

Confident Parenting – book prospectus

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Advisor: Dr. Judith Saltzberg Levick

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Abstract

Confident Parenting is a parenting book aimed at new and expectant parents to help them make decisions to promote healthy family dynamics with their newborn. New parents, notably those who are expecting their first child, can be overwhelmed with the transition to parenthood and the accompanying inherent choices. *Confident Parenting* provides support to promote parental self-efficacy (PSE) and positive decision-making. PSE is a well-studied subset of Bandura's concept of self-efficacy. Higher PSE has been correlated with many positive family, parental and child outcomes. Options that couples face as they transition from couplehood to parenthood will be presented in the book using positive psychology principles such as positive attribute framing. Overall, this book will work through positive psychology principles to enhance PSE in new ways, and expand beyond book format to include an interactive website that is both informative and supportive, and parenting courses that will incorporate social and parental support.

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Proof of Concept for Confident Parenting book – prospectus

Introduction

The proposed book titled *Confident Parenting* will be a book that is positive both in approach and psychological basis. The book is aimed at first-time parents, both new and expectant, who are well-educated in general, but may have little experience with infants and children. The intended audience will be heterosexual couples in a stable committed relationship, with their own biological child who is healthy. This book is not intended for alternative families, including homosexual couples, single parents, or adoptive families. This book is also not intended for parents of sick children who require special care, or for couples who intend to separate and share care of the child. While those other audiences may benefit from some of the ideas in the book, the book will be written for the intended audience.

The purpose of the book is to introduce couples to decisions that need to be made in the first few days and weeks of a baby's birth, and to enable them with the tools and knowledge to be able to make these decisions supportively and confidently. Some of these decisions include what sort of diapers to use, what sort of sleeping arrangements the family will embrace, and how the baby will be fed. Each alternative in each decision set will be presented positively and supportively, including stories from families who have used each alternative successfully and happily. The book will be written to address mothers and fathers equally.

Underlying philosophies of this book include:

- Supporting the parents' abilities to make healthy and satisfying choices that suit their own lifestyle and culture (either the culture of origin and/or the culture that they wish to create within their own family, as the first instrument of socialization for the child).
- Sharing scientific research about parenting choices can help parents make those choices in the face of differing opinions from other sources, such as family and friends.
- Parents should make these choices together, for the benefit of their own relationship, ideally before the arrival of the baby.

- Parents need to tend to their own relationship in addition to caring for the baby.

These principles are consistent with Positive psychology. Positive psychology is the branch of psychology that conducts research in order to “enhance our understanding of strengths and promote well-being” (Lopez & Gallagher, 2009, p. 3). Positive psychology is rigorous in its research, as are other branches of psychology, and retains a focus on aspects of human functioning such as hope, positive emotions, health, happiness, meaning and “human goodness and excellence” (Peterson, 2006, p. 5). Out of positive psychology come positive interventions: activities or practices that can be done in order to enhance well-being, moving people (as individuals or collectively) into positive areas of human cognition, affect and behaviour. *Confident Parenting* will be a positive intervention aimed at enhancing and increasing Parental Self-Efficacy.

In the psychological literature, the concept of self-efficacy has been formulated by Albert Bandura and includes Parental Self-Efficacy (PSE). Self-efficacy and PSE can be increased, resulting in an increase in positive parenting practices, such as responsive, stimulating and non-punitive caretaking (Coleman, Trent, Bryan, King, Rogers & Nazir, 2002). These parenting practices then result in positive outcomes, such as better social, intellectual, physical and emotional development for the child (Coleman & Karraker, 1998). This effect has been noted especially in economically disadvantaged families, when parents maintain a sense of PSE, despite their adverse environmental situations (Elder, 1995). The final goal of the book is to increase PSE and help parents make confident decisions about their child-raising choices. This will result in healthier and happier parents, children and families.

Determinants of Parenting Behaviour

Belsky’s (1984) model of parenting behaviour has three determinants:

1. The personal characteristics of the parent
2. The social context
3. The personal characteristics of the child

Belsky’s work focuses on “the effects of day care, parent-child relations during the infancy and early childhood years, the transition to parenthood, the etiology of child maltreatment, and the

evolutionary basis of parent and child functioning... Dr. Belsky's research is marked by a focus upon fathers as well as mothers, marriages as well as parent-child relations, and naturalistic home observations of family interaction patterns” (Belsky, 2010). Although Belsky was mostly concerned with the causes of child maltreatment, his model holds up in subsequent research and numerous articles from the nursing and positive psychology fields reference his model.

Belsky considered the parent's contribution to the model, ie. the personal characteristics of the parent, to be the predominant factor, as those personal characteristics were seen to be, at least in part, “a product of a person's developmental history” (Belsky, p. 84) and therefore mutable. Within the parent's contribution, Belsky considers such characteristics as the sensitivity to the child, psychological health, personal maturity, locus of control, levels of interpersonal trust and coping style.

Within the social context, Belsky lists conditions such as social support, the well-being of the relationship between the two parents and the work environment – whether one or both parents are employed or not. Finally, within the personal characteristics of the child, Belsky considered the temperament and behavioural styles of the child.

Confident Parenting works within this model, treating PSE as an aspect of the personal characteristics of the parent. As we will see, self-efficacy generally and PSE specifically can be increased through different factors, and this will increase elements of positive parenting, such as responsiveness and sensitivity to the child and parental resilience and tenacity in the face of difficulties and challenges.

Self-Efficacy Theory – overview

Self-efficacy theory is built on the premise that “people's beliefs in their capabilities to produce desired effects by their own actions” (Bandura, 1997) will determine the level of effort put into those actions, the level of perseverance in the face of difficulty, and the outcomes of those actions. People choose to engage in certain actions and will persevere more with higher self-efficacy –they believe they can accomplish those actions and that a successful outcome will result. Self-efficacy theory also holds that “these efficacy beliefs play a crucial role in psychological adjustment, psychological problems,

physical health, as well as professionally guided and self-guided behavioural change strategies” (Maddux, 2009).

There are three levels of self-efficacy: general, domain-specific and task-specific (Bandura, 1997). General self-efficacy refers to a general feeling of belief in one’s own capabilities that is generalized across different domains. Domain-specific self-efficacy refers to belief in one’s own capabilities in a specific domain of work or life. Examples might be feelings of self-efficacy in leadership, teaching or mathematics. Task-specific self-efficacy refers to one’s belief to be effective in specific tasks, such as creating a strategic plan, constructing a lesson plan, or solving differential equations. Bandura’s theory posits that task-specific self-efficacy is the strongest predictor of effort, perseverance and outcomes. A fourth concept, departing from Bandura’s model, of self-efficacy has been proposed: that self-efficacy is a trait (Harter, 1978; Shelton, 1990, Sherer & Adams, 1983; Tipton & Worthington, 1984; all as cited in Coleman & Karraker, 2000), although others (e.g. Maddux, 2009) clearly state that self-efficacy is not a personality trait, but rather it is a set of beliefs. Given that studies have shown that self-efficacy can be altered, this seems to give more credence to the Bandura model, and it is the Bandura model that is most prevalent in the research.

Scales have been developed to assess all three levels of self-efficacy, with increasing specificity and divergence at the domain-specific and task-specific levels. Overall, measures of general self-efficacy have not been as useful as task-specific measures in predicting individual behaviour under specific circumstances (Bandura, 1997; Maddux, 2009).

As self-efficacy is a set of beliefs about one’s own capabilities, and more generally seen as a set of beliefs about personal control, it can be modified. According to Maddux (2009), efficacy beliefs and one’s own sense of personal agency come from five primary sources: performance experiences, vicarious experiences, imagined experiences, verbal persuasion and physiological / emotional states.

The most powerful source of self-efficacy comes from our own successes at producing desired outcomes. These are “performance experiences”. Perceptions of failure, conversely, will usually weaken one’s sense of self-efficacy. Next, self-efficacy can be increased through seeing others with whom we

identify who are successful. In keeping with social learning theory, the more we consider ourselves to be similar to that other person, the greater boost to our self-efficacy we will derive from witnessing their capabilities (c.f. Bandura & Jourden, 1991; Boatman, 2009; Taylor, Russ-Eft & Chan, 2005). Self-efficacy can also be influenced by imagined experiences. These images may come from real or vicarious experiences, and this realm gives rise to techniques such as visualization, often used in sports psychology, to enable someone to envision a successful outcome of a desired task, thereby increasing self-efficacy.

Less effective at increasing self-efficacy, but still somewhat impactful, is verbal persuasion. Being told by someone else that we can be successful is likely to increase one's sense of self-efficacy. This is highly dependent on other factors, such as the relationship with that other person, including perceived expertise, trustworthiness and attractiveness (Maddux, 2009). Finally, physiological and emotional states affect self-efficacy in that, as we become more experienced and aware of the arousal of certain states as connected to the success of the desired outcome, we start to associate a negative feeling with failure and a hopeful feeling with success. If, when one considers a task, there is a feeling of dread, then that can lessen self-efficacy. If, however, there is a feeling of lightness and positive energy, that can increase self-efficacy.

Parenting Self-Efficacy

According to Bandura (1982, 1989), a subset of general self-efficacy is parenting self-efficacy (PSE). PSE is a domain-specific element and conforms to the general theory of self-efficacy. PSE beliefs are those which refer to the parent's expectations about his or her ability to perform effectively and competently in the parenting domain (Teti & Gelfand, 1991). For parents to feel efficacious and have high PSE, they must have knowledge of child care resources, confidence in their own abilities, beliefs that their child(ren) will respond to the parent's actions accordingly, and belief that others in their social circle, such as family and friends, will be supportive (Coleman & Karraker, 1998).

Parents with high-self efficacy are more likely to see child-raising as a challenge, rather than a threat, to trust in their own abilities, to exhibit perseverance in the face of difficulties, and are less likely to experience stress in the face of general parenting demands. As such, self-efficacy beliefs are an

important determinant of effective parenting (Coleman & Karraker, 1998; Jones & Prinz, 2005; Suzuki, Holloway, Yamamoto & Mindnich, 2009).

PSE has been shown to be a major determinant of competent parenting behaviours and is linked closely to healthy child development (Sevigny & Loutzenhiser, 2010). As such, it is an important variable to consider when exploring variance in parenting skills, at all stages of parenting.

Higher PSE is:

- Correlated with less child-rearing anxiety in Japanese and Vietnamese mothers, resulting in psychologically healthy parenthood and a positive mother-infant relationship (Goto, et al., 2008)
- Predictive of less parenting stress for mothers and fathers (Goto, et al., 2008; Sevigny & Loutzenhiser, 2010)
- Correlated with a greater sense of parental well-being (Salonen, et al., 2009)
- Correlated with greater marital satisfaction and more positive family functioning for both mothers and fathers (Sevigny & Louzenhiser, 2010)
- Correlated with a greater sense of parental satisfaction (Coleman & Karraker, 2000; Salonen, et al., 2009)
- Predictive of ability to access adequate parenting resources (Salonen, et al., 2009)
- Correlated with parents' positive perception of their healthy infant (Salonen, et al., 2009)
- Heightened by a positive parenting attitude during pregnancy (Salonen, et al., 2009)
- Correlated with better family functioning and higher family health (Salonen, et al., 2009)
- Correlated with greater parental capacity to provide an adaptive, stimulating and nurturing child-rearing environment (Coleman & Karraker, 2000)
- Predictive of better children's behaviour adjustment (Weaver, Shaw, Dishion & Wilson, 2008)
- Predictive of lower maternal depression (Weaver, Shaw, Dishion & Wilson, 2008)
- Predictive of more competent parenting behaviour (Sevigny & Loutzenhiser, 2010)

- Correlated with greater maternal responsiveness to her child and more stimulating and nonpunitive caretaking (Unger & Wandersman, 1985)
- Correlated with children with easier temperaments (Grolnick, Benjet, Kurowski & Apostoleris, 1977)
- Strongly correlated with fewer parental feelings of loneliness and isolation (Junttila, Vauras & Laakkonen, 2007)
- Correlated with fewer behaviour problems in adolescence (Junttila, Vauras & Laakkonen, 2007)
- Correlated with greater child's social competence (Junttila, Vauras & Laakkonen, 2007)
- Predictive of mother's effective and appropriate discipline style (Sanders & Woolley, 2005)
- Predictive of increased quality of mother-toddler interactions in a one-year longitudinal study (Tucker et al., 1998)
- Correlated with adaptive parenting skills (Coleman, Trent, Bryan, King, Rogers & Nazir, 2002)

PSE mediates between parenting and the child's developmental outcomes (Weaver, Shaw, Dishion & Wilson, 2008) including infant's soothability as young as 5 months (Leerkes & Crockenberg, 2002), temperament at 2 years, compliance, negativity and avoidance of / engagement with the mother at 2 years (Coleman & Karraker, 2003), and sociable behaviour in pre-school (Coleman & Karraker, 2000). Higher PSE in the mother has been indicated as a protective mediator against post-partum depression (PPD) (Goto, et al., 2008). Efficacious parents provide more positive experiences for their children (Elder, 1995). Generally, parents with higher PSE are more likely to welcome the challenges associated with child-raising, and they experience a positive sense of accomplishment, viewing the entire experience as meaningful and worthwhile (Coleman & Karraker, 2000).

Conversely, lower PSE has been associated with:

- Less maternal sensitivity (Teti & Gelfand, 1991; Unger & Wandersman, 1985)
- More awkwardness during parent-child interactions (Teti & Gelfand, 1991)

- More perceptions of child behaviour problems and difficulty (Cutrona & Troutman, 1986; Johnston & Mash, 1989)
- Decreased ability to manage difficult child behaviours (Gross, Fogg & Tucker, 1995)
- Greater stress and depression (Cutrona & Troutman, 1986; Seigny & Loutzenhiser, 2010; Weaver, et al., 2008)
- Family dysfunction (Scheel & Rieckmann, 1998)
- Marital conflict (Teti & Gelfand, 1991)
- Higher levels of dysfunctional parenting practices, as determined by the Parenting Scale² assessing laxness or over-reactivity (Sanders & Woolley, 2005)
- Less happiness and less relaxation time with children (Goto, et al., 2008)

With lower PSE, perceived task difficulty is higher (Salonen, et al., 2009) and, in accordance with Bandura's model, efforts will be lower and successful outcomes will be lower as well. In general, "[i]t is the efficacious parent who is likely to achieve parental competence" (Hess, Teti, Hussey-Gardner, 2004).

There has been considerable research into PSE, especially on mothers, with infants up to one year of age. However, mothers' feelings are likely to persist into later infancy and early childhood, playing a critical role in the mother's well-being and caretaking styles (Raver & Leadbeater, 1999). While PSE tends to increase naturally over time, as the child ages (Weaver, et al., 2008), age 2 levels of PSE predicted a latent construct of children's problem behaviour at age 4. In other words, higher caregiver PSE when the child was 2 years of age predicted lower caregiver-reported problem behaviours when the child was 4 years of age, after controlling for problem behaviour at 2 years of age. Higher PSE was linked with children's pro-social behavioural adjustment (Weaver, et al., 2008).

Even though PSE is defined as a set of beliefs, research shows that these beliefs translate into positive observable actions, since higher perceived competence in parenting roles is positively linked with observed parenting competence along dimensions of warmth, sensitivity to child, and engagement with

² Developed by Arnold, et al, 1993.

child (Weaver, Shaw, Dishion & Wilson, 2008). By altering parental perceptions of their own competence – deliberately increasing PSE – actual parenting competence may be encouraged and enhanced, promoting positive child outcomes (Guimond, Wilcox & Lamorey, 2008).

It is not certain where PSE fits into the parenting equation. Some studies consider it be an antecedent, while others treat it as an outcome, and still others see it as a mediator. PSE may fulfill all of these functions. One thing that is demonstrable in the research: PSE can be changed, and with the changes to PSE, different outcomes are observable.

PSE Interventions

PSE can be changed. In keeping with Bandura's self-efficacy theory, self-efficacy can be increased through performance experiences, vicarious experiences, imagined experiences, verbal persuasion and/or awareness of physiological / emotional states (Maddux, 2009). PSE can be similarly affected.

As discussed and listed above, higher PSE has been shown to predict and produce increases in positive parenting outcomes. Interventions that have been studied are typically either individual education strategies or else training programs aimed at both parents or at only the mother. Interventions to increase PSE tend to use the levers of vicarious experiences or verbal persuasion. Additionally, education – giving more knowledge about parenting practices, infant or child developmental milestones, etc. – has been shown to be effective at increasing PSE and thereby increasing positive parenting outcomes (Donovan, Taylor & Leavitt, 2007). Additionally, high and accurate knowledge of infant development and high PSE combined in mothers accurately predicted higher competence in play interactions with infants in a one-year longitudinal study (Hess, Teti & Hussey-Gardner, 2004). PSE can be increased at both the task-specific and domain-specific levels.

One task-specific area and subset of PSE that has received considerable study in the nursing literature is breast-feeding self-efficacy (BSE). Contrary to popular belief, breastfeeding is a learned skill (Avery, Zimmermann, Underwood & Magnus, 2009), and as such, both confidence (used in that article as a synonym for self-efficacy, refined to process-efficacy) and commitment are required for sustained

breastfeeding. In studies of BSE, it has been shown that early success is critical to increased BSE and continued breast-feeding, and this is consistent with Bandura's model, which indicates that prior success increases self-efficacy. Predictors of the duration of exclusive breast-feeding among first-time mothers included BSE and general self-efficacy (Semenic, Loiselle & Gottlieb, 2008) and those mothers with higher BSE also had fewer breast-feeding problems, perceived more breast-feeding support, and perceived that their infants were more satisfied with breast-feeding.

Nichols, Schutte, Brown, Dennis and Price (2009) went further and created a self-efficacy intervention based on Bandura's self-efficacy theory. A total of 90 pregnant women participated in the study, and women who were assigned to the breast-feeding self-efficacy intervention, a nine-page interactive workbook, showed significantly greater increase in BSE and showed a trend to breast-feed longer and more exclusively than the control group, which received a five-page exploratory interactive workbook focusing on parenting issues with no reference to breast-feeding. This demonstrates that not only is it possible to positively affect BSE and breast-feeding outcomes, but also that written materials can be effective interventions.

While Bandura's (1997) theory on self-efficacy states that task-specific self-efficacy is the most predictive of effort and outcomes, domain-specific task-efficacy has also been studied through interventions aimed to increase PSE.

In their creation of the Early Intervention Parenting Self-Efficacy Scale (EIPSES), Guimond, Wilcox and Lamorey (2008) suggest that "[by] altering parental perceptions of competence, actual parenting competence may be fostered and, thus, child outcomes promoted" (pp 316-317) and that "efforts to increase caregiver self-efficacy through early intervention may positively affect parenting quality and, thus, child well-being" (p. 316). Many studies reviewed by Jones and Prinz (2005) have linked higher levels of PSE to improved child, parent and family functioning and PSE has also been shown to be a mediator between effects of parenting challenges on parenting behaviour and maternal well-being (Suzuki, Holloway, Yamamoto & Mindnich, 2009), between the child's characteristics and both parenting quality and parenting well-being (Guimond, Wilcox & Lamorey, 2008), and between

social support and lower parenting stress (Cutrona & Troutman, 1986). Interestingly, PSE is also seen as a mediator between parenting knowledge and parenting behaviour (Kendall & Bloomfield, 2005), indicating that while knowledge is important to successful parenting outcomes, it is not sufficient, and low PSE parents may still make poor parenting decisions even with additional information.

Experimentally, maternal confidence (aka PSE) was enhanced by nursing interventions introducing individual education strategies (Gardner & Deatrck, 2006). Kendall and Bloomfield (2007) assessed 356 parents in 53 parenting programs in the UK and determined that PSE increased post-course and at a 4-month follow-up, using the Tool to Measure Parenting Self-Efficacy (TOPSE). The consistency of PSE increases suggests that many different parenting programs are effective at increasing parenting knowledge and confidence, resulting in higher PSE, and those increases last over time.

Knowledge about parenting practices also plays a role in PSE. As Junttila, Vauras and Laakkonen (2007) assert, “PSE includes both the level of specific knowledge pertaining to the behaviours involved in child development and rearing, and the degree of confidence in a parent’s ability to confront the designated role behaviours without feelings of frustration or incompetence” (p. 42) Knowledge in this domain seems to come in two forms: personal experience and vicarious experience.

In the area of personal experience, first-time mothers are less confident, exhibiting lower levels of PSE (Coleman & Karraker, 2000; Goto et al, 2007) and mothers with more experience with children, their own or others, are higher in PSE and general self-efficacy (Coleman & Karraker, 2000). Increasing maternal confident and education increases the mother’s connection and attachment with her infant (Johnson, 2008). Maternal experience of success in nurturing their infant was linked with increased social support, lower levels of stress and greater satisfaction with mothering (Gardner & Deatrck, 2006).

When it comes to knowledge, it is interesting to note that highly-educated parents have lower PSE scores (Goto et al, 2007; Salonen et al, 2009). It seems that while general knowledge is not a predictor of higher PSE, parenting-specific knowledge and knowledge of child development can increase PSE (Hess, Teti & Hussey-Gardner, 2004); hence, the effectiveness of parenting education programs and written interactive workbooks. Parenting support, sharing parenting-specific information, is also a critical

factor in increasing PSE, as parenting-specific support increased PSE, lowered parental stress, increased maternal sense of control and increased general well-being in families with children with mild developmental delays, but general social support was less indicative and predictive (Guralnick, Hammond, Neville & Connor, 2008).

Fathers and PSE

Much of the research on PSE has been conducted on mothers, yet it has been shown that paternal PSE is influenced by different factors than maternal PSE (Sevigny & Loutzenhiser, 2010).

Generally mothers score higher on PSE than fathers do (Salonen, et al., 2009). For mothers, general self-efficacy and relational functioning (how they view their relationship with their spouse and how they view family functioning) is predictive of higher PSE, but there is no association between general self-efficacy and PSE in fathers. For fathers, parenting stress was the strongest predictor of PSE, and relational functioning also predicted PSE, with the family environment being considered especially important (Sevigny & Loutzenhiser, 2010). In US and Japanese families, women who felt that they received ample support from their husbands were more likely to report higher PSE and the satisfaction with the husband's support was a significant mediator in both countries of the mother's PSE (Suzuki, et al., 2009).

Decision-making Confidence

For new parents, making confident decisions is likely to increase PSE, resulting in the above-mentioned positive outcomes. Decision-making literature indicates that confidence in decision-making is affected by both frequency of advice as well as perceived accuracy of the advice (Lee & Dry, 2006). Getting more reliable advice more frequently increased decision-making confidence. The more the subject had to guess, the greater the decrease in decision-making confidence. One source of lower PSE in new parents is a lack of parenting-specific experience and knowledge, and so decisions are made in uncertain circumstances. Therefore, according to the model proposed by Lee and Dry, parents will make have more confidence in their decisions when they are presented with confident, accurate information frequently. A literature review conducted by Bonaccio & Dalal (2006) indicates that advice from

confident advisors is followed more frequently than advice from non-confident advisors. Research also shows that highly-credible source experts are considered more reliable than a well-formulated argument (Curşeu & Curşeu, 2001).

It has also been shown that goal orientation moderates the impact of the decision task on confidence (Chernev, 2009). When individuals are confronted with a decision, they can be promotion-focused – associated with growth, development and nurturance – or prevention focused – associated with safety, protection and security. The decision involves either rejecting one option or else choosing one option. Chernev demonstrated that promotion-focused individuals are more confident in their decision making when faced with a selection, rather than an elimination, task. Prevention-focused individuals were more confident when faced with the elimination task. So, are expectant parents more likely to be promotion- or prevention-focused?

Feldman and Nash (1984) found that expectant parents, in the last trimester of pregnancy, experience contentment and well-being as the most prevalent moods. It is also a time of optimism, with parents anticipating that they will be affectionate, playful and patient after the birth of the child. Mothers especially anticipated being affectionate, more so than fathers. While there is stress and worry, “it by no means totally colored these phases [pregnancy and parenthood] of their lives” (Feldman & Nash, 1984, p.73). Pancer, Pratt, Hunsberger and Gallant (2000) indicate that expectant parents often have positive expectations as they await the birth of their child. Delmore-Ko, Pancer, Hunsberger & Pratt (2000) found that the vast majority of expectant women experienced enthusiastic feelings (95%), although all also expressed some other negative emotions and concerns as well, indicating a certain level of preparedness. These women, when expressing fear and concerns, were worried about their own transition to parenthood, about the birth experience, or about parenthood itself, rather than fear or concerns for the infant.

From this research, it appears that expectant parents are primarily in a promotion-focused mindset when considering their baby, and that while issues of security and safety may be apparent, the principal moods and feelings are around growth, nurturance, optimism and positive future-orientation. Therefore, in

order for these expectant parents to make confident decisions, they should be presented with options to choose from, rather than rejecting options.

Kuvaas and Selart (2004) have shown that greater confidence in decision-making comes through positive attribute framing. Positive attribute framing occurs when key attributes of a decision are framed in positive rather than negative terms. When that occurs, confidence in that decision is higher. Negative attribute framing results in more effortful and thorough processing, but lower confidence in ultimate choice. In order to enable new parents to make confident decisions, information needs to be presented positively. Furthermore, when decisions are made out of negative emotions, outcomes can be poor and regret can follow. Recent evidence has shown that decisions made from a positive emotion are better-considered and enables the decision-maker to have a broader perspective of the options and considerations (Schwartz, 2004).

The research around decision-making and confidence aligns to indicate that, for expectant parents, confident decisions are more likely to ensue when the information presented comes from a reliable source, such as medical professionals and child development researchers, and is also presented from the experience of other parents who are like the reader. Information should also be presented confidently, allowing the reader to select from options (rather than rejecting options) that have positive attributes. *Confident Parenting* will present well-researched choices and options in this positive fashion to help parents make confident decisions, gain knowledge, and increase their PSE.

Conclusion

Raising parents' PSE is linked to more positive outcomes in the parent, child and family. *Confident Parenting* is aimed at increasing parents' PSE through sharing information that is presented positively and supportively, and through supporting parents as they make these decisions together in a mutually supportive relationship. If parents read through this book before the birth of their baby, we can predict a smoother transition to parenthood, which has been shown to improve parenting which then results in improved child health and development (Gardner & Deatrck, 2006). Importantly, mothers' lack of confidence in the early post-natal period, that time just after the birth of the baby, may negatively

influence her ability to care for her infant (Goto, et al., 2007) so early positive interventions are beneficial and, perhaps, required.

Overall, many parents are unprepared for the realities of caring for a new baby. Unless they have had substantial experience with infants, they are surprised by the time, care, attention and energy that are required to look after a newborn. Sleep patterns are disrupted and inconsistent, infant crying is unpredictable and heart-wrenching, and there is less time for couples to tend to their own relationship. There are higher rates of depression in women with young children than at any other time in women's lives, and this can result in deterioration of the couple's relationship. This is all associated with negative parenting practices and low parenting efficacy, which predicts a lifetime risk of behavioural, affective and academic problems in the child (Petch & Halford, 2008).

There is a gap in the marketplace for programs and materials that support the transition to parenthood (Petch & Halford, 2008) which is the target niche of *Confident Parenting*. Increasing self-efficacy, parenting self-efficacy, knowledge about early infant-care decisions and decision confidence in the parents will enhance positive parenting practices, and thus increase positive outcomes for the child and the family.

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