

HAIGAZIAN UNIVERSITY

Impact of Psychoeducational Intervention on the Emotional State and Parenting Behavior of
Armenian Mothers

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Abstract

Psychoeducation acts as an important early step in prevention of many social issues such as family conflicts, parent child relationship problems, school related problems and low self-esteem. It is also an approach to treatment of cases that have emotional problems and mood disturbances triggered by stressors found in their family, work or social environments.

The purpose of this study was to assess the effectiveness of psychoeducational group intervention on establishing positive differential impact in parenting skills, management of stressors and their effects as well as self-esteem of mothers of low income Armenian families. The end goal is to come up with an effective empowerment devise for these women to learn and develop skills that help them overcome poverty. Participants (N=183), 93 experimental and 90 control group, were Armenian mothers of children less than 18 years old, with low socioeconomic background living in Bourj Hammoud. The study utilized a pre-post design self-report design, where participants filled in questionnaires measuring Self-Esteem (RSE), the level of depression, anxiety and stress (DASS 21), and quality of parent child relationship (PCRI). The experimental group attended 12 psychoeducation sessions addressing self-awareness, management of emotional disturbances due mainly to poverty and parenting pressures. The control group comprised those mothers who visit the center but who did not take part in psychoeducational sessions. Results obtained by pre-post-tests' comparisons between the control and experimental groups tended to support the predicted hypotheses, indicating a clear positive impact of the psychoeducation sessions on mothers on all measures. The experimental group showed higher self-esteem, less depression, less anxiety and stress levels and improved parent-child relationship compared to the control group.

Keywords: Psychoeducation, Self-Esteem, Depression, Stress, Anxiety and parental behavior

Impact of Psychoeducation Intervention on the Emotional State and Parenting Behavior of Armenian Mothers

Introduction

The adverse effects of poverty on all aspects of family life, particularly children can never be undermined. Poverty is believed to be the source of several forms of stress like food poverty, incapability of securing school tuition, inability to admit children to activities, liabilities, and dispossession and limited social opportunities, to name only few. All of which impact family relationships in variety of areas: they lead to inner tension between the parents themselves, affect drastically and badly the parents' physical as well as mental health, cause worrisome regarding future well-being, and augment the feelings of humiliation, loneliness and exclusion for all the family members (Mountney, 2012).

In a study by McLoyd and Wilson (1990) it was revealed that mothers with low income are more likely to suffer from extreme states of stress, which leads them to perceive their parenting duties as more overwhelming. Mothers in this state act less nurturant towards their children, and usually tend to tangle them in monetary and personal problems more often than mothers reporting less psychological distress. Other studies, likewise, revealed that stressful experiences augment psychological distress in mothers and lead to fluctuations in family and child-management practices (Child Poverty Action Group, 2011). Distressed mothers have a higher propensity to resort to tough punishment than the none-distressed ones; contributing by which to antisocial behaviors by their children (Patterson et al., 1989).

Living on low income contributes to increased stress within societies leading to detrimental physical and mental health problems and put the well-being of individuals at risk (Women's Budget Group, 2008). From this perspective, it is believed that relief work is an essential factor to support people to deal with their distress. Relief provisions help people deal with immediate stressors that cause anxiety and look for solutions. Nonetheless, one

can't forgo the counter effect of relief work. In more specific terms, supporting the economically challenged families through money, food and medication can nourish dependency within these people and encourage them to become helpless; most likely the outcomes of such support are uncontrollable (Seligman, 1970, as cited in Nolen, 2017).

As such, catering for the needs of low income people through relief work alone is not a healthy approach to fight poverty and its devastating effects in the form of depression, anxiety, stress, and disturbed family relations. Something more is needed to make the provisions effective and the impact long lasting. Through literature on studies of interventions to help people learn how to help themselves, psychoeducational interventions have shown to have positive impact on recipients in different contexts

There is a broad range of activities that fall under psychoeducation or psychoeducational interventions all of which connect education with other activities like counseling and supportive interventions. Psychoeducational interventions may be provided either on individual basis or in groups; they may be standard or tailored depending on the need. Individual psychoeducation is done on a one to one basis by a psychotherapist, counselor, or a social worker with the client. Whereby, psychoeducation in group setting is provided by the same specialists to a number of people who share a common need (Kit & Teo, 2012). Psychoeducation sessions generally encompass sharing with patients and caregivers information about the symptoms, available treatments, resources, and services; the training that can be provided to respond to disease-related problems; in addition to problem solving strategies for dealing with problematic states. Other forms of intervention include relying on booklets, audiotapes, videos, and computers. Formats however, are in most of the cases, interactive among healthcare professionals and patients' caregivers. They are self-directed via the use of CDs and other materials, or supplied online over the phone (Miller 2016).

Psychologically speaking, emotions stem from complex sets of feelings that are the results of changes in the physical and psychological conditions of the individual. These in turn affect thought and behavior. Temperament, personality, mood, and motivation are all ranges of psychological phenomena that are commonly associated with emotionality. The external expression of emotions is referred to as affect; a prevalent and constant emotional state, mood: grief, depression, anxiety, joy, fear, and anger are examples of emotions (Breaban van de Kuilen & Noussair, 2016)

This paper describes a research study that assessed the effectiveness of psychoeducational group intervention that was provided Armenian mothers coming from low income families. The study focused on providing means of empowering women to learn and develop skills to effectively detect and overcome daily life stressors triggered by poverty. By being able to identify stressors, mothers become more capable of detecting and addressing problems and seeking solutions to instead of generalizing and feeling helpless. It is adequate to look at the situation from the perspective that possessing the knowledge of how to cope with daily problems will aid mothers in dealing with their depression and anxiety. Furthermore, for them to better understand their children's behavior, they need to know about the developmental stages of children, along with parenting skills and conflict resolution techniques. Through these learnings parents are more likely to know how to effectively deal with their children's needs, which would in turn lead to positive family relationships, and better child outcomes.

Among all the stressors that families face, separating the ones caused by the socioeconomic state of the family is an effective way of dealing with such stressors. By doing so, the search for solutions will be more goal oriented and finding help will become much more attainable. Relying on Psychoeducational sessions combined with social follow up and support, is an effective approach to helping low income mothers to get out of their desperate

states, improving by which their mental health and family cohesion on one hand and developing the whole community on the other.

Parental behavior is considered in three distinctive forms. The first one is known as 'Monitoring behavior'; it represents the level of awareness that the parents have concerning their child's feelings and current state in addition to the kind of friends that they have. The second is known as 'Nurturance behavior'; it caters for a set of variables that all revolve around supporting the child whether in their education or school or in their parenting style; being firm but responsive. The last is called 'Inconsistent discipline' indicates the inconsistency in the way parents deal with or approach their child's inappropriate behavior (Elliott, 2015).

Howard Karaghezian Commemorative Corporation (HKCC) is a primary healthcare center (PHC), located in Bourj Hammoud. It is a medico-social, non-profit organization that has the main objectives of: (1) catering for the health needs of poor people and (2) enhancing the quality of their lives by providing social assistance. HKCC consists of two sections: the social work unit and the primary healthcare department; both operating in conjunction (PHC).

One way to insure having a socially and medically healthier community is, besides providing health and social services, to educate mothers on the importance of being aware of the indispensable role they play in the family and to let them know and learn how they can initiate change for better family states and children outcomes. This can be achievable through effective social and psychological interventions in the form of psychosocial and psychoeducational group work (Coolhart & Shipman, 2017).

Problem Statement

Bourj Hammoud is a town and municipality in Lebanon located north-east of the capital Beirut, in the Metn district and is part of Greater Beirut. The town basically used to mostly host Armenians. After the upsurge of the Syrian refugees in Lebanon the demographics of the area underwent drastic changes. Presently it hosts people of diverse backgrounds and nationalities. The host community has had drawbacks on financial, social and safety levels. The area is a mixed residential, commercial and industrial area and is identified as one of the most densely populated districts in the region. Furthermore, the area is home to many who live on the verge of poverty level. Poverty can be a major cause for consistent anxiety, stress, conflictual relationships, depression and other emotional problems.

It is argued throughout this study that if the mothers of poor families are provided with the necessary skills and tools to deal with problems related to childcare, economy, anxiety and conflicts that are a natural consequence of poverty, they will be able to have a better control over their lives. When mothers learn techniques that help them in dealing and managing their stress, anxiety, depression and family matters, they will be actively involved in improving their family lives and controlling their emotional matters (Lau, Fung, & Yung, 2010).

In the same context, it is highly important to explain what low-income and poverty levels mean in this study, their effect on the lifestyle and socio-emotional states of the families in the community, in addition to the mothers' role in all of this.

Objective of the Study

This study examines the impact of psychoeducational intervention on the emotional state and parenting behavior of Armenian mothers of poor family background, living in Bourj

Hammoud. It is in effect a test of the validity of the actual psychoeducational program used at the institution.

Research Question

Based on the stated research problem and research objective, the major research question for this study is: What is the impact of psychoeducational interventions on the emotional state and parenting behavior of Armenian mothers in Bourj Hammoud?

The general expectation is that the intervention program will have a positive effect; consequently, the following specific hypotheses were generated:

Psychoeducation intervention will have a positive differential impact on:

1. Improved mother-child relationship as measured by Parent-Child Relationship Inventory (PCRI)
2. The reduction of the levels of stress, depression and anxiety as measured by the Depression Anxiety Stress Scale-21 (DASS 21).
3. Mothers' self-esteem as assessed by Rosenberg Self Esteem Scale (RSE).

Purpose of the Study

After defining the three essential elements of this research: (1) problem statement, (2) objective of the study, and (3) research question, it ends up with drawing conclusion consistent with the three stated elements. Moreover, at its end, through the assessment of the effects of psychoeducational interventions on management of anxiety, stress and depression felt by the mothers and their consequent effects on parent-child relationship, the study shall draw interesting, valuable recommendations and suggestions as to how to enhance such interventions in HKCC in order to optimize its effects and contributions on the welfare of Bourj Hammoud society.

Research Methodology

This primarily quantitative experimental field research, using pre/post-tests technique, applied to a sample of Armenian mothers of children less than 16, will examine the proposed hypotheses. The mothers will be assessed on several dimensions: depression, anxiety, stress, self-esteem and quality of parent-child relationship, after fully attending 12 psychoeducational sessions, on a weekly basis, lasting three months. The results will be compared to that of the control group women's, who basically have the same demographic characteristics of the experimental group except for being attendees to the psychoeducational sessions.

In each group there will be around 15 to 20 women in order to ensure individual participation and involvement. The scales used are the following: 1) the PCRI – (Parent-Child Relationship Inventory), 2) the DASS-21 (Depression, Anxiety, and Stress Scale – 21), 3) the RSE (Rosenberg Self Esteem Scale), the participants will also be asked to fill out the demographic questionnaire and a consent form to reassure that their responses are completely anonymous and confidential.

The quantitative data will be analyzed using SPSS descriptive and inferential statistics. Data will also be compared to the data from the literature.

Significance of the Research

This study is of major importance for several parties. First, the findings of this research are significant to social workers' team and director in Howard Karagheuzian Commemorative Corporation (HKCC). Second, this study is important for corporations who discharge similar functions and duties like HKCC in Bourj Hammoud and other similar regions.

Although psychoeducation and curriculum/theme based groups interventions are widely used in western countries, no relevant studies cover Lebanese experiences. This study tackles variables such as motherhood, parenting skills, self-awareness, dealing with stressors that cause anxiety and depression, conflict resolution techniques, and parent-child relationship. This thesis can be viewed as first of its kind to address Armenian mothers of destitute families, who are struggling to keep homes and have positive child outcomes on very low income. Through the assessment of the effects of psychoeducation interventions on anxiety, self-esteem, depression and parenting skills of the mothers and consequent effects on parent-child relationship, further interventions and support could be provided to the community members.

Brief Overview of all the Chapters

The study includes five chapters. Chapter one introduces the study. It starts with a general background about the topic, followed by the statement of the problem, the objective of the study, the research question, the purpose of the study, the significance of the study, and ends up with a brief overview of all the chapters. Chapter two is significant as it entails a review of the literature. Refereed, secondary data from various refereed sources such as articles, books, formal, official reports will be reviewed in an attempt of presenting a research context from which hypotheses are defined. Chapter three determines and defines the research design. This entails the research methodology and procedures, the choice of research method(s), instrumentation and its validation, data collection, data analysis, population and sample, and conceptual framework and hypotheses. Chapter four presents the findings and the results, the primary data of this study and its discussion. Chapter five, the last chapter, includes the final conclusion, limitations to the study, and the recommendations. These chapters will be followed by a list of references and Appendices.

Delimitations of the Study

Time limitation of the present study made further supporting research on the outcomes of the children of these mothers not possible.

Definition of key Terms

Self-esteem is the positive or negative attitude that is exhibited towards an object usually referring to the self (Rosenberg, 1965).

Psychoeducation or psychoeducational interventions include a number of activities that link education to other activities like supportive interventions and counseling to persons suffering from emotional problems or disturbances. The logic behind a psychoeducational approach is that, in presence of a pure understanding of the current mental condition, and the person's self-knowledge of his/her strengths, community resources, and coping skills, he/she is better capable of dealing with the problem and to improve his or her own emotional wellbeing. Interventions related to Psycho-education can either be delivered on individual or group basis and may be personalized or standardized according to certain groups and people. (Reyes C. 2010)

Low income parenting tackles the stress that parents go through as a result of the pressure they deal with while trying to accomplish everyday necessities, cater for social activities and be present with their kids during holidays (Parenting on Low Income).

Parent child relationship encompasses the specific feelings, behaviors and expectations that are exclusive between a certain parent and his/her child. Such types of relationship comprise the overall level of a child's development. (Post, B. Bryan, et al.)

Self-awareness people with such trait are believed to be possessing a precise perception of their personality together with their strong and weak points; their thoughts and beliefs; and their motivation and emotions. By means of self-awareness people are able to

understand others around them, the way those others perceive them and their attitude in addition to their immediate response to situations.

Anxiety characterized by such feelings as worried thoughts, tension and physical changes such as high blood pressure. People who have anxiety disorders usually possess at the same time repeated invasive thoughts or worries. Their worry might even lead them to avoid certain situations. They might as well suffer from physical symptoms like trembling, sweating, faintness or a rapid heartbeat. (Encyclopedia of Psychology)

Depression is not only related to sadness. People who suffer from depression may as well possess a low level of interest and pleasure in daily activities, gain or lose significant weight, suffer from insomnia or excessive sleeping, have no energy, find difficulty in concentrating, feel worthless or guilty and regularly think of death or suicide. Depression is known to be the most common mental syndrome. Luckily, however, depression is curable through both therapy and antidepressant medication. (Encyclopedia of Psychology)

Daily stressors experienced on encountering a threat, stress is a biological and psychological reaction to situations that people find difficult to resolve or deal with. The stressor represents the stimulus (or threat) that leads to stress like divorce, exam, death of loved one, sudden unemployment or relocation to a new house.

Chapter Two

Literature Review

The major components of this study were introduced in the previous chapter. It started with a general background about the topic, followed by a discussion of the problem statement, research questions, objectives, purpose, methodology, delimitations, and definition of key terms.

This chapter reviews refereed data regarding topics such as psychoeducation, emotional states and parenting behavior, which comprise the present research. These topics are defined and their main concepts are discussed by referring to already existing literature for support.

Psychoeducation

This section of the study discusses the concept of psychoeducation. The advantages of psychoeducation are dealt with along with the challenges facing this methodology. Later the effectiveness of psychoeducational interventions in social work, the main goal in this study, is tackled.

Definition of Psychoeducation

Psychoeducation is a professionally delivered treatment modality that integrates and synergizes psychotherapeutic and educational interventions. It reflects a paradigm shift to a more holistic and competence-based approach, stressing health, collaboration, coping, and empowerment (Lukens, 2004). It is based on strengths and focused on the present. The patient/client and/or family are considered partners with the provider in treatment, on the

premise that the more knowledgeable the care recipients and informal caregivers are, the more positive health-related outcomes will be for all.

The main purpose behind providing patients and their families with Psychoeducation is to teach them the principles of problem-solving and communication skills.

Psychoeducation is about catering for the educational needs of patients in completely empathetic and supportive manner (Houillon, & Willard, 2015).

When Is Psychoeducation Used?

There are endless conditions that necessitates the intervention of psychoeducation. The rule of thumb is that, in presence of a high level of understanding, every person is more likely to feel relaxed and in control of his situation and this is crucial for most illnesses if not all of them. When people learn enough about the influence of conditions on their behavior and choices, they in most cases turn to exert self-management and address their problems in a healthy way. Altogether with psychotherapies and medications, the patient experiences positive social and self-esteem changes that increases his level of self-efficacy (Widdowson, 2015).

In presence of all these benefits of psychoeducation, it is very helpful for everybody to conduct their own research into their own health and their family's health as well. It is a social need that every member of the society takes the responsibility of becoming fully aware of the health related problems in the community, in this way they can collectively contribute to reduce social stigma, increase awareness, avert emergencies and decrease relapse (Belmont, 2015).

Advantages of Psychoeducation

Starting from its purpose, which is to help people better understand and cope with their mental health conditions, emotional states and relationship with their environment, Psychoeducation is considered to be an indispensable part of all therapy programs (Stuart, 2014). This is especially true based on the general belief that patients who succeed in reaching a state of comprehensive understanding of the challenges they are to deal with, as well as awareness of the personal coping capability, internal and external resources, in addition to their own areas of strength, are way more capable of overcoming difficulties and achieving control over their problems. All this eventually leads to greater capacity to work toward emotional and mental well-being (Sallis, 2014).

Many individuals diagnosed with any type of mental health conditions possess little to no knowledge about their condition, what to expect out of their treatment, or the positive and negative impact of any medicines prescribed to them. The existing literature on emotional or mental health states, when read or explained by medical professionals, may sound confusing or difficult to understand and thus offers little or no help (Maslach & Jackson, 2013).

Psychoeducation can be provided in two distinct formats; individual and group. The group format allows the patient not only to have the professional explanation of personal health state, but also experience universality of their problems by meeting others with the same or similar predicament, share difficulties, impart experiences and means to deal with problems, develop socialization skills which will also benefit the family systems besides learning many other beneficent skills that will help them lead healthier lives. They are of benefit to the patients, their parents and family as a whole, in addition to caregivers and friends.

Psychoeducation acts as an important early step in treatment and in itself an approach to treatment. It caters for the needs of individuals who have problems information by offering them the support and help they need to maintain their own emotional health and well-being. It also provides them with an opportunity to develop a comprehensive understanding of all such concerns associated with mental health that are likely to affect their loved one. Playing an active part in psychoeducation will likely have a positive effect on the quality of life for individuals involved (Kim, 2015).

By making it possible for them to improve their own or their loved one's health, relationships, capabilities or efforts, psychoeducation makes a difference in people's lives. Psychoeducation realizes such a goal by providing relevant information about a problem, illness, or source of distress that is currently affecting the lives of clients. Clients that develop an advanced knowledge about a certain problem, become better at using the necessary methods to react to it. The end result would be reduction in the level of stress, impairment or conflict triggered by the problem.

Another aspect in which psychoeducation changes clients' lives is its ability to increase their skills in areas like problem solving, communication, surviving, medication adherence, and social connections (Nezu, Nezu, & Colosimo, 2015).

Understanding the Psychoeducation Process

Psychoeducation can take two forms: general and specified and can be supplied in many ways. It is mostly driven by four main objectives: information transfer, prescription and treatment support, training and support in self-care and self-help, in addition to a safe place where patient can overcome any possible emotional frustrations.

Psychoeducation is composed of a person in therapy having advice from a therapist on the ways a mental health condition might affect his job, a psychiatrist explaining the way a prescribed medication can offset the symptoms associated with a mental health condition and a psychiatric hospital giving support and education to the patient's family members. Moreover, formal classes intended to inform the population about mental health in general and mental health conditions in particular, and for students diagnosed with behavioural concerns, a classroom behaviour management assistance is supplied to help them overcome such behaviour. Whereby, group work can be used to educate target population about impacts of emotional states on everyday life and productivity. As for those diagnosed with mental health concerns, self-help and support groups are set to encourage them to share information and strategies with one another.

As of the mode of delivery of psychoeducation, it may be supplied online or via electronic formats like DVDs, CDs, or other audio-visual materials, and in sessions with a mental health professionals or social workers; depending on the participant's state and need (Hale, 2017).

Challenges Facing Psychoeducation

Psychoeducation may sometimes encounter a variety of challenges on cultural level, such as ways of dealing with children's behavioral problems, resolving marital issues, self-expression... That is why it is very important for a provider to be culturally sensitive; that is, to be well familiar with the specific cultural concerns that are of direct relevance to the clients' readiness to pursue psychoeducational services. In addition, therapists have to be aware of issues specific to the different culture and ethnic groups present in the society. Other important considerations to the therapists include the clients' level of participation – his

consistency in attending the sessions, involvement in the discussions – and the family members they wish to bring to sessions (Merrell, Ervin, & Peacock, 2011).

Psychoeducational Interventions in Social Work

As early as the 1970s, psychoeducation has developed to become very common in social work practice. It describes a variety of direct interventions that concentrate on patients' education, support, and coping skills development. As a service, such programs are given in a variety of settings and with many types of cases. The social worker can provide these sessions in individual, personalized way or in group context to those who share common problematic situations, emotional problems and family conflicts (Moritsugu, Vera, Wong, & Duffy, 2015).

Emotional State

In this section the focus is on the emotional states. As depression, anxiety and stress are part of the current study, a definition of the emotional state is provided, then a presentation of the various types of these emotional states. Finally, it discusses the variations in emotions identified as emotional dysregulation and concludes by defining and discussing stressors.

Definition of Emotional State

Emotional state describes the state of an individual's emotions mainly those associated with pleasure or sadness. It is a state of excitement regarded as a fluctuation in the feelings that changes tone and physiologic behavior (Power & Dalgleish, 2015).

The way emotions are reflected to the external surrounding is known as affect; a prevalent and continuous emotional state or mood like being happy, sad, terrified and angry, depressed anxious, etc...

Types of Emotional States

While reacting to one thought and the triggers from the outside world, the human being goes through a variety of emotions and feelings. American psychologist Robert Plutchik attempted to illustrate eight primary emotions and their various intensities and came up with the so-called wheel of emotions. It demonstrates the way emotions are connected together.

The word emotion refers to energy in motion. The unconscious mind is the origin of emotional states, even though people usually are aware of their emotional state and deal with it in a conscious way. For the benefit of this study, a few of the terms that are directly related are considered here, such as, fear, anger, sadness (sorrow, grief or depression), joy (happiness and gladness), disgust, surprise, trust and anticipation.

According to Plutchik these emotions can coexist and influence the existence of each other depending on the different levels of their presence.

In the current study, the mothers considered all have different social worries and socioeconomic difficulties and family problems which make them bundles of emotions of different levels that coexist and affect the existence of each other.

Fluctuations in Emotional States – Emotional Dysregulation

As a term used in mental health community, emotional dysregulation (ED) refers to an emotional state that is poorly controlled, and falls under the unfavourable range of emotive response. ED may also be designated as liable mood that is manifested as fluctuation of mood or mood swings.

Probable indicators of emotional dysregulation comprise angry outbreaks or behaviour bursts like attempting to destroy or throw objects around, acting with severe

aggression towards self or people around, and threats to commit suicide. These discrepancies usually take place in seconds to minutes or hours. Emotional dysregulation can cause behavioural problems and can affect a person's social interactions and relationships whether at home, in school, or at work (Gilbert, 2016).

The mothers in this study experience emotional fluctuations as they struggle through their daily lives trying to provide for their children's needs, deal with poverty, family conflicts that arise specifically because of poverty, unsatisfied and forgotten self and personal dreams and others.

Stressors

Every event that causes stress to an organism is known as a stressor. It comes in the form of a chemical or biological agent, external stimulus or environmental condition. Events that lead to stress response include conditions like: stressors caused by environmental conditions, family problems, insufficient income, poverty, medical state ...

Stressors have two broad categories: Physiological (or physical) stressors or Psychological Stressors.

Physiological (or physical) Stressors

Physical or physiological stressors are any sort of condition that leads to a strained body state, such as too cold or too hot temperatures, wound, chronic illness, handicap, discomfort... (Magee, 2014)

Psychological Stressors

Situations, events, individuals, interpretations, or any incident that is perceived negatively or considered as a threat by the individual, such as failure to find a babysitter for a sick child when the family is obliged to go to work, poverty consequences such as inability to

pay rent, feed children, buy medication..., conflictual family relationships, losses and grief. Psychological stressors can result in learned helplessness, neurotic states and loss of interest in daily activities. Although sometimes it is only specific individuals who are directly affected by stressors, yet their state acts like a ripple and reflects negatively on the others of the group, giving each a different dimension of emotional state (Kauffman & Brigham, 2011).

All mothers, both experimental and control group participants, have economic difficulties and social concerns and child related worries, which are serious stressors that bring about all sorts of emotional dysregulations. Addressing these through psychoeducation provides skills that enable self-help and control.

Parenting Behavior

This section of the study discusses parenting behavior. First, the term parenting behavior is defined, followed by the discussion of 3 types of parenting behaviors: (1) Monitoring Behavior, (2) Nurturance Behavior, and (3) Inconsistent Discipline. These terms are defined and discussed because they explain the types of parenting and clarify the difficulties of the participant mothers' inconsistent behavior with their children and the impact of that on the children's behavior themselves.

Definition of Parenting Behavior

Parenting Behavior is defined as procedure associated with the preparation for the welcoming of a new baby along with the attitude or approach of one or both parents as they work to secure the survival or welfare of their offspring (Boszormenyi-Nagy, 2013).

There are three distinct measures to parental behavior:

a. Monitoring behavior that deals with the level of awareness the parents have regarding what their child is doing and who he is accompanying.

b. Nurturance behavior that is linked to a number of variables that defines the level of commitment of parents, the extent to which they are supportive of their children's education, are actively monitoring in their children's school, and have a firm and at the same time reactive parenting style.

c. Inconsistent discipline, on the other hand, assesses parents' approach towards any inappropriate behavior made by their children (Waller, Gardner, Hyde, Shaw, Dishion, & Wilson, 2012).

Monitoring Behavior

Despite the fact that parental monitoring has been associated with numerous forms of misbehavior, it has not been till recent years that the exact nature and meaning of the parental monitoring construct and related measures has gained the attention it requires. By definition, parental monitoring is the exact type or approach by parents that they adopt while raising their children like tracking their whereabouts, activities, and adaptations.

However, and apart from the definition of active parenting presented above, the measures of parental monitoring adopted by researchers strictly addresses the amount of knowledge parents possess about their children. For example, collective items define the amount of information available for a parent rather than the process by which the parent reached such information. Consequently, the historical concept of parental monitoring is better interpreted as parental knowledge.

Nurturant Behavior

By responding to the child's needs, being emotionally supportive and becoming involved in the children's affairs, parents engage in what is known as Nurturant behavior or the encouragement of individuality and self-regulation (Lieberman, 2017).

Inconsistent Discipline

When parents resort to an unpredictable parental punishment as a response to their children's repeated misbehavior, they are in reality engaged in the so called inconsistent discipline. Other areas of application for such behavior are when parents terminate a certain discipline due to absence of energy to continue or as a reaction to their child's coercive behavior (Campbell, 2015).

When parents feel supported and perceive childcare as a shared task rather than being only a mom's work or a dad's responsibility, and when they feel satisfied with their parenting roles, then most difficulties they come across in their family life seem less overwhelming than when each acts and functions alone.

The degrees of each type of parenting behavior present in the parenting practice of people affects the outcomes of how their children develop, behave, or achieve in life.

Psychoeducational sessions address this aspect by providing information on parenting skills, child development and conflict resolution technics to create awareness of how parental acts and words form the child outcomes.

Critical Literature Review

Family psychoeducational intervention is an effective method that has consistently been found to be positively affecting families; it reduces deterioration rates in individuals suffering from psychotic disorders, promotes desirable behavior to overcome problematic

situations. Even for adult cases, family psychoeducational interventions are effective means of fighting deterioration and refining social and professional functioning (Sperry, Brill, Howard, & Grissom, 2013).

Gearing, R. E. (2008) issued an article titled “Evidence-Based Family Psychoeducational Interventions for Children and Adolescents with Psychotic Disorders” and revised the existing literature on evidence-based family psychoeducational interventions for patients diagnosed with psychotic disorders. In most situations, family psychoeducation interventions had effective impact on youth and their families, especially when interventions had solid and defined structure.

Research in the area of family psychoeducation with children and adolescents is developing over time and has so far been able to unleash a set of strengths to invest and areas for improvement to pursue. Family psychoeducational intervention is effective when utilized to develop healthy relationships among family members, through developing communication skills. It is also effective when children present behavioral problems or adolescents exhibit delinquent behaviors. Family psychoeducational interventions have consistently been found to impact families positively in knowledge and management of health problems and have reduced relapse rates in individuals with psychotic disorders. (Gearing, 2008).

In their study on parents of children with autism spectrum disorders (ASD), Patra, S., Arun, P., & Chavan, B. S. (2015) developed a psychoeducation intervention module and studied its effect on parental stress and knowledge. Parent psychoeducation intervention module on autism spectrum disorders (ASD) decreased parenting stress, and improved knowledge about ASD. Psychoeducation intervention proved to be a practical and adequate way to help parents deal with the difficulties they face in the upbringing of their children.

In a study on social intervention impact for British Pakistani women with depression, where depressed Pakistani women were randomly assigned to those receiving psychosocial

support receivers, psychosocial and medications combined receivers and only antidepressant medication receivers. The outcome of the study was that there was greater improvement in depression in both women who were in psychosocial intervention group and in the social and medical combined intervention group as compared to those receiving only medical intervention (Gater, Waheed, Husain, 2016).

In another study on treating depression in primary healthcare, in low-income women in Santiago, Chile, the majority of women who received psychoeducational intervention in a group format, with structured and systematic follow-up, showed substantial improvement in all outcome measures in favor of the stepped-care program (Lancet, 2003).

All these studies show positive differential impact of psychoeducation on its recipients as well as on their families.

The current study addresses the emotional states, the parenting behavior and self-esteem of mothers who have coping problems to their present situations, where poverty has become a chronic state, yet the social media seethes with news and enjoyments others get to have. The difficulties they have to survive through, the constant complaints they have to listen to, the rate at which their children opt to drop out of school, the homes they live in, the lack of nutrition they struggle against, and a lot more make these women helpless, reliant, incapable and not struggling. As in the above studies, the intervention outcome is expected to be positive and helpful.

Conclusion

The term Psychoeducation is defined as the process of educating people, patients, and families, about health conditions or emotional states and the influence of these circumstances on their daily normal functioning.

Psychoeducation acts as an important early step in prevention of many social issues such as family conflicts, parent child relationship problems, school related problems and self-esteem. It is also an approach to treatment of cases that have emotional problems and mood disturbances triggered by stressors found in their family, work or social environments.

Psychoeducation caters for the needs of individuals by providing information about specific situations that affect their lives, offering support and education to help people reach to self-help and ability to maintain their own as well as their families' emotional health and well-being.

Chapter 3

Method

The previous chapter, namely Literature Review, reviewed refereed data regarding: (1) Psychoeducation, its definition, when it is used, its advantages, its process, the challenges facing it, and psychoeducational interventions in social work; (2) Emotional State, its definition, types, dysregulation, and the stressors; (3) Parenting Behavior, its definition, monitoring and nurturance behaviors, and inconsistent discipline.

This chapter presents an overview of HKCC, the primary healthcare centre activities, how the study was conceptualized, and the research methodology. This is the research design that is implemented for executing the research, collecting data, and processing it.

HKCC – Overview

Howard Karagheusian Commemorative Corporation (HKCC) is a medico-social primary healthcare center established in Lebanon in 1941. HKCC has centers in Lebanon, Syria, and lately in Armenia. Headquartered in New York City, USA, the center receives its support and is managed by a Board of Directors in the headquarters. There are field directors in each country. The founders of this organization, Mihran and Zabel Karagheusian, wanted to honor their late son Howard, who died at the age of 14 of pneumonia. HKCC has the mission of catering for the medical, social, and emotional health needs of all children wherever they may be; in their families, schools, neighborhood, and general environment. HKCC is regarded by the Lebanese government as a non-governmental organization (NGO). The center receives medical and other assistance from the Ministry of Social Affairs and the Lebanese Ministry of Public Health.

There are three operating centers in Lebanon: a main center in the over-populated city of Bourj Hammoud and two small clinics in Mejdel Ainjar and Ainjar in the Bekaa area.

With services ranging from the medical to the social, to the psychological and educational fields, the HKCC Lebanon Center takes on its account the development of mother and child.

HKCC's vision is to provide the complete wellbeing of the child, to relieve those in distress and endeavor to their physical, moral, and social development within their families and their environment.

HKCC, like the World Health Organization, believes that Health is a state of complete physical, mental and social well-being and is not restricted to the lack of disease or disability (hkcc.org.lb).

Participants of the Study

This section of the study presents an overview of the Armenian women who participated in the study and who reside in Bourj Hammoud.

Brief History of Armenians in Bourj Hammoud

Bourj Hammoud used to be populated mainly by Armenians. It is a kaleidoscope, a mix of artisanal, industrial and commercial areas, narrow alleys, with plenty of Armenian flags and Armenian signage.

The dynamism has resulted in a number of puzzling paradoxes and some difficulties. Bourj Hammoud is a place of prosperity, but also poverty. It is home to large industries, but also to timeless handicrafts. It is the cultural cradle for Lebanese Armenians, although today it has become home for refugees and foreigners who are mostly non-Armenians.

Armenian Women in Bourj Hammoud

Armenian women, who live in Burj Hammoud have different socioeconomic and educational backgrounds. Relatively few husbands help in bringing up of the children. This puts considerable weight on the mother who is usually tired, has no healthy social life, and feels undervalued. Moreover, as these home staying women live on the low income of the husband only, they find the household chores and child rearing and living in an area where safety has become history as well as poverty too much to bear. Consequently, these women experience high levels of stress, conflictual relationships, depression, very high levels of anxiety as to where there next rent/food/medication is coming from, etc.

Children's discipline is an important issue for the Armenian home-staying mothers. They emphasize the need for academic excellence and achievement, always hoping the children will achieve much more than they themselves have.

The target population, mothers of low income families, has become more dependent on social institutions and support programs and charity donations. They have developed learnt helplessness as well. They expect others to take charge of their responsibilities, because of their depressed state. Their relationship with their children is not healthy – aggressive or passive parenting; their marital problems are usually dealt with in a very unhealthy way – aggressive attitude of the provider, submissive, compliant attitude of the dependents, inability to decide who deals with the problems of growing children so as they won't fall into the same vicious cycle of illiteracy (dropouts), early marriages, poverty, helplessness and dependency.

Background of Study

The social work department at HKCC provides medical support to those who come to the PHC unit and yet, cannot afford different medical needs, such as medication, consultation, and laboratory exam and hospitalization fees. Relief work is also provided under the title of family aid. This is given in the form of food provision, rent, petit cash, clothing, and other supplies provided to needy families. School support is provided in the form of books, school uniform, and tuition aid. Because of destitution, poverty, illnesses, unresolved emotional issues, most of these people keep coming back and asking for further support.

Over the years, it was realized that a social worker's efforts to provide guidance and resolution besides relief was futile and meaningless, if systematic emotional and psychological support was not provided alongside the social worker's relief intervention to help these people get out of their own shells and instead of developing reliance or dependence on what little that is provided, help them become healthy and active members of the society.

When the problems are related to family structure as well as relationships, one can see that there is suffering and mismanagement by parents on one hand and unhappy children with low motivation to achieve on the other. What these people need is more than relief, they need to be aware of their problems and also have tools to address these problems and try to help oneself to get out of the cycle they are caught in.

Because of all the activities and services HKCC provides, there is the realization that preventive work is a must in all fields and what is already provided needs proper evaluation and assessment of outcomes so as to achieve a socially and medically healthier community,

where children do not end up neglected or become drop outs because of unawareness of parents.

Psychoeducation is a flexible model, which incorporates information and tools for managing circumstances of a given set of people, Psychoeducation has an enormous impact on the improvement of lifestyle and relationships in a family as well as community, as seen in the literature review.

Through Psychoeducation, if women of poor families can be made aware of situations and given tools to deal with them in a healthy way, they would better be able to:

- a. Identify life stressors and causes of anxiety and depression they have
- b. Learn how to manage anxiety and depression by being actively involved in finding solutions and knowing where to go and what to ask for if need arises
- c. Gain self-esteem and faith in their ability to effectively do something about their problems
- d. Learn child development and needs and parenting skills and thus, improve parent-child communication and relationship and be more involved in the child's life
- e. Learn communication skills and conflict resolution techniques to promote harmony and cohesion at home
- f. Know the sources and resources in their immediate environment.

Research Objective and Question

This study examines the impact of psychoeducational intervention on the emotional state and parenting behavior of Armenian mothers living in Bourj Hammoud.

At the end of this study, through the assessment of the effects of psychoeducational interventions on self-esteem, management of anxiety, stress and depression felt by the mothers and their consequent effects on parent-child relationship, the study draws interesting,

valuable recommendations and suggestions as to how to enhance such interventions in order to optimize its effects and contributions on the welfare of Bourj Hammoud community.

Research Methodology

This primarily quantitative experimental field research, using pre/posttests technique, applied to a sample of Armenian mothers of children less than 18, will examine the proposed hypotheses. The mothers will be assessed on several dimensions: depression, anxiety, stress, self-esteem and parent-child relationship, after fully attending 12 psychoeducational sessions, on a weekly basis, lasting three months. The results will be compared to that of the control group women's, who basically have the same demographic characteristics of the experimental group, except for attending the sessions.

The social work department sees around 500 clients per month. Relying on the excel sheet of July 2017, 216 mothers were identified who fit the criteria of this study. The cases were randomly assigned to either the experimental group or the control group. The mothers were called and invited to a meeting where they were introduced to the project and demographics and consent was taken to be part of the project. They were told that they need to answer a set of questions at the beginning and the end of the project. The women assigned to the control group were also contacted and they were told of the task they had to perform of filling in questionnaires twice: once at a present specified date and another at the end of three months after the first one.

More than 220 mothers were identified as fitting the criteria of choice to participate in this study. Eventually only 93 were randomly assigned to the experimental group and 90 were assigned to the control group. The others expressed inability to take part in the project because of different personal reasons.

Per group there were around 15 to 20 women so as to ensure individual participation and involvement. The scales used were the following: 1) the PCRI – (Parent-Child Relationship Inventory), 2) the RSE (Rosenberg Self Esteem Scale), 3) the DASS-21 (Depression, Anxiety, Stress Scale – 21).

The participants were also asked to fill out the demographic questionnaire and a consent form to reassure that their responses are completely anonymous and confidential.

The characteristics of the targeted population in this study are:

1. Armenian mothers who have children less than 18
2. Poor family background (total income less than LBP 750,000)
3. Clients to HKCC medical departments
4. Bourj Hammoud residents
5. Age less than 55 years
6. Not employed (or part timers)

An experimental design was feasible for this specific study. We had one experimental group and one control group. The control group consisted of the women who come to HKCC primary healthcare departments, have the same demographic givens as those in the experimental group, but do not take part in the psycho-educational sessions provided, because of having limited capacity for the possibility of their enrolment. They were promised to be included in the later clusters of sessions. Thus, the choice of the participants of the experimental and control groups were assigned randomly.

A pretest on anxiety, stress, and depression (DASS 21), self-esteem (RSE), and parent-child relationship quality (PCRI) was given to both experimental and control group ladies. Meetings were held on a weekly basis. Each session was about two and a half hours.

The goal of the sessions was to empower these women with knowledge, awareness and tools that help them develop better control on their everyday lives.

Each experimental group members attended 12 psychoeducational sessions that target identification of stressors, management of depression and anxiety, family relationships, conflict resolution techniques, improving self-esteem and worth, knowing about resources of help. Each session had a short oral testing that confirmed comprehension of subject material by the women. At the end of the 12 weeks a post test was given to the women, consisting of the same scales used as pretest at the onset.

To ensure confidentiality and anonymity, the pretest and posttest did not have individual names of the women. The pre and posttest contents are similar in order to allow for comparison of results and determine the effectiveness of the intervention and to ensure internal validity.

The women were informed about the intervention and evaluation content and process and consent to participating in it at the onset.

Pre/Posttests

The pre and posttests as well as the presence of a control group increase the reliability of the results obtained as well as allow us to determine that results are caused by the intervention. The tests used were Parent Child Relationship Inventory (PCRI), Depression, Anxiety, and Stress Scale (DASS-21) and Rosenberg Self-Esteem Scale (RSE)

A list of questions that cover the topics discussed per session were used orally to verify comprehension of subjects.

Threats to Validity

(Internal) Attrition: the post tests of those who could not participate at least to 10 sessions were left out so as not to affect the results. Not all the experimental and control group members who sat for the pre-test came to have the post-test too. Thus, only 93 participants were considered as experimental group and 91 as control group.

(External) Multiple-treatment interference: as the usage of the tests as pre and post are 3 months far apart, and the pre-test results are not reported to them or discussed, the women are less likely to be affected by the fact that they have seen the tests previously or know what is expected of them.

Topics Discussed per Session were made up of subjects that include all of the following: a) Awareness session: stating/defining problems that are in the community and considering causes – sources of daily stress, b) Self-esteem and self-worth c) Managing depression and anxiety d) Managing depression and anxiety e) Developmental stages of children and their psychological needs f) Adolescence g) Sibling rivalry h) Parenting styles and Discipline i) Conflict resolution techniques j) Children's rights and protection k) Home economics – money management l) Learning about sources and resources of help: where to go to find help.

The sessions were provided by the social worker and a specialist in home economics and budgeting. The sessions were interactive and the participants were prompted to actively participate when time for discussions.

The Scales Used

Rosenberg Self-esteem Scale

The RSE (Rosenberg, 1965) is a 10 item scale that measures global self-worth by measuring both positive and negative feelings about the self on scales that are uni-dimensional. All items are answered using a 4-point Likert scale format ranging from 1 strongly agree to 4 strongly disagree. All items are added and higher scores indicate higher self-esteem. The internal consistency for the RSE ranges from 0.77 to 0.88, the Test-retest reliability ranges from 0.82 to 0.85, and the criterion validity=0.55. Higher scores indicate a more positive sense of self. Higher self-esteem expresses the feeling that one is “good enough” (Rosenberg, 1965).

Depression Anxiety Stress Scale – 21

The Depression Anxiety Stress Scale-21 (DASS-21) is a screening tool for identifying, differentiating and assessing depression, anxiety, and stress. The DASS-21 is the short form of the DASS-42 (or DASS). The DASS-21 contains 21 items, divided into three 7-item subscales, where each item is a statement referring to the past week. Length of application of the test is about 10 minutes, 21 items scoring: Items are scored using a 3-point Likert scale format ranging from 1 strongly agree to 3 strongly disagree. Subscale scores are the sums of respective items multiplied by 2. Higher score represents greater distress.

The DASS may be administered either in groups or individually for research purposes. The capacity to discriminate between the three related states of depression, anxiety and stress should be useful to researchers concerned with the nature, etiology and mechanisms of emotional disturbance. As the scales of the DASS have been shown to have high internal consistency and to yield meaningful discriminations in a variety of settings, the scales should meet the needs of both researchers and clinicians who wish to measure current state or change in state over time (e.g., in the course of treatment) on the three dimensions of

depression, anxiety and stress. (Lovibond & Lovibond 1995b; Manual for the Depression Anxiety & Stress Scales (2nd Ed.).

PCRI

The Parent-Child Relationship Inventory (PCRI) is a 78-item self-report instrument designed to measure mothers' and fathers' perceptions of their relationship with an individual child and their attitudes about being parents. Responses are made on a 4-point Likert scale, with high scores indicating parenting behaviors that could advantageously contribute to this relationship and low scores suggesting difficulties. Five scales assess interpersonal dimensions of the individual parent-child dyad. These include Satisfaction with Parenting (SAT), Involvement (INV), Communication (COM), Limit Setting (LIM), and Autonomy (AUT). The Parental Support (SUP) and Role Orientation (ROL) scales measure parental characteristics that may influence interactions with a child. Each of these scales yields a separate score. Evaluation of the validity of parents' responses is facilitated by the inclusion of a Social Desirability scale (SOC) and 10 correlated items for examining the consistency of their responses in the inventory. Reliability of the test: In the test manual, Anthony Gerard reports alphas (Cronbach's alpha coefficient) for the seven scales ranging from .71 (SUP) to .87 (LIM). Test-retest reliability after 1 week ranges from .68 (COM) to .93 (LIM). Validity of the PCRI is substantiated by how well the scale items represent parents' attitudes and values based on parenting strategy, construct validity and predictive and criterion-related validity is evidenced through studies as well.

Delimitations of the Study

One of the limitations of this study is the number of participants derived from the list of the clients who come to HKCC medical and social departments for help.

Time limitation of the present study made further supporting follow up research on these mothers not possible.

Chapter 4

Results

This chapter provides an overview of the results of the current study, including the reliability testing of the scales used.

Reliability Testing

The Cronbach Alpha was calculated for the current study and the internal reliability of these scales was determined Rosenberg Self Esteem, Depression Anxiety and Stress Scale 21 and Parent Child Relationship Inventory. The results were compared to that of previous studies.

Table 1 shows the results:

Table 1

Cronbach Results of the Three Tests Used

Scale	previous studies	present study
RSE	0.85	0.90
DASS 21	0.91	0.82
PCRI	0.71	0.89

All scales were translated into Armenian twice; forward and backward translation.

They were translated to Armenian as the native language of the participants, and translated backward for reliability. The samples in English are found in Appendix A and the translations in Appendix B.

Hypothesis Testing

Hypothesis 1: Psychoeducation intervention will have a positive differential impact on mothers' self-esteem as assessed by Rosenberg Self Esteem Scale

To find whether a significant difference between mothers who attended 12 psychoeducational sessions and those who did not, and test for the first hypothesis, a t test was conducted on the gain scores between the experimental and the control group.

The t-test results showed that the mean differences between experimental pre and posttests was significant, $df=181$, $t=11.24$ and $P=0.00$. Hence, hypothesis 1 was confirmed.

Tables 2 and 3 show the means and standard deviation scores of the experimental and control group raw scores.

Table 2

Rosenberg Self Esteem means and standard deviation results of Pre and Post Test measures of Experimental and Control Groups

	Exp. Pre	Cont. pre	Exp. Post	cont. post
N	93	90	93	90
Mean	17.48	17.25	17.94	17.26
SD	2.75	5.34	2.97	4.24

Table 3

Rosenberg Self Esteem Scale: Number of Individuals in Each Category

	pre exp.	pre cont.	post exp.	post cont.
Low self esteem	19	18	8	19
Normal self esteem	74	73	85	72
High self esteem	0	0	0	0

Scores between 15 and 25 are within normal range; scores below 15 suggest low self-esteem, scores above 25 are high self-esteem. (Rosenberg, M. (1965). Society and the adolescent self-image)

Tables 2 and 3 reflect the impact of the intervention on the self-esteem level of the mothers who were in the experimental group. Although these women did not register high self-esteem levels but the shift from lower ranges to higher levels was evident, from the numbers in the above tables.

Hypothesis 2: Psychoeducation intervention has a positive differential impact on the reduction of the levels of stress, depression and anxiety as measured by the Depression Anxiety Stress Scale-21 (DASS 21).

As the results from the t-test analysis that was conducted on the gain scores between the experimental and control groups showed:

1. Depression $df=181$, $t=2.13$ and $P=0.01$
2. Anxiety $df=181$, $t=0.8$ and $P=0.2$
3. Stress $df=181$, $t=2.77$ and $P=0.00$

These results from the t-test analysis imply that the second hypothesis was confirmed.

The mean differences on depression, anxiety and stress, between mothers who attended the psychoeducation sessions and those who did not was significant in general. The anxiety results show no significance, but a closer look at the raw scores will show a shift towards improvement (see tables 4, 5 and 6).

Table 4

DASS 21 Pre and Post Test Result means and standard deviations

Depression	Exp. Pre.	Cont. pre.	Exp. Post.	Cont. post.
N	93	91	93	91
Mean	21.870	21.945	19.026	21.846
S. D.	8.801	8.86	7.072	8.22
Anxiety	Exp. Pre.	Cont. pre.	Exp. Post.	Cont. post.
N	93	91	93	91
Mean	16.978	17.01	15.204	17.07
S. D.	8.932	9.00	7.754	8.54
Stress	Exp. Pre.	Cont. pre.	Exp. Post.	Cont. post.
N	93	91	93	91
Mean	23.043	22.95	19.634	23.076
S. D.	9.391	8.9	6.937	8.26

Table 5

Comparison between Pre and Post-tests of Experimental Group on the 3 scales to calculate number of individuals that who scored towards Improvement

	Depression	Anxiety	Stress
Improved	58	51	62
No change	29	31	19
Receded	6	11	12

Table 6

Comparison between Pre and Post-tests of Control Group on the 3 scales to calculate number of individuals that who scored towards Improvement

	Depression	Anxiety	Stress
Improved	42	40	15
No change	7	6	57
Receded	45	47	22

As is obvious from the numbers in the above tables, there is positive progress in the experimental group members. The significance of the intervention is in its ability to impede the regression, which is very obvious in the control group results. As these people are clients to HKCC it shows them to be having problems that need support to be solved. Therefore, their being depressed, anxious and stressed are expected results of their state. Those who had high anxiety levels probably need closer attention, follow up and a more individualised support to overcome their difficulties. Those who marked high levels on any measure in the pre-test had lower level results in the post-test even when they stayed within the same range; the change was there.

Hypothesis 3: Psychoeducation intervention has a positive differential impact on improved mother-child relationship as measured by the Parent-Child Relationship Inventory (PCRI).

In order to test for the third hypothesis a t-test was conducted on the gain scores between the experimental and control groups. Table 7 shows the results.

Table 7

T-test analysis results for the 7 scales of the PCRI

Scale in PCRI	Abbrev.	t	P
Parental Support	SUP	10.1	0.00
Satisfaction with Parenting	SAT	5.32	0.00
Involvement	INV	7.3	0.00
Communication	COM	8.11	0.00
Limit Setting	LIM	5.45	0.00
Autonomy	AUT	8.5	0.00
Role Orientation	ROL	3.02	0.00

According to the above results we can strongly conclude that the third hypothesis is supported. Psychoeducational intervention had strong impact on the parenting behavior of the mothers.

The following is a table that shows the means and the standard deviations of each of the seven scales of the PCRI test. The test considers every single scale as indication of good parenting or parenting behavior.

Table 8

PCRI means and standard deviation values of pre and post-tests of both experimental and control groups

PCRI	Experimental pre-test	Control pre-test	Experimental post-test	Control post-test
SUP				
N	91	80	91	80
Mean	39.71	38.2	51.19	38.8
SD	7.19	6.15	8.1	6.4
SAT				
N	91	80	91	80
Mean	42.03	42.82	46.24	42.47
SD	7.1	4.67	5.14	5.1
INV				
N	91	80	91	80
Mean	38.13	36.15	45.04	37.63
SD	5.65	5.6	7.03	5.3
COM				
N	91	80	91	80
Mean	40.18	38.9	50.98	39.07
SD	9.9	8.61	7.85	9.39
LIM				
N	91	80	91	80
Mean	39	37.13	43.85	38.62
SD	1.55	3.39	6.88	4.99
AUT				
N	91	80	91	80
Mean	40.76	39.61	48.94	39.92
SD	4.6	2.69	7.82	3.5
ROL				
N	91	80	91	80
Mean	49.76	48.075	54.64	48.29
SD	11.7	11.69	9.9	11.77

For further clarification of obtained differences reflecting positive impact of the intervention, with the support of SPSS (namely the frequency technique) the percentage of each of the seven scales making up the PCRI was calculated for the pre-test as well as the posttest phases within groups to show change in percentages.

Table 9

Percentage of the 7 Scales of PCRI among mothers in pre and post test phases for the Experimental Group

PRETEST							
Rating	SUP% within	SAT% within	INV% within	COM% within	LIM% within	AUT% within	ROL% within
GP	32%	60%	20%	33%	25%	29%	54%
PP	55%	35%	74%	59%	71%	68%	37%
SPP	3%	2%	3%	4%	0%	0%	0%
POSTTEST							
GP	95%	81%	60%	88%	54%	79%	86%
PP	5%	16%	36%	9%	43%	17%	11%
SPP	0%	0%	1%	0%	0%	0%	0%

PCRI Manuel, Anthony B. Gerard, WPS

Values <30 indicating serious problems with parenting – SPP

Values between 30 and 40 indicating problems with parenting – PP

Values > 40 indicating good parenting – GP

The percentages of the good parenting GP increased on almost all scales whereby, percentages of those with problems with parenting PP dropped significantly. In most cases again the severe problem in parenting levels SPP dropped considerably. Noteworthy is the impact of psychoeducation intervention on all the results of the experimental posttest levels. Mothers' perception of having support, involvement in their children's activities, developing communication skills and improving family relationships, understanding how limit setting can benefit their children's healthy development is clearly obvious from the above results.

With the support of SPSS (namely the frequency technique) the percentage of each of the seven scales making up the PCRI was calculated for the Pre and Posttest phases of the control group mothers to reflect if any significant change occurred in the parenting attitudes and behavior of the control group mothers.

Table 10

Percentage of the 7 Scales of PCRI among mothers in Pre and post Test Phases for the Control Group

PRETEST							
Rating	SUP% within	SAT% within	INV% within	COM% within	LIM% within	AUT% within	ROL% within
GP	27%	62%	20%	26%	7%	22%	53%
PP	65%	38%	80%	73%	92%	77%	46%
SPP	7%	0%	0%	0%	0%	0%	0%
POSTTEST							
GP	27%	60%	16%	30%	20%	19%	53%
PP	70%	40%	81%	65%	80%	81%	45%
SPP	2%	0%	2%	5%	0%	0%	1%

As obvious from the above table, the results do not reflect any significant changes.

This verifies the conclusion that the psychoeducation sessions have had their positive differential impact on the mothers of the experimental group.

Conclusion

Through the statistical analysis of the results of the three scales, RSE, DASS 21, and PCRI, we can confidently conclude that the three hypotheses are confirmed.

Chapter 5

Discussion

The present study focused on the psychoeducational intervention impact on Armenian mothers of poor background families.

The current study hypothesized that psychoeducation will have positive differential impact on the levels of self-esteem, the reduction of depression, anxiety and stress and improvement of the parenting behavior. Several noteworthy results can be pointed out from this study.

The current study hypothesized that psychoeducation will have positive differential impact on the level of self-esteem of the mothers in the experimental group. The obtained results showed significant difference between and pre and posttests, which confirmed the hypothesis. Psychoeducation had a positive impact on the self-esteem of the women. This is parallel with previous research and studies that propose psychoeducation to be effective in promoting self-esteem of women (Heinonen, 2003). The positive change in self-esteem was existent on all levels, however, it not being sharply defined may be an indication that more sessions are needed addressing them to have a more substantial impact effect. What was interestingly noticeable during the sessions was that the women took a long time to comprehend the concept of self as separate from that of their children or the husbands. This was a very remarkable discovery because it may be reflecting the collectivist approach they have.

The second hypothesis in the current study proposed that psychoeducation will have a positive differential impact on the depression, anxiety and stress levels of the mothers. This hypothesis was confirmed since a significant difference was detected between the experimental and control group mothers' results.

The participants of this study were clients to HKCC. This reflects some information about their situation; most of the HKCC clients have either medical or social problems that they cannot afford or have no means to resolve without support. Thus, it is highly probable that they have high levels of all of the three factors – depression, anxiety and stress.

Literature refers to problems with mothers parenting behavior and its impact on children's symptoms of developing problematic behaviors such as aggressive behaviors, attentional difficulties or withdrawn, inhibited, anxious, depressed behaviors (Sturge-Apple M. L., Davies P. T., Cicchetti D. & Manning L.G., 2010). Providing support in a way that will offer more than relief, educating them about the effects of communication and parenting styles and helping them find support in their environment will improve the general state of families.

In the pretest stage, results reflected that the majority of mothers had moderate to extreme levels of depression, stress and anxiety prior to the sessions. The outcomes of the post-test revealed significant positive impact of psychoeducation intervention on depression and stress levels experienced by these women. The impact on anxiety was less marked though. Yet, when individual scores were studied, they showed improvement of the levels in general. Extreme anxiety cases maintained the high levels of anxiety even after the intervention. This can be explained by the fact that these people are still living in the same difficult situation they came to HKCC for, thus those with severe levels of anxiety may need a closer and a more personalized follow up so as to learn how to manage high anxiety levels.

These results are congruent with previous findings from existing literature on impact of psychoeducation on women's emotional states. Several of these studies suggested that psychoeducation has an impact on women's emotional state improvement, specifically reducing depression, anxiety and stress. The results of such intervention were positive even

when medication intake was present. Those on medication alone showed much less improvement as compared to those who participated to psychosocial and psychoeducational sessions (Gater, 2010, Araya, 2003)

The third hypothesis was that psychoeducation will have a positive differential impact on the parenting behavior of the mothers. This hypothesis was strongly confirmed according to the test results obtained. This is congruent with results of previous literature that explains the positive impact of psychoeducational interventions on the improvement of the family system (Post, B. Bryan, 2009).

The Parent-Child Relationship Inventory (PCRI), which was used in this study, measures mother-child relationship by looking into factors of: Satisfaction with Parenting (SAT), Involvement (INV), Communication (COM), Limit Setting (LIM), Autonomy (AUT), Parental Support (SUP) and Role Orientation (ROL). Based on the collected data, the majority of mothers scored in the good parenting (GP) scale for all of the factors mentioned above. Through the statistical analysis of the results, it was revealed that, psychoeducation sessions have contributed in increasing the percentage of the good parenting and decreasing that of the problems in parenting. Even more, for each of the seven factors none of the mothers scored in the serious problems with parenting scale after the sessions. Each subscale is considered individually to explain impact:

The SUP scale reflects the perception of the individual in the practical help and the emotional support the person receives as a parent. Through items in this scale the presence or absence of financial strain as well as others who help in some way with parenting duties is established.

Mothers showed positive change in this scale because in defining resources of help in the environment they were encouraged to make use of these resources. For example, child care facility twice per week three hours each.

The SAT scale reflects enjoyment and satisfaction of a mother for being a parent. The percentages of the good parenting increased whereby that of the problems with parenting and serious problem in parenting dropped significantly. This scale generally had people even with high rates of problems, express enjoyment with their description of having children. After the intervention, the positive results were expected. This may be the cultural effect of regarding motherhood.

The INV scale results improved tremendously. Clarification of healthy involvement in children's activities and the discussions carried out during the sessions was really beneficial for the women. They had misconceptions about how one can be involved generally. The scores on this scale show the cases' readiness to follow up on their children, and show interest in their children's activities. Most mothers thought being involved meant deciding what children would do during their day, but after the sessions the comprehension of involvement underwent positive change.

The COM scale represents the mothers' awareness of how well they communicate with their children in a variety of situations. The percentages of the good communication increased significantly after the interventions. One of the most stressed subjects throughout the intervention was developing good communication skills and applying these skills in their daily interactions with their family members, specifically with their children. This topic needs continuous prompting and it can be referred to in different contexts. It is one of the most essential ingredients of good parenting behavior.

The LIM scale measures the effectiveness and character of parents' disciplinary techniques. This topic needs close follow up and explanation of specific examples in their personal lives. Mothers used to perceive setting limits as a must and very little was explained to the children as to the reasons why limits were set. It was perceived as a rigid parenting responsibility. This is related to the communication deficiency and the amount of control they

impose on their children. Improvement in this field was slower than in others. Plus, women verbally expressed understanding but actual examples still need to be followed up on.

The AUT scale measures the willingness of a parent to promote a child's independence. When autonomy is achieved the child will have better control of his life and it can be reflected through better school results. Yet how much mothers are ready to allow autonomy to their children is still questionable. The results show a better understanding but very much like the limit setting it needs follow up.

The ROL scale shows the orientation of the person on the roles as parents: either both parents share equally most parenting roles or they credit distinct roles to each one. Interestingly, even those who show behavior indicating distinct roles to mothers and fathers in a family, showed an understanding and inclination to sharing responsibilities equally between husband and wife. Yet, the indirect responses still show how women are stuck to their specific roles in the family.

All of the above indicates an evident positive influence of the sessions on the mother-child relationship. These results came congruent with that of the control group, where the results remained almost unaffected after a duration of twelve weeks.

Clinical Implications

All three hypotheses were confirmed through the performance of the statistical t-test analysis. The results are highly satisfactory. This implies that psychoeducation can be used as an extension to social work interventions, synergizing between psychotherapeutic and educational interventions, as defined by Lukens (2004), to relieve cases from their difficult emotional problems like depression, anxiety and stress caused by stressors such as poverty (McLoyd, V., 1990). Psychoeducational interventions show a positive impact on the improvement of the self-esteem levels of women who have problematic and difficult family

backgrounds. The improvement of self-esteem will benefit women to develop better social relationships in their lives which will in turn impact their family relationships (Gray-Little, B., Williams, V.S.L., & Hancock, T. D., 1997). For mothers and families in general who have communication issues, relational problems and parent child conflicts, psychoeducational interventions will definitely have important positive influence in promoting better communication, conflict resolution and parenting skills.

Limitations and Recommendations for Further Studies

Further follow up would have been very informative if time limitations could be overcome.

Another limitation was that only HKCC clients were considered to be participants of either experimental or control groups, making the study results focused.

The women were enthusiastic in sharing their experiences and personal thoughts and feelings during the sessions, and there should have been room for further discussing these matters with them

It is recommended to consider topics like self-esteem and anxiety in a more concentrated manner and separately, plus, given enough time to have women discuss their personal matters so as they would achieve more success in these two areas as well through personal realization rather than stating facts.

Follow up on the women further on their interaction with their family members. Such a follow up will actually show the extent of maintenance of improvement in communication and family relationships.

One other recommendation is involving fathers of these families in such sessions. More cohesion would be achieved at home if the husband is provided information on parenting skills and management of emotions.

It is recommended to consider each topic separately and give enough time to have their personal matters and allow them time enough to reach personal realization rather than stating facts.

Follow up on children and how they perceive their family lives, as well as their interaction with their parents. Such a follow up will actually show the extent of improvement in communication their parents have reached.

The participants of the control group will have the opportunity to be included in psychoeducational sessions similar to the experimental group.

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Appendix A

Parent-Child Relationship Inventory (PCRI)

The statements below describe different ways some parents feel about their children. For each statement, decide how you feel. If you *strongly agree*, select the 1 next to that statement number. If you *agree*, select the 2. If you *disagree*, select the 3. If you *strongly disagree*, select the 4. Please make sure that you are selecting the correct response. If you want to change you answer, just select another response.

Try to respond to all of the statements. If you aren't sure how you feel, mark the response that comes closest to your feelings at this time. *There are no right or wrong answers.*

Q1 Parent

Code:

Q2 Date:

Q3 Age:

Q4 Parent / Carer (Kinship Carer, Foster Carer or Step Parent):

Mother Father Carer

r

Q5 Child's

Age:

Q6 Child's Gender:

Male Female

Q7 Name of Facilitator:

Q8 Please rate the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree
Q8.1 My child generally tells me when something is bothering him or her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.2 I have trouble disciplining my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.3 I get as much satisfaction from having children as other parents do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.4 I have a hard time getting through to my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.5 I spend a great deal of time with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8.6	When it comes to raising my child, I feel alone most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.7	My feelings about being a parent change from day to day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.8	Parents should protect their children from things that might make them unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.9	If I have to say no to my child, I try to explain why	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.10	My child is more difficult to care for than most children are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.11	I can tell by my child's face how he or she is feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.12	I worry a lot about money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.13	I sometimes wonder if I am making the right decisions about how I raise my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.14	Being a parent comes naturally to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.15	I sometimes give in to my child to avoid a tantrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.16	I love my child just the way he or she is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.17	I get a great deal of enjoyment from all aspects of my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.18	My child is never jealous of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.19	I often wonder what the rewards are in raising children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.20	My child tells me all about his or her friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.21	I wish I could set firmer limits with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8.22	I get a great deal of satisfaction from having children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.23	I sometimes feel if I don't have more time away from my child I'll go crazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.24	I regret having children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.25	Children should be given most of the things they want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.26	My child is out of control much of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.27	Being a parent isn't as satisfying as I thought it would be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.28	I feel that I can talk to my child on his or her level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.29	My life is very stressful right now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.30	I never worry about my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.31	I wish my child would not interrupt when I'm talking to someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.32	Parents should give their children all those things the parents never had	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.33	I generally feel good about myself as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.34	I sometimes feel overburdened by my responsibilities as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.35	I feel very close to my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.36	I'm generally satisfied with the way my life is going right now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.37	I have never had any problems with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.38	I can't stand the thought of my child growing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8.39	My child would say that I am a good listener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.40	I often lose my temper with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.41	I am very involved with my child's sports or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.42	My spouse and I work as a team in doing chores around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.43	I have never been embarrassed by anything my child has said or done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.44	My child really knows how to make me angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.45	Parents should be careful about whom they allow their children to have as friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.46	When my child has a problem, he or she usually comes to me to talk things over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.47	My child never puts off doing things that should be done right away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.48	Being a parent is one of the most important things in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.49	Women should stay home and take care of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.50	Teenagers are not old enough to decide most things for themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.51	My child keeps many secrets from me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.52	Mothers who work are harming their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.53	I feel I don't really know my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.54	I sometimes find it hard to say no to my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rosenberg's Self-Esteem Scale

STATEMENT		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	I feel that I am a person of worth, at least on an equal plane with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	I feel that I have a number of good qualities..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	All in all, I am inclined to feel that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	I am able to do things as well as most other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	I feel I do not have much to be proud of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	I take a positive attitude toward myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	On the whole, I am satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	I wish I could have more respect for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	I certainly feel useless at times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Depression, Anxiety and Stress Scale (DASS21)

For each statement below, please circle the number in the column that best represents how you have been feeling in the last week.

Statement	Did not apply to me at all	Applied to me to some degree or some of the time	Applied to me a considerable degree or a good part of the time	Applied to me very much or most of the time
1. I found it hard to wind down	0	1	2	3
2. I was aware of dryness of my mouth	0	1	2	3
3. I couldn't seem to experience any positive feeling at all	0	1	2	3
4. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5. I found it difficult to work up the initiative to do things	0	1	2	3
6. I tended to over-react to situations	0	1	2	3
7. I experienced trembling (eg, in the hands)	0	1	2	3
8. I felt that I was using a lot of nervous energy	0	1	2	3
9. I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10. I felt that I had nothing to look forward to	0	1	2	3
11. I found myself getting agitated	0	1	2	3
12. I found it difficult to relax	0	1	2	3
13. I felt down-hearted and blue	0	1	2	3
14. I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15. I felt I was close to panic	0	1	2	3
16. I was unable to become enthusiastic about anything.	0	1	2	3
17. I felt I wasn't worth much as a person	0	1	2	3
18. I felt that I was rather touchy	0	1	2	3
19. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20. I felt scared without any good reason.	0	1	2	3
21. I felt that life was meaningless	0	1	2	3

DASS21 SCORING

- 1) For questions numbered 3, 5, 10, 13, 16, 17, 21 add up the numbers circled then multiply that number by 2 and enter it here: _____
- 2) For questions numbered 2, 4, 7, 9, 15, 19, 20 add up the numbers circled then multiply that number by 2 and enter it here: _____
- 3) For questions numbered 1, 6, 8, 11, 12, 14, 18 add up the numbers circled then multiply that number by 2 and enter it here: _____

Refer to the chart below and for each numbered question above, refer to the same number in the table below to determine how mild or serious each condition may be.

Rating	Depression #1	Anxiety #2	Stress #3
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	37+

Provided to you by Depression-Test.net for educational purposes only. If there is an indication that you might be depressed, please check out the site for additional information, tools and support.

If there is an indication that It might be serious then please see the help of a mental health professional.

Q8.55	I wonder if I did the right thing having children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.56	I would really rather do a lot of other things than spend time with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.57	It's a parent's responsibility to protect his or her child from harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.58	Sometimes I wonder how I would survive if anything were to happen to my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.59	I miss the close relationship I had with my child when he or she was younger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.60	My child rarely talks to me unless he or she wants something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.61	A father's major responsibility is to provide financially for his children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.62	It's better to reason with children than just to tell them what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.63	I spend very little time talking with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.64	I feel there is a great distance between me and my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.65	For a woman, having a challenging career is just as important as being a good mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.66	I often threaten to punish my child but never do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.67	If I had to do it over, I would probably not have children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.68	Husbands should help with child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.69	Mothers should work only if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8.70	Some people would say that my child is a bit spoiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.71	I worry a lot about my child getting hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.72	I seldom have time to spend with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.73	Below age four, most children are too young to be in a regular preschool or day-care programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.74	A woman can have a satisfying career and be a good mother too	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.75	I carry a photograph of my child in my wallet or purse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.76	I have a hard time letting go of my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.77	I feel I don't know how to talk with my child in a way that he or she really understands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.78	Having a full-time mother is best for a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Data Protection

Kent County Council is a data controller under the Data Protection Act 1998 and will comply with the requirements of the Act at all times. We will ensure that your information is treated in confidence and used only for the purpose of monitoring the outcomes of parenting skills interventions.

ԸՆԿՈՒԱԾՈՒԹԵԱՆ, ԱՆՁԿՈՒԹԵԱՆ ԵՒ ՃՆՇՈՒՄԻ ԱՍՏԻՃԱՆԸ

Ստորև ներկայացուած իրաքանչիւր խօսքի դիմաց կան սիւնակներ, որոնք կը պարունակեն թիւեր:
 Հաճեցէ՞ք շրջանակի մէջ առնել այն թիւերը, որոնք լաւագոյնս կը ներկայացնեն
 անցեալ շաբթուան ձեր զգացումները:

Խօսք	Բնաւ ինծի չի վերաբերիր	Որոշ չափով ինծի կը վերաբերիր	Բաւական չափով ինծի կը վերաբերիր	Մեծ չափով ինծի կը վերաբերիր
1.- Ինծի համար դժուար էր հանգչիլ	0	1	2	3
2.- Կը զգայի, որ բերանս չոր է	0	1	2	3
3.- Անկարող էի դրական զգացումներ ապրիլ	0	1	2	3
4.- Շնչելու դժուարութիւն ունեցայ (Օրինակ՝ անընդհատ շունչ կ'առնէի եւ կը զգայի, որ շնչահեղձ պիտի ըլլամ)	0	1	2	3
5.- Դժուարացայ աշխատանքի մը նախաձեռնելու	0	1	2	3
6.- Կարգ մը կացութիւններու գերջնային կերպով հակազդեցի	0	1	2	3
7.- Գողացի (Օրինակ՝ ձեռքերս դողացին)	0	1	2	3
8.- Չգացի, որ շատ ջղային եմ	0	1	2	3
9.- Մտահոգ էի, որ կրնամ որոշ կացութիւններու դիմաց իրար անցնիլ եւ հեզմանքի առարկայ դառնալ	0	1	2	3
10.- Չգացի, որ ապագայի իմաստով ոչ մէկ տեսլական ունիմ	0	1	2	3
11.- Չգացի, որ կը յուզուիմ	0	1	2	3
12.- Շատ դժուար էր ինծի համար հանգստանալը	0	1	2	3
13.- Յուսախաբ եւ մելամաղձոտ զգացի	0	1	2	3
14.- Չէի հանդուրժեր որեւէ այլ բան, որ ուշադրութիւնս կը շեղէր այդ պահուն կատարած աշխատանքէս	0	1	2	3
15.- Չգացի, որ խուճապի պիտի մատնուիմ	0	1	2	3
16.- Բանի մը հանդէպ խանդավառ չէի	0	1	2	3
17.- Չգացի, որ իբրեւ մարդ արարած մեծ արժէք չեմ ներկայացներ	0	1	2	3
18.- Չգացի, որ գերզգայուն դարձած եմ	0	1	2	3
19.- Կը զգայի սրտիս արագ տրոփիւնը, առանց ֆիզիքական յոգնութեան (Օրինակ՝ սրտի արագ տրոփում, կամ սրտի ընդհատուած տրոփում)	0	1	2	3
20.- Կը վախնայի, առանց շօշափելի պատճառի	0	1	2	3
21.- Չգացի, որ կեանքը անիմաստ է	0	1	2	3

ԾՆՈՂՔ - ՉԱԻԱԿ ՅԱՐԱԲԵՐՈՒԹԵԱՆ ՅՈՒՅԱԿԱԳՐՈՒԹԻՒՆ

Ստորև նշուած խօսքերը կը նկարագրեն տարբեր զգացումներ, զորս ծնողները կը զգան իրենց զաւակներուն նկատմամբ: Իւրաքանչիւր խօսքի հանդէպ զգացումներդ ճշդէ՛: Եթէ *առաւելագոյն չափով համաձայն ես*, ընտրէ՛ առաջին քառակուսին, եթէ *համաձայն ես՝* ընտրէ՛ երկրորդ քառակուսին, եթէ *համաձայն չեմ* ընտրէ՛ երրորդ քառակուսին, իսկ եթէ *բնաւ համաձայն չեմ* ընտրէ՛ չորրորդ քառակուսին: Վստահ եղի՛ր, որ ճիշդ պատասխանը կ'ընտրես: Եթէ կ'ուզես պատասխանդ փոխել, այլ քառակուսի մը ընտրէ՛:

Փորձէ՛ պատասխանել արձանագրուած բոլոր խօսքերուն: Եթէ զգացումներէն վստահ չես, ընտրէ՛ այն քառակուսին, որ ամէնէն աւելի սրտիդ կը խօսի: *Ճիշդ եւ սխալ պատասխաններ չկան:*

1.- Ծնողքի թիւ

2.- Թուական

3.- Տարիք

4.- Ծնողք / Հոգատար

Հայր

Մայր

Հոգատար

5.- Երեխայի տարիք

6.- Երեխայի սեռ

Արու

Էգ

7.- Հարցարանը գործադրողին անունը _____

8.- Հաճեցէ՛ք պատասխանել հետեւեալ խօսքերուն	Առաւելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Բնաւ համաձայն չեմ
1.- Չաւակս ընդհանրապէս ինծի կ'ըսէ, եթէ բան մը զինք կը նեղացնէ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.- Չաւակս կրթելու դժուարութիւն ունիմ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.- Չաւակներ ունենալու համար նոյնքան գոհունակ կը զգամ, ինչպէս այլ ծնողներ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.- Չաւակիս խօսք հասկցնելու դժուարութիւն ունիմ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.- Չաւակիս հետ երկար ժամանակ կ'անցընեմ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.- Չաւակս խնամելու իմաստով ընդհանրապէս առանձին կը զգամ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.- Ծնողք ըլլալու իմաստով ամէն օր տարբեր զգացումներ կ'ապրիմ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.- Ծնողները պէտք է պաշտպանեն իրենց զաւակները այն բաներէն, որոնք անոնց տրամադրութիւնը կը խանգարեն	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.- Եթէ ես զաւակիս մէկ պահանջը պիտի մերժեմ, կը փորձեմ բացատրել մերժումին պատճառները	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.- Հաճեց՛ք պատասխանել հետևեալ խօսքերուն	Առաելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Բնա համաձայն չեմ
10.- Չաւակիս հոգատարութիւնը շատ աւելի դժուար է, քան ոեւէ այլ երեխայինը	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.- Կրնամ գաւակիս դէմքին արտայայտութիւններէն գուշակել անոր զգացումները	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.- Գրամը շատ կը մտահոգէ զիս	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.- Երբեմն կը շուարիմ, թէ արդեօք ճիշդ որոշումներ կու տա՞մ՝ գաւակս խնամելու իմաստով	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.- Ծնողք ըլլալը իմ էութեանս մաս կը կազմէ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.- Երբեմն կ'ենթարկուիմ գաւակիս՝ կանխարգիլելու համար զայրոյթ մը	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.- Չաւակս կը սիրեմ ինչպէս որ է	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.- Կեանքիս հետ կապուած ամէն բան հաճոյք կը պատճառէ ինձի	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.- Չաւակս բնաւ չի նախանձիր ուրիշին	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.- Երբեմն հարց կու տամ ինքզինքիս, թէ ի՞նչ պիտի ստանամ գաւակներս մեծցնելու փոխարէն	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.- Չաւակս ինձի ամէն բան կը պատմէ իր ընկերներուն մասին	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.- Երանի աւելի խիստ կարենայի ըլլալ գաւակիս հետ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.- Չաւակներ ունենալը մեծ գոհունակութիւն կը պատճառէ ինձի	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.- Երբեմն կը զգամ, որ եթէ յաւելեալ ժամանակ չանցընեմ գաւակիս հետ, կրնամ խենթե՞նալ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.- Կը գղջամ գաւակներ ունենալուս	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.- Երեխաները պէտք է ստանան իրենց ուզած բաներուն մեծամասնութիւնը	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.- Ընդհանրապէս գաւակս հակակշիռէ դուրս է	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.- Հաճեցէ՞ք պատասխանել հետևեալ խօսքերուն	Առաելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Քնա համաձայն չեմ
27.- Ծնողք ըլլալը կարծածիս չափ գոհունակութիւն պատճառող զգացում մը չէ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.- Համոզուած եմ, որ կրնամ գաւակիս հետ իր մակարդակով խօսիլ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.- Այս պահուս կեանքս շատ ճնշումներով լեցուն է	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.- Քնա չեմ մտահոգուիր գաւակիս մասին	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.- Կը փափաքիմ, որ գաւակս չընդմիջէ, երբ ուրիշ մէկու հետ կը խօսիմ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.- Ծնողքը իր գաւակներուն պէտք է շնորհէ այն ամէնը, ինչ որ ինք չէ ունեցած	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.- Իբրեւ ծնողք ընդհանրապէս լաւ կը զգամ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.- Իբրեւ ծնողք երբեմն պատասխանատուութիւններով ծանրաբեռնուած կը զգամ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.- Չաւակիս հետ շատ մտերիմ եմ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.- Ընդհանրապէս գոհունակ եմ կեանքիս ներկայ ընթացքէն	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.- Չաւակիս հետ երբեք հարցեր չեմ ունեցած	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.- Չեմ կրնար հանդուրժել գաւակիս մեծնալուն գաղափարը	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.- Չաւակս կրնայ վկայել, թէ ես լաւ լսող եմ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.- Յաճախ բարկութեամբ կը վարուիմ գաւակիս հետ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.- Չաւակիս մարմնակրթութեան եւ այլ զբաղումներուն մէջ բաւական ներգրաւուած եմ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.- Ամուսինս եւ ես կը գործակցինք տան գործերը ամբողջացնելու համար	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.- Չաւակիս ըսած որեւէ խօսքը կամ առած որեւէ քայլը զիս չեն ամչցուցած	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.- Չաւակս իսկապէս գիտէ, թէ ի՛նչը զիս կը բարկացնէ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.- Հաճեց՛ք պատասխանել հետևեալ խօսքերուն	Առաելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Բնա համաձայն չեմ
45.- Ծնողները պէտք է զգուշ ըլլան իրենց գաւակներուն արտօներու, թէ որո՛ւ հետ պէտք է ընկերանան	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.- Երբ գաւակս հարց մը ունենայ, ան ընդհանրապէս ինձի կը դիմէ այդ նիւթին մասին խօսելու	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.- Չաւակս բնա չի յետաձգեր այն աշխատանքները, որոնք պէտք է անմիջապէս կատարուին	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.- Ծնողք ըլլալը կեանքիս ամէնէն կարեւոր բաներէն մէկն է	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.- Կիները պէտք է տունը մնան եւ իրենց գաւակներուն հոգատարութեամբ զբաղին	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50.- Պատանեկութիւնը բաւարար չէ, որ մեր գաւակները այդ տարիքին ամէն բան իրենք որոշեն	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51.- Չաւակս շատ մը բաներ գաղտնի կը պահէ ինձմէ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.- Աշխատող մայրերը իրենց գաւակներուն վնաս կը հասցնեն	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53.- Կը զգամ, որ բնա չեմ ճանչնար գաւակս	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54.- Երբեմն կը դժուարանամ գաւակիս պահանջները մերժել	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55.- Վստահ չեմ, որ եթէ ծնողք դառնալով ճիշդ բան մը ըրած եմ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.- Իսկապէս կը նախընտրեմ այլ բաներով զբաղիլ, քան գաւակիս հետ ժամանակ անցընել	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57.- Ծնողքին պատասխանատուութիւնն է իր գաւակը վտանգներէ պաշտպանել	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58.- Երբեմն կը մտածեմ, թէ ինչպէ՞ս կրնամ գոյատեւել, եթէ գաւակներուս բան մը պատահի	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59.- Կը կարօտնամ այն մտերմութիւնը, որ գաւակիս հետ ունէի, երբ ան աւելի փոքր էր	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.- Հաճեցէ՞ք պատասխանել հետեւեալ խօսքերուն	Առաւելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Քնա համաձայն չեմ
60.- Ձաւակս գրեթէ հետս չի խօսիր, բացի երբ ան բանի մը պէտք ունենայ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61.- Հօր մը հիմնական պատասխանատուութիւնը իր զաւակներուն նիւթական կարիքները հոգալն է	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62.- Աւելի լաւ է տրամաբանօրէն բացատրել ու հասկցնել երեխաներուն, քան անոնց ըսել, թէ ի՛նչ պէտք է կատարէ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63.- Ձաւակիս հետ խօսելու շատ քիչ ժամանակ կը տրամադրեմ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64.- Կը զգամ, որ զաւակիս եւ իմ միջեւ հսկայ բաց մը կայ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65.- Կնոջ մը համար որքան կարեւոր է լաւ մայր մը ըլլալ, նոյնքան կարեւոր է ասպարէզ մը ունենալ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66.- Միշտ կը սպառնամ պատժել զաւակս, սակայն երբեք չեմ գործադրեր սպառնալիքս	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.- Եթէ կարելիութիւնը ունենայի դարձեալ ծնելու, շատ հաւանաբար պիտի մերժէի զաւակներ ունենալ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.- Հայրերը պէտք է օժանդակեն իրենց զաւակները խնամելու	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69.- Մայրերը պէտք է աշխատին, միայն եթէ անոնց աշխատանքին կարիքը կայ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70.- Կարգ մը մարդիկ կրնան ըսել, թէ զաւակս շփացած է	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71.- Շատ կը մտահոգուիմ, որ զաւակս կրնայ ցաւիլ կամ վիրաւորուիլ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72.- Ձաւակիս հետ ժամանակ անցընելու առիթներ գրեթէ չունիմ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73.- Պէտք չէ երեխայ մը մանկամտօր կամ խնամքի որեւէ տեղ տանիլ չորս տարեկանէն առաջ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74.- Կի՛ն մը կրնայ թէ՛ իրեն գոհացնող ասպարէզ մը ունենալ եւ թէ՛ լաւ մայր ըլլալ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.- Հաճեցէ՞ք պատասխանել հետևեալ խօսքերուն	Առաելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Քնա համաձայն չեմ
75.- Չաւակիս նկարը կը կրեմ դրամապանակիս կամ պայուսակիս մէջ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76.- Շատ դժուար կը բաժնուիմ գաւակէս	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77.- Կը գգամ, որ չեմ կրնար գաւակիս հետ խօսիլ այնպէս մը, որ ան իրապէս հասկնայ կամ ըմբռնէ ըսածս	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78.- Երեխայի մը համար լաւագոյնը այն է, որ միշտ իր կողքին գտնուող մայր մը ունենայ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ՌՈԶԸՆՊԵՐԿԻ ԱՐԺԱՆԱՊԱՏՈՒՈՒԹԵԱՆ ԱՍՏԻՃԱՆԱԻՐՈՒՄԸ (ՌՈԶԸՆՊԵՐԿ, 1965)

Ռոզընայրը կի այս աստիճանաորումը ինքնահաճութեան վերաբերող 10 հարցում կը պարունակէ: Յուցմունքներ, ստորեւ նշուած խօսքերը կը վերաբերին անհատի մը զգացումներուն: Շրջանակի մէջ առ պատասխանող, եթէ ան առաւելագոյն չափով համաձայն, համաձայն, համաձայն չեմ եւ բնաւ համաձայն չեմ է:

1.- Ընդհանուր առմամբ ինքզինքէս գոհ եմ

Առաւելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Բնաւ համաձայն չեմ
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2.- Երբեմն կը կարծեմ, որ բնաւ լաւ անձ մը չեմ

Առաւելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Բնաւ համաձայն չեմ
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3.- Կը կարծեմ, որ լաւ յատկութիւններ ունեցող անձ մըն եմ

Առաւելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Բնաւ համաձայն չեմ
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4.- Կարողութիւնը ունիմ կատարելու բաներ, զորս բազմաթիւ ուրիշներ կը կատարեն

Առաւելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Բնաւ համաձայն չեմ
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5.- Կը կարծեմ, որ հայարտանալու շատ պատճառներ չունիմ

Առաւելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Բնաւ համաձայն չեմ
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6.- Կան պահեր, որոնց ընթացքին ինքզինքս իսկապէս անպէտք կը զգամ

Առաւելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Բնաւ համաձայն չեմ
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7.- Կը զգամ, որ արժէք ունեցող անձ մըն եմ, նուազագոյնը ուրիշներու հետ հաւասարէ-հաւասար

Առաւելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Բնաւ համաձայն չեմ
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8.- Կը փափաքէի, որ յաւելեալ յարգանք ունենար իմ անձիս նկատմամբ

Առաւելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Բնաւ համաձայն չեմ
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9.- Ընդհանուր առմամբ, հակամէտ եմ այն համոզումին, թէ ձախողութիւն մըն եմ

Առաւելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Բնաւ համաձայն չեմ
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10.- Իմ անձիս նկատմամբ դրական դիրքորոշում ունիմ

Առաւելագոյն չափով համաձայն եմ	Համաձայն եմ	Համաձայն չեմ	Բնաւ համաձայն չեմ
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