Measuring and Increasing Parental Empowerment and Capacity

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Abstract
Many clients accessing outpatient and residential parenting programs do so as a result of feeling helpless and powerless to change their situation. The psychological literature and clinical experience suggest that helping clients to feel more empowered can result in a constructive change to their way of thinking and behaving. Using the Adult Nowicki-Strickland Internal-External Locus of Control scale (ANSIE) and the Parental Locus of Control (PLOC) scale, this research measured locus of control (LOC) and other variables in participants (n = 44) attending parenting-related outpatient programs from five large community services agencies over a 7-month period. Results indicated a significant reduction in external LOC upon completion of the parenting program ($p < .01$, $df = 24$). The results on the PLOC were not significant; however, the ANSIE and the PLOC did correlate significantly with one another ($r = -.428$ at intake; $r = -.553$ at discharge). There was also a significant reduction in the frequency of “parenting-related family conflict” ($p = .005$, $df = 22$) as participants reported, on average, a reduction from 14.1 days of family conflict (in the past 30) at the beginning of the program to only 7.8 days of conflict at completion. However, this improvement in family functioning was not evident from the McMaster Family Assessment Device — General Functioning scale.

Introduction

“. . .parenting became extremely challenging. . . I was desperately struggling with my oldest son who by this time was basically running my life and my two other children. . . I felt alone and defeated, thinking I had no control over anything. . .”

(“Kathy” — a former client of a parenting program, 2000)

Many parents accessing children and youth residential and outpatient services via government-funded programs do so as a result of feeling helpless and powerless to change their situation. Parents will often comment that they feel that their family situation (e.g., their child’s behaviour) is “out of control.” As a result, their distress is perceived to be strong enough and impacts the family in significant ways which then motivates the parents to seek assistance with the situation or to be referred to a government-funded program.
The psychological literature suggests that one important factor that may influence a person’s feelings of helplessness and powerlessness is their perceived *locus of control* (LOC). LOC research essentially states that people will attribute a cause to an event with some people attributing an external cause and some attributing an internal cause. In general, if people attribute things that happen to them as out of their control (a high *external* LOC) they are more likely to feel helpless and powerless. In contrast, if they realistically believe they have control over many — but not all — things that occur in their lives (a high *internal* LOC), they are more likely to have a greater sense of empowerment and to be hopeful that things can change. The current study will build upon the existing literature on parenting and locus of control by looking at LOC in relation to the outcome measures for a number of outpatient parenting programs.

**Literature Review**

The construct of LOC has several potential influences. Bandura (1977) developed the concept of self-efficacy as a model on how behaviour is acquired and regulated. He writes that cognitive processes play a “prominent role” in the acquisition and retention of behaviour patterns and states that “…individuals can believe that a particular course of action will produce certain outcomes, but if they entertain serious doubts about whether they can perform the necessary activities such information does not influence their behaviour” (p. 193).

The self-efficacy model requires that individuals believe that they have the skills or characteristics to ensure the outcome they require or desire. LOC refers to a generalized expectancy that outcomes or events are a result of internal factors or of external factors. It is reasonable to view efficacy as a specific internal attribute of LOC.

Seligman’s learned helplessness model (Abramson, Seligman, & Teasdale, 1978) may offer another context from which to view LOC from a parental or family perspective. That is, parents who believe they exert little control over the behavior of their children may experience a sense of helplessness that leads to lowered responsiveness in the particular situation.

Finally, Rotter pioneered early LOC theory and ultimately the Rotter Locus of Control scale (Rotter, Seeman, & Liverant, 1962). According to Lefcourt (1966), Rotter’s social learning theory states that “the potential for any behavior to occur in a given situation is a function of the person’s expectancy that the given behavior will secure the available reinforcement and the value of the available reinforcements for that person” (p. 207). Internal control refers to the perceptions of positive and negative events being a consequence of one’s own actions while external control is where outcomes are a result of external events not related to one’s own behaviors.

**Parental LOC**

Several studies attempt to understand the relationship between parental LOC and the LOC of their children. Chandler, Wolf, Cook, and Dugovics (1980) found that mothers of children with an
internal orientation score were more likely to score high internal than mothers of externally oriented children. This relationship did not hold for fathers. The authors argued that this finding may indicate that mothers are more influential than fathers in development of LOC orientation. In contrast, some studies found no relation between parental LOC orientation and a child’s LOC (Hoffman & Levy-Schiff, 1994; Morton, 1997). Also, Hoffman and Levy-Schiff (1994) in examining the relationship between parental LOC and children’s behaviour found that a relationship existed between an external LOC and increased child behaviour problems as measured by the Child Behavior Checklist.

A question that makes intuitive sense is to ask whether the LOC of parents is related to whether they believe their children’s behaviour is within their control or beyond it. Harris and Nathan (1973) examined 24 pairs of parents and their children who attended a psychology clinic. Subjects who rated the source of their children’s problems as arising from external sources scored significantly more to the external end of the continuum than those who rated their children’s problems as arising from internal sources. The authors concluded that the results support the hypothesis that child-rearing behaviour is perceived as based on skill by some and on chance by others.

In the development of a scale to specifically measure parental locus of control, Koeske and Koeske (1992) hypothesized that such variables as education and social support would be probable antecedents to the internality versus externality of LOC. They found that an external orientation was associated with less maternal esteem, less parental satisfaction, and negatively correlated with social support. Education did not associate with internal/external orientation.

Other studies examined the relationships between parental LOC and children’s personality characteristics. Ollendick (1979) studied a set of fourth graders and their parents, administering personality measures to the children along with the Nowicki-Strickland Internal External (NSIE) LOC scale. Ollendick found that LOC was significantly correlated to anxiety (external orientation related to higher anxiety). Mothers’ and fathers’ orientation of control was significantly correlated to daughter LOC and anxiety. However, these findings differed for sons. For sons, mothers’ internal LOC was correlated to higher intelligence and achievement scores of their sons. This finding did not hold true for daughters. The author speculates that this may be due to modeling effect differences on sons versus daughters.

**Parenting Styles and Other Correlates of LOC**

McClun (1998) examined the relationship between perceived parenting styles and their adolescents’ LOC orientation and self-concept. The parenting styles examined were authoritative versus permissive or authoritarian. They found that subjects who perceived their parents as authoritative versus either permissive or authoritarian demonstrated a more internally oriented LOC. McClun suggests a potential relationship between parenting style/behaviour and the children’s LOC. Due to the correlational design of the cited research the direction of these relationships cannot be inferred.
Earlier research also made attempts to determine antecedents to children’s LOC and found that a protective child rearing style in mothers was related to an external LOC. This might be expected because “protective” mothers allow less opportunity to “engage in self-initiated activities” (Barling, 1982, p. 155).

Similarly, other early studies attempted to establish the parental antecedents of LOC orientation. MacDonald (1971) used questionnaires based on the subjects’ recollection of their experiences being parented (Perceived Parenting Questionnaire) and found that an internal LOC was correlated with high maternal and paternal nurturance, low maternal protectiveness (consistent with the findings of Chandler et al., 1980), high maternal predictability of standards, and low maternal deprivation of privileges. One curious finding was that males who reported greater amounts of physical punishment were more likely to be internally oriented than those who reported lesser amounts. MacDonald concludes that higher internal subjects (a group of college undergrads) were more likely to describe their parents as being warm, nurturing, consistent, and encouraging.

In a review of LOC literature, Nowicki and Duke (1983) noted other studies focusing on antecedents of LOC. Such findings include that parents more internally oriented are “warmer” and allow their children greater independence, mothers of children who are warmer had parents who were more internal and that subjects recalling more positive events during high school years were more internally oriented.

Parents with a more authoritarian parenting style had higher external LOC scores only when they were more inclined to view their child behaviours as externalizing. The authors also discriminated between a strong internal LOC score and a weak one. They found that parents with a strong internal LOC scale and perceiving their children’s behaviour as internalizing was negatively correlated to an authoritarian parenting style. The authors concluded that the relation between locus of control and child rearing style was moderated by perceived child behaviour style. Janssens (1994) concluded that parents who perceived their children at either end of the spectrum of behaviour (internalizing or externalizing) were more external in their LOC but acknowledges some limitations of the results including measures of parent perceptions, the use of rater scoring, and low to moderate correlations.

However, findings that there is a relationship between parental practices and LOC of children are inconsistent throughout the literature. Chandler et al. (1980) found no relationship between parental practice and children’s LOC. One exception to this was that internally oriented children reported their fathers exhibiting more nurturance and less rejection.

LOC has also been examined in relation to a number of personality variables and behaviours. Strickland (1978) reviewed the literature on a variety of health-related behaviours related to LOC. A summary of findings includes that internals were more likely to wear seat belts, had more positive attitudes toward exercise (and more likely to participate in voluntary exercise), had more
success in completing weight loss program, and were more likely to practice birth control.

Strickland (1978) also reviewed the literature regarding those already dealing with a physiological disorder. Here the results were not always in the expected direction. In one cited study, the externals were less denying about their disability than internal subjects. The authors of the study suggested that internals might be more threatened by the condition and, hence, more denying of it than externals. Strickland raised the question of the possibility of internality or externality being more adaptive in certain situations suggesting it may be more adaptive to take a stance of denial when people who would normally be more externally oriented are faced with a situation beyond their control. Given the data on the whole, Strickland argues that internal individuals generally adopt a more adaptive stance when dealing with health problems.

**Shifting LOC**
Attempts have been made to shift subjects’ LOC to a more internal orientation. Roueche and Mink (cited in Nowicki & Duke, 1983) devised a program in an attempt to shift people who felt powerless and alienated to an internal locus of control through counselling. Measures of student behaviour were taken over three semesters to assess change in control orientation. Findings were that students who partook in the counselling did have a shift to a more internal LOC. The authors cautioned that this intervention only accounted for a small portion of students’ life experiences.

Koger (1999) studied the Building Strong Families program for its effectiveness in shifting mothers’ LOC to greater internality. Fifty mothers from a BSF program agreed to participate in the research while 50 families not part of the program agreed to be a comparison group. Those who completed the BSF program noted a shift to greater internal orientation as compared to the group that did not participate in the program. There was also a finding of increased maternal perceptions of positive parenting. Koger concludes that LOC and parenting behaviours can be shifted through participation in parenting programs.

The McMaster Model of Healthy Family Functioning is based on a model of health and positive features of a family, rather than on negative characteristics. It is based on family systems theory and posits that three task areas comprised of a “Basic” task area, a “Developmental” task area and a “Hazardous” task area must be performed adequately by a family for healthy functioning (Epstein, Ryan, Bishop, Miller, & Keitner, 2003). The authors state that families “unable to deal effectively with these three task areas are most likely to develop clinically significant problems and/or chronic maladaptive functioning in one or more areas of family functioning” (p. 584).

The Family Assessment Device is based upon the McMaster Model of Healthy Family Functioning and has been used to determine the effectiveness of family intervention models (Slattery, Smith, Krapf, & Buchenauer, 2001). Professionals visited families in their homes providing services that included work on family structure, roles, rules, and communication for 6–8 months. The authors concluded that overall the type of intervention used for these families was successful.
The body of research using the Family Assessment Device as it relates to family service and intervention is limited at this time. Results overall regarding family services and intervention indicate that such programming is promising for enhancing the mental health and functioning of families, given the limitations in conducting research. The present work will expand this body of research.

**Purpose of the Present Study**

The body of work cited here generally indicates that an internal LOC is related to healthier outcomes in parents, children and families. In spite of some of the methodological difficulties related to this type of research, overall the research indicates healthier outcomes and function where at least one parent possesses an internal LOC. For the present study, greater internality is hypothesized to be positively correlated to healthy family functioning following a parenting-related outpatient program.

**Hypotheses**

We hypothesized that following completion of a parenting-related program:

- Participants will report a greater internal LOC (as measured by a lower score on the Adult Nowicki-Strickland Internal-External LOC scale).

- Participants will report a greater internal parenting LOC (as measured by a higher score on the Parental LOC scale).

- Participants will report improved family functioning (as measured by the General Functioning scale on the McMaster Family Assessment Device).

- Participants will report less frequent family conflict (related to parenting) within the past 30 days (as measured by their self-report).

- Participants will report a reduction in the severity of family conflict (related to parenting) within the past 30 days (as measured by their self-report).

**Method**

**Participants**

The participants were 44 consenting adult clients from outpatient parenting programs at five large community services organizations in the Fraser Valley, British Columbia (Abbotsford Community Services, Crescent Beach Community Services, Langley Family Services, OPTIONS (Surrey), and Peace Arch Community Services). The study operated over 7 months. A total of
133 parenting program attendees were offered the opportunity to participate. Of the 44 subjects who returned intake questionnaires (a 33% response rate), 26 returned useable discharge questionnaires at the completion of their program.

**Procedure**

All participants from the qualifying parenting programs were provided the opportunity to participate. Subjects who volunteered for the research were asked to complete a package of self-report questionnaires at the beginning of their program and then again at the completion of their program. Subjects received an honorarium for completion of each package. Packages were distributed by the program facilitators but returned directly to the researchers, resulting in the facilitators being blind to which program participants were also participating in the research.

**Self-report Questionnaire Measures (Dependent Variables)**

A general psychosocial intake was used to collect a range of data including questions measuring variables such as the number of days of family conflict related to parenting (in the last 30 days) and the severity of the family conflict.

**Locus of control**

The Adult Nowicki-Strickland Internal External (ANSIE) Locus of Control scale builds upon the previous children’s scale (Nowicki & Duke, 1983). It is a 40-item paper and pencil self-report test, utilizing a dichotomous “yes/no” scale. Nowicki and Duke normed the ANSIE on 191 subjects from the community and college students. Split-half reliability coefficients range from .74 to .86 with a test-retest coefficient of .86. Convergent validity was tested against the Rotter LOC scale resulting in significant correlations of .68 and .48.

The Parental Locus of Control scale was developed by Koeske & Koeske (1992) to measure parental LOC beliefs about their ability to control their children’s behaviour. It is a 14-item scale scored on a 5-point Likert scale scored in the external direction (e.g., a score of 5 indicates an external orientation). The authors state that the scale demonstrated internal consistency and showed significant, but not high, correlation in the anticipated direction to factors such as maternal esteem, parental satisfaction, social support, and education. The authors suggested further research to enhance the preliminary findings of the scale construction.

**Family functioning**

The Family Assessment Device (FAD) is a 60-item self-report questionnaire developed by Epstein, Baldwin and Bishop (1983) using data from 503 individuals. The FAD is based upon the McMaster Model of Family Functioning. The FAD contains six distinct scales corresponding to the McMaster Model of Family Functioning and a General Functioning scale. In creating the General Functioning scale they selected the most highly inter-correlated items with all other scales. Reliability appears to be good with test-retest coefficients for the General Functioning scale ranging from .72 to .92 with subsequent research finding test-retest scores ranging from .66 to .76 (Miller, Epstein, Bishop & Keitner, 1985). The General Functioning scale is reported to be
able to discriminate between clinical and nonclinical populations. In a large family survey (n = 1869 families) the FAD was a good predictor of the likelihood of a psychiatric diagnosis, as well as other issues such as addictions, violence, and marital discord (Byles, Byrne, Boyle, & Offord, 1988). The General Functioning (GF) scale appears to be a valid assessment tool for family functioning (Epstein et al., 1983). More recent research reaffirmed the validity of the General Functioning scale as representative of general family functioning (Miller, 2000).

Results

Sample Characteristics
The average length of the participating parenting programs was 67.5 days (sd = 20.6 days) ranging from 40–107 days. The 26 subjects who completed both intake and discharge questionnaires were compared to the 18 subjects who completed only intake questionnaires to determine any significant differences between the two populations on a number of variables. There did not appear to be significant differences between the two groups in age (average of 34.1 vs. 35 years), education (13.5 vs. 13.5 years of education), number of children (1.6 vs. 1.8), marital status (57.7% vs. 61.1% married or common-law) and gender (92.3% vs. 94.4% female). However, what appeared was a gender discrepancy based on those who initially chose to participate in the study. That is, of the 133 potential participants, only 66.9% were female. This was a significant difference from the 92–94% of females that formed our sample for this study. This indicated that females were disproportionately more likely to participate in the study than males.

Hypotheses
Hypothesis 1 stating that there will be a statistically significant increase in internal LOC at the completion of the parenting program (as measured by a lower score on the ANSIE LOC scale) was supported (p < .01, df = 24). Subjects prior to the parenting program had an average score of 12.79 (sd = 5.08). This was reduced to an average of 11.10 (sd = 4.30) upon completion of the program. This reduction moved the subjects’ scores closer to the ANSIE normative mean of 10.96 for a community sample.

Hypothesis 2 stating that participants will report a greater internal parenting LOC (as measured by a higher score on the Parental LOC scale) was not supported (p = .76, df = 24). Subjects’ scores on the PLOC in fact changed very little from intake (x̄ = 3.77, sd = 0.42) to discharge (x̄ = 3.75, sd = 0.33). Interestingly, both intake and discharge scores on the PLOC suggest that at both times the subjects reported a significantly greater internal parenting LOC compared to the PLOC normative mean of 2.27.

Despite the varying results in this study for the ANSIE and the PLOC, as per the literature, the two measures of LOC did significantly correlate with one another. As they are scored in opposite directions for internality, the correlation is negative. At intake the correlation was -.428 (p =
Hypothesis 3 stating that participants will report improved family functioning (as measured by the General Functioning scale on the McMaster Family Assessment Device) was not supported ($p = .73$, $df = 20$). Mean scores for intake ($M = 2.11, SD = .65$) and discharge ($M = 2.15, SD = .82$) also exhibited very little change. In addition, there was no significant difference between either score and the General Functioning scale standardized mean of 2.2.

However, hypothesis 4 stating that participants will report less frequent family conflict (related to parenting) within the past 30 days was supported. At intake subjects reported an average of 14.1 days of family conflict ($SD = 10.84$) out of the past 30 days. At completion this was significantly reduced to an average of 7.8 days of family conflict ($SD = 7.30$) ($p = .005$, $df = 22$).

Finally, hypothesis 5 stating that participants will report a reduction in the severity of family conflict (related to parenting) within the past 30 days was not supported. On a self-rated scale from 0 to 10 (10 being the most severe) the difference between the average severity of family conflict at intake ($M = 4.70, SD = 2.67$) and the average at discharge ($M = 3.87, SD = 2.75$) was not significant ($p = .10$, $df = 22$).

**Discussion**

The results of the study are mixed but generally support the hypothesis that participants in parenting-related programs will report a greater internal LOC at completion when measured by the ANSIE LOC scale. This data contributes to the body of research indicating that LOC is a changeable variable that appears to relate to parenting program outcomes. If this relationship is further strengthened, LOC may become an important factor for facilitators to consider and incorporate when providing parenting programs. Facilitators may find it beneficial to intentionally incorporate program material that educates and motivates participants towards a greater internal LOC orientation.

The Parenting LOC scale did not indicate a significant change towards greater internality. However, it was noted that on the PLOC the participants in our study actually scored as significantly more internal than the PLOC standardized mean even before commencing the parenting program. As a result, it is possible that there was not enough sensitivity to detect a change if the subjects went into the study with a healthy internal parental LOC. This contrasts with the ANSIE as the subjects began the study with a greater external orientation on general LOC than the standardized community sample and their scores moved towards the mean — and more internality — upon completion of the parenting program.

The General Functioning scale of the McMaster Family Assessment Device did not indicate a significant improvement in family functioning although the subjects reported that the frequency of family conflicts related to parenting within the past 30 days had significantly decreased from
approximately 14.1 days per month to 7.8 days. A possible explanation is that the score was also within the normative range to begin with at intake — indicating a normal level of family functioning. This again may have resulted in insufficient sensitivity to any shift that might occur. Also, the General Functioning scale is not specific to parenting issues and may not be as sensitive as directly asking the subject about the level of family conflict related to parenting.

There are a number of possible confounds to the improvement in family conflict as measured at discharge. One confound is that as people gain more psycho-educational information during the course of a parenting program, they may become more sensitized to family function and dysfunction. Accordingly, when starting a parenting program, participants may underestimate the level of family dysfunction; however, at the end of a program they may have a more realistic perspective which may correspond to reporting higher levels of family distress.

Also, as per the saying that “sometimes things get worse before they get better,” participants may have been in the process of change at the time of discharge and may not have had sufficient time to realize the gains. That is, family conflict might not immediately decrease as new parenting methods are being employed. In fact, it is not uncommon for children to exhibit initial resistance and a behavioural backlash when systematic behavioural change is being implemented. This may have been a confound to the assessment at discharge.

Similarly, the assessment of family functioning at the end of the parenting program asked the subject to rate the behaviour “over the last 30 days.” This means that much of the behaviour reported on at discharge actually occurred during the course of the parenting program and perhaps prior to any significant gains being achieved. This confound is perhaps best dealt with by conducting a follow-up assessment at 6 or 9 months post discharge. This should provide more accurate results and determine if any gains were maintained over a longer period of time.

Another interesting finding is that 92–94% of our research participants were female. This greater proportion of females does appear to represent an actual gender difference in regards to who might typically choose to attend a parenting program. For example, females were twice as likely to attend the parenting programs (66.9% vs. 33.1% males). However, our results suggested that women were disproportionately more likely to choose to participate in the research.

**Limitations and Future Research**

One of the limitations of this study is subject self-selection and the nonrandomness of the sample. A subject self-selection bias became evident in the disproportionate number of women participating in the study. This may limit generalizing the research to males. Future research with a representative proportion of males in this population would be beneficial.

Another limitation is that the variety of treatment programs participating (e.g., intensive and less
intensive programs were grouped together) resulted in a nonstandardized intervention. This was necessary in order to obtain sufficient subjects for statistical comparison; however, it also introduced a level of uncontrolled variability. Future research might benefit from a more standardized parenting education protocol which ensures that LOC is part of the curriculum. This would enable a more robust statistical analysis of the role LOC has on family conflict. In fact, a research design that more rigorously controls for interprogram and intraprogram variability, as well as providing a control group, would help in determining causality.

Finally, as discussed, due to some of the confounds inherent in measuring outcomes immediately at discharge a 6- or 9-month follow-up measurement should theoretically provide more accurate results.

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