. Parents discussed how participating in SFI reminded them to “focus on their beliefs” and to “not give up” on practicing and implementing their beliefs.

**Increase in sensitive and positive parenting.** Parents described how participating in SFI increased their sensitive and positive parenting (n=7). Fathers tended to discuss a decrease in strict discipline and an increase in communication with their children after SFI. Both mothers and fathers also mentioned an increase in parenting their kids as individuals and “being positive and present” in their kids’ lives.

**Provided a community forum for testing beliefs.** SFI helped provide a community forum for testing beliefs for a small group (n=5). Parents reported that in SFI they learned parenting strategies from other parents and saw other parents struggle with the same issues they were facing. A mother described this process by saying, “It really allowed me to see other people who had been raised differently and their values and the advantages and disadvantages of those”. Another mother expressed, “It made me feel that what I am doing isn’t wrong and that I’ve understood that every parent goes through what I’m going through”. Other parents described being in SFI as a way to evaluate their parenting practices and gain confidence in knowing they are parenting and interacting with their children in positive ways.

**Strengthened beliefs.** Almost half (n=21) of the parents reported that SFI strengthened and reinforced their beliefs. Participants described this process in the following ways: confirming the path they were already on, validating their current parenting beliefs, affirming particular parenting practices, and reinforcing values about father involvement in parenting. A father explained that SFI reinforced and strengthened his belief in father involvement and fathers “playing a major role in the child’s development” through speakers, literature, and child development theory. Other parents emphasized how SFI confirmed that they were parenting “right” and strengthened existing beliefs.

**No impact on beliefs.** A group (n=7, 14 %) of participants reported that SFI had no impact on their beliefs. Parents who reported no impact on their parenting beliefs emphasized that their beliefs about parenting “were always there” and were not changed or strengthened by participation in the SFI program.

## **Summary**

This chapter outlines the findings from the results of 49 interviews with parents from the SFI program. More than half of all answers related to parenting beliefs were informed by the mothers' or fathers' own growing up experience (55%), either repeating the same behavior (30%) or attempting to do the opposite parenting behavior (24%). Parenting beliefs mainly put emphasis on family first, ways to discipline, unconditional love and support, and communication. Others focused on a love for learning and character building with their children. SFI was seen as an important aspect of reinforcing and strengthening the beliefs for almost half of the participants. Mother and fathers viewed SFI as a community forum for testing their beliefs, said that SFI helped them put their beliefs and values into practice, and increased their use and skills in positive and sensitive parenting. The following chapter will discuss the findings and significance of the results.

## **CHAPTER IV**

### **Discussion**

The purpose of this study was to ask participants in the Supporting Father Involvement (SFI) program about parenting beliefs they hold most dear that come from their own growing up experience. The purpose was also to explore the impact SFI had on reported parenting beliefs. Parents shared how their life experiences with their own parents influenced the parenting beliefs they hold most dear, through qualitative interviews with the researchers. The findings provide information about the parenting beliefs of participants from Western Canada and the impact of the SFI program on parenting beliefs.

Discussion of the key findings from the study and their relationship to both the theoretical literature presented in the literature review and additional research studies will be presented. This chapter will review the major findings, discuss the intergenerational transmission of parenting beliefs, the influence of culture and society on beliefs, gender and socialization of parenting beliefs and roles, social learning theory, and the impact of program interventions on belief change. Additionally, study limitations, implications for future research, and implications for social work practice will be discussed.

#### **Review of Major Findings**

A major finding from this study was that every parent described parenting beliefs they hold dear that emanate from their own growing up experience. These beliefs included putting the family first, discipline, unconditional love and support, communication, respect, developing



character in their children, and a love for learning. Participants described how their beliefs impacted their parenting by discussing ways their beliefs fostered a closer familial bond and built family relationships.

Findings also indicated how participating in SFI changed or impacted participants' reported beliefs that derived from their family of origin experience. Mothers and fathers described how SFI helped them put their values into practice and challenged them to keep implementing their values with their children, even when they felt like giving up. Parents also discussed an increase in positive and sensitive parenting due to their participation in SFI. Fathers specifically noted a decrease in strict discipline, and both mothers and fathers reported an increase in treating their children as individuals and interacting with them in a responsive manner.

An important observation that parents made which cut across all findings was how SFI provided participants a community forum for testing their beliefs. They discussed the learning received from other parents and how SFI helped them evaluate their own parenting skills. Participants also mentioned how being part of a parenting community helped them feel less alone; they were not the only parents going through particular struggles. The following is an analysis of these findings and their connection to the theoretical and empirical research on parenting beliefs.

### **Intergenerational Transmission of Parenting Beliefs**

Findings from this research demonstrate the intergenerational transmission of parenting beliefs. Every participant described one or more parenting beliefs that emanated from their own growing up experience, with some parents indicating that their parenting beliefs were directly related to a particular parent, memory, or family dynamic in their family of origin. This shows

that parents' beliefs are being shaped and formed by the previous generation. Similarly, previous research on parenting beliefs suggest that parenting beliefs are inter-generationally transmitted and current parenting beliefs are heavily influenced by a person's growing up experience from their family of origin (for review of intergenerational transmission research see Conger et al., 2009).

An interesting finding in the qualitative data is that though participant parenting beliefs were impacted by the parenting experiences of current parents, if the experience was particularly negative, parents would then hold the opposite belief and implement the opposite parenting behavior. For example, if parents reported that their father was not involved or that they did not have parents who showed them unconditional love and support, this fueled their determination to provide unconditional love and support. This finding indicates that although the parenting belief is actually different than the previous generation, it is still heavily informed by the impact of the previous generation's parenting behavior and beliefs.

In the literature the phenomenon of behavior change from a negative parenting experience is called the compensation hypothesis, where fathers have been shown to provide positive parenting if their relationship with their father was distant or negative (Beaton & Doherty, 2007; Floyd & Morman, 2000). These studies have shown that if fathers received modeling of positive father involvement from their family of origin *or* experienced distant or negative father involvement, both types of experiences informed positive father involvement in the next generation. These findings additionally support the idea of intergenerational transmission of parenting and how social learning from the previous generation impacts the beliefs and behavior of the next. Specifically, 30% of participants discussed repeating the beliefs and behaviors of the previous generation through describing a particularly positive childhood

with their own parents. Other participants (24%) described holding the opposite belief of their parents and a compensatory desire to implement the opposite parenting style with their own children, informed by their negative growing up experience within their family of origin.

### **Influence of Culture and Society on Beliefs**

Cultural and societal messages about parenting influence and impact parenting beliefs (Lightfoot & Valsiner, 1992). The beliefs reported by participants are informative in terms of the data they provide on the parenting beliefs of this population in Western Canada, informed by social and cultural parenting norms. Lightfoot and Valisner (1992) make note that parenting beliefs are “a multitude of social suggestions communicated by the collective culture at particular points in time” (p. 396). Using this lens, the findings suggest that spending time with the family and putting the family first above all, are important socially and culturally within this community.

The social construction of what ‘good parenting’ is, informed by research on child development and families, aligns with the belief of spending time together and attending to children in positive and sensitive ways. Because of SFI’s focus on positive and sensitive parenting and education around child development, participants may have more heavily reported this belief over others. This could be due to discussing the program during earlier parts of the interview and being reminded of its focus, as well as a desire to discuss parenting beliefs that show how the participants as parents fit into the social conception of ‘good parenting’.

A report compiled by Kendall-Taylor (2010) titled “Experiences Get Carried Forward: How Albertans Think about Early Child Development” outlines Albertan conceptions of child development and cultural factors in research with participants from Alberta, Canada compared to participants from the United States. This report is particularly informative due to participants

from this study residing in the Alberta region, but also because the researchers were living and being educated in the United States, influencing the ways in which information was understood and discussed through the social and cultural norms of both the researchers and participants.

Findings in Kendall-Taylor's (2010) report help to understand outcomes in the current study. The report described how Albertans believe in the importance of development in their children and see the connections between early life experiences and future life outcomes (Kendall-Taylor, 2010, p. 25). This understanding and orientation of the importance of early life experiences and their impact on children's future connects well to the findings from this study. Parents not only described how their own growing up experiences impact their development as parents, but also how they worked to become more positive and sensitive parents due to their understanding of their own behavioral impact on their children. Fathers, in particular, described their new understanding of their role in child development and how the program helped them to become more involved fathers through education on their impact on their children's development.

Kendall-Taylor (2010) also described how Albertans think about child development as being influenced by the child's environment, explaining, "Albertans conceive of a relationship between individuals and environments in which successful development hinges on the interactions between children and their surroundings" (pp. 4-5). This conceptualization of child development lends itself well to participation in the SFI program in which the whole family is asked to participate (parents and children) and where the learning occurs within a community organization with other parents and children. Numerous participants described the benefit they received from this form of communal support and learning. Additionally, because parents were oriented towards thinking about the development of their children in this way, the set-up of SFI

as a family intervention with other families may have also contributed to its positive fit and success within Albertan culture.

Further, Kendall-Taylor's (201) report discussed how Americans tended to think about development for their children more individually "within one's own home", while Albertans "emphasized the role of communities in development" (p. 13). Participants described how their kids loved coming and playing with others during the SFI meetings, and how the parents were able to learn from each other and gain support through the structure and format of SFI. This included group interactive discussions and activities, eating dinner together, and sharing "homework" assignments that each couple completed between sessions. Findings from this study indicated that Albertans endorse their affinity for programs, which they view as instrumental in supporting positive outcomes in their children (p. 15). This positive relationship between programs and child development could have also contributed to SFI's success with this population.

Additionally, Kendall-Taylor's (2010) research highlights the differences between American and Albertan conceptions of early child development. The findings describe Albertan child development as having a focus on "skills and abilities as what is developed during early childhood" vs. Americans who focus on "financially successful and independent individuals" (p. 4). This analysis of popular Albertan beliefs on child development are congruent with the current research in which mothers and fathers from this region discussed the belief that their children should have a love for learning, with particular mention to skills related to sports (especially hockey), arts, and academic abilities, which was also seen as a family tradition inter-generationally.

Kendall-Taylor (2010) further discussed the “thin understanding of how children develop” in both Albertan and American cultures (p. 4). One of the research questions for the current study asked participants: how do your beliefs impact your parenting? This question was not answered by participants and many simply re-stated their beliefs or discussed additional notions about parenting. Though there may be numerous reasons why this question was not answered by participants, one theory would be that the process of understanding *how* their children are developing as influenced by their parenting may be hard to explain and not easily understood. If the process of development is not emphasized or discussed in Albertan culture, this may make reporting on how beliefs impact parenting and thus child development difficult to answer.

It should be noted that SFI has been found to be effective in American culture (Cowan, Cowan, Pruett, Pruett, & Gillette, 2014; Cowan, Cowan, Pruett, Pruett, & Wong, 2009) and in Albertan culture, but the belief systems of the Canadians, which appear to be more communal and less individual, appear to be a particularly good fit for the SFI intervention and its layers of focus on the whole family, the community formed by the group intervention, and the organizations SFI is embedded in. The program has also focused on learning by doing rather than just talking or thinking, which appears to be congruent with the Albertan style of growth and change.

### **Gender and Socialization of Parenting Beliefs and Roles**

Socialization of girls to be aware of their maternal role and caring ability echoed in mother’s responses (Simons et al., 1992). Other beliefs about how a mother should act based on social narratives were evident. These beliefs came up in themes such as putting the family first and providing unconditional love and support. Mothers emphasized spending time with the

family and feeling that they needed to drop everything for their kids. The traditional cultural belief that mothers should stay at home and give up their lives to their children was reported by a subsample (n=6) of the female participants. These mothers described how their entire lives should be devoted to their kids or that they should be available to them every day - all the time. Mothers also talked about showing their children love and support no matter what and “all the time”. Beliefs reported fit with the socio-economic and cultural identity of participants as middle-class parents. Understanding gender socialization and its intersection with other social identities such as race and class could be beneficial in broadening our understanding of a mother’s conceptions of her role based on the societal rules she has learned and possibly internalized (Wray-Lake, Flanagan, & Maggs, 2012).

Bandura (1986) states that “gender-role processing” is a continual process shaped by cultural norms and advances. It is evident from the findings that some participants described more traditional mother roles, such as staying at home to care for their children and the home, while others described themselves as working mothers or mothers who were partners with fathers who cleaned and did the laundry. Factors such as the impact of the economy, father involvement, and the continual shift of social ideals and beliefs about mothers and parenting deserve continued exploration and understanding. Both of these manners of role distribution within the family are congruent with this population. Both stay at home and working moms are sanctioned roles for this middle-class Canadian population. Conger et al. (2009) emphasized ways the intergenerational transmission of parenting beliefs may be influenced by “social location and related characteristics” based on studies showing the impact of socioeconomic status and other structural variables (p. 1278). Mothers in this study described a range of options permissible in accordance with their socialization, such as working or deciding to stay at home.

Future studies of maternal socialization and role choice in SFI participants could provide insight into how mothers choose to take on certain social roles, what factors impact this decision, and how these decisions are weighed given the messages they heard as girls growing up.

Similarly, parental poverty was shown to increase socio-economic stress and impact parenting inter-generationally (Thornberry, Freeman-Gallant, Lizotte, Krohn, & Smith, 2003). Regardless of socio-economic class, these studies show that women negotiated their family roles based on the intergenerational transmission of values and beliefs.

### **Social Learning Theory**

The findings indicated that many participants' beliefs were strengthened and reinforced by involvement in SFI. One component of social learning theory proposes that structured activity provides a form of practice and scaffolding that allows participants to strengthen the program's "take away" messages. Participants discussed how a belief that already existed was addressed in structured activities in the SFI program, and then it became an even stronger belief, as social learning theory proposes. One area that was strengthened most was father involvement, which was a central focus of the SFI program. These activities were reported to increase the belief of the importance of father involvement among participants. For example, fathers described hearing lectures from experts about how their involvement positively influenced their child's development. Fathers also reported that these activities increased their involvement in play and other activities with their children.

Additional qualitative themes such as "SFI helped put beliefs into practice" and "increased sensitive and positive parenting" in participants provide examples of how SFI helped reinforce beliefs and practices through the connection between behavior repetition and the strengthening of beliefs. This process of behavioral reinforcement and its impact on beliefs is



supported by the theoretical literature in that repeated promotion of an idea or behavior will enhance that behavior or belief in the system through social learning theory (Bandura, 1986).

A third aspect of social learning theory outlines the benefits of learning through peer modeling. Because SFI contained the program element of parents learning and sharing with each other, existing beliefs were reinforced through parent peers. Findings from this study noted that SFI was a place for participants to use the community forum to test their parenting beliefs and gain support around their role as parents from their parent-peers. Peer learning seemed to contribute directly to evaluation and affirmation of parents' beliefs.

### **Program Intervention Impact on Belief Change**

The finding that parents' pre-existing beliefs were strengthened through SFI is supported by other belief change research stating that existing beliefs are likely to be strengthened by programs and workshops that directly address the belief (Vaino, Holbrook, & Rannikmae, 2013). SFI demonstrated how parenting beliefs get strengthened or changed through social learning in community based programs and interventions.

A small group of participants in the current study reported they did not change their beliefs as a result of participation in SFI. This group held pre-existing beliefs that were congruent with the SFI program. In this study, there were no participants whose values and parenting beliefs were at odds with this program. Therefore there was no opportunity to study whether the program would be effective in changing participants' beliefs in a more radical manner. To change a belief or instill a new belief, programs may need to address and implement additional elements such as time, method, and environment. For example, longer interventions, interventions that work with multiple generations of parents, or work with families in a different setting (e. g., in a hospital or residential facility) may prove to be effective in belief change.

## **Study Limitations**

This study is limited by its retrospective approach because participants were asked to answer questions about their growing up experience without the researcher gaining information about participants during this period in their life or asking their parents about beliefs and behaviors. This leaves the data open to limitations related to self-reporting by participants about the parenting beliefs from their own growing up experience, their own parenting practices, and the influence of SFI on their parenting beliefs. Self-reporting is prone to error due to lapses in memory and subjective recall of participant experience. However, this is not a major limitation because this particular study is not about behaviors from the parents' childhood but about how the parents make meaning in the present of their childhood memories and experiences.

Participants in the current study were asked to self-report belief change, which could have been influenced by their positive feelings towards the program or researcher. Additionally, implicit researcher bias towards positive change from SFI may have influenced results. Because the term beliefs was not defined for parents, individual conceptualizations of what beliefs are could have influenced participants' responses. One parent whose response made clear that he was not influenced by the program and would not allow the program credit for any change at all, also made clear that he participated solely for his wife. An attitude as such would likely not result in belief change, indicating that the participants' motivation or lack thereof could limit belief change.

The social pressure to discuss positive parenting and present oneself as an involved, loving parent was evident in responses from participants. A limited amount of negative parenting beliefs or practices were discussed and parents were not asked about the nuances of why they might be reporting certain beliefs over others. Narrowing the study's focus on particular beliefs

or more in-depth questioning related to choice in the reporting of specific beliefs are areas for additional research and consideration. Quantifying outcomes of SFI related to specific parenting practices, such as an increase in father involvement, would provide added understanding of how behaviors and beliefs were impacted and connected, strengthening the current study. These data are available from the larger SFI study and could be used in follow-up research.

Another limitation is the amount of time that has passed since the participants originally participated in the SFI program. The range of time that has passed for all participants was between one year and 22 months. This time lapse could influence their responses and their recounting of their experiences as SFI program participants. In that time frame, they could drift toward idealization or repression of past experiences, in addition to just forgetting.

Participants for this study spoke English fluently and have the ability to speak on the telephone and have access to the internet. Additionally talking by phone may have impacted the ability for connection between the interviewer and interviewee, potentially inhibiting more vulnerable material or in-depth discussion of beliefs and the impact of SFI.

Future research using telephone interviewing on the impact of SFI for non-English speakers and other identity groups related to ability and culture (in Canada and other countries) would contribute to the knowledge about the efficacy and impact of the program on different populations. It is also important to note that the researchers were United States students, which impacted their cultural understanding of participants and ability to relate to and interview Albertan participants. As the researcher, I expected there to be some cultural differences, especially due to the high number of white participants and myself being a white, middle class, urbanized student talking to participants whose lives are much different than my own. Through

this process I have come to have a deeper understanding of the cultural differences between the U.S. and Alberta, Canada.

### **Implications for Future Research**

The current study offers implications for future research in the area of intergenerational transmission of parenting beliefs and the impact of program interventions on beliefs. Research has shown that programs can strengthen beliefs, but additional research on exactly how these beliefs are strengthened would add to our understanding of this process. This might increase the knowledge around when beliefs are changed vs. strengthened and what causes a change in belief systems. This might lead to an understanding of how to better change negative parenting beliefs that impact the well-being of children.

The modeling and compensation hypotheses on the intergenerational transmission of parenting beliefs and behavior provide insight into the reasons for parents continuing or changing their behavior, informed by their own growing up experiences. Because SFI specifically supported father involvement and attracted parents interested in this type of intervention, it would be useful to study how SFI supported both parents negotiating their individual and likely different internal models of parenting derived from their growing up experience. This understanding of intergenerational parenting behavior could further research about the co-parenting process.

It would also be beneficial to use a variety of methods to evaluate beliefs and their strengthening over time. Methods that include pre and post-tests, quantitative questionnaires, and behavior observation would add to the depth of knowledge on the impact of SFI on parenting beliefs. Additionally, research focused on the beliefs of people holding specific identities such as

gender, would add depth and understanding to how parenting beliefs form and sustain through generations.

Research has shown that negative parenting experiences sometimes lead people into providing the opposite parenting experience for their own children, as the compensation hypothesis mentioned above posits (Beaton & Doherty, 2007; Flyod & Morman, 2000; Schüz, Wurm, Ziegelmann, Warner, Tesh-Römer, & Schwarzer, 2011). This could provide critical insight into when beliefs are most likely to be open for change. Research analyzing when parents feel they are most open to belief change, and/or ways people are most likely to change their beliefs for the benefit of parenting and the co-parenting process, could provide information useful for family interventions.

### **Implications for Clinical Social Work**

The results of this research and previous intergenerational transmission of parenting beliefs research contain multiple implications for working with individuals, couples, and families. From the current findings, which highlight the prevalence of intergenerational transmission, clinicians could use this information as a base in understanding where current parenting behavior and beliefs may have been formed by their client(s). Questions such as, what kind of beliefs about parenting do you wish your children to learn from your own family, or what in your own growing up experience has influenced your role as a parent, could guide therapeutic work aimed at uncovering how family history impacts current family issues. This information could be used in couples counseling and supporting parents in discussions around how their family of origin experiences influence their parenting beliefs and behaviors and how they impact the co-parent relationship.

Research on the impact of SFI on parenting beliefs helps clinicians understand what population may be appropriate and benefit most from this type of intervention. For example, because research has shown that SFI may be less likely to change beliefs than strengthen existing beliefs, those who may already be predisposed to believe that father involvement is a benefit to the family may be most impacted by the intervention by having this belief solidified through the program. Other negative parenting beliefs may be harder to change based on current and previous program research, indicating a need for participation in a different focused treatment or program.

## **Conclusions**

Studies on parenting beliefs helps social workers understand the importance of beliefs on behavior and the impact of beliefs inter-generationally in the family system. This study begins to look at the impact of SFI and supports the central idea that SFI can strengthen positive parenting beliefs. Findings from this study and additional research on the SFI program increase clinical knowledge on the influence of interventions and ways to work with and support families impacted by family of origin issues, socio-cultural issues, and relational co-parenting struggles. Thus, SFI has many vital contributions to make with families both in the U.S. and internationally. Research on this topic will help families work together and gain insight into how their growing up experiences impact who they will be as parents and co-parents.

SFI helped parents strengthen positive ways of relating to their partners and their children. These experiences helped create a closer bond within the family. Families described a process of better understanding themselves and their partners, ultimately creating a more cohesive and better functioning family. By focusing on parenting beliefs we learn about the link between the past and the future generations.

## References

- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, N.J.: Prentice-Hall.
- Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence, 11*, 56-95.
- Beaton, J. M., & Doherty, W. J. (2007). Fathers' family of origin relationships and attitudes about father involvement from pregnancy through first year postpartum. *Fathering, 5*(3), 236-245. doi:10.3149/fth.0503.236
- Beck, J. S., & Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond*. New York: Guilford Press.
- Belsky, J. (1984). The determinants of parenting: A process model. *Child Development, 55*(1), 83. doi:10.1111/1467-8624.ep7405453
- Belsky, J., Conger, R., & Capaldi, D. M. (2009). The intergenerational transmission of parenting: Introduction to the special section. *Developmental Psychology, 45*(5), 1201-1204. doi:10.1037/a0016245
- Bornstein, M. H. (Ed.). (1991). *Cultural approaches to parenting*. Hillsdale, N.J.: L. Erlbaum Associates.
- Bowen, M. (1985). *Family therapy in clinical practice*. New York: J. Aronson: Distributed by Scribner Book Companies.
- Capaldi, D. M., Pears, K. C., Patterson, G. R., & Owen, L. D. (2003). Continuity of parenting practices across generations in an at-risk sample: A prospective comparison of direct and mediated associations. *Journal of Abnormal Child Psychology, 31*(2), 127.

- Caspi, A., & Elder, G.H. (1988). Emergent family patterns: The intergenerational construction of problem behavior and relationships. In Hinde & Stevenson-Hinde (Eds.), *Relationships within families* (pp. 218-240). Oxford, England: Oxford University Press.
- Clark, C., Young, M., & Dow, M. G. (2013). Can strengthening parenting couples' relationships reduce at-risk parenting attitudes?. *Family Journal*, *21*(3), 306-312. doi:10.1177/1066480713476841
- Conger, R. D., Belsky, J., & Capaldi, D. M. (2009). The intergenerational transmission of parenting: Closing comments for the special section. *Developmental Psychology*, *45*(5), 1276-1283. doi:10.1037/a0016911
- Conger, R. D., & Donnellan, M. (2007). An interactionist perspective on the socioeconomic context of human development. *Annual Review of Psychology*, *58*, 175-199. doi:10.1146/annurev.psych.58.110405.085551
- Conger, R. D., Neppl, T., Kim, K., & Scaramella, L. (2003). Angry and aggressive behavior across three generations: A prospective, longitudinal study of parents and children. *Journal of Abnormal Child Psychology*, *31*(2), 143-160. doi:10.1023/A:1022570107457
- Cowan, P.A., Cowan, C.P., Pruett, M.K., Pruett, K.D., & Gillette, P. (2014). Evaluating a couples group to enhance father involvement in low-income families using a benchmark comparison. *Family Relations*, *63*(3), 356-370.
- Cowan, P.A., Cowan, C.P., Pruett, M.K., Pruett, K.D. & Wong, J. (2009). Promoting fathers' engagement with children: Preventive interventions for low-income families. *Journal of Marriage and Family Therapy*, *71*(3), 663-679.



- Cowan, P. A., Field, D., Hansen, D.A., Skolnick, A., & Swanson, G.E. (Eds.). (1993). *Family, self, and society: toward a new agenda for family research*. Hillsdale, N.J.: Erlbaum.
- Floyd, K., & Morman, M. T. (2000). Affection received from fathers as a predictor of men's affection with their own sons: Tests of the modeling and compensation hypotheses. *Communication Monographs*, 67(4), 347.
- Hostetler, A., Desrochers, S., Kopko, K., & Moen, P. (2012). Marital and family satisfaction as a function of work–family demands and community resources: Individual and couple-level analyses. *Journal of Family Issues*, 33(3), 316-340.
- Kendall-Taylor, N. (2010). Experiences get carried forward: How Albertans think about early child development. *A Three Year Strategy in Knowledge Mobilization*. FrameWorks Institute, 1-35.
- Knox, M. S., Burkhart, K., & Hunter, K. E. (2011). ACT against violence parents raising safe kids program: Effects on maltreatment-related parenting behaviors and beliefs. *Journal of Family Issues*, 32(1), 55-74.
- Meaney, M. J. (2001). Maternal care, gene expression, and the transmission of individual differences in stress reactivity across generations. *Annual Review of Neuroscience*, 24(1), 1161-1192.
- Patterson, G. R. (1998). Continuities- a search for causal mechanisms: Comment on the special section. *Developmental Psychology*, 34(6), 1263-1268. doi:10.1037/0012-1649.34.6.1263

- Putallaz, M., Constanzo, P.R., Grimes, C.L., Sherman, D. M. (1998). Intergenerational continuities and their influences on children's social development. *Social Development, 7*(3), 389-427.
- Pruett, M. K., Cowan, C. P., Cowan, P. A., & Pruett, K. K. (2009). Lessons learned from the supporting father involvement study: A cross-cultural preventive intervention for low-income families with young children. *Journal of Social Service Research, 35*(2), 163-179.
- Rubin, K. H., & Chung, O. (Eds.). (2006). *Parenting beliefs, behaviors, and parent-child relations: A cross-cultural perspective*. New York: Psychology Press.
- Serbin, L. & Karp, J. (2003). Intergenerational studies of parenting and the transfer of risk from parent to child. *Current Directions in Psychological Science, 4*, 138-142.
- Schulz, M. S., Cowan, P. A., Cowan, C. P., & Brennan, R. T. (2004). Coming home upset: Gender, marital satisfaction, and the daily spillover of workday experience into couple interactions. *Journal of Family Psychology, 18*(1), 250-263.
- Schüz, B., Wurm, S., Ziegelmann, J. P., Warner, L. M., Tesch-Römer, C., & Schwarzer, R. (2011). Changes in functional health, changes in medication beliefs, and medication adherence. *Health Psychology, 30*(1), 31-39. doi:10.1037/a0021881
- Sigel, I.E. (1992). The belief-behavior connection: A resolvable dilemma? In Sigel, I. E., McGillicuddy-De Lisi, A. V., & Goodnow, J. J. (Eds.). *Parental belief systems: The psychological consequences for children* (pp. 433-456). Hillsdale, N.J.: L. Erlbaum Associates.

- Sigel, I. E., McGillicuddy-De Lisi, A. V., & Goodnow, J. J. (Eds.). (1992). *Parental belief systems: The psychological consequences for children*. Hillsdale, N.J.: L. Erlbaum Associates.
- Simons, R. L., Beaman, J., Conger, R. D., & Wei, C. (1992). Gender differences in the intergenerational transmission of parenting beliefs. *Journal Of Marriage & Family*, 54(4), 823-836.
- Simon, R. L., Bearman, J., Conger, R. D., & Wei, C. (1993). Childhood experience, conceptions of parenting, and attitudes of spouse as determinants of parental behavior. *Journal Of Marriage & Family*, 55(1), 91-160.
- Simons, R. L., Whitbeck, L. B., Conger, R. D., & Wu, C. (1991). Intergenerational transmission of harsh parenting. *Developmental Psychology*, 27(1), 159-171.  
doi:10.1037/0012-1649.27.1.159
- Summers, R. F., & Barber, J. P. (2010). *Psychodynamic therapy: A guide to evidence-based practice*. New York, NY: Guilford Press.
- Thornberry, T., Freeman-Gallant, A., Lizotte, A., Krohn, M., & Smith, C. (2003). Linked lives: The intergenerational transmission of antisocial behavior. *Journal of Abnormal Child*, 31(2), 171-184.
- Vaino, K., Holbrook, J., & Rannikmae, M. (2013). A case study examining change in teacher beliefs through collaborative action research. *International Journal of Science Education*, 35(1), 1-30.
- Van IJzendoorn, M.H. (1992). Intergenerational transmission of parenting: A review of studies in nonclinical populations. *Developmental Review*, 12(1), 76-99.

Wray-Lake, L., Flanagan, C. A., & Maggs, J. L. (2012). Socialization in context: Exploring longitudinal correlates of mothers' value messages of compassion and caution.

*Developmental Psychology*, 48(1), 250-256. doi:10.1037/a0026083

Zeng-Yin, C. & Kaplan, H. B. (2001). Intergenerational transmission of constructive parenting. *Journal of Marriage & Family*, 63(1), 17.

## Appendix A

### HSR Application

Smith College School for Social Work

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Board (HSRB).

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Chair, Smith College SSW HSRB

Date

**IN THE SECTIONS BELOW WHERE DESCRIPTIONS ARE REQUESTED, BE SURE TO PROVIDE SUFFICIENT DETAIL TO ENABLE THE COMMITTEE TO EVALUATE YOUR PROCEDURES AND RESPONSES.**

#### **DESCRIPTION OF RESEARCH PROJECT INVOLVING HUMAN PARTICIPANTS**

Briefly summarize the purpose of the study, the over-arching research question, and the planned use of human participants *with sufficient detail and in clear, concise language (space will expand in all sections as you enter your information)*:

Few programs to enhance fathers' engagement with children have been systematically evaluated, especially those aimed at supporting low-income marginalized populations. In response to this dearth of information, the Supporting Father Involvement (SFI) study was developed to strengthen paternal and maternal relationships, as well as father-child relationships, and to test the efficacy of doing so for family well-being. On the basis of earlier intervention results using a couples' group format (C. P. Cowan & Cowan, 2000; P. A. Cowan, Cowan, & Heming, 2005), we tested fathers and couples group interventions that we expected would positively affect three risk factors for child abuse – the quality of the father's relationship with the child, the quality of the couple relationship, and the children's behavior.

The Supporting Father Involvement (SFI) study has been implemented with over 800 families living in 5 counties of California over a 9-year period. The study followed a sample of predominantly low income families for 18 months in a randomized clinical trial of two variations of a preventive intervention; two thirds of participating families were Mexican American and one third European American and African American. The study compared the impact of a 16-week group for fathers, a 16-week group for couples, and a low-dose comparison condition in which both parents attend one 3-hour group session; all interventions were led by the same trained mental health professionals who focused on the importance of fathers to their children's development and well-being. The one-time meeting and the 16-week curriculum for fathers and couples' groups were based on a family risk model of the central factors that research has shown are associated with fathers' positive involvement with their children. A very extensive quantitative and qualitative evaluation of the program was conducted. Compared with families in the low-dose comparison condition, intervention families showed positive effects on fathers' engagement with their children, couple relationship quality, and children's problem behaviors. Participants in couples' groups showed more consistent, longer term positive effects than those in fathers-only groups. Intervention effects were similar across family structures, income levels, and ethnicities. Three different iterations of the intervention proved equally effective, with inclusion criteria expanded to include – not only biological parents – but any co-parenting dyads (e.g., siblings, Grandparents, stepparents, etc.), children up to 11 years old, and families who had been involved in the child welfare system.

On the basis of these results, several other states and countries began to implement SFI. One of these is Alberta, Canada. The program was implemented on a smaller scale at 4 sites without a control group, and with a scaled back version of the evaluation that included only a small group of quantitative instruments administered pre-intervention and one year later. Results to date are promising, but given the shorter follow-up time frame used and the small sample size available for study, it became clear that adding longer term quantitative data and interviews to capture qualitative impacts of the intervention according to parents' perceptions were warranted to fully appreciate what changes were happening for families in Alberta.

The purpose of the present study is to examine the effectiveness of the Supporting Father Involvement (SFI) program initiated in 2011 in Alberta, Canada. Similar to the California study, SFI Alberta aimed to strengthen fathers' involvement in the family, their relationships with their children and with the mothers of their children, and to promote healthy child development. The program entailed the same 16 week group intervention (either for fathers only or for couples), case management, and attempts to enhance father friendliness in the social service agencies in which SFI was embedded.

To study the effectiveness of the evidence-based SFI approach for Albertan families, a random subsample of families will be recruited from the original sample and the original questionnaires will be administered at 18-22 months after the intervention to determine if trends emerging in earlier analyses strengthen over time. In addition, interviews will be conducted with both parents/co-parents. These interviews will include questions about individual well-being, parenting, parent-child interactions, and three generation relationships in the family. Additional research questions related to student areas of interest deemed as particularly relevant to SFI will include:

- What parenting beliefs do participants in the study identify as important from their own growing up experience? How did these beliefs impact their own parenting? How did their involvement in SFI impact these beliefs about parenting?
- What factors are involved in how parents determine their roles and negotiate conflict within the family?
- How is the romantic attachment styles of SFII mothers and fathers related to their parenting styles?

A team of four Smith College School for Social Work students will enter and analyze the quantitative data collected via survey monkey or hard copy questionnaires distributed and collected by the program case managers. In addition, the team will conduct qualitative interviews via phone or Skype with participants from each of three Alberta sites.

**PARTICIPANTS:** if you are only observing public behavior, skip to question d in this section.

a). How many participants will be involved in the study?

     12-15            $\geq 50$       X   Other (how many do you anticipate)

36 families/72 participants (both co-parents)

b). List specific eligibility requirements for participants (or describe screening procedures), including exclusionary and inclusionary criteria. For example, if including only male participants, *explain why*. If using data from a secondary de-identified source, skip to question e in this section.

To participate in this study, participants must have met the criteria for inclusion in the SFI Alberta program:

1) Both partners are over 18 years of age, speak English, and agreed to participate in an SFI group and the research involved in the program. Participants participated in the SFI group sessions.

2) The parents/co-parents have agreed to raise their youngest child together, regardless of whether they were married, cohabiting, or living separately.

3) At the time of their participation in the SFI group, neither co-parent suffered from a mental illness or drug or alcohol abuse problems that interfered with their daily functioning at work or in caring for the child. If either co-parent reported serious problems of this kind, the family was not offered one of the study interventions and was referred for other appropriate services. Since recruitment for the current study is initiated at the sites, families who report any of the above difficulties at the present time to their case managers will again be excluded.

4) At the time of recruitment into the SFI program, co-parents were not accepted if there was a current open child or spousal protection case with Child Protective Services or an instance within the past year of spousal violence or child abuse. This last criterion was designed to exclude participants whose increased participation in daily family life might increase the risks for child abuse or neglect. Since recruitment for the current study is initiated at the sites, families who report spousal violence or child welfare involvement at the present time to their case managers will again be excluded.

5) Participants must have access to a phone line or Skype and be willing to speak with the researcher for about 45 min. about their experience in SFI as well as their family relationships, roles, and functioning. Participants must also be willing to complete the quantitative questionnaire familiar to them from earlier participation in the SFI program.

c). Describe how participants will be recruited. ***Be specific: give step-by-step description.*** (Attach all flyers, letters, announcement, email messages etc. that will be used to recruit).

The participants will be selected randomly from the families who have already completed the SFI intervention 18 to 22 months prior to this assessment. Case managers at each of the three sites will randomly contact families who completed the intervention 18-22 months ago and will tell them about the study. If families agree to learn more about the study, they will be told that a Smith MSW student will be contacting them by phone. Either or both parents/co-parents may agree to be contacted. From among those who agree to be contacted, the case managers will give each potential participant's contact information to a designated Smith student. The student will then call the potential participant and will explain what the study is about and how it will be conducted. All SFI participants have completed a signed informed consent form agreeing to participate in the overall SFI research, of which this study will be a part. Still, a new consent form will be obtained for this study. After explaining the current study, the researcher will discuss the consent form and issues of confidentiality with each potential participant. The researcher will email the consent form to be filled out and uploaded back to the researcher or will offer to have the case manager send one by mail. In that call, the researcher also will determine by what method the parent wants to complete the questionnaire. Once the consent is returned, the researcher will either 1) mail the questionnaire to the potential participant, 2) send a link for survey monkey or 3) will offer to conduct the questionnaire over the phone. The researcher will inform each parent that once the survey is filled out, the interview will be conducted. Another possibility is for the case managers to invite participants to a research dinner and invite them to fill out the questionnaires there. Note that the informed consents will not be attached to the questionnaires because those families who choose to do a survey monkey version of the questionnaire will not be anonymous and a wet signature will be required. The procedures detailed above, though not the most efficient, cover each necessary aspect of obtaining informed consent.

A date will then be set for the interview. The researcher will confirm that the questionnaire was completed prior to interviewing the parent. If it has not been completed, an alternate date for the interview will be set OR it will be completed that day by phone. The researcher will set up separate interview times with each parent/co-parent who agrees to participate, and will call or use video Skype to contact each participant at the designated time to complete the interview.

d). Is there any relationship between you as the researcher and the participants (e.g. teacher/student, superintendent/principal/teacher; supervisor/clinician; clinician/client, etc.) that might lead to the appearance of coercion? If so, what steps will you take to avoid this situation. For example: "I will not interview individuals who have been direct clients."

This is not applicable to the members of the research team. However, since the case managers will be making the initial contact with participants and will have worked with the families, they will make it clear that the study is completely voluntary, and the decision not to participate will not prevent the family from seeking or obtaining services in the future.

e). Are participants members of any of the following federally defined vulnerable populations?

Yes  No

If 'Yes', check all that apply:

minors (under 18 years of age)

prisoners

pregnant women

persons with physical disabilities

persons with mental disabilities

economically disadvantaged

educationally disadvantaged

other, please specify \_\_\_\_\_ If any of

the above are anticipated participants in this study, state the necessity for doing so. Please indicate the approximate age range of minors to be involved. Participants under age 18 require participant assent AND written consent from the parent/legal guardian. Please use related forms.

#### **RESEARCH METHODS:**

(Check which applies)

Interview and non-anonymous questionnaire

Anonymous questionnaire/survey

Observation of public behavior

Analysis of de-identified data collected elsewhere

( ) Where did these data come from originally?

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Did this original research get IRB approval? \_\_\_ Yes \_\_\_ No

(Skip to BENEFITS section)

\_\_\_ Other (describe) \_\_\_\_\_

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Describe the nature of the interaction between you and the participants. Additionally, if applicable, include a description of the ways in which different subjects or groups of participants will receive different treatment (e.g., control group vs. comparison group, etc.).

a). Please describe, with sufficient detail, the procedure/plan to be followed in your research (e.g. what participants will do).

To assess the effectiveness of the SFI intervention, the researcher will conduct quantitative questionnaires via Survey Monkey and qualitative interviews via phone or Skype.

As described above, the researcher will contact willing families, explain the study components, and discuss and complete the consent form. The quantitative questionnaire consists of scales that assess parental depression, father involvement, family role sharing (who does what), communication styles, parent stress, and relationship satisfaction. In addition, for this study, an instrument assessing relationship attachment between partners will be assessed whenever the co-parents are in an intimate relationship (the vast majority, if not all, of the anticipated sample).

The researcher will arrange separate times for each member of the co-parenting dyad to complete the qualitative interview. To avoid possible confounds from interview order, the researcher will alternate which parent will be interviewed first in each family. For example, the researcher will interview the mother first for family 1 but reverse that order for family 2.

The researcher will ask participants open-ended questions that relate to individual characteristics of the parents (depression); father involvement; family role sharing; the couple or co-parenting communication styles, relationship quality, and attachment; parenting stress (including the quality of the parent-child relationship); and the intergenerational transmission of parenting styles. The researcher will ask the same questions to each parent in each family dyad.

Participants will receive a gift for their involvement in the study after they have completed both portions of the research. This compensation is in the form of a \$15 gift card to a coffee house or grocery store in their neighborhood.

At the completion of both assessments for all families, the research team will compile the data to analyze any changes from the pre-intervention assessment, to the follow-up assessments, as well as to evaluate themes that emerge from the qualitative data.

b). How many times will you meet/interact with participants? (*If you are only observing public behavior, SKIP to question d in this section.*)

Interaction with the participants will occur over the phone or via Skype. Each researcher expects to contact each participant 1-3 times. Time 1: To assure participants' interest and go over the informed consent; Time 2: to do the interview or encourage completion of the questionnaire; Time 3 to do the interview if needed.

c). How much total time will be required of each participant?

We anticipate most families to fill out the questionnaire via online survey; the quantitative survey will take no longer than 20 minutes to complete online, as field tested by the researchers filling it out themselves to obtain an average time. It may take a bit longer by phone. The total interview time required for each participant will be 45 minutes for the interview and an hour and a quarter total. Because this research involves talking with couples, the total time for each family will be approximately 2 hours combined.

d). Where will the data collection occur (please provide sufficient detail)?

The data collection will occur at the participants' homes or offices over the phone or via Skype. The researcher will request that participants conduct the interviews from a quiet, private location that is away from the child(ren)'s earshot. Each researcher will conduct the interview either in his/her home or in a private study room at the library.

e). If you are conducting surveys, attach a copy of the survey instrument to this application. If you are conducting individual interviews or focus groups, including ethnographies or oral histories, attach a list of the interview questions as an "Attachment". Label attachments alphabetically, with descriptive titles (e.g.: *Attachment A: Interview Questions*).

The Questionnaire and Interview questions are attached to this application.



**INFORMED CONSENT: (If you are only observing public behavior, SKIP to next section)**

a). What categories of consent documentation will you be obtaining from your participants? (Check all that apply)

- written participant consent  
 written parent/guardian consent  
 Child assent 14-17  
 Child assent, assent 6-13

b). Attach original consent documents. \*note: be advised that, once the study begins, ALL consents/assents except those collected in connection with anonymous surveys will require [wet] signatures – no faxed or email/electronically signed copies.

Informed consent forms are attached following the instruments. (Please note that this appendix contains three informed consents since each of the three research sites requires slightly different language in terms of their program names and procedures)

**COLLECTION /RETENTION OF INFORMATION:**

a). With sufficient detail, describe the method(s) of recording participant responses (e.g., audiotape, videotape, written notes, surveys, etc.)

The researcher will use an audio recorder to record the qualitative interview. All interviews will be transcribed by the researchers. Should a transcription service be needed, a certificate of confidentiality will be signed and retained.

Survey Monkey will be used to collect the quantitative questionnaire data. The researcher will also give families the option of doing the quantitative questionnaire by mail or phone. The data will be collated by the researchers or the data manager for the SFI Alberta project, who is conducting the larger evaluation.

b). Include the following statement to describe where and for how long will these materials will be stored and the precautions being taken to ensure the security and safety of the materials.

All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period.

c). Will the recordings of participant responses be coded for subsequent analysis? *If you are only observing public behavior, SKIP to next section.*

- Yes (as described above)  
 No

**CONFIDENTIALITY:**

a). What assurances about maintaining privacy will be given to participants about the information collected?

1. Anonymity is assured (data cannot be linked to participant identities)  
 2. Confidentiality is assured (names and identifying information are protected, i.e., stored separately from data).  
 3. Neither anonymity nor confidentiality is assured

b). If you checked (2) above, describe methods to protect confidentiality with sufficient detail. Describe how you will maintain privacy of the participant as well as the data

Researchers will conduct interviews in private places where others will not hear them. Researchers will encourage participants not to have their children present during the interview process. Researchers will not share data collected with anyone outside of the research group and the program Case Manager unless you provide information that you are at risk of harming yourself, your children, or someone else; such information will be brought to the attention of the program staff and may need to be reported to child protective services or law enforcement. Before choosing to report such information, the researcher will discuss with you what he/she needs to report before doing so. Researchers will de-identify any personal information in all writing materials and disguise quotes before including them in any reports or publication.

All of the consent forms will be stored in a locked location away from the rest of the data at each researcher's location. The de-identified data will be available by DROPBOX for each of the researchers to acquire as needed. The transcriptions will be aggregated once they are fully de-identified so that the researchers will all have access to them.

When each researcher visits or returns to Smith, all data will be delivered in person to Dr. Pruett, who will keep it in a locked file in her office.

c). If you checked (3) above, explain, with sufficient detail, why confidentiality is not assured.

d). If you checked (3) above, provide sufficient detail that describes measures you will take to assure participants understand how their information will be used. Describe and attach any permissions/releases that will be requested from participants.

**RISKS:**

a). Could participation in this study cause participants to feel uncomfortable or distressed?

Yes

No

If yes, provide a detailed description of *what steps* you will take to protect them.

Participants may feel some distress talking about personal topics pertaining to themselves, their children and their partner relationship. The researcher will conduct a separate interview for each of the parents to avoid possible discomfort or arguments between them. Before beginning the interview, the researcher will ensure that participants understand that they may pause the interview at any time if they are feeling upset, or stop the interview all together. The researcher will also explain that participants may skip any question that they do not feel comfortable answering. During the interview, the researcher will remain alert to possible signs of distress and will check in with participants about their comfort level if they may be upset. The researcher will attempt to reframe and restructure the conversation by using his/her clinical skills, and will assist participants with connecting to their SFI case manager if they express a need for further support or resources. Since these couples have already been engaged with the SFI program and are familiar with the topics and questionnaires being addressed, risk of discomfort or distress with the questions themselves will be relatively low.

b). Are there any other risks associated with participation (e.g. financial, social, legal, etc.)?

Yes

No

If yes, provide a detailed description of the measures you will take to mitigate these additional risks.

**COMPENSATION: (If you are only observing public behavior, SKIP to the next section)**

Describe any cash or ‘gifts’ (e.g.: coffee shop gift card) that participants will receive for participating in this research (see guidance about payment/gift compensation in the Smith School for Social Work Human Subjects Review Guideline, at the HSR site in the SSW website).

Each participant will receive a 15 dollar gift certificate after completing the Survey Monkey questionnaire and qualitative interview.

**BENEFITS:**

a). Describe the potential benefits for the researcher (you).

This research will enable the research team to learn how to conduct a program evaluation, practice clinical skills in working with families and couples, and gain insight into issues of clinical relevance for work with families and children. In addition, each researcher will gain experience in working as part of a research team under a senior faculty researcher. This study will also include a stipend and partially fulfill the requirement necessary to obtain the researchers’ MSW degrees.

b). Describe the potential or guaranteed benefits for participants, EXCLUDING payment/gift compensations.

The post-assessment interview and questionnaire may help participants to reinforce what they have learned during the initial intervention process. Participants will have the chance to process their experience in and the intervention groups, and to re-evaluate their goals related to parenting, their relationship with their partner, and their personal well-being. They will also have the opportunity to reconnect with their case manager for further resources or support.

c). What are the potential benefits to social work/society from this research?

This research may contribute to a better understanding of how to enhance children’s healthy development and well-being through inclusion of fathers in the family and a focus on the couple (co-parenting) relationship. The research may also contribute to the development of an evidence-based intervention model that can be replicated in a different set of communities or another country in reducing known risk factors and increasing known buffers for domestic violence, child abuse and neglect.

**FINAL APPLICATION ELEMENTS:**

a. Include the following statement to describe the intended uses of the data:

The data collected from this study will be used to complete researchers’ Master’s in Social Work (MSW) Thesis. The results of the study may also be used in publications and presentations.

b. If there are Co- Researchers, cooperating departments, and/or cooperating institutions, follow the following instructions:

If you are working with/conducting your research with a researcher working at another institution or organization, include a letter of approval from that institution’s IRB or agency administrator. If there are multiple

researchers, indicate only one person on the Documentation of Review and Approval as the researcher; others should be designated as “Co-Researcher(s)” here.

The Principle Investigator and Researcher for this study is Dr. Marsha Pruett. The co-researchers are Todd Chen, Rachel Honig, Annabel Lane, and Sarah Robins.

c. TRAINING: Include the following statement to describe training:

All researchers have completed the Collaborative Institutional Training Initiative (CITI) on line training course prior to HSR approval. The certificate of completion is on file at the SSW.

Form updated 9/25/13

# Appendix B

## Quantitative Survey

**1. Supporting Father Involvement**

**1. Family ID Number**

**2. Date of this evaluation**

MM DD YYYY

1.  /  /

**3. Are you the dad or father figure?**  
**What is your relation to the child involved in the project?**

Dad

Father Figure

Relation:

**4. Are you the mom or mother figure?**  
**What is your relation to the child involved in the project?**

Mother

Mother-Figure

Relation:

**5. Site**

Edmonton

Cochrane

Lethbridge

## 2. Demographics

### 6. How old are you? (Please check one)

- Under 18 years
- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65+ years

### 7. What is your current marital status? (Please check one)

- Single
- Married
- Living together as a couple
- Divorced or separated
- Widowed

### 8. Were you born in Canada?

- Yes
- No

### 3. Demographics Continued

**9. If you were not born in Canada please answer the following:**

**What is your current immigration status? (Check one)**

- Landed immigrant
- Refugee claimant
- Canadian citizen naturalization
- Don't know
- Not applicable (Canadian citizen by birth)

**10. If you were not born in Canada, please answer the following:**

**How long have you lived in Canada (Check one)**

- Less than one year
- 1-3 years
- 4-10 years
- more than 10 years

**11. Which of these categories best describes your ethnicity or race? (Select all that apply)**

- First Nation
- Metis
- Inuit
- European / White
- Black / African Canadian
- Asian / Pacific Islander / Asian-Canadian
- Latino/Hispanic/Chicano
- Other (please describe)

**12. If First Nations, what band are you a member of?**

#### 4. Demographics Continued

**13. What is the highest grade or year of school that you have completed? (Check one)**

- No formal schooling
- Grade 8 or less
- Some high school (grades 9,10,11 and 12)
- High school diploma (completed grade 12)
- G.E.D. (high school equivalent)
- Some college or 2 year certificate
- Technical or trade school
- Bachelor's degree
- Graduate or professional school

**14. What is your combined household income? (Check one)**

- \$20,000 or less
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$70,000
- \$70,001 to \$80,000
- \$80,001 to \$90,000
- more than \$90,000

**15. Are you on financial assistance?**

- Yes
- No

## 5. Child Adaptive Behavior Inventory

Below are statements describing a child's behavior. Please indicate how well each statement describes your youngest child: not at all like, very little like, somewhat like, or very much like the child. Please read all choices for each question and choose one option for each statement.

Your child . . .

### 16. Is shy or bashful with adults

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 17. Tends to disobey or break rules

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 18. Is restless; can't sit still

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 19. Has a difficult time initiating play with a group of peers and gaining entry into their group

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 20. Has trouble concentrating on what he/she's doing

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 21. Is uncooperative in group situations with adults

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 22. Is shy or bashful with other children

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 23. Acts as a leader

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 24. In unable to work independently; needs constant attention

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 25. Takes a while to get comfortable with others

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 26. Sometimes breaks or ruins things

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like



**27. Has a hot temper**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**28. Seeks attention; "shows off."**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**29. Isolates himself/herself from the peer group**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**30. Is self-conscious; easily embarrassed**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**31. Punishment doesn't affect his/her behavior**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**32. Is uncooperative in group situations with children**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**33. Is easily distracted from what he/she's doing**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**34. Has an outgoing personality**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**35. Usually plays or works alone**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**36. Argues; quarrels**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**37. Is deliberately cruel to others**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**38. Like to meet new people**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**39. Gets into fights with other children**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**40. Is always getting into things**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**41. Usually plays or works with only one other child**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**42. Is stubborn or irritable**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**43. Doesn't always tell the truth**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**44. Makes friends quickly and easily**

- Not at All Like       Very Little Like       Somewhat Like       Very Much Like

## 6. How I've Been Feeling Lately

Here is a list of the ways you might have felt or behaved. Please choose the number that represents how often you have felt each of these ways during the past week. (Please read all choices)

- 0 = Rarely or none of the time (less than 1 day)
- 1 = Some or a little of the time (1-2 days)
- 2 = Occasionally or a moderate amount of time (3-4 days)
- 3 = Most or all of the time (5-7 days)

During the Past Week:

### 45. I was bothered by things that don't usually bother me.

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

### 46. I did not feel like eating; my appetite was poor.

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

### 47. I felt that I could not shake off the blues, even with help from my family or friends.

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

### 48. I felt that I was just as good as other people.

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**49. I had trouble keeping my mind on what I was doing.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**50. I felt depressed.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**51. I felt that everything I did was an effort.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**52. I felt hopeful about the future.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**53. I thought my life had been a failure.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**54. I felt fearful.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**55. My sleep was restless.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**56. I was happy.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**57. I talked less than usual.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**58. I felt lonely.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**59. People were unfriendly.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**60. I enjoyed life.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**61. I had crying spells.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**62. I felt sad.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**63. I felt that people dislike me.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**64. I could not get "going."**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

## 7. Couple Communication

These questions ask about your relationship with your partner, how the two of you handle disagreements, and how you try to solve your day-to-day problems.

### 65. When you and your partner attempt to solve a marital or family problem, which of the following strategies do you tend to use?

Please select all that apply

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. We delay action  | <input type="checkbox"/> 9. We talk about it and accept our differences | <input type="checkbox"/> 13B. My partner throws something at me                          |
| <input type="checkbox"/> 2. We talk about it to clarify the problem                | <input type="checkbox"/> 10A. I stomp out of the room                   | <input type="checkbox"/> 14A. I push, grab, or shove my partner                          |
| <input type="checkbox"/> 3. We discuss both of our points of view                  | <input type="checkbox"/> 10B. My partner stomps out of the room         | <input type="checkbox"/> 14B. My partner pushes, grabs, or shoves me                     |
| <input type="checkbox"/> 4. We compromise  | <input type="checkbox"/> 11A. I yell or insult my partner               | <input type="checkbox"/> 15A. I slap or try to hit my partner, but not with anything     |
| <input type="checkbox"/> 5. We work until we have a solution                       | <input type="checkbox"/> 11B. My partner yell or insults me             | <input type="checkbox"/> 15B. My partner slaps or tries to hit me, but not with anything |
| <input type="checkbox"/> 6. We ignore the problem                                  | <input type="checkbox"/> 12A. I throw something                         | <input type="checkbox"/> 16A. I slap or try to hit my partner with something hard        |
| <input type="checkbox"/> 7. We avoid talking about it, but continue to feel uneasy | <input type="checkbox"/> 12B. My partner throws something               | <input type="checkbox"/> 16B. My partner slaps or tries to hit me with something hard    |
| <input type="checkbox"/> 8. We avoid talking about it, just accept our differences | <input type="checkbox"/> 13A. I throw something at my partner           |  |

Using the following scale, please indicate how much conflict or disagreement you and your partner have had on each of the following issues, during the past month.

How much conflict regarding.... 0 (none) – 6 (a lot)

### 66. The division of workload in the family

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**67. The amount of time we spend together as a couple**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**68. Our sexual relationship**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**69. Who earns money**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**70. How we spend money**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot



**71. The quality of time we spend together as a couple**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**72. Our relationship with our in-laws**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**73. Ideas about how to raise children**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**74. Willingness to work for improvement in our relationship**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**75. The way we communicate with one another**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**76. Our work outside the home**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**77. Our child(ren)'s schooling**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**78. How to discipline our child(ren)**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**79. Any other issue? Please explain**

**80. Rating of other issue**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

## 8. Parenting Stress Index

The statements below ask you about your feelings of being a parent to your youngest child. Using the following scale, please choose the answer that best matches how much you agree or disagree with each of the following statements. YOUR FIRST REACTION SHOULD BE YOUR ANSWER.

**81. I feel trapped by my responsibilities as a parent.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**82. Having a child has caused more problems than I expected in my relationship with my spouse (male/female friend).**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**83. My child rarely does things for me that make me feel good.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**84. When I do things for my child I get the feeling that my efforts are not appreciated very much.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**85. When playing, my child doesn't often giggle or laugh.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**86. My child doesn't seem to learn as quickly as most children.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**87. It takes a long time and it is very hard for my child to get use to new things.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**88. I expected to have closer and warmer feelings for my child than I do and this bothers me.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**89. My child seems to cry, fuss, or get upset more often than most children.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**90. My child reacts very strongly when something happens that my child doesn't like.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**91. There are some things my child does that really bother me a lot.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**92. My child rarely does things for me that make me feel good.**

- Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**93. I feel that I am: (READ ALL CHOICES)**

- not very good at being a parent,  
 a person who has some trouble being a parent,  
 an average parent,  
 a better than average parent,  
 a very good parent.

**94. I have found that getting my child to do something or to stop doing something is:  
(READ ALL CHOICES)**

- much harder than I expected,  
 somewhat harder than I expected,  
 about as hard as I expected,  
 somewhat easier than I expected,  
 much easier than I expected.

**95. Overall, how do you rate your child's health?**

- Excellent     Good     Fair     Poor

**96. Overall, how would you rate your own health?**

- Excellent     Good     Fair     Poor

## 9. Who Does What - Introduction

All parents develop ways of dividing family household tasks and the caring and rearing of children. And, parents of babies tend to do different sorts of tasks than do parents of older children.

Please think about the different things you do for (and with) your YOUNGEST child.

**PARENTS WITH BABIES:** If your youngest child is a baby aged 1-1/2 years or less, please respond to the questions regarding parents with babies ONLY.

**PARENTS WITH CHILDREN OLDER THAN 1-1/2 YEARS:** If your youngest child is older than 1-1/2 years, please respond to the questions regarding parents with children older than 1-1/2 years ONLY.

Choose (and respond to) only one page of questions.

### **97. Please choose one of the following:**

- I am a parent with a baby. My youngest child is a baby aged 1-1/2 years or less.
- I am a parent with child(ren) older than 1-1/2 years.

## 10. Who Does What - Parents with Babies

FOR PARENTS WITH BABIES:

Please show how you and your partner divide the family tasks listed here. Using the numbers on the scale below, show HOW IT IS NOW and HOW YOU WOULD LIKE IT TO BE.

### 98. Feeding the baby: How it is NOW...

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

### 99. Feeding the baby: How you would LIKE it to be...

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**100. Bathing the baby: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**101. Bathing the baby: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**102. Changing the baby's diapers; dressing the baby: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL



**103. Changing the baby's diapers; dressing the baby: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**104. Doing the baby's laundry: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**105. Doing the baby's laundry: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**106. Responding to the baby's crying in the middle of the night: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**107. Responding to the baby's crying in the middle of the night: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**108. Taking the baby out: walking, driving, visiting, etc.: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**109. Taking the baby out: walking, driving, visiting, etc.: How you would like it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**110. Arranging childcare/babysitter: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**111. Arranging childcare/babysitter: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**112. Choosing toys for the baby: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**113. Choosing toys for the baby: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**114. Playing with the baby: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**115. Playing with the baby: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**116. Deciding how to respond to the baby: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**117. Deciding how to respond to the baby: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**118. Dealing with the doctor regarding the baby's health: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**119. Dealing with the doctor regarding the baby's health: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

SATISFACTION WITH OVERALL DIVISION BETWEEN PARENTS

**120. Overall, how do you feel about YOUR level of involvement with your child?**

- 1 Very satisfied
- 2
- 3 Neutral
- 4
- 5 Very dissatisfied

**121. Overall, how do you feel about the other parent's level of involvement with your child?**

- 1 Very satisfied
- 2
- 3 Neutral
- 4
- 5 Very dissatisfied

**122. Overall, how do you think the other parent feels about your level of involvement with your child?**

- 1 Very satisfied
- 2
- 3 Neutral
- 4
- 5 Very dissatisfied

## 11. Who Does What - Parents with Children over 1 1/2

FOR PARENTS OF CHILDREN OLDER THAN 1-1/2 YEARS:

Please show how you and your partner divide the family tasks listed here. Using the numbers on the scale below, show HOW IT IS NOW and HOW YOU WOULD LIKE IT TO BE.

\*\*NOTE: If you already completed this questionnaire for "parents with babies," please skip this questionnaire.

### 123. Making meals for the child (even if occasionally): How it is NOW...

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

### 124. Making meals for the child (even if occasionally): How you would LIKE it to be...

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL



**125. Reading to/with the child: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**126. Reading to/with the child: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**127. Choosing clothes for the child: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**128. Choosing clothes for the child: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**129. Doing the child's laundry: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**130. Doing the child's laundry: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**131. Deciding whether or how to respond to the child when upset: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**132. Deciding whether or how to respond to the child when upset: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**133. Taking the child out: walking, driving, visiting, etc.: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**134. Taking the child out: walking, driving, visiting, etc.: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**135. Getting the child to and from school (N/A if not in school): How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**136. Getting the child to and from school (N/A if not in school): How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**137. Choosing or being involved with child choosing own toys: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**138. Choosing or being involved with child choosing own toys: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**139. Playing with the child: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**140. Playing with the child: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**141. Disciplining the child: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**142. Disciplining the child: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**143. Dealing with the doctor regarding the child's health: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**144. Dealing with the doctor regarding the child's health: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

SATISFACTION WITH OVERALL DIVISION BETWEEN PARENTS

**145. Overall, how do you feel about YOUR level of involvement with your child?**

- 1 Very satisfied
- 2
- 3 Neutral
- 4
- 5 Very dissatisfied

**146. Overall, how do you feel about the other parent's level of involvement with your child?**

- 1 Very satisfied
- 2
- 3 Neutral
- 4
- 5 Very dissatisfied

**147. Overall, how do you think the other parent feels about your level of involvement with your child?**

- 1 Very satisfied
- 2
- 3 Neutral
- 4
- 5 Very dissatisfied



## 12. Quality of Marriage Index

Our Relationship (between the parents)

Please choose the number that best describes the degree of satisfaction you feel in each of these areas of your relationship.

**148. We have a good relationship.**

- 1 Very Strongly Disagree
- 2 Strongly Disagree
- 3 Disagree
- 4 Neither Agree nor Disagree
- 5 Agree
- 6 Strongly Agree
- 7 Very Strongly Agree

**149. My relationship with my child's other parent is very stable.**

- 1 Very Strongly Disagree
- 2 Strongly Disagree
- 3 Disagree
- 4 Neither Agree nor Disagree
- 5 Agree
- 6 Strongly Agree
- 7 Very Strongly Agree

**150. My relationship with my child's other parent is strong.**

- 1 Very Strongly Disagree
- 2 Strongly Disagree
- 3 Disagree
- 4 Neither Agree nor Disagree
- 5 Agree
- 6 Strongly Agree
- 7 Very Strongly Agree

**151. My relationship with my child's other parents makes me happy.**

- 1 Very Strongly Disagree
- 2 Strongly Disagree
- 3 Disagree
- 4 Neither Agree nor Disagree
- 5 Agree
- 6 Strongly Agree
- 7 Very Strongly Agree

**152. I really feel like part of a team with my child's other parent.**

- 1 Very Strongly Disagree
- 2 Strongly Disagree
- 3 Disagree
- 4 Neither Agree nor Disagree
- 5 Agree
- 6 Strongly Agree
- 7 Very Strongly Agree

**153. On a scale from one to ten, one being unhappy, five being happy, and ten being perfectly happy, all things considered, what degree of happiness best describes your relationship with your partner? Please choose a number.**

- 1 Unhappy
- 2
- 3
- 4
- 5 Happy
- 6
- 7
- 8
- 9
- 10 Perfectly happy

**154. How long have you two known each other?**

**(Please specify \_\_\_ months and \_\_\_ years)**

**155. PLEASE ANSWER ONE OF THE FOLLOWING:**

**(If you are romantically involved with your partner):**

**How long have you two been a couple?**

**(Please specify \_\_\_ months and \_\_\_ years)**

**156. (If you two co-parent the child but are not romantically involved with each other):  
How long have you been co-parenting the child who was involved in the SFI project?**

**(Please specify \_\_\_ months and \_\_\_ years)**

### 13. Experiences in Close Relationships - Revised

The statements below concern how you feel in emotionally intimate relationships. Please think about how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by choosing a number to indicate how much you agree or disagree with the statement.

1 = Strongly Disagree.....7= Strong Agree

**157. I'm afraid that I will lose my partner's love.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**158. I often worry that my partner will not want to stay with me.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**159. I often worry that my partner doesn't really love me.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**160. I worry that romantic partners won't care about me as much as I care about them.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**161. I often wish that my partner's feelings for me were as strong as my feelings for him or her.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**162. I worry a lot about my relationships.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**163. When my partner is out of sight, I worry that he or she might become interested in someone else.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**164. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**165. I rarely worry about my partner leaving me.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**166. My romantic partner makes me doubt myself.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**167. I do not often worry about being abandoned.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**168. I find that my partner(s) don't want to get as close as I would like.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**169. Sometimes romantic partners change their feelings about me for no apparent reason.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**170. My desire to be very close sometimes scares people away.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**171. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**172. It makes me mad that I don't get the affection and support I need from my partner.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**173. I worry that I won't measure up to other people.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree



**174. My partner only seems to notice me when I'm angry.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**175. I prefer not to show a partner how I feel deep down.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**176. I feel comfortable sharing my private thoughts and feelings with my partner.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**177. I find it difficult to allow myself to depend on romantic partners.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**178. I am very comfortable being close to romantic partners.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**179. I don't feel comfortable opening up to romantic partners.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**180. I prefer not to be too close to romantic partners.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**181. I get uncomfortable when a romantic partner wants to be very close.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**182. I find it relatively easy to get close to my partner.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**183. It's not difficult for me to get close to my partner.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**184. I usually discuss my problems and concerns with my partner.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**185. It helps to turn to my romantic partner in times of need.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**186. I tell my partner just about everything.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**187. I talk things over with my partner.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**188. I am nervous when partners get too close to me.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**189. I feel comfortable depending on romantic partners.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**190. I find it easy to depend on romantic partners.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**191. It's easy for me to be affectionate with my partner.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**192. My partner really understands me and my needs.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

## Appendix C

### Qualitative Interview

#### **Introduction:**

Hello, my name is \_\_\_\_\_. I am one of the research assistants in the SFI program. We want to thank you for taking the time and effort today to be a part of this interview and for your participation in the SFI program.

As you know, it has been over \_\_\_ months since you began participating in the SFI program and we realize that a lot may have happened in your family since the group ended. So we wanted to take this opportunity to ask you have some questions about how everything is going with you and your family. We are interested in how you are thinking now about your SFI experience and how your thinking has evolved over the past year. Before we get started, do you have any questions for me?

*Throughout the interview, use clinical interventions such as basic attending, listening and action skills. Examples include paraphrasing, clarification and reflection of feeling. Always try to focus the questions on the domains.*

#### **Questions:**

##### Individual Domain:

If you were to think back to what you have learned in SFI, what kind of changes have you noticed in yourself as a result of being part of the group?

What kind of changes have you noticed in your partner?

Some people in your group reported being pretty depressed at the beginning of the group. How did you feel? How do you feel now? What changed?

##### Parenting:

How has your involvement with your child changed since being in SFI? What do you attribute the changes to?

How has your partner's involvement with your child changed? What do you attribute the changes to?

Have you noticed any other differences in your relationship with your child?

**Probe:** What's different?

How have these changes affected your relationship with your partner?

As you looked back on what you learned at SFI about parenting, what do you remember most?

What kind of parenting beliefs do you hold most dear that come from your own growing up experience?

**Probe:** How did these beliefs influence your own parenting?

How has participating in SFI strengthened or changed these beliefs?

##### Partner:

In a perfect world, how would you and your partner split up family tasks? How do you think your partner would answer that question?

**Probe:** How have your feelings about this changed since being in SFI, or in the time since the group ended?

How do you and your partner resolve disagreements about who does what?

**Probe:** How has this changed since being in SFI?

**Probe:** How is this similar or different from the way you resolve other kinds of disagreements?

How has your participation in SFI affected your relationship with your partner today? How has it affected your co-parenting?

**Probe:** Has it changed your degree of closeness with your partner? If so, how?

**Probe:** Has it changed your degree of trusting your partner? If so, how?

**Probe:** Has it changed your degree of intimacy with your partner? If so, how?

How would you say that SFI has made a difference in how you see yourself as a spouse/partner? If I were to ask your partner this question, what do you think he/she would say?

Please use 5 adjectives to describe your partner.

Overall Program:

In what ways has SFI contributed to your family's overall well-being that you haven't yet mentioned?

What do you think was most important to you and your family about the SFI program?

What changes in the program would you recommend?

What was helpful about your connection with your Case Manager/Family Worker? With your Group Leaders?

**Appendix D**

**Informed Consent Forms  
(For sites: Norwood, Lethbridge and Cochrane)**



**Consent to Participate in a Research Study  
Smith College School for Social Work • Northampton, MA**

.....

**Title of Study:** Supporting Father Involvement (SFI), Norwood site

**Lead Researcher:** Dr. Marsha Pruett, Smith College School of Social Work, 413-585-7997

**Co-Researchers:** Todd Chen, Rachel Honig, Annabel Lane, and Sarah Robins  
(Smith College School for Social Work)

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**Introduction**

- You are being asked to help us understand what you learned in the Parenting in Partnership program at the Norwood Child and Family Resource Centre by participating in follow-up research on the program’s effectiveness.
- You were selected as a possible participant because of your previous participation in the program.
- Please read this form and ask any questions that you have before agreeing to be in the study.

**Purpose of Study**

- The purpose of the study is to better understand the experiences of families who participated in the Parenting in Partnership program. We would like to learn more about how your family may or may not have changed in the time since you participated in the program. In this program evaluation, we will ask for information about your well-being as an individual, partner/co-parent, and parent, as well as your children’s well-being, and relationships within your family.
- This study is being conducted to assist the program funders in attracting interest for additional funding for the program. This study also fulfills a requirement for the researchers’ Master’s in Social Work (MSW) degrees.
- Ultimately, this research may be published or presented at professional conferences.

**Description of the Study Procedures**

- If you agree to be in this study, you will be asked to:
  - 1) Participate in a brief, introductory conversation with a Smith graduate student researcher over the phone. The purpose of this conversation is to explain what the study is about and how it will be conducted, and to answer any questions you might have. The researcher will also explain the consent form and issues of confidentiality.



- 2) Complete a questionnaire that can be filled out online, mailed, or delivered to you by your family support worker. This questionnaire should take about 20 minutes to complete. The survey is just like the ones you have filled out in the past, with a few additional questions.
- 3) Participate in an interview by phone or Skype that will last about 45 minutes. Each parent will have a separate interview, which will consist of answering questions about how you are thinking about your Parenting in Partnership experiences and how your thinking has evolved over the past year. Although this interview will be conducted separately for each parent, participation from both parents is strongly encouraged. An audio recorder will be used for this interview, so the interview can be transcribed and themes from all of the interviews compiled.

### **Risks/Discomforts of Being in this Study**

- The study has minimal risks. Some of the questions in the interview and the questionnaire are of a personal nature and may cause you some discomfort or distress. You may skip any question that you do not feel comfortable answering and can pause or end the interview at any time. Your family support worker will be available if you want to discuss some of the issues after the interview and/or seek support for yourself or your family; the researcher can put you in touch with him or her.

### **Benefits of Being in the Study**

- The study will give you the opportunity to think more about your relationships with your children and your partner/co-parent. In addition, you will have an opportunity to talk about family issues that are important to you, revisit what you have learned during the Parenting in Partnership program, and reflect on your goals for the future.
- Your participation in this study may also benefit other families by providing a better understanding of how to improve children's healthy development and well-being. It will also help researchers learn how the Parenting in Partnership program was helpful to families, and may contribute to the longevity of Parenting in Partnership program, as well as the development of future programs based on the Supporting Fatherhood Involvement model.

### **Confidentiality**

- Your participation will be kept confidential. The questionnaires and the interviews will be conducted in the privacy of your home or preferred location. Your decision to participate will be shared only among the research team at Smith College and the Parenting in Partnership staff at Norwood. The information you provide will not be shared outside of the Smith College research team and the Data Manager for the Parenting in Partnership program unless you provide information that you are at risk for harming yourself or someone else; such information will be brought to the attention of the Parenting in Partnership staff and may need to be reported to child protective services or law enforcement. Before choosing to report such information, the researcher will discuss with you what he/she needs to report before doing so. Information will be compiled in a final report for the funders of the program, but all information will be reported in aggregate, and any quotes or examples will be carefully disguised.
- All research materials including recordings, transcriptions, analyses and consent documents will be stored in a secure location for three years according to U.S. federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

**Payments/gift**

- You will receive the following gift after completing both the questionnaire and interview: a 15 dollars gift certificate to a local coffee shop or grocery store. The gift certificate will be delivered to you by your family support worker.

**Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may decide not to take part in the study without affecting your relationship with the researchers of this study, Smith College, or the Centre. Your decision to decline will not prevent you from receiving any services now or in the future at Norwood Child and Family Resource Centre. You have the right not to answer any single question, as well as to withdraw completely up to the date noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by March 1, 2014. After that date, your information will be part of the thesis and final report.

**Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact researchers Todd Chen at xxxxxx@xxxx, (xxx)xxx-xxxx or Sarah Robins at xxxxxx@xxxx, (xxx)xxx-xxxx. If you would like a summary of the study results, please let one of us or your family service worker know and we will send you one once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

**Consent**

- Your signature below indicates that you have decided to volunteer as a participant in this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

.....

Appendix E



**Consent to Participate in a Research Study  
Smith College School for Social Work • Northampton, MA**

.....

**Title of Study:** Supporting Father Involvement (SFI), Lethbridge Site

**Lead Researcher:** Dr. Marsha Pruett, Smith College School of Social Work, 413-585-7997

**Co-Researchers:** Todd Chen, Rachel Honig, Annabel Lane, and Sarah Robins  
(Smith College School for Social Work)

.....

**Introduction**

- You are being asked to help us understand what you learned in the Supporting Father Involvement (SFI) program at Family Centre by participating in follow-up research on the program’s effectiveness.
- You were selected as a possible participant because of your previous participation in the program.
- Please read this form and ask any questions that you have before agreeing to be in the study.

**Purpose of Study**

- The purpose of the study is to better understand the experiences of the families who participated in the SFI program. We would like to learn more about how your family may or may not have changed in the time since you participated in the program. In this program evaluation, we will ask for information about your well-being as an individual, partner/co-parent, and parent, as well as your children’s well-being, and relationships within your family.
- This study is being conducted to assist the program funders in attracting interest for additional funding for the program. This study also fulfills a requirement for the researchers’ Master’s in Social Work (MSW) degrees.
- Ultimately, this research may be published or presented at professional conferences.

**Description of the Study Procedures**

- If you agree to be in this study, you will be asked to:
  - 4) Participate in a brief, introductory conversation with a Smith graduate student researcher over the phone. The purpose of this conversation is to explain what the study is about and how it will be conducted, and to answer any questions you might have. The researcher will also explain the consent form and issues of confidentiality.
  - 5) Complete a questionnaire that can be filled out online, mailed, or delivered to you by your case manager. This questionnaire should take about 20 minutes to complete. The survey is just like the ones you have filled out in the past, with a few additional questions.

- 6) Participate in an interview by phone or Skype that will last about 45 minutes. Each parent will have a separate interview, which will consist of answering questions about how you are thinking about your SFI experiences and how your thinking has evolved over the past year. Although this interview will be conducted separately for each parent, participation from both parents is strongly encouraged. An audio recorder will be used for this interview, so the interview can be transcribed and themes from all of the interviews compiled.

### **Risks/Discomforts of Being in this Study**

- The study has minimal risks. Some of the questions in the interview and the questionnaire are of a personal nature and may cause you some discomfort or distress. You may skip any question that you do not feel comfortable answering and can pause or end the interview at any time. Please contact your SFI case manager if you want to discuss some of the issues after the interview and/or seek support for yourself or your family.

### **Benefits of Being in the Study**

- The study will give you the opportunity to think more about your relationships with your children and your partner/co-parent. In addition, you will have an opportunity to talk about family issues that are important to you, revisit what you have learned during the SFI program, and reflect on your goals for the future.
- Your participation in this study may also benefit other families by providing a better understanding of how to improve children's healthy development and well-being. It will also help researchers learn how the SFI program was helpful to families, and may contribute to the longevity of the local SFI program, as well as the development of future programs based on the SFI model.

### **Confidentiality**

- Your participation will be kept confidential. The questionnaires and the interviews will be conducted in the privacy of your home or preferred location. Your decision to participate will be shared only among the research team at Smith College and the SFI staff at Family Centre. The information you provide will not be shared outside of the Smith College research team or the SFI Data Manager unless you provide information that you are at risk for harming yourself or someone else; such information will be brought to the attention of the SFI staff at Family Centre and may need to be reported to child protective services or law enforcement. Before choosing to report such information, the researcher will discuss with you what he/she needs to report before doing so. Information will be compiled in a final report for the funders of the program, but all information will be reported in aggregate, and any quotes or examples will be carefully disguised. In no ways will we disclose information that would identify your personal details when presenting our research for any of the purposes outlined above.
- All research materials including recordings, transcriptions, analyses and consent documents will be stored in a secure location at Smith College for three years according to U.S. federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

### **Payments/gift**

- You will receive the following gift after completing both the questionnaire and interview: a \$15 dollar gift certificate to a local coffee shop (Tim Hortons).

**Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may decide not to take part in the study without affecting your relationship with the researchers of this study, Smith College, or Family Centre. Your decision to decline will not prevent you from receiving any services now or in the future. You have the right not to answer any single question, as well as to withdraw completely up to the date noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by March 1, 2014. After that date, your information will be part of the thesis and final report.

**Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact researchers Rachel Honig at xxxxxx@xxxx, (xxx)xxx-xxxx or Sarah Robins at xxxxxx@xxxx, (xxx)xxx-xxxx. If you would like a summary of the study results, please let one of us or your family service worker know and we will send you one once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

**Consent**

- Your signature below indicates that you have decided to volunteer as a participant in this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

.....

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

.....

Appendix F



**Consent to Participate in a Research Study**  
**Smith College School for Social Work • Northampton, MA**

.....

**Title of Study:** Supporting Father Involvement (SFI), Cochrane Site

**Lead Researcher:** Dr. Marsha Pruett, Smith College School of Social Work, 413-585-7997

**Co-Researchers:** Todd Chen, Rachel Honig, Annabel Lane, and Sarah Robins  
(Smith College School for Social Work)

.....

**Introduction**

- You are being asked to help us understand what you learned in the Fathers Matter program at the Western Rocky View Parent Link Centre by participating in follow-up research on the program’s effectiveness.
- You were selected as a possible participant because of your previous participation in the program.
- Please read this form and ask any questions that you have before agreeing to be in the study.

**Purpose of Study**

- The purpose of the study is to better understand the experiences of the families who participated in the Fathers Matter program. We would like to learn more about how your family may or may not have changed in the time since you participated in the program. In this program evaluation, we will ask for information about your well-being as an individual, partner/co-parent, and parent, as well as your children’s well-being, and relationships within your family.
- This study is being conducted to assist the program funders in attracting interest for additional funding for the program. This study also fulfills a requirement for the researchers’ Master’s in Social Work (MSW) degrees.
- Ultimately, this research may be published or presented at professional conferences.

**Description of the Study Procedures**

- If you agree to be in this study, you will be asked to:
  - 7) Participate in a brief, introductory conversation with a Smith graduate student researcher over the phone. The purpose of this conversation is to explain what the study is about and how it will be conducted, and to answer any questions you might have. The researcher will also explain the consent form and issues of confidentiality.

- 8) Complete a questionnaire that can be filled out online, mailed, or delivered to you by your case manager. This questionnaire should take about 20 minutes to complete. The survey is just like the ones you have filled out in the past, with a few additional questions.
- 9) Participate in an interview by phone or Skype that will last about 45 minutes. Each parent will have a separate interview, which will consist of answering questions about how you are thinking about your SFI experiences and how your thinking has evolved over the past year. Although this interview will be conducted separately for each parent, participation from both parents is strongly encouraged. An audio recorder will be used for this interview, so the interview can be transcribed and themes from all of the interviews compiled.

### **Risks/Discomforts of Being in this Study**

- The study has minimal risks. Some of the questions in the interview and the questionnaire are of a personal nature and may cause you some discomfort or distress. You may skip any question that you do not feel comfortable answering and can pause or end the interview at any time. Your case manager will be available if you want to discuss some of the issues after the interview and/or seek support for yourself or your family; the researcher can put you in touch with him or her.

### **Benefits of Being in the Study**

- The study will give you the opportunity to think more about your relationships with your children and your partner/co-parent. In addition, you will have an opportunity to talk about family issues that are important to you, revisit what you have learned during the Fathers Matter program, and reflect on your goals for the future.
- Your participation in this study may also benefit other families by providing a better understanding of how to improve children's healthy development and well-being. It will also help researchers learn how the SFI program was helpful to families, and may contribute to the longevity of the Fathers Matter program, as well as the development of future programs based on the SFI model.

### **Confidentiality**

- Your participation will be kept confidential. The questionnaires and the interviews will be conducted in the privacy of your home or preferred location. Your decision to participate will be shared only among the research team at Smith College and the Fathers Matter staff. The information you provide will not be shared outside of the Smith College research team or the SFI Data Manager for the Families Matter program unless you provide information that you are at risk for harming yourself or someone else; such information will be brought to the attention of the Families Matter staff and may need to be reported to child protective services or law enforcement. Before choosing to report such information, the researcher will discuss with you what he/she needs to report before doing so.
- All research materials including recordings, transcriptions, analyses and consent documents will be stored in a secure location for three years according to U.S. federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

### **Payments/gift**

- You will receive the following gift after completing both the questionnaire and interview: a 15 dollar gift certificate to a local coffee shop. The gift certificate will be delivered to you by your case manager.

**Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may decide not to take part in the study without affecting your relationship with the researchers of this study, Smith College, or the Parent Link Centre. Your decision to decline will not prevent you from receiving any services now or in the future at the Centre. You have the right not to answer any single question, as well as to withdraw completely up to the date noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by March 1, 2014. After that date, your information will be part of the thesis and final report.

**Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact researchers Annabel Lane at xxxxxx@xxxx, (xxx) xxx-xxxx or Sarah Robins at xxxxxx@xxxx, (xxx) xxx-xxxx. If you would like a summary of the study results, please let one of us or your case manager know and we will send you one once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

**Consent**

- Your signature below indicates that you have decided to volunteer as a participant in this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

.....

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

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**Appendix G**  
**HSR Approval Letter**



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**School for Social Work**  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

January 4, 2014

Todd Chen, Rachel Honig, Annabel Lane, and Sarah Robins

Dear Todd, Rachel, Annabel and Sarah,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Marsha Pruett, Research Advisor