



## Brief Empirical Reports

## Development and validation of the parental acceptance questionnaire (6-PAQ)



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## ABSTRACT

The purpose of this study was to develop the Parental Acceptance Questionnaire (6-PAQ), an instrument measuring the six primary processes theorized to contribute to psychological flexibility among parents. Items were collaboratively developed by a team of experts. Parents ( $N = 181$ ) were recruited from a public elementary school and administered a pilot version of the 6-PAQ, which was refined using psychometric modeling procedures. The final version of the instrument yielded an overall internal consistency reliability coefficient of 0.84 with an average of 0.73 across the six psychological flexibility processes subscales. Results of a confirmatory factor analysis using items from the final version of the 6-PAQ suggested the measurement structure possessed an exceptional overall fit to the data: CFI = 0.97, TLI = 0.96, RMSEA = 0.06 (90% confidence interval = 0.05–0.08), and WRMR = 0.86. Collectively, these results provide preliminary support for the 6-PAQ as a reliable and valid measure to assess parental psychological flexibility. Empirical and clinical implications of results as well as limitations and future directions are discussed.

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## 1. Introduction

Psychological flexibility is the ability to fully contact the present moment and the inner experiences that are occurring without needless defense, while, depending upon the context, persisting or changing in the pursuit of goals or personal values (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). It is made up of six discrete psychological processes: acceptance, defusion, self-as-context, being present, values, and committed action (Hayes et al., 2006). Psychological flexibility has been found to be appropriately related to most measures of pathology and quality of life, and positive increases in psychological flexibility are generally related to better functioning (Hayes, Levin, Plumb-Villardaga, Villatte, & Pistorello, 2013). The general measure of this construct is the Acceptance and Action Questionnaire-II (AAQ-II; Bond et al., 2011). It has been found that disorder specific measures are generally more sensitive than general measures, leading to the development of measures of psychological flexibility for diabetes (Gregg, Callaghan, Hayes, & Glenn-Lawson, 2007), epilepsy (Lundgren, Dahl, & Hayes, 2008), substance abuse (Luoma, Drake, Hayes, & Kohlenberg, 2011), weight, (Lillis & Hayes, 2008), body image (Sandoz, Wilson, Merwin, & Kellum,

2011), chronic pain (McCracken, Vowles, & Eccleston, 2004), social anxiety (MacKenzie & Kocovski, 2010), tinnitus (Westin, Hayes, & Andersson, 2008), auditory hallucinations (Shawyer et al., 2007), work (Bond, Lloyd, & Guenole, 2012), and stigma (Levin, Luoma, Lillis, Hayes, & Villardaga, 2014).

There are measurement options that focus on related constructs for children and adolescents (Twohig, Field, Armstrong, & Dahl, 2010). Plus there are measures of psychological flexibility for parents including the parental acceptance and action questionnaire (Cheron, Ehrenreich, & Pincus, 2009) as well as a recently published parental psychological flexibility questionnaire (Burke & Moore, 2014), and a measure specifically for parents of children with chronic pain (McCracken & Gauntlett-Gilbert, 2011).

The parental acceptance and action questionnaire is a 15-item self-report questionnaire based on a 7-point Likert scale that measures parental experiential avoidance and psychological inflexibility. The parental acceptance and action questionnaire items load onto one of two scales – parental unwillingness in witnessing their child's experience of negative emotion (unwillingness subscale) as well as parental inability to effectively manage their own reactions to their child's affect (inaction subscale; Cheron et al., 2009). The recently developed parental psychological flexibility questionnaire is 19 item questionnaire that assesses three factors of psychological flexibility in parents: defusion, acceptance, and committed action. Thus, neither measure assesses all six processes of psychological flexibility. Both the PAAQ and the parental

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psychological flexibility questionnaire were largely or completely based on versions of the AAQ. Even though this has been done in other areas (e.g., Lundgren et al., 2008), it makes for oddly worded and cumbersome items, and misses areas that are idiosyncratic to parenting such as consistent parenting and routines, positive interactions with child, and responses to child misbehavior. Thus, while these measures are great additions to this area of work, they have limitations.

Multiple studies show that psychological inflexibility, or components of it, are negatively related to well-being and functioning in adolescents (Ciarrochi, Kashdan, Leeson, Heaven, & Jordan, 2011; Greco et al., 2005; McCracken & Gauntlett-Gilbert, 2011; Shea & Coyne, 2011), as is low psychological flexibility in parents (e.g., Cheron et al., 2009; McCracken & Gauntlett-Gilbert, 2011). There is also a bidirectional relationship between parenting styles and child psychological flexibility (Williams, Ciarrochi, & Heaven, 2012). A 6 year (starting in grade 7) longitudinal study showed that authoritarian parenting predicts psychological inflexibility in the child at later time points, and that psychological flexibility in the child at grade 9 predicted decreases in authoritarian parenting and increases in authoritative parenting (Williams et al., 2012). This highlights the possible interaction between emotionally avoidant parenting and related child struggles (Aschenbrand & Kendall, 2012; Tiwari et al., 2008).

Similar to the need for disorder specific measures of psychological inflexibility, parental psychological inflexibility is a target of concern in child and adolescent psychology (Coyne & Murrell, 2009; Greco & Hayes, 2008; Murrell, Coyne, & Wilson, 2005). ACT for parents, either for their functioning or part of a parent guided intervention, is a developing line of work (Biglan, Layton, Jones, Hankins, & Rusby, 2013; Blackledge & Hayes, 2006; Coyne & Murrell, 2009). Without measurement tools that assess parent functioning along the spectrum of psychological flexibility, assessment of the effects of parent interventions is limited and speculative. Assessment is vital in developing case conceptualization, identifying useful treatments/interventions, and in evaluating the progress and outcomes of therapy. Access to measurement tools that adequately measure all aspects of psychological flexibility in the realm of parenting actions is crucial.

This study aimed to develop a new measure of parental psychological flexibility that assesses all six processes of change. To do so a group of experts created a large pool of items that tapped into each of the six processes that contribute to psychological flexibility. These items went through multiple levels of evaluation. A final set of items was administered to parents at a public elementary school. Statistical analysis helped produce the final version of the measure which includes 18 items, three assessing each psychological process of change.

## 2. Methods

The initial pilot version of the 6-PAQ instrument (64 items) was developed with a series of items targeting the six ACT-specific processes from a parenting context: acceptance, defusion, being present, self as context, clear values, and behavioral commitments (see Hayes et al., 2006 for definitions). Next, a team of experts reviewed and rated the quality of each of the items, and provided feedback to strengthen or clarify the wording of the items. A small group of parents then reviewed the instrument and provided feedback on item clarity and wording from a parenting standpoint. Items were further modified or removed based on this feedback yielding a working measure of 47 items. Next, internal consistency reliability was calculated on items within each of the six psychological flexibility processes as well as the entire instrument after administering the refined 6-PAQ pilot instrument (47 items) to a

sample of parents of elementary school children. Data from this administration were used in further psychometric analyses to create the final version of the instrument (18 items). These steps are further elaborated in the sections that follow.

### 2.1. Development of the Pilot 6-PAQ instrument

Six graduate students led by a psychologist (C.E.F) with training in ACT and expertise in child clinical psychology developed an initial pool of 64 items related to each of the six processes associated with psychological flexibility from a parenting perspective. In order to evaluate the content validity of the initial set of items, M.P.T. and three graduate students from his research group independently evaluated how well each item corresponded to each of the six processes on a 1–3 point scale: 1 = needs improvement – difficult to understand or needed to be restructured; 2 = reasonable-fairly clear, but required minor changes; 3 = acceptable-easily understood and no changes were necessary. Open-ended feedback for each item was also provided. Items that required restructuring and improvement were modified to meet the expectations of expert reviewers. Items that did not meet criteria for a particular process or that appeared to overlap with another process were either removed from the item pool or modified to be acceptable. Seventeen items were removed from the pool through this process. Next, to evaluate face validity, the remaining items on the 6-PAQ were presented to two lay parents who were asked to evaluate whether each item was clear and coherent. No items were dropped from the item pool at this point, but slight word changes and additional clarifications to response options were made to clarify comprehension or address structural problems.

### 2.2. Participants and setting

The target population for the 6-PAQ were parents of children between the ages of 3 and 12. Therefore, participants were included if they: (a) were a legal guardian, (b) had a child between the ages of 3 and 12 years of age, and (c) were the parent or caregiver who spent the most time with the child. Participants were excluded if they had received psychological treatment within the past 12 months, based on self-report.

Participants were recruited from a mid-sized kindergarten through sixth grade elementary school (709 students) located in a suburban area of central Utah. A packet containing information on the purpose of the study, an explanation of the procedures, details of the reward party (an ice cream party was provided as incentive for completion of the packet), as well as inclusion and exclusion criteria were sent home with the child. Study materials included the 6-PAQ and a demographic questionnaire (assessing marital status, sex, age, education level, employment status, income, number of children, and race/ethnicity), as well as a researcher created question of parenting style that described four parenting styles and asked the parent to select his or her style. Participants had one week to complete the survey online. Parents were asked to complete the packet for one child, resulting in 414 identified families (see Fig. 1). Overall, 176 participants completed the demographic questionnaire and 6-PAQ, 5 completed some of the items, and 233 participants did not complete or attempt either questionnaire.

### 2.3. Data analysis and 6-PAQ refinement

Data collected from the administered version of the 6-PAQ were then subjected to psychometric analyses in order to establish the reliability and validity of scores. Cronbach alpha coefficients were estimated in order to determine the internal consistency reliability of the total instrument as well for each subscale. A

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