A New and Validated Positive Parenting Behavior Scale

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Objectives

Objective 1. Develop a self-report positive parenting behavior measure

 The Positive Parenting Behavior Scale (PPBS) was constructed as a measure of positive parental promotion of child development

Objective 2. Assess the psychometrics of the newly developed PPBS

- Dimensionality
- Reliability
- Validity

Objective 3. Evaluate the universal applicability and responsiveness to intervention change of the PPBS

- Measurement Invariance (MI) tests across child age, gender, and sample source
- Relationship of PPBS with home-visiting (HV) dose

Introduction

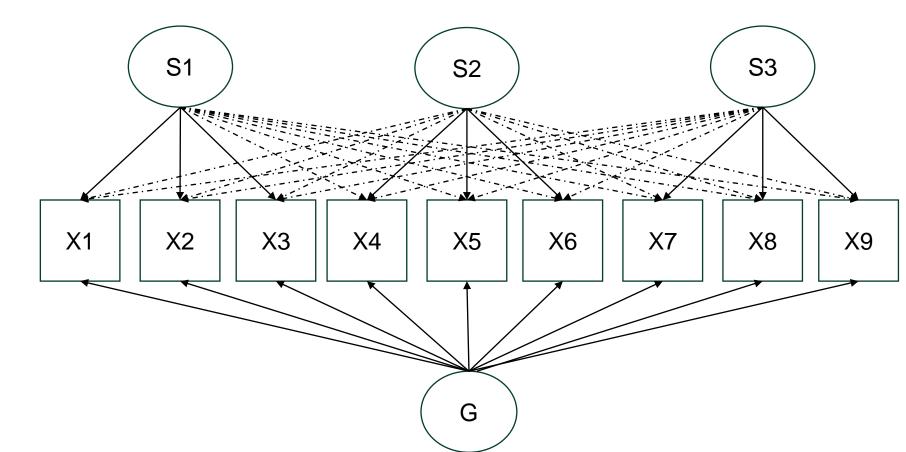
- There has been a lack of validated self-report measures of positive parenting behaviors in the field
- The PPBS was developed to fill the gap^[1]
- Across the parenting literature, positive parenting
 behaviors include reading to children, eating mealtimes
 together, talking to children, and setting rules and limits
- The PPBS was **constructed** based on existing parenting literature and federal guidance from CDC^[2]

Methods

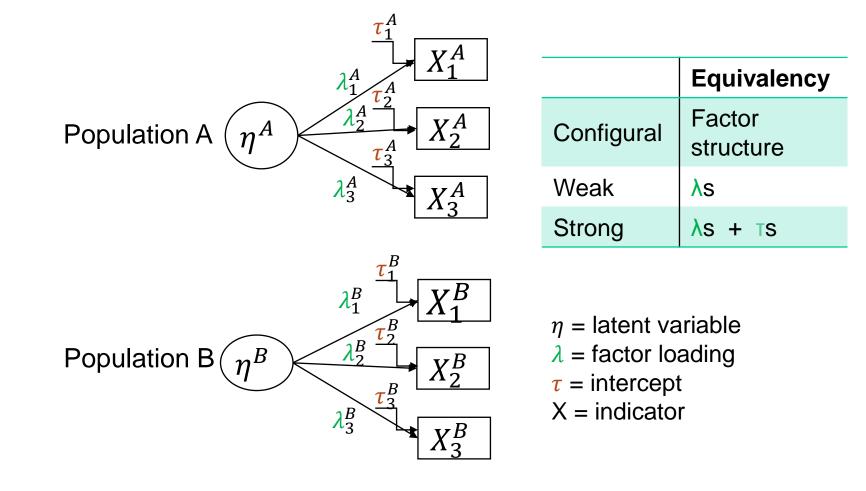
- Sample data from an HV database (ETO, N = 623) and a survey of HV clients and comparison cases (GPAV, N = 166), in the U.S. from Jan 2021 to March 2023
- Specifically, Parents of young children (ages birth to 7 years) were asked how many days a week they engaged in each of 15 parenting behaviors with their children
- The assessment is part of routine evaluations by home visiting service agencies (ETO) and virtual interviews (GPAV) by OU's Center on Child Abuse and Neglect (CCAN)
- Only Mom's data were used for the analysis

- An Exploratory Factor Analysis-Exploratory
 Structural Equation Modeling-Confirmatory
 Factor Analysis (EFA-ESEM-CFA) approach
 was used to investigate the psychometrics
 and cross-validate the results
- MI tests were used to test its universal applicability
- A generalized SEM was used to test its responsiveness to HV dose

Bifactor-ESEM



MI Tests



PPBS Items

Please indicate how many days during the week you

engage in each behavior with your child.					
01	Read or tell stories with your child				
02	Sing or dance with your child				
03	Set a routine with your child				
04	Show affection to your child				
05	Play age-appropriate games with your child				
06	Let your child play with age-appropriate toys				
07	Point out new things to your child and name them				
80	Praise or encourage wanted behaviors				
09	Describe your child's emotions				
10	Encourage your child to drink from his/her cup and use utensils				
11	Engage your child in simple chores at home				
12	Do art projects with your child using craft materials				
13	Take your child to the park				
14	Set rules and limits for your child				
15	Arrange play dates, trips to the park, or play groups				

Table 1. Sample Characteristics

Covariates	ETO $(N = 623)^1$	$GPAV$ $(N = 166)^{1}$		p- value ²
Mom Age (years)	31 (25, 36)	29 (23, 34)		.049
Mom Race/Ethnicity	y			
White	19%	24%		
Black	13%	22%		<.001
Hispanic	Hispanic 54% 38%		,)	
Other	14%	16%		
Child Age (years)	1.79 (0.67, 3.13)	1.28 (0.43, 3.54)		.20
Child (Male)	50%	52%		.65
HV dose (# completed visits)	22 (9, 38)	Comparisons $(n = 95)$	Clients $(n = 71)$	- -
(π completed visits)		0	41 (22, 56)	
¹ Median (IQR); %				

Results

- **Dimensionality:** The EFA-ESEM-CFA confirmed that the PPBS has a **bi-factor structure** with
 - A General factor:
 - General positive parenting (G)
 - Two Specific factors

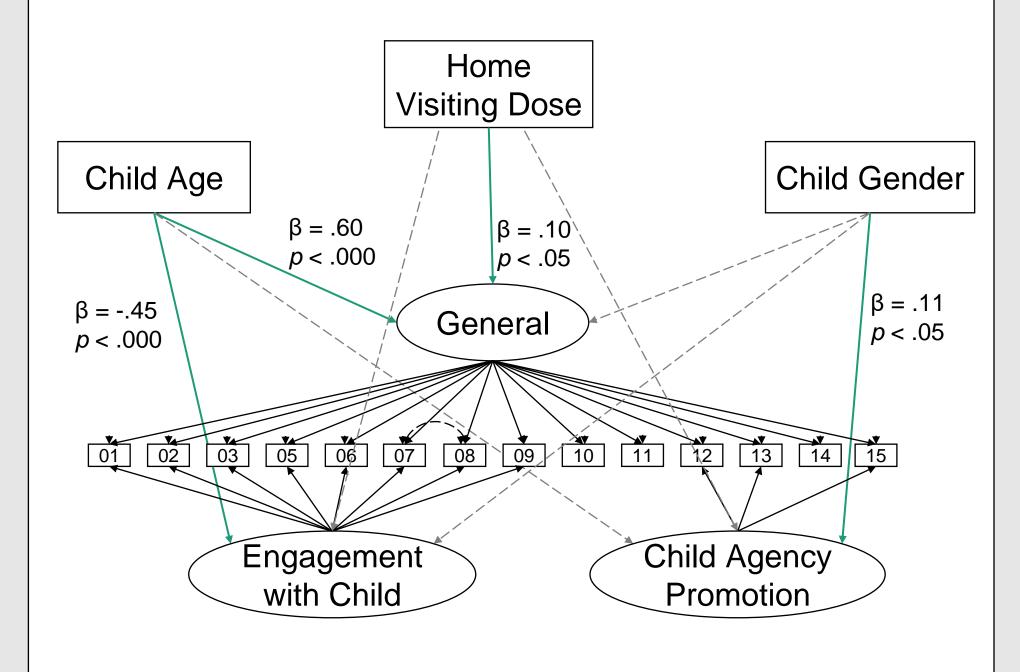
²Wilcoxon rank sum test; Pearson's Chi-squared test

- Engagement with child (S1)
- Child agency promotion (S2)
- Model-based Reliability: All three factors showed good internal consistency reliability
- Omega Total: G: .89; S1: .85; S2: .78
- Omega Hierarchical: G: .64; S1: .47; S2: .40
- Convergent Validity: The Engagement with Child dimension was positively associated with the Positive Parenting Practices Scale^[3], offering evidence of convergent validity
- G: r = -.10, p = .253
- S1: r = .58, p < .001
- S2: r = .11, p = .272

Is the PPBS Universally Applicable?

- Yes across gender The measure performed similarly for moms of both male and female children
- Maybe not across children of different ages –
 Only configural MI retained between moms of younger (<1.5 years) vs older (≥ 1.5 years)
- Sensitive to Intervention Change?
- HV dose significantly predicts General positive parenting

Figure 1. Summary of Results



Discussion

- 1. This study used an innovative, both theorydriven and data-driven approach to investigate and cross-validate the psychometrics of the PPBS scale
- 2. The bifactor solution allows **simultaneous examination** of the impact of home visiting on **different aspects** of parental positive behaviors

Practice Implications

- 1. The validated self-report measure of positive parenting behaviors could serve as a **useful tool** and allow the researchers and practitioners in the community to **investigate parental behaviors in home-visiting** programs
- 2. Recommend analyzing younger and older children separately due to variations in measurement properties

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- [1] Sanders, M. R., Morawska, A., Haslam, D. M., Filus, A., & Fletcher, R. (2014). Parenting and Family Adjustment Scales (PAFAS): Validation of a brief parent-report measure for use in assessment of parenting skills and family relationships. Child Psychiatry & Human
- [2] Daniel, K., Prue, C., Taylor, M., Thomas, J., & Scales, M. (2009). 'Learn the signs. Act early': A campaign to help every child reach his or her full potential. Public health, 123, e11-e16.
 [3] Yamaoka Y, Bard DE. Positive Parenting Matters in the Face of Early Adversity. Am J Prev Med. 2019 Apr;56(4):530-539.