Interventions to Support Maternal Parenting Self-Efficacy: "I See How I Make a Difference to My Child"

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Begin the begin

• Bandura’s 1977 concept of self-efficacy
  – Knowledge about the task in question
  – Perceived ability to perform a specified behavior successfully
Factors that contribute to self-efficacy

• **Enactive mastery experiences**
  – Successfully managing a parenting challenge leads to higher parenting self-efficacy

• **Affective states**
  – Depression leads to negative evaluations of parenting skills/lower parenting self-efficacy
Factors that contribute to self-efficacy

• Vicarious experiences
  – Observing other parents successfully manage a parenting challenge leads to higher parenting self-efficacy

• Verbal persuasion
  – Having other people tell parents they are successfully managing a parenting challenge leads to higher parenting self-efficacy
Parenting self-efficacy

- A parent’s perceived competence in tasks associated with parenting
  - change with development, illness, special needs
- & feeling regarding their ability to parent overall

Coleman & Karraker, 1997
Needed for high PSE:

1) a repertoire of efficacious child care responses
2) confidence in his/her ability to accomplish the necessary task
3) beliefs that his/her child will respond as intended
4) beliefs that friends and loved ones will support his/her action(s)

Coleman & Karraker, 1997
PSE Specificity

- Note that in parents with multiple children, their perceived self-efficacy may differ
  - across children
  - across ages
    - Also true in first time parents
- Can be suggestive of relationship strains &/or strengths
  - Means of intervening if necessary
Specific parenting tasks

- Measured on some PSE scales
- Importance of developmental appropriateness
- Perceived areas of strength
- & areas in need of assistance
Overall perception

• “Domain” level
  – i.e., How good of a parent do you feel you are?
• Gives sense of how parent is feeling in that role
• Consistency with task ratings?
PSE Assessment Tools

• Maternal Efficacy Questionnaire
  – Gelfand & Teti (1991)
  – Use with 6 months of age – toddlers
  – 9 task & 1 domain item
MEQ

How good are you at
- soothing baby?
- understanding baby’s wants or needs? (changing/feeding)
- making your baby understand what you want him/her to do? (eat dinner or play quietly)
- getting baby to pay attention to you? (looking at you)
- getting baby to have fun with you? (smile and laugh)
- knowing what activities baby will enjoy? (games and toys)
- keeping baby occupied when you need to do housework? (dishes)
- feeding, changing, and bathing your baby?
- getting baby to show off for visitors (smile, laugh)?
- **In general, how good a mother do you feel you are?**
Another way to examine PSE

• Parenting Sense of Competence Scale
  – Use with infants/toddlers
  – Focuses on domain level

• Example items:
  – Being a parent is manageable, and any problems are easily solved.
  – I meet my own personal expectations for expertise in caring for my baby.
  – If anyone can find the answer to what is troubling my baby, I am the one.
A more specific measure of PSE

- Infant Care Survey
  - Designed for infants in first year
  - Focuses on task level items of knowledge & skills re:
    - Health
    - Diet
    - Safety

- No domain level
Utility

• Brief, free to use
• Aids in identifying areas of perceived difficulty & weakness
• Discussions with parent within context of bolstering PSE
  – Sensitivity when modeling skills & providing education
  – Allowing parent to take the lead
    • Suggestions i.o. requirements
  – Pointing out & reinforcing skills, positives to parenting
Future Measurement Directions

• Creation of new scale(s)
  – Reflect full breadth of PSE
  – Items at task and domain levels

• Developmentally sensitive scales
  – Early infancy
  – Later infancy
  – Toddlerhood
Predicted vs. Perceived PSE

• When we asked mothers to predict their PSE on the maternity ward…
  – Scores were significantly lower than self-ratings at 2-months postpartum
  – However, increase slight in terms of points on scale.
    • Likely representative of a low-risk, middle to high SES, with good support and little symptomatology
What is the trajectory of PSE?

- Given what we know about PSE from prior studies, what might we expect for the typical development of PSE in the first few months of a parent-infant relationship?
Predictions?

- When measured at 2-, 4- and 6-months postpartum in a community sample of 181 mothers
  - Do you think PSE was stable, increased, decreased?
MEQ mean in first 6 months

- 2-mo
- 4-mo
- 6-mo
Trajectory

In a low risk community sample –
– PSE increases significantly over time
– & the best predictor of PSE is prior PSE
– The mean scores are generally high
  • Interesting given the changes inherent in the initial six months
PSE in atypical dyads
PSE is related to

- Low PSE is associated with:
  - Depressive symptoms
  - Perceived stress
  - Child behavior problems
  - Colic

- High PSE is associated with:
  - Perceived social support
  - Attachment
  - Postpartum adjustment
What came first?

- Tempting to assume that PSE leads to the parent & child characteristics mentioned

- However, we don’t know the nature of the relationship from prior research
  - More longitudinal studies needed
Research at the U of Iowa
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Study examining impact of infant irritability on:

- Parenting self-efficacy
- Postpartum depression symptoms
Model of Effects of Infant Irritability

- maternal self-efficacy
- infant irritability
- maternal depression
Design

• Longitudinal design examining changes in:
  – parenting self-efficacy
  – postpartum depression
Observer assessment of Infant Irritability

- Neonatal Behavioral Assessment Scale (Brazelton, 1973)
  - ≥ 6 on NBAS “irritability cluster” at 3 and 4 weeks (Kaye, 1978; Crockenberg, 1981; van den Boom, 1994)
    - Peak of excitement – peak distress and consolability
    - Rapidity of build-up – amount of stimulation before baby exhibits distress
    - Irritability – number of times the baby exhibits distress
Maternal Ratings

• Infant fussiness: Infant Characteristics Questionnaire (Bates, 1979) – fussy/difficult scale

• Parenting self-efficacy: Maternal Efficacy Questionnaire

• Postpartum depression: Edinburgh Postnatal Depression Scale
Recruitment and Screening

• 117 infants
  – recruited from birth records and advertisements
  – completed NBAS at 3 weeks

• 111 infants
  – completed a second NBAS at 4 weeks
  – 24% met criteria for irritability
Participants in Longitudinal Study

- 24 irritable infants
- 29 nonirritable infants
  - randomly selected from infants not meeting irritability criteria
Maternal Ratings of Infant Negative Emotionality at 4, 8, and 16 weeks

Maternal Ratings of Infant Fussiness (ICQ)

- irritable (observer NBAS classification)
- nonirritable (observer NBAS classification)

![Graph showing maternal ratings of infant fussiness at 4, 8, and 16 weeks. The y-axis represents maternal ratings of infant fussiness (ICQ), ranging from 14 to 24. The graph compares irritable and nonirritable infants at each time point.]
Parenting Self-Efficacy at 8 and 16 weeks

Domain-Specific Parenting Self-efficacy (MEQ)

- irritable (observer NBAS classification)
- nonirritable (observer NBAS classification)
Mothers of irritable infants feel less efficacious at

Getting baby to have fun with mom
Postpartum Depression Ratings (EPDS)

- Recruitment sample
  - N = 117 infants/115 mothers
    - mean = 6
    - 7% ≥ 12

- Screening sample
  - N = 111 infants/109 mothers
    - mean = 5.6
    - 6% ≥ 12
Postpartum Depression at 3, 8, and 16 weeks
Association Between Parenting Self-Efficacy and Postpartum Depression

• 8 weeks
  – Nonsignificant

• 16 weeks
  – Irritable infants: nonsignificant
  – Nonirritable infants: $r = -0.53^{**}$
Lessons Learned

• Do mothers of irritable infants have lower parenting self-efficacy?
  – YES
    • ES = 1.0 at 8 weeks
  – and NO
    • mothers of irritable infants exhibit an increase in PSE from 8 to 16 weeks postpartum
Lessons Learned

• Do mothers of irritable infants have more symptoms of postpartum depression?
  – NO

  • community sample with low rate of depression
  • irritability classification based on observer ratings
Lessons Learned

• In mothers of irritable infants, is low parenting self-efficacy associated with postpartum depression?
  – NO
Implications for Intervention

• Coping with a parenting challenge can lead to an increase in parenting self-efficacy

• Parenting self-efficacy may result from
  – positive changes in the baby
    • even if baby still differs from other babies
Implications for Intervention

• Provide parent an opportunity to:
  – Describe specific parenting tasks she struggles with
    • may not be what we expect
  – Describe positive changes in child
  – Give herself credit for positive changes
FBN: Focus on PSE
What self-efficacy theory predicts regarding effective interventions

- Effective interventions emphasize
  - Individual’s ability to address problems through
    - Their own skills
    - Their own efforts
What self-efficacy theory predicts about interventions that are not effective

• Ineffective interventions
  – Solve the problem for the individual
  – Provide the individual with strategies they are unable to implement
  – Provide the individual with strategies that are ineffective
Strategies to use cautiously when goal is to enhance parenting self-efficacy

• Modeling
  – Without parent practice and feedback

• Recommendations/advice
  – Too many
  – Too difficult to implement
Strategies to use generously when goal is to promote parenting self-efficacy

- Emotional support for mother’s parenting struggles
- Achievable goals
- Noting the positive effect their efforts have on their child
Promotion of PSE

• We may, despite good intentions, hinder PSE if we step in to “solve” the parent’s concern regarding their infant/parenting

• We may promote PSE by assisting parents to feel as though they can bring about the change they are seeking in their infants and themselves