

WHAT YOU DO MATTERS: ASSESSING PARENTAL SELF-EFFICACY AFTER PARTICIPATION IN A PARENT EDUCATION PROGRAM

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Abstract

Parental self-efficacy (PSE) is a measurement that has been used for a variety of parent education programs and interventions. Previous studies have explored PSE within various contexts, but a gap exists in the exploration of parent education programs and the various impacts on different subgroups such as income, education level, and language. In this study, a pre-posttest design was used to explore PSE after the intervention of a 6-meeting parent education program called What You do Matters (WYDM) designed by the Parents as Teachers organization. The program was implemented in both Spanish and English to parents and caregivers in the United States. PSE was measured using the SEPTI-TS in a pre-posttest design to see if PSE is impacted by participation in the series. Statistical significance was found between the pretest and posttest PSE after participation in the parent education series. No within group differences were found within education level, income and language. A significant regression equation was found to assist with predictive value of participants in the WYDM series based on education level and primary language spoken in the home.

Keywords: parental self-efficacy; parent education program

Introduction

Parent education programs have been used to promote positive parenting skills and behaviors (DeBord & Matta, 2002; McConachie & Diggle, 2007; Owen, & Mulvihill, 1994), through various interventions (Liyana Amin, Tam, &

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Shorey, 2018). In more recent years, great attention has been given to parental self-efficacy (PSE) (Wittkowski, Garrett, Calam, & Weisberg, 2017) and how parent education programs can enhance PSE because of the positive impacts to parental behaviors (Ardelt & Eccles, 2001; Dumka, Gonzales, Wheeler, & Millsap, 2010; Junttila, Vauras, & Laakkonen, 2007; Izzo, Weiss, Shanahan, & Rodriguez-Brown, 2000; Seigny & Loutzenhiser, 2009).

Parental self-efficacy (PSE) is the self-assessed estimation of one's competence in their parenting (Coleman & Karraker, 1998; Junttila, 2010). Research has shown that PSE involves the beliefs parents have in influencing the behavior and environment that impacts a child's development (Ardelt & Eccles, 2001; Lurie-Hurvitz, 2009). Higher PSE has been linked to parents using more adequate parenting strategies (Ardelt & Eccles, 2001), which have an impact on various social and cognitive domains of development (Junttila, Vauras, & Laakkonen, 2007). PSE also has been found to correlate to competent and influential parental behaviors (Seigny & Loutzenhiser, 2009) and increased sensitivity and responsiveness (Dumka, Gonzales, Wheeler, & Millsap, 2010; Izzo, Weiss, Shanahan, & Rodriguez-Brown, 2000). A parent's PSE influences their parental perseverance (Bandura, 1982) and level of tenacity in adverse context (Coleman & Karraker, 1998; Lipscomb et al., 2011). Inversely, lower PSE relates to maternal depression (Kohlhoff & Barnett, 2013), less sensitivity, less responsiveness or over-reactivity in parenting (Sanders & Woolley, 2005), and overall lower levels of parental satisfaction. PSE is not a fixed personality or situational effect, but is a dynamic construct (van Rijen, Gasanova, Boonstra, & Huijding, 2014). Because of the malleability of PSE in specific contexts, it is a commonly used measurement for parenting interventions and parenting program development (Abarashi, Tahmassian, Mazaheri, Panaghi, & Mansoori, 2014).

PSE is grounded in Albert Bandura's Social Learning theory (1986) where he believed that one's self-efficacy can be increased in four different ways: positive mastery experiences, vicarious experiences, verbal persuasion, and physiological and affective state (Bandura, 1977). Efficacy in general has been found to be malleable and ever changing depending on the context. From a theoretical perspective PSE has been explored in two different ways, domain-general and domain-specific (Črnčec, Barnett, & Matthey, 2010). Domain-general PSE looks more at the broad perspective of PSE (*i.e.* "I think I am doing good as a mother/father"), whereas domain-specific has been considered to be more aligned with Bandura's theory and focuses on specific parenting tasks such

as feeding, soothing, engaging, and disciplining (*i.e.* “I am able to soothe my baby when she cries”). Many assessment tools exist that measure PSE (Coleman & Karraker, 1998; Jones & Prinz, 2005; Wittkowski, Garrett, Calam, & Weisberg, 2017) and most are self-reported questionnaires or surveys that the parent completes on either domain-general or domain-specific questions. A systematic review of the PSE assessment literature (Wittkowski, et al., 2017) found 34 different assessments that examine PSE of parents with children ranging in scope from infancy to age 18.

When looking at parent education, it can be challenging to determine if the background of the parent will impact how they receive the parent education content and in turn if the parent’s PSE will be impacted. Even with much research on PSE, little research exists on how background or language more specifically can interact with one’s PSE. PSE can be impacted both positively and negatively by one’s background and lived experiences. For example, if immigrant parents have effectively negotiated the challenges of emigrating and acculturation this may influence PSE positively (Falicov, 2000). However, other factors could also negatively affect PSE if families face discrimination and feel demoralized (Dumka, Gonzales, Wheeler, & Millsap, 2010).

In theory, it would be ideal to have a parent education program that can be transferred into many different languages and is beneficial to a variety of parents. But what if language impedes the learning and the overall enhancement of the PSE? Additionally, one’s education level and socioeconomic background may impact the learning in a parent education program. Do group differences exist when examining language and education level, when assessing PSE after the implementation of a parent education program for parents and caregivers of children ages four and under? And lastly, can a predictive model based on participation in the WYDM series and highest level of education and primary language at home be created?

Background on the WYDM Series

The What You Do Matters (WYDM) series is a parent education program developed by the national organization of Parents as Teachers (PAT). The series runs for 6 weeks, or 6 meetings, formatted specifically to be interactive between the parent (or caregiver) and child, while also receiving parenting, caregiving and child development information from a parent educator, and allowing for reflective and discussion time with other parents. The series focuses

on topics that parents of infants and toddlers (ages birth to 4) may find useful, such as brain development, social emotional development, and language. Each meeting is one hour in length that is geared towards the adult learner. The WYDM series can be implemented in both English and Spanish with content remaining the same in each language.

Objective

The objective of this study was to explore three research questions. The overall research question was to explore if participation in the What You Do Matters (WYDM) series impacted the parental self-efficacy (PSE) of participants at the completion of the series. In addition to exploring if PSE was impacted, are there particular demographics or attributes of respondents that impact PSE differently? If various subgroups' PSE is impacted differently, then parental training programs may have to take this into account in the development and implementation of the program. Finally, the third research question is whether a predictive model can be developed to predict the change of a respondent's PSE after participation in the WYDM series based upon the respondent's highest education level and primary language spoke in the home.

Methods

Study design

This study explores the relationship between the participation in the parent education series, What You Do Matters (WYDM) and self-reported parental self-efficacy (PSE) of parents and caregivers' with a pre-posttest survey design utilizing the Self Efficacy for Parenting Task Index-Toddler Scale (SEPTI-TS) (Coleman & Karraker-Hilderbrant, 2003). The pretest was given the first meeting of the WYDM series before any parental training occurred. The posttest was given the last day of the WYDM series after the completion of the series.

Target population

The sample for this research were parents and caregivers in two midwestern states, in the United States, that are affiliated with an urban health department in which they receive services, a Latino community agency, Parents as Teachers (PAT), and by friends that participated in the series. Parents and

caregivers were recruited to participate in the WYDM series by flyers, advertisements on social media and radio through promotion of the state health department, the Latino community agency and PAT. Criteria to be included in this study included, participation in the WYDM series, a signed consent form, attendance at the first and last meeting of the WYDM series, and completion of the SEPTI-TS instrument (pre and post). To be eligible for the WYDM series, respondents were either a caregiver or parent of a child aged 4 years or younger. Respondents participated in one of the 16 different sites where the WYDM series was offered. Each site had a different start date and facilitators.

Demographics

A total of 128 respondents attended one of the first WYDM sessions and completed the pretest. Out of the 128 respondents, 66 were from one state (state A) and 62 (state B) were from the other. The attrition rate of state A was 29% (47/66) and state B was 26% (46/62). The total attrition rate was 27% with 93 respondents completing the posttest out of the 128.

A total of 93 respondents attended the last day of the WYDM session and completed the posttest. One respondent did not complete the pretest completely and was eliminated from the study. Six respondents were identified as being outliers by creating a visual representation through a boxplot and confirmed with Mahalanobis distance. For statistical purposes these six outliers were eliminated from the study. The six outliers had mean difference gains on their pre-posttests with the range of increase from +1.30 to +2.34, with the average increase of the outliers being 1.70. Even though the outliers had mean difference gains that were positive, in comparison to the sample and data distribution they are eliminated to ensure that the statistical tests are valid. The mean range for the remaining 86 respondents was -.48 to +1.06. The normality of distribution assumption is met with the sample with the Shapiro-Wilk test with the elimination of the six outliers with a $p=.421$.

Descriptive statistics of the 86 respondents ($N=86$) that completed both pre and posttest were explored (does not include the 6 outliers that were eliminated from the study). 86% ($N=74$) of the respondents were mothers, 71 % married ($N=61$), and 49% ($N=42$) had participated in the Parents as Teachers program prior to enrolling in the WYDM series. A summary of the respondents that completed both the pre and posttest are given in Table 1.

Table 1. Demographics of respondents that completed both the pre and posttest SEPTI-TS

	<i>N</i>	%	Pretest <i>M</i>	<i>SD</i>	Posttest <i>M</i>	<i>SD</i>	Posttest- Pretest <i>M</i>	<i>SD</i>
Ethnicity								
Latinx	44	51.2	4.49	.51	4.73	.46	.24	.29
White, Non-Latinx	32	37.2	4.72	.63	5.09	.51	.37	.31
Black, African-American	7	8.1	5.19	.30	5.19	.30	.00	.15
Primary Language spoken in home								
English	45	52.3	4.81	.60	5.07	.50	.26	.27
Spanish	39	45.3	4.44	.50	4.70	.47	.26	.17
	<i>N</i>	%	Pretest <i>M</i>	<i>SD</i>	Posttest <i>M</i>	<i>SD</i>	Posttest- Pretest <i>M</i>	<i>SD</i>
Highest Level of Education								
Some high school	13	15.1	4.40	.45	4.60	.52	.20	.31
GED	6	7.0	4.24	.62	4.55	.54	.31	.25
High School	11	12.8	4.63	.49	4.82	.40	.19	.34
Some college	8	9.3	4.88	.54	4.94	.44	.06	.21
Associates degree	7	8.1	4.73	.82	5.09	.67	.36	.35
Bachelor's degree	22	25.6	4.65	.60	4.97	.46	.32	.31
Graduate degree	9	10.5	4.90	.58	5.13	.46	.23	.24
Professional degree (J.D., Ph.D.)	5	5.8	4.66	.52	5.10	.57	.44	.15
Age of Respondent								
18-24	5	5.8	5.08	.44	5.33	.44	.25	.43
25-29	14	16.3	4.53	.39	4.86	.37	.33	.20
30-40	53	61.6	4.64	.63	4.88	.53	.24	.31
41 or older	10	11.6	4.38	.55	4.67	.55	.29	.31
	<i>N</i>	%	Pretest <i>M</i>	<i>SD</i>	Posttest <i>M</i>	<i>SD</i>	Posttest- Pretest <i>M</i>	<i>SD</i>
Family combined income								
Less than \$15,000	19	22.1	4.64	.58	4.78	.53	.14	.24
\$15,000-34,999	26	30.2	4.50	.59	4.78	.52	.28	.31
\$35,000-49,999	10	11.6	4.68	.54	5.01	.36	.33	.29
\$50,000-74,999	5	5.8	4.95	.74	5.08	.75	.13	.28
\$75,000-149,999	15	17.4	4.68	.56	5.05	.48	.37	.27
\$150,000 or more	6	7.0	4.82	.60	5.09	.26	.27	.47
Number of children in the home								
1	28	32.6	4.76	.63	5.02	.54	.26	.33
2	27	31.4	4.56	.59	4.82	.48	.26	.28
3	18	20.9	4.60	.52	4.93	.51	.33	.33
4	5	5.8	4.52	.36	4.81	.21	.29	.21
5 or more	4	4.7	4.53	.94	4.70	.68	.17	.28

Note: % is based on total sample (N=86)

Data collection

Respondents voluntarily signed up for the WYDM series at one of the 16 different sites in two different midwestern states. Nine of the sites were in urban areas, 2 in suburban locations just outside of a city, and 5 in rural areas. The first meeting of the WYDM series, parents and caregivers completed a demographic form and the pretest of the SEPTI-TS. Four of the sites had a strong Spanish speaking representation and directions for the research were translated for the respondents by a translator. Spanish speakers were given the choice between the English and Spanish version of the demographic form and SEPTI-TS. The demographic form and the SEPTI-TS was translated by a language service company and certified for authenticity prior to the series. At the last meeting of the WYDM series the posttest was administered. The pretest and posttest are the same format. Respondents were compensated a fifty-dollar gift card to a large national general store for completing both the pre and the posttest.

Instrument

The SEPTI-TS is a 53-item instrument that is intended to measure the parental self-efficacy (PSE) of parents and caregivers. The developer of the instrument (Coleman & Karraker, 2003) designed it to measure a seven-factor model of domain-specific PSE. The seven factors found within the instrument are emotional availability (items 1-7), nurturance/valuing/empathetic responsiveness (items 8-15), protection (items 16-22), discipline/limit setting (items 23-29), play (items 30-36), teaching (items 37-45), and instrumental care/structure/routines (items 46-53). The instrument is a Likert scale and gives the respondent a statement in which they are to rate on a 1-6 scale. A '1' representing the respondent strongly agrees with the statement and a '6' representing the respondent strongly disagrees with a statement. Eighteen out of the 53 items are reverse scored to assist with bias in responding to the item. Total score range is 53-318 for an individual score. Mean scores were created for each participant that ranged from 0-6. The higher the score the higher the self-reported parental self-efficacy. The Cronbach's alphas for the pretest was .944 and the posttest was .926.

Descriptive statistics were conducted to explore the sample. Additionally, a mean pretest and posttest mean score was created for each respondent based upon the SEPTI-TS. A sample t-test was conducted between the pre and posttest scores. Within group analyses were explored to see if

differences existed and lastly a multiple linear regression was conducted on the post-mean score to examine predictive values.

Results

A paired sample t-test was conducted to compare the pretest and the posttest scores of the SEPTI-TS after participation in the WYDM series. There were significant differences in the scores of the pretest ($M=4.623$, $SD=.585$) and posttest ($M=4.890$, $SD=.513$) after the participation in the WYDM series; $t(85)=8.253$, $p=.000$. These results suggest that there may be evidence that the WYDM series participation increases parental self-efficacy (PSE) when measured with the SEPTI-TS. Out of the 86 respondents, 14 had a decrease in PSE (ranging from $-.48$ to $-.02$), 2 respondents remained the same and 70 respondents had their PSE mean increase (ranging from $+.01$ to $+1.06$). The range in change of PSE was $-.48$ to $+1.06$ with the average increase of $.277$.

Within the sample, subgroups were explored to see if there were statistical differences for the overall PSE score. The following subgroup explorations were: respondent relationship to child, age of respondent, education level of respondent, income level, participation in PAT, ethnicity of respondent, respondent's primary language, site location, number of children respondent brought to the series, marital status, number of adults that live in the home and number of children. No within group differences were found for the overall PSE score.

Lastly, a multiple linear regression was calculated to predict the parental self-efficacy (PSE) measured by the SEPTI-TS after participation in the WYDM series based on one's highest education level and primary language spoken in the home. A significant regression equation was found ($F(2,79)=8.781$, $p<.000$) with an R^2 of $.182$. Respondents' predicted PSE mean score is equal to $4.895 + .063$ (highest level of education) - $.188$ (primary language spoken in the home). Where level of education is coded as 1=some high school, 2=GED, 3=high school, 4=some college, 5=Associate's degree, 6=Bachelor's degree, 7=graduate degree, 8=professional degree (*i.e.* Ph.D., J.D., M.D.) and primary language spoken in the home was coded as 1=English and 2=Spanish. The SEPTI-TS PSE mean average score increased $.063$ points for each increased level of education and English speakers' PSE score was $.188$ higher. Both highest education level

($\beta=.280$, $p<.05$) and primary language spoken in the home ($\beta=-.240$, $p<.05$) were significant predictors of PSE.

Discussion

Statistical significance was found with a pretest posttest design of the self-reported parental self-efficacy (PSE) when measured with the SEPTI-TS after participation in the What You Do Matters (WYDM) series. No within group differences were found and a predictive equation was explored for predicting PSE with language (English and Spanish) and the level of highest education completed by a respondent.

The WYDM series is a 6 week (or 6 meeting) series that engages the parents and caregivers of young children (ages 0-4) in topics that are focused on child development and parenting through first an informational presentation by a trained parent educator, discussion, and then parent/child interaction time. The concept is to have parents and caregivers learn about parenting and child development from both a trained Parents as Teachers (PAT) professional, but also to engage in reflective practices with their own parenting and discussions with other parents that are in a similar stage. Bandura believed that self-efficacy in general can be increased by verbal persuasion, physiological experiences, mastery experiences and vicarious experiences (1986). In the WYDM series an emphasis was placed on verbal persuasion with parents and caregivers receiving feedback from their peers in the series and the PAT trained parent educator(s) that led the WYDM series. Additionally, the child and parent interactive time was to promote skills in hands-on tangible ways to assist the parents with feeling efficacious in mastery experiences and also to vicariously observe others engaging with their children. Content material was written to be encompassing for a variety of cultural backgrounds, education levels and implemented in two languages (English and Spanish). This research wanted to see if a 6-week series could impact the self-reported PSE, but also to see if the content and series impacted different subgroups differently.

Even though no within group differences were found when looking at age, ethnicity, education level, income level, or language, they were further explored to see if trends existed. With a high percentage (81%, $N=70$) of the respondents having an increase in their SEPTI-TS PSE score after the WYDM series, close examination was given to the 14 respondents that did not increase their overall score. The 14 respondents that did not increase their PSE score, 71%

($N=10$) were in the 30-40 age range, 57% ($N=8$) identified as Latinx, 29% ($N=4$) identified as Black or African American, 43 % ($N=6$) identified as having a high school degree or having completed some high school, and 69% ($N=9$) identified as having a joint family income of \$34,999 or less.

At first glance, with 71% ($N=10$) of the respondents that decreased in PSE being in the 30-40 age range this appears disproportionate. With further exploration of the respondents, the subgroup of ages 30-40 on average of the sample as a whole ($N=86$) had a posttest pretest mean average difference of .24 ($N=53$), which was the same for the 18-24 age range ($N=5$). The 18-24 age range had the highest pretest score of 5.08 and posttest score of 5.33, in comparison to the posttest mean of 4.63 and posttest of 4.87 of the 30-40 age range. The 30-40 age range also had the highest number of participants in the sample ($N=53$, 62%), so it is not as surprising that out of the 14 respondents that decreased in PSE, that 10 were in the 30-40 age range.

Additionally, in exploring the respondents that did not see an increase in PSE, 57% (4 out of the 7) of the Black or African American respondents that participated in the series saw a decrease in their PSE mean difference score. With the overall sample size of 86 respondents and a small representation of 8% ($N=7$) identified respondents as Black or African American, 57% seems disproportionately higher in comparison to the other groups and further research would need to explore this. With close examination to respondent ethnicity and pretest and posttest scores, Black or African American respondents ($N=7$) self-reported the highest pretest mean score of 5.19 and posttest mean score remained the same at 5.19. In contrast, those that identified as Latinx ($N=44$) a pretest mean score of 4.49 and posttest mean score of 4.73 with a mean increase between the two tests being .24. Latinx had the lowest overall self-reported PSE mean score on both the pretest and posttest. White, non-Latinx ($N=32$) had the highest mean increase between the two tests being .37. Areas to potentially explore would be attendance during the series, the participant's ability to connect and understand the content material, and relatability to the instructors of the series. Theoretically self-efficacy can be enhanced if one can relate and connect to the information and the one sharing the information (Bandura, 1986). Making information relatable is important in a parent education program and further research would need to be conducted to see if the parents that decreased in PSE felt a disconnect in relatability. With 12 out of the 14 (86%) that saw a decrease in PSE identifying

as Latinx or Black, African American, more in-depth research in to this would help to see if this a trend.

Out of the 14 respondents that did not see an increase in PSE, 28% ($N=4$) were from the same site location. These four respondents had the highest decrease of their PSE scores ranging from $-.48$ to $-.02$. This site overall had 11 respondents, with 4 respondents decreasing their self-reported PSE and this accounted for 36% of the overall respondents that decreased in PSE from one site. No other site had similar trends and therefore further comparison of site location mean score differences was explored to determine if any other details would emerge. This site had the second lowest mean score PSE difference in comparison to the other 16 sites at $.09$ ($N=11$). One other site had a mean difference score of $.06$ ($N=3$), with only one respondent having a decreased score of $-.18$. Many different reasons could exist for why a respondent did not increase in their self-reported PSE and further research would be needed. With attrition rates high in parent education programs in general and low attendance, examining the attendance of this site would assist with understanding if this impacted the self-reported PSE scores (Brody, Murry, Chen, Kogan, & Brown, 2006).

The predictive equation of exploring the education level and language (English and Spanish) was significant and represented about 18.2% of the variance. Exploration of other variables may assist with a more encompassing predictive model. The SEPTI-TS PSE mean average score increased $.063$ points for each increased level of education and English speakers' PSE score was $.188$ higher in comparison to the Spanish speakers'. This is a starting point for exploring if language and income level impact how a participant in a parent education program responds to the content and further if we can predict the level of difference in their self-reported PSE. This model looked only at two different languages because of the respondents that participated in the WYDM series and further analysis would need to be not only more encompassing in a variety of languages, but also in other variables that may make a more valuable predictive model.

Psychometrics

Psychometrics assist with the reliability and generalizability of survey research to ensure the validity of the construct. In this study, psychometrics on the SEPTI-TS were not able to be conducted because of the small sample size.

Statistical research has variance in what a sample size needs to be to conduct exploratory factor analysis (EFA), confirmatory factor analysis (CFA) or principal component analysis (PCA). Statistical research suggests that a 10:1 ratio of respondents per item be present to conduct a high quality psychometric analysis (Bryant & Yarnold, 1995) but in many cases a 5:1 ratio is used. In a Dutch study that explored the psychometric qualities of the SEPTI-TS (van Rijen, Gasanova, Boonstra, & Huijding, 2014) a 5:1 ratio was used for an EFA and PCA with a sample size of 309 respondents. In this study the researchers found a four-factor model that used only 26 of the 53 questions from the original SEPTI-TS (2014). The four-factors found were: nurturance, discipline, play and routine. They considered this four-factor model to be the Short Form of the SEPTI-TS to have a strong factor structure that were domain-specific to the PSE and “had high reliability” (2014, p. 453). The researchers believed this short form of the SEPTI-TS is more valuable with “specific parental tasks in toddlerhood, which increases opportunities for intervention, probably even before negative effects on child development are noticeable” (p. 453).

A more recent study found the original 53 items of the SEPTI-TS to be a five-factor model consisting of presence, emotional support, routines, playing and teaching (Junttila, Aromaa, Rautava, Piha, & Raiha, 2015). This Finnish study explored the parental self-efficacy (PSE) of both mothers and fathers with children 1.5 to 3 years of age between 2007 and 2009, with a sample size of around 6,000. Researchers used a confirmatory factor analysis (CFA) to test the construct validity of the PSE scale. This five-factor model is different than the seven-factor model that is found in the original publishing of the instrument in the United States (Coleman & Karraker, 2003). The original SEPTI-TS is a seven-factor model: emotional availability (items 1-7), nurturance / valuing / empathetic responsiveness (items 8-15), protection (items 16-22), discipline / limit setting (items 23-29), play (items 30-36), teaching (items 37-45), instrumental care / structure / routines (items 46-53). The seven-factor model was developed in the United States and the researchers of the Junttila and associates (2015) conclude the difference in their model being possible cultural implications when they state,

One possible explanation for the differences between the United States and Finland may be that American children are rated to have higher levels of activity, fear, and impulsiveness than Finnish children (Gaias et al., 2012), and these dimensions of protection and limit setting are not so apparent in the Finnish

culture, where children are more orientated and have more regulatory capacities and abilities to calm down and recover from being distressed (Junttila et al., 2015, p. 675).

Another difference between the five-factor model and seven-factor model of the PSE construct is the number of items that were eliminated in the Finnish study and suggested as necessary because of cultural parental implications. The amount they found necessary for the construct validity was less than half of the original 53 items of the SEPTI-TS, which was similar to the Dutch version (van Rijen et al., 2014). Research suggests that cultural implications of PSE may exist.

For this study, the original SEPTI-TS with the 53 items was used. However, with 45.3% ($N=39$) of respondents being Spanish speakers and taking the SEPTI-TS in a translated Spanish version, further research would need to be done to determine if there are differences between an English version of the SEPTI-TS and a Spanish version. No statistical group differences between English and Spanish speakers was found in this study. Additionally, with a Cronbach's alphas of the pretest at .944 and the posttest at .926, all 53 items were retained.

Limitations

The current study had 86 respondents and to conduct psychometrics on the SEPTI-TS and determine the reliability and validity of the instrument, a much larger sample would be needed. This study relies on the validity of previous studies, however the most current studies with the SEPTI-TS have collapsed the original 7-factor model (Coleman & Karraker, 2003) to a 4 (van Rijen, Gasanova, Boonstra, & Huijding, 2014) or 5 factor (Junttila, Aromaa, Rautava, Piha, & Raiha, 2015) model as suggested because of cultural values associated with PSE. Psychometrics would assist with interpretability and generalizability of the data. However, for a sample of this size the demographics of this study were strong with variance in ethnicity, age, education level, and income level. More research on fathers and single mothers would also strengthen the findings of this study.

The beginning of the WYDM series study had 128 respondents and 35 dropped out during the program for various unknown reasons (27% attrition rate). With feedback from the facilitators may have led to a better understanding of the drop-out rate. High attrition rates are not uncommon with parent education

programs that require attendance over time, but can impact the outcomes for the parents (Brody et al., 2006) therefore understanding the issue would lend to more substantial conclusions. Further, understanding why parents decide to participate in the series and exploring barriers that participants must overcome, could give more generalizable findings. Previous research has found that parents are more likely to enroll in a parent education program if they view their child as having maladjustment issues and correlations have also been found with family income level (Winslow, Bonds, Wolchik, Sandler, & Braver, 2009). Exploring both reasons parents sign up for parent education programs and retention issues are important to understanding outcomes and making quality decisions in program design and support for parents. Parents that live in low socioeconomic conditions may have more social and personal barriers in being able to attend the parent education program, especially if the program meets on more than one occasion. Research on retention of mothers in a preventative parent education program have found correlations between the education level of the mother and their overall attendance rate (Winslow et al., 2009). In this study, the education level appeared similarly to have an impact on one's PSE.

Future Research

Future research suggestions would be to have an experimental design, explore the SEPTI-TS further through psychometrics, examination of the sample attrition, and an examination of the residual impact of the WYDM series on participants' PSE. Various reasons can lead to why participants saw an increase in their PSE scores when measured with the SEPTI-TS and further research would need to explore this with a true experiment rather than a pre-post design. The WYDM series could lead to the increase in PSE, but with internal validity concerns in a pretest-posttest design such as maturation, history, and testing effects, future research would need to explore this more in depth to show causation.

Regression analysis did find a statistical significant model to predict PSE scores based on two testing variables, highest education level and family combined income level with a 18.2% total variance for the model. This is a weak predicting model and further research would need to be conducted with a larger sample to determine the predictive value of the PSE after participating in the WYDM series. And lastly, future research of examining the residual effect of WYDM series would strengthen the findings of the study.

Implications and Recommendations

The What You Do Matters (WYDM) series may impact the PSE of parents and caregivers after engaging in the 6-week series. Additionally, with no within group differences found in this sample between age, ethnicity, language, socioeconomic status, or educational level, the content of the WYDM series is beneficial for a wide scope of parents and caregivers. A weak predictive model was found that only attributed for 18.2% of the variance when using the predictive value of the highest education level achieved of the respondent and the language (English or Spanish).

Conclusions

A total of 92 respondents completed the pre and posttest of the SETPI-TS, with 6 outliers being identified and being eliminated ($N=86$). The SEPTI-TS is an instrument that measures self-reported parental self-efficacy (PSE). For this study, the SEPTI-TS was used in the original (Coleman & Karraker, 2003) format and not the short format that has been developed in Finland (Junttila, Aromaa, Rautava, Piha, & Raiha, 2015) and the Netherlands (van Rijen, Gasanova, Boonstra, & Huijding, 2014). Statistical significance was found in the pre and posttest scores of the SEPTI-TS after participation in the WYDM series offered through Parents as Teachers (PAT). Further research would need to determine if there is a relationship between participation in the WYDM series and an increase of PSE when measured with the SEPTI-TS. With 81% of the sample ($N=70$) having an increase of their PSE after engaging in the WYDM series, an experimental design would be beneficial to explore this further. Additionally, a weak predictive model that accounted for 18.2% of the variance was found using the highest reported education level of the respondent and the primary language spoke in the home (English and Spanish).

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Appendix A

SEPTI-TS in English

Directions: Please circle the number that you feel best represents your feelings on a statement about you and your child(ren). Circling a 1= you strongly disagree with the statement. Circling a 6= you strongly agree with the statement.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

1. Even when I have had an unusually distressing day, I think my child knows I am available to meet his or her emotional needs.

1	2	3	4	5	6
---	---	---	---	---	---

2. I believe that I adequately meet my child's needs to feel secure and accepted.

1	2	3	4	5	6
---	---	---	---	---	---

3. When my child needs me, I am able to easily put aside whatever else I may be doing.

1	2	3	4	5	6
---	---	---	---	---	---

4. I find it difficult to always be available to provide my child with the comfort he/she needs in dealing with the many frustrations and fears that toddlers face each day.

1	2	3	4	5	6
---	---	---	---	---	---

5. Providing physical comfort for my child is easy for me.

1	2	3	4	5	6
---	---	---	---	---	---

6. I am usually willing to stop what I'm doing and cuddle my child when he/she seems to need affection.

1	2	3	4	5	6
---	---	---	---	---	---

7. I am often too preoccupied with my own problems to keep up with my child's changing emotions.

1	2	3	4	5	6
---	---	---	---	---	---

8. I am able to sense when my child is starting to become distressed.

1	2	3	4	5	6
---	---	---	---	---	---

9. My toddler knows that I understand when his/her feelings are hurt.

1	2	3	4	5	6
---	---	---	---	---	---

10. I think my child knows by my behavior how much I really adore him/her.

1	2	3	4	5	6
---	---	---	---	---	---

11. My child feels very loved by me.

1	2	3	4	5	6
---	---	---	---	---	---

12. I think I am tolerant and understanding when my child displays negative emotions.

1	2	3	4	5	6
---	---	---	---	---	---

13. I find it very distressing when my child isn't in a good mood.

1	2	3	4	5	6
---	---	---	---	---	---

14. I definitely fulfill my parental duties when it comes to providing emotional support for my child.

1	2	3	4	5	6
---	---	---	---	---	---

15. When my child has a problem, he/she knows I will want to help.

1	2	3	4	5	6
---	---	---	---	---	---

16. Providing a safe, hazard-free environment for my child is very difficult for me.

1	2	3	4	5	6
---	---	---	---	---	---

17. I feel comfortable with my ability to react well should an emergency arise in which my child's physical well-being is in danger.

1	2	3	4	5	6
---	---	---	---	---	---

18. When I leave my child in someone else's care, I make sure that the substitute care provider will be capable of protecting my child from harm.

1	2	3	4	5	6
---	---	---	---	---	---

19. I have my home arranged to prevent as many accidents as possible with my toddler.

1	2	3	4	5	6
---	---	---	---	---	---

20. I am very good about never leaving my child unattended.

1	2	3	4	5	6
---	---	---	---	---	---

21. I always make sure I can see my child in order to make sure he/she does not get hurt.

1	2	3	4	5	6
---	---	---	---	---	---

22. I have difficulty determining what is and is not safe for my child to do.

1	2	3	4	5	6
---	---	---	---	---	---

23. Disciplining my child does not seem to be coming as naturally to me as other parts of parenting.

1	2	3	4	5	6
---	---	---	---	---	---

24. I have trouble getting my child to listen to me.

1	2	3	4	5	6
---	---	---	---	---	---

25. Other parents seem to have more success with setting limits for their children than I do with my child.

1	2	3	4	5	6
---	---	---	---	---	---

26. Setting limits for my toddler is relatively easy for me.

1	2	3	4	5	6
---	---	---	---	---	---

27. When my toddler tests the limits that I have set up, I find myself becoming extremely discouraged.

1	2	3	4	5	6
---	---	---	---	---	---

28. Telling my child "no" when safety isn't the issue is hard for me.

1	2	3	4	5	6
---	---	---	---	---	---

29. I allow my child enough freedom to actively explore the environment.

1	2	3	4	5	6
---	---	---	---	---	---

30. I can always think of something to play with my child.

1	2	3	4	5	6
---	---	---	---	---	---

31. I am a fun playmate for my toddler.

1	2	3	4	5	6
---	---	---	---	---	---

32. I find it hard to loosen up and just play with my child.

1	2	3	4	5	6
---	---	---	---	---	---

33. I am able to get actively involved in playing with my child.

1	2	3	4	5	6
---	---	---	---	---	---

34. Playing is a part of my relationship with my child that I have very little difficulty with.

1	2	3	4	5	6
---	---	---	---	---	---

35. I really need to learn how to just have fun with my child.

1	2	3	4	5	6
---	---	---	---	---	---

36. I think I spend an appropriate amount of time just playing with my child.

1	2	3	4	5	6
---	---	---	---	---	---

37. I believe my toddler learns a great deal from my efforts to show him/her things.

1	2	3	4	5	6
---	---	---	---	---	---

38. Assisting my child with learning to talk and understand words is a part of parenting that I leave to others.

1	2	3	4	5	6
---	---	---	---	---	---

39. Sitting down regularly with my child to read or do some other one-on-one activity is not difficult for me.

1	2	3	4	5	6
---	---	---	---	---	---

40. I am probably not that great at teaching my child about the world.

1	2	3	4	5	6
---	---	---	---	---	---

41. I have some difficulty figuring out the appropriate level of instruction when I'm trying to explain something to my child.

1	2	3	4	5	6
---	---	---	---	---	---

42. Helping my child learn colors, names of objects, etc. is not one of my strongest points.

1	2	3	4	5	6
---	---	---	---	---	---

43. My child learns more from me than anyone else in his/her life.

1	2	3	4	5	6
---	---	---	---	---	---

44. I easily find opportunities to point out things about the world during my daily interactions with my child.

1	2	3	4	5	6
---	---	---	---	---	---

45. Although I would like to help my child learn more about his/her surroundings, this is an area of parenting that I do not feel well-equipped for.

1	2	3	4	5	6
---	---	---	---	---	---

46. I have been able to establish a daily routine with my toddler that feels comfortable to both of us.

1	2	3	4	5	6
---	---	---	---	---	---

47. I am able to provide my child with a comfortable amount of daily structure.

1	2	3	4	5	6
---	---	---	---	---	---

48. I have been successful in getting my child to eat on a fairly regular schedule.

1	2	3	4	5	6
---	---	---	---	---	---

49. I feel like I have no control over my child's sleep habits.

1	2	3	4	5	6
---	---	---	---	---	---

50. I am not very good at getting my child to stick to a regular daily schedule.

1	2	3	4	5	6
---	---	---	---	---	---

51. Although I have tried to train my child to eat well, my efforts have been met with very little success.

1	2	3	4	5	6
---	---	---	---	---	---

52. I don't seem to be able to establish a regular bed time routine with my child.

1	2	3	4	5	6
---	---	---	---	---	---

53. I have worked out a fairly regular morning routine with my toddler.

1	2	3	4	5	6
---	---	---	---	---	---

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Appendix B

SEPTI-TS in Spanish

Indicaciones: Por favor, encierre en un círculo el número que considera que refleja mejor lo que usted siente en una oración sobre usted y su(s) hijo(s).

Un círculo alrededor del 1 = está totalmente en desacuerdo con la oración. Un círculo alrededor del 6 = está totalmente de acuerdo con la oración.

Totalmente en desacuerdo	En desacuerdo	Algo en desacuerdo	Algo de acuerdo	De acuerdo	Totalmente de acuerdo
1	2	3	4	5	6

1. Aun cuando haya tenido un día inquietante, creo que mi hijo sabe que estoy disponible para satisfacer sus necesidades emocionales.

1	2	3	4	5	6
---	---	---	---	---	---

2. Creo que atiendo adecuadamente las necesidades de mi hijo de sentirse seguro y aceptado.

1	2	3	4	5	6
---	---	---	---	---	---

3. Cuando mi hijo me necesita, soy capaz de hacer a un lado cualquier otra cosa que esté haciendo.

1	2	3	4	5	6
---	---	---	---	---	---

4. Me resulta difícil estar siempre disponible para dar a mi hijo el consuelo que necesita para manejar todas las frustraciones y temores que los niños pequeños enfrentan todos los días.

1	2	3	4	5	6
---	---	---	---	---	---

5. Brindarle bienestar físico a mi hijo es fácil para mí.

1	2	3	4	5	6
---	---	---	---	---	---

6. Generalmente, estoy dispuesto a dejar de hacer lo que esté haciendo para abrazar a mi hijo cuando parece que necesita afecto.

1	2	3	4	5	6
---	---	---	---	---	---

7. A menudo estoy muy preocupado con mis propios problemas para mantenerme al tanto de las emociones cambiantes de mi hijo.

1	2	3	4	5	6
---	---	---	---	---	---

8. Puedo sentir cuando mi hijo empieza a angustiarse.

1	2	3	4	5	6
---	---	---	---	---	---

9. Mi niño pequeño sabe que yo entiendo cuándo le han herido sus sentimientos.

1	2	3	4	5	6
---	---	---	---	---	---

10. Creo que mi hijo sabe por mi conducta lo mucho que lo adoro.

1	2	3	4	5	6
---	---	---	---	---	---

Totalmente en desacuerdo	En desacuerdo	Algo en desacuerdo	Algo de acuerdo	De acuerdo	Totalmente de acuerdo
1	2	3	4	5	6

11. Mi hijo se siente muy querido por mí.

1	2	3	4	5	6
---	---	---	---	---	---

12. Creo que soy tolerante y comprensivo cuando mi hijo muestra emociones negativas.

1	2	3	4	5	6
---	---	---	---	---	---

13. Me preocupa mucho cuando mi hijo no está de buen humor.

1	2	3	4	5	6
---	---	---	---	---	---

14. Definitivamente mis obligaciones como padre están satisfechas cuando le doy apoyo emocional a mi hijo.

1	2	3	4	5	6
---	---	---	---	---	---

15. Cuando mi hijo tiene un problema, él sabe que yo querré ayudarlo.

1	2	3	4	5	6
---	---	---	---	---	---

16. Proporcionar un ambiente seguro y sin peligros para mi hijo es muy difícil para mí.

1	2	3	4	5	6
---	---	---	---	---	---

17. Me siento cómodo con mi capacidad para reaccionar bien si surge una emergencia en la que el bienestar físico de mi hijo corre peligro.

1	2	3	4	5	6
---	---	---	---	---	---

18. Cuando dejo a mi hijo al cuidado de otra persona, me aseguro de que el proveedor de cuidado sustituto será capaz de proteger a mi hijo de cualquier peligro.

1	2	3	4	5	6
---	---	---	---	---	---

19. Tengo mi hogar preparado para prevenir el mayor número de accidentes posibles con mi niño pequeño.

1	2	3	4	5	6
---	---	---	---	---	---

20. Soy muy bueno en nunca dejar a mi hijo sin supervisión.

1	2	3	4	5	6
---	---	---	---	---	---

21. Siempre me aseguro de poder ver a mi hijo para asegurarme de que no se lastime.

1	2	3	4	5	6
---	---	---	---	---	---

22. Tengo dificultad para decidir qué es seguro y qué no lo es para que lo haga mi hijo.

1	2	3	4	5	6
---	---	---	---	---	---

Totalmente en desacuerdo	En desacuerdo	Algo en desacuerdo	Algo de acuerdo	De acuerdo	Totalmente de acuerdo
1	2	3	4	5	6

23. Disciplinar a mi hijo no me está saliendo tan natural como otras partes de la crianza.

1	2	3	4	5	6
---	---	---	---	---	---

24. Tengo dificultades para lograr que mi hijo me escuche.

1	2	3	4	5	6
---	---	---	---	---	---

25. Otros padres parecen tener más éxito al establecer límites para sus hijos que yo con mi hijo.

1	2	3	4	5	6
---	---	---	---	---	---

26. Establecer límites para mi hijo pequeño es relativamente fácil para mí.

1	2	3	4	5	6
---	---	---	---	---	---

27. Cuando mi hijo pone a prueba los límites que he establecido, me desanimo bastante.

1	2	3	4	5	6
---	---	---	---	---	---

28. Decirle "no" a mi hijo cuando no se trata de un asunto de seguridad me resulta difícil.

1	2	3	4	5	6
---	---	---	---	---	---

29. Doy libertad suficiente a mi hijo para explorar activamente el ambiente.

1	2	3	4	5	6
---	---	---	---	---	---

30. Siempre puedo pensar en algo con qué jugar con mi hijo.

1	2	3	4	5	6
---	---	---	---	---	---

31. Soy un compañero de juegos divertido para mi niño pequeño.

1	2	3	4	5	6
---	---	---	---	---	---

32. Me resulta difícil relajarme y nada más jugar con mi hijo.

1	2	3	4	5	6
---	---	---	---	---	---

33. Soy capaz de jugar activamente con mi hijo.

1	2	3	4	5	6
---	---	---	---	---	---

34. Jugar es una parte de mi relación con mi hijo que no me resulta difícil.

1	2	3	4	5	6
---	---	---	---	---	---

Totalmente en desacuerdo	En desacuerdo	Algo en desacuerdo	Algo de acuerdo	De acuerdo	Totalmente de acuerdo
1	2	3	4	5	6

35. Realmente necesito aprender a divertirme con mi hijo.

1	2	3	4	5	6
---	---	---	---	---	---

36. Creo que paso suficiente tiempo jugando con mi hijo.

1	2	3	4	5	6
---	---	---	---	---	---

37. Creo que mi niño pequeño aprende mucho de mis esfuerzos para mostrarle las cosas.

1	2	3	4	5	6
---	---	---	---	---	---

38. Ayudar a mi hijo a aprender a hablar y a entender las palabras es una parte de la crianza que dejo a otras personas.

1	2	3	4	5	6
---	---	---	---	---	---

39. Sentarme regularmente con mi hijo a leer o hacer otras actividades solo con él no me resulta difícil.

1	2	3	4	5	6
---	---	---	---	---	---

40. Probablemente no soy muy bueno enseñando a mi hijo sobre el mundo.

1	2	3	4	5	6
---	---	---	---	---	---

41. Me resulta un poco difícil descubrir el nivel de enseñanza apropiado cuando trato de explicar algo a mi hijo.

1	2	3	4	5	6
---	---	---	---	---	---

42. Ayudar a mi hijo a aprender los colores, los nombres de las cosas, etc. no es uno de mis puntos fuertes.

1	2	3	4	5	6
---	---	---	---	---	---

43. Mi hijo aprende más conmigo que con cualquier otra persona en su vida.

1	2	3	4	5	6
---	---	---	---	---	---

44. Durante mis interacciones diarias con mi hijo, me resulta fácil encontrar oportunidades para señalar cosas sobre el mundo.

1	2	3	4	5	6
---	---	---	---	---	---

45. Aunque me gustaría ayudar a mi hijo a aprender más sobre su entorno, esta es un área de la crianza en la que no me siento preparado.

1	2	3	4	5	6
---	---	---	---	---	---

Totalmente en desacuerdo	En desacuerdo	Algo en desacuerdo	Algo de acuerdo	De acuerdo	Totalmente de acuerdo
1	2	3	4	5	6

46. He podido establecer una rutina diaria con mi niño pequeño con la que ambos nos sentimos cómodos.

1	2	3	4	5	6
---	---	---	---	---	---

47. Soy capaz de proporcionar a mi hijo una cantidad adecuada de estructura diaria.

1	2	3	4	5	6
---	---	---	---	---	---

48. He podido lograr que mi hijo tenga un horario regular para sus comidas.

1	2	3	4	5	6
---	---	---	---	---	---

49. Siento que no tengo control sobre los hábitos de sueño de mi hijo.

1	2	3	4	5	6
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50. No soy muy bueno para lograr que mi hijo siga una rutina diaria.

1	2	3	4	5	6
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51. Aunque he tratado de enseñar a mi hijo a comer bien, mis esfuerzos no han tenido mucho éxito.

1	2	3	4	5	6
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52. Parece que no soy capaz de establecer un horario regular para que mi hijo vaya a la cama.

1	2	3	4	5	6
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53. He logrado establecer un rutina matutina bastante regular con mi niño pequeño.

1	2	3	4	5	6
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Colman, P.K, y Karraker-Hilderbrandt, K. (2003). Maternal self-efficacy beliefs, competence in parenting, and toddlers' behavior and developmental status. *Infant Mental Health Journal*, 24(2), 126-148. Instrumento que se encuentra en las páginas 143 a 145.