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Whom to ask? Whom to trust? Parents' preferences for sources of advice on social-emotional parenting issues

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ABSTRACT

Accumulating evidence shows how parents can support children's social-emotional development with positive parenting practices. However, when confronted with parenting challenges, few parents seek evidence-based counseling. This study identifies main sources of advice for parents and examines the reasons why parents decide which sources to trust and use. Therefore, we interviewed parents of preschoolers on parenting challenges, sources of advice, general trust in these sources, and dimensions of trustworthiness. Parents' trust was highly correlated with their intention to seek advice from someone. Furthermore, parents were most likely to seek advice within their close personal environment. Regarding the dimensions of trustworthiness, namely ability, benevolence, and integrity, we found that benevolence best predicted parents' trust. Concerning ability, participants' judgements were based on personal experience for some advice sources (e.g. friends, family) and on theoretical knowledge for others. Overall, this study emphasizes the important role of interpersonal trust and the dimensions of trustworthiness in advice-seeking settings. Parents already attribute evidence-based ability to professional counseling services. Consequently, we discuss how to improve evidence-based counseling by enhancing its perceived benevolence and integrity, for example, through promoting transparent and ethical practices, showing a commitment to the best interests of clients, and building strong relationships with clients.

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Parenting; evidence-based advice; socio-emotional development; trustworthiness

This study investigates the sources of advice sought by parents when they face challenges in raising their children. The study first briefly reviews the relevance of parenting behavior for children's social-emotional development, then examines potential sources of advice and reasons for selecting specific sources. Trust plays a significant role in situations in which people are uncertain of the facts and need to make relevant decisions (Baer & Colquitt, 2018; Lewis & Weigert, 1985; Oldeweme, Märtings, Westmattmann, & Schewe, 2021), so the study focuses on parents' trust in different sources of advice and its antecedents. With this knowledge, specific recommendations can be made to effectively deliver evidence-based counseling to parents.

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Sources of advice

Parent-child interactions can be challenging, with intense emotions and stress caused by everyday demands, normal developmental challenges, or behavioral problems. Parents often report stressful interactions (Patterson, Mockford, & Stewart-Brown, 2005) and agree that they sometimes need help or advice about parenting (Keller & McDade, 2000; Maas, 2021), raising questions for psychologists: From whom do parents seek parenting advice, and why?

The process of advice seeking can include informal and formal contacts. Potential sources of “informal counseling” include all members of a family’s social network, more specifically relatives, neighbors, coworkers, and friends (Cochran, 1993). In a survey by the Bertelsmann foundation on competent parenting behavior, parents mentioned that helpful sources included family, friends and neighbors, their kindergarten teachers, and pediatricians (Lisakowski, 2018). Furthermore, there are “formal counseling services” that we define as institutions that explicitly and predominantly offer parenting counseling in a systematic and organized manner. These services are typically offered in formal settings such as counseling centers, mental health clinics, educational institutions, or private practices. Thus, possible sources for parenting advice include (a) friends, (b) family, (c) (kindergarten) teachers, (d) pediatricians, and (e) formal counseling services.

These sources represent different kinds of knowledge and experiences about child development and its challenges. Friends and family members are sources for advice that have their own parenting experience, whereas kindergarten teachers offer their specific professional expertise, pediatricians have medical expertise, and formal counseling services draw upon their respective profession’s expertise. Of course, there might be exceptions (a pediatrician may talk about her/his own child), but typically these different sources come along with different kinds of knowledge. In Germany, counseling services are run by counselors with different professional background ranging from, Pedagogy and Social Pedagogy (i.e. a distinct profession from Germany focusing on educational and social approaches to support individuals in their personal and social development, often focusing on fostering positive relationships and social skills) to Curative/Special Education (i.e. educational approaches for individuals with special needs, e.g. behavioral problems or disorders, mental, physical, and speech impairments), Religious Education, Educational Sciences, Social Work and Psychology. Since we were interested in parents’ views on parenting knowledge based on empirical evidence from psychology when thinking about whom to ask for advice, we included one further source that has not yet been considered from this perspective in most studies, namely (f) evidence-based counseling as a specific form of formal counseling services. Evidence-based counseling is defined in line with definitions from general health care (Li, 1998, p. 57) as “the conscientious, explicit and judicious use of current best evidence in making decisions” about parenting. In this study, evidence-based counseling was defined as counseling that is based on current psychological research, i.e. observations, surveys, measurements, and tests. Evidence-based counseling is thus distinguished from general formal counseling, which is more professionally diverse.

Evidence-based parenting programs and counseling services teach parenting strategies that promote children’s social-emotional behavior and reduce challenging behavior (Forehand, Lafko, Parent, & Burt, 2014; Wyatt Kaminski, Valle, Filene, & Boyle, 2008);

numerous studies have demonstrated the effectiveness of behavioral parenting programs (Bor, Sanders, & Markie-Dadds, 2002; Dishion, Forgatch, Chamberlain, & Pelham, 2016; England-Mason & Gonzalez, 2020; Sanders, Kirby, Tellegen, & Day, 2014; Webster-Stratton, 1990). Children develop the ability to regulate emotions and behavior in competent ways as they interact with caregivers, especially with their parents (Denham, 1998; Denham, Bassett, & Wyatt, 2015; Morris, Silk, Steinberg, Myers, & Robinson, 2007; Saarni, Campos, Camras, & Witherington, 2007). Research indicates that positive parenting practices are related to more effective emotion regulation and higher social competences in children (Morris, Silk, Steinberg, Myers, & Robinson, 2007). Based on this evidence, parents can be guided to parenting practices that offer a developmentally supportive environment for their children.

Thus, scientific evidence not only fosters a general understanding of the (social) world, but it also provides a firm basis for daily life decisions (Bromme & Goldman, 2014). Indeed, professional support and parenting programs have proven helpful in advancing social-emotional development (Beelmann & Lösel, 2021). In sum, we consider evidence-based counseling as highly relevant for addressing parenting questions and, in consequence, as a key source for getting advice.

In a study on parental attitudes toward evidence-based practice, parents tended to rely on their pediatrician's judgement (Trembath, Paynter, Keen, & Ecker, 2016) – an expert opinion. When analyzing where the trustworthiness ascribed to the pediatrician came from, relevant indicators were very general, and included, for instance, pediatricians' communication skills and their ability to engage with the parents' children effectively. In consequence, parents often selected interventions based on little or no research evidence, even when stating they had a general interest in evidence-based practice. These results highlight how laypeople tend to (and often need to) rely on their assessment of trustworthiness based on these very general indicators, when they are not able to assess the credibility of a piece of information themselves.

Given the variety of the potential sources, different aspects play a role in parents' decisions about whom they turn to for advice. Besides practical aspects, such as physical or social distance, costs, time constraints, and psychological factors, such as fears, worries, stigma, or misconceptions about counseling (Girio-Herrera, Owens, & Langberg, 2012; Heinrichs, Bertram, Kuschel, & Hahlweg, 2005; Koerting et al., 2013; Rostad, Moreland, Valle, & Chaffin, 2018; Stevens, Kelleher, Ward-Estes, & Hayes, 2006), trust should be crucially important when people are confronted with the decision of whom to turn to (Lewis & Weigert, 1985; Strehlke, Bromme, & Kärtner, 2023; Strehlke, Bromme, Scholz, & Kärtner, 2021).

Trust

Trust can be defined as an interactional, situational process including a trustor and a trustee (Blöbaum, 2021; Mayer, Davis, & Schoorman, 1995). The trustor is in a situation where they are not able to achieve their goals on their own. Therefore, they voluntarily decide to rely on the actions (or advice) of another party, the trustee. In trusting them, the trustor always accepts the inherent risk of that decision (Blöbaum, 2016). In our example – parenting – the risk can be described as follows: When following the trustee's advice, the situation may get better, but there is always a risk that the provided information was incorrect, inappropriate, or simply irrelevant. This can mean that the parent's efforts, as

guided by the trustee's advice, do not pay off or that the situation becomes even worse. Additionally, the trustor (i.e. the parent) takes on the risk of revealing their parenting difficulties to the trustee in the first place. Therefore, the trustor bases their decision to trust on assumptions regarding the trustee's trustworthiness (Bromme & Hendriks, 2022), evaluating whether the trustee's advice is reliable and whether the following actions will help the trustor achieve their goals.

Dimensions of trustworthiness

The perceived trustworthiness of the trustee is based on the evaluation of three dimensions, namely ability, benevolence, and integrity (ABI model; Mayer, Davis, & Schoorman, 1995). Ability is defined as "that group of skills, competencies, and characteristics that enable a party to have influence within some specific domain" (Mayer, Davis, & Schoorman, 1995, p. 717) and, therefore, relies on a "subjective evaluation of the various skills and capabilities that may be needed for the trustee to actually accomplish what it is being trusted to do" (Hamm, Smidt, Mayer, & Wisneski, 2019, p. 2). Benevolence refers to the "extent to which a trustee is believed to want to do good to the trustor" (Mayer, Davis, & Schoorman, 1995, p. 718). Integrity, finally, is understood as the "trustor's perception that the trustee adheres to a set of principles that the trustor finds acceptable" (Mayer, Davis, & Schoorman, 1995, p. 719). In theoretical models (Mayer, Davis, & Schoorman, 1995) and in empirical studies (Hendriks, Kienhues, Bromme, & Wicherts, 2015) researchers have shown that a global attribution of trust is determined by the perception of cues on these three dimensions. Nonetheless, it has also been shown that the different dimensions have different impacts. For example, perceived ability leads to higher levels of trust, whereas low levels of perceived benevolence elicit distrust in the potential trustee (Hendriks, Seifried, & Menz, 2021; Rosman & Merk, 2021). So far, it has not been investigated how global trust judgments are related to the specific ABI dimensions of trustworthiness in the case of parents seeking parenting advice.

When looking at the three dimensions of trust in more detail, the question arises, especially for ability, which specific criteria parents use for their evaluation when confronted with potential sources of advice both within and outside of applied developmental psychology. Ability, as defined by Mayer, Davis, and Schoorman (1995), may come from knowledge, aptitude, training, or experience. In current studies, indicators of an expert's ability mostly refer to the person's formal qualifications or profession and other indicators of expertise, such as self-proclaimed or other-proclaimed professional experience (Naujoks & Benkenstein, 2020). Concerning parenting, others' own parenting experience may be an alternative indicator of ability that may have a particularly strong influence. Parenting practices have traditionally been passed down from generation to generation for centuries, with older generations being acknowledged as experts simply because of their experience. Furthermore, parents may use their social closeness and past experiences with a potential trustee as essential criteria for trust decisions within their social networks (Buskens & Raub, 2002; Jones & George, 1998; Weiss, Burgmer, & Hofmann, 2022). Consequently, we will differentiate between experience-based knowledge on the one hand and evidence-based knowledge on the other. In this sense, applied developmental psychology and scientific counseling provide an evidence-based – potentially more reliable but less relatable – source of knowledge (Lee, 2014). Often, different

sources of knowledge are mixed, leaving it unclear to which source of knowledge parents refer. Therefore, we propose that impersonal research-based evidence rivals with others' personal experiences as an indicator for ability.

To better understand parents' advice seeking in general and to consequently make recommendations on how to reach parents with evidence-based counseling, we decided to use a mixed-method approach as we wanted to take parents' perspective into account as well as test our specific hypotheses on trust and its dimensions. Therefore, we explored the reasons parents provide for choosing one source of advice over another when presented with an array of potential sources – the typical scenario in everyday life. Further, the study focused on whether and which of the ABI dimensions are relevant for parents' global trust judgments when they are selecting sources of advice; we addressed this by asking parents to globally assess trust as well as ability, benevolence, and integrity separately, since parents' notions of trust may differ dimensionally from what is assumed in trust models of trust research.

To summarize, based on what we know from previous research on social-emotional development and parenting, we expected that parents have a need for advice on social-emotional development. In addition to formal counseling services and evidence-based counseling, we assumed that parents' private environment plays a substantial role in fielding parenting questions. In a semi-standardized interview, we explored the reasons that parents give for approaching or not approaching specific groups of people for advice. Furthermore, we focused on interpersonal trust, its sources, and its role in parents' behavioral intentions to ask someone for advice on parenting matters. More specifically, we hypothesized that, first, trust is associated with the behavioral intention to approach this group for support and advice and, second, that trust in a specific reference group is based on this group's perceived ability (which may be more evidence- or more experience-based), benevolence, and integrity. Finally, based on parents' reasoning, we explored how their (lay) concept of global trust and trustworthy advice deviate from the three-dimensional model of trust as it has been established in trust research.

Method

To examine (i) whom parents turn to for receiving support, (ii) what role trust and its components play and (iii) what other reasons parents have for seeking advice from a particular group, we chose a mixed-method approach and used face-to-face interviews for data collection. In the following, we report how we determined our sample size, all data exclusions, all manipulations, and all measures in the study.

Participants

The final sample for this study consisted of 32 participants (16 male and 16 female) from middle-class families from Münster, Germany. Participants were contacted via a database from the Developmental Psychology Lab of the University of Münster and via personal contacts. The database consists of families from Münster that were recruited via city council and then signed up to participate in developmental studies on a voluntary basis. For this study, German speaking parents from this database with at least one child between four and seven years of age were asked via phone if they would like to participate in an interview study about parenting challenges. Participants received no financial compensation. One

additional participant was not included in the analyses, because they were not able or willing to answer all the questions. Participants' ages ranged between 30 and 60 years ($M = 39.03$, $SD = 6.36$), and their children (20 male and 12 female) were between 4.25 and 6.92 years old ($M = 5.27$, $SD = .96$). Thirty of 32 participants had a university degree.

General procedure

The main data collection took place from March to May 2019. Participants were interviewed in German by a female interviewer (the first author) in her office. Upon arrival, participants were informed about the study, and signed informed consent regarding their participation, audio recording, and publishing of anonymized data. The study was framed as an interview on parenting in general and challenging parenting situations. Participants completed a questionnaire on their socio-demographic background.

The interviewer started by introducing the concept of social-emotional development, including typical behaviors and everyday situations involved. Participants were then asked to list challenging situations in that area that they had either experienced themselves or observed in their social environment. Then, participants were asked to choose a specific situation from their own experience to keep in mind when answering the interview questions (In the following, I would like to ask you some questions about your behavior in a specific situation. It should be a situation that would worry you to the extent that you would want someone's advice. [. . .] Do you have a particular situation in mind?). Then, participants were asked about their *concerns and worries* in this situation, their *support-seeking goals* for talking to someone about it, relevant *contact persons*, *trust and the ABI dimensions*, *parenting values* and their opinions on *internet research* for solving parenting problems (see [Table 1](#) for an overview). All interviews were recorded by a digital voice recorder. The interviews took between 40 and 65 minutes.

Questions on trust and ABI dimensions

Six reference groups were systematically introduced for questions on trust: friends, family, pediatricians, teachers, counselors from a formal counseling service, and counselors from an evidence-based counseling service. Counseling from this last group was characterized as "based on current results of psychological research, i.e. observations, surveys, measurements and testing." The interviewer started with the first group that the participant had already spontaneously mentioned. For all reference groups, participants assessed their behavioral intention to contact someone within that group on a Likert scale from 1 to 4 (see [Table 1](#)), stated why they were rather likely or unlikely to contact them, and assessed their trust in this person or group on a Likert scale from 1 to 4 (1 = very low, 2 = rather low, 3 = rather high, 4 = very high). After this was done for all six groups, participants rated each group's ability, benevolence, and integrity on individual Likert scales from 1 to 4. For participants, ability was defined as "someone's competence, namely whether they know enough about parenting to give helpful and reliable advice". Benevolence was defined as "someone's earnest will to help them and act selflessly on the parents' and their child's behalf". Finally, integrity was defined as "being guided by proper values, namely whether someone acts according to a reliable moral compass (in terms of parenting)". With regard to the different sources of ability (as explained above), people were also asked whether they see this person's ability as based on experience or expertise.

Table 1. Main categories and questions used in the Semi-Structured Interview.

Categories	Questions
A. Questions on sources of advice and reasons	
Sources of advice (open)	Now I would like to know whom you would talk to if your child showed this behavior. Whom would you turn to?
Reasons (open)	Why would you turn to this person?
B. Questions on reference groups	
<i>The following questions were all asked for each reference group: (a) friends, (b) parents/parents-in-law, (c) teachers, (d) pediatricians, (e) formal counseling service, and (f) evidence-based counseling service</i>	
Behavioral intention (closed)	How likely on a scale from 1–4 are you to contact someone from this group of people? Why would you/wouldn't you contact them?
Reasons (open)	
Trust (closed)	How would you rate your trust in that person on a scale of 1–4?
ABI dimensions (closed)	How would you rate this person's ability on a scale of 1–4? How would you rate this person's benevolence on a scale of 1–4? How would you rate this person's values on a scale of 1–4? In the case of ability, you could have the impression that this person is, in your opinion, able to give you advice based on his/her own experience with children and education. Or, in your opinion, you may think the person is giving you advice based on expert theoretical knowledge. What is crucial for you in this person?

Coding and plan of analysis

Data from the present study was transcribed using the program f4. The open exploratory questions (on sources of advice and reasons) were coded based on qualitative content analysis (Mayring, 2010, 2014), while responses to the Likert scales (on behavioral intention, trust, and the ABI dimensions) were analyzed quantitatively.

Situations

All 32 participants reported their own experiences with challenging everyday situations. They described these as either challenging because their child repeatedly showed an inappropriate *emotional expression* or because their child was triggered by a particular *situation*. Responses were categorized into broader groups, the most frequent of which (mentioned by at least 30% of participants) can be found in Table 2; for a detailed list see data in the Open Science Framework at https://osf.io/vtsqc/?view_only=129eb45e1b9a4c08adb5a8d799525e3b, blinded for review.

Sources of advice

Participants mentioned a range of sources of advice spontaneously. For every participant, up to three sources of advice were recorded. Participants' spontaneous responses were categorized, resulting in similar groups as the reference groups introduced above, namely friends with children, kindergarten teachers, parents or parents-in-law (grandparents of the child), pediatricians, and formal counseling services.

Reasons

We asked for parents' reasoning in two ways. First, when they mentioned someone as a source of advice spontaneously, participants were asked why they would ask them for advice. Additionally, participants were asked for pro or contra reasons for each of the reference groups, depending on their rating during the structured interview: Participants who stated that they would be likely to ask someone from a specific reference group for

Table 2. Challenging parenting situations.

Situation	Mentions (N and % of participants)
Power struggles	25 (78%)
Anger/Tantrums	23 (72%)
Refusal/Ignoring	20 (62%)
Resource conflicts	16 (50%)
Physical aggression	16 (50%)
(Excessive) crying	14 (44%)
Frustration	13 (41%)
Parental requests/rules	12 (38%)
Separation anxiety	10 (31%)

advice were asked to list the reasons *for* contacting that group (pro reasons); participants who stated that they would rather not ask someone from this group for advice were asked to list reasons *against* contacting them (contra reasons). The responses for why participants would (not) approach someone with parenting questions were analyzed with qualitative content analysis according to Mayring (2010) with MAXQDA 2020. In the case of an exploratory research design based on a structured interview guide, Mayring (2014) proposed a content structuring analysis – a combination of deductive and inductive procedures for analysis. First, we defined coding units (Krippendorff, 1980), where a coding unit is the smallest component of a text that can be coded, in this case defined as a word. In the next step, the transcripts were read line by line and categories were formulated. In this context, a “category” is a conceptual label or theme used to classify and organize content in the transcripts. It groups similar information together, making analysis and drawing meaningful conclusions from the text easier. Categories are formulated based on the topics or concepts identified during the line-by-line examination of the transcripts. For instance, one category was “reason – need for self-sufficiency” in the area where parents mentioned reasons for or against approaching someone for advice. This way, we built a coding scheme, including specific coding rules and anchors that provided guidance on how to systematically and consistently apply codes to the data. A coding rule was for example to code reasons for and against approaching someone for advice when mentioned spontaneously as well as when asked specifically for each group of contacts. An example anchor for the category “reason – need for self-sufficiency” was “parent mentions being able to do parenting on their own, not needing help or having been able to deal with stuff on their own”. After initially categorizing the content on a rather specific level, more abstract categories were constructed by integration (see Table 3). The integration process involved reviewing and grouping initial specific categories based on common patterns and themes to construct more abstract categories. This process led to the formulation of higher-level concepts that capture broader, generalized ideas emerging from the data. The refinement and validation of these abstract categories contributed to a more comprehensive understanding of the overarching themes in the transcripts. For instance, the category “reason – need for self-sufficiency” was integrated with the category “reason – fear of bad talk” into the broader category “reason – stigma”. As categories occurred repeatedly across interviews, we followed Mayring’s (2014) suggestion and further analyzed frequency data (i.e. the number of participants mentioning the category at least once per reference group).

Finally, as the last step of analysis, Mayring (2010, 2014) proposed applying content-analytical quality criteria in the form of interrater reliability. In the present study, a second

Table 3. Main reasons for or against contacting someone.

Reason	Example
Trust Referring to trust or lack of trust	"I trust her."
New Perspectives Referring to fresh opinions, range of advice, or a different angle	"They see him in a completely different way and in another context."
Familiarity/relationship Referring to relationship between contact and parent or child	"She knows [the child]."
Expertise Referring to professional competence/ education or lack of it	"They are the professionals and have learned about stuff like that."
Values Referring to similar or different ideals	"I just know that he sees things differently, comes from another time, where parenting was handled differently."
Practical effort Referring to extra effort, dates, schedule	"We see each other every day anyways."
Experience Referring to parenting experience, (not) having children of their own	"She has already successfully raised children."
Prior experiences Referring to prior experiences with advice from that contact	"When I've had a situation like this before, I've already realized that it's no use asking them about it."
Level of suffering Referring to the severity of the situation	"It's just not that bad, other people have much worse problems."
Stigma Referring to social stigma, negative concepts about needing help	"I feel like I'm going to be judged there."

Additionally, some parents mentioned unspecific reasons (such as "I would rather not"/"That's just how I do it"/"I would talk to others first").

coder coded 31% of the material (i.e. ten interviews) based on the final category system, resulting in high inter-rater reliability, Brennan and Prediger (1981) $\kappa = .83$.

Behavioral intention, trust, and the ABI Dimensions

Responses given on Likert scales were analyzed with the statistical software IBM SPSS Version 25.0. There were no missing data, and we used repeated-measures ANOVAs to test significant differences between the reference groups for behavioral intention, trust, ability, benevolence, and integrity. To analyze the relationship between behavioral intention and trust in that reference group, we first computed a correlation per person, based on the two ratings for the six reference groups. These 32 correlations were then z-transformed so that the mean could be calculated. Then we transformed this mean value back and got a final, average correlation between trust and behavioral intention. To test whether participants' evaluation of ability, benevolence, and integrity significantly influenced trust in a person, we centered the ratings of trust, ability, benevolence, and integrity first. To account for the fact that data were nested within participants for the six reference groups, we then specified a linear mixed-effect model (LMM) with fixed main effects for ability, benevolence, and integrity and a random intercept for person. To identify differences in how the ability of groups was perceived (expert or experience knowledge), we computed a chi-square test and binomial tests for each reference group.

This study was not preregistered. The data that support the quantitative findings of this study are available in the Open Science Framework at https://osf.io/vtsqc/?view_only=129eb45e1b9a4c08adb5a8d799525e3b, blinded for review.

Results

In the first part of this section, we present the different sources of advice and parents' behavioral intention to contact them about parenting matters. We report frequencies of the reasons for contact identified above and classify them with regard to the factor trust. In the second part, we report the results concerning group-differences and relations between trust, its dimensions and consequences for participants' intention to seek advice.

Sources of advice

When participants were asked whom they would turn to concerning their specific parenting question, they most frequently mentioned friends with children (see [Figure 1](#)). In total, 65% of participants would reach out to befriended parents.

Teachers were named second most often, followed by the child's grandparents and pediatricians. Only 12.5% of participants named formal counseling services at all, and only in second or third place. A few other sources were mentioned, including other parents in general or colleagues from work.

This picture was further consolidated by the participants' responses to the question of how likely they would be to contact the six predefined reference groups. A repeated-measures ANOVA with reference group as the within-subject factor determined that mean behavioral intention levels showed a statistically significant difference between groups, $F(5, 155) = 17.65$, $p < .001$, $\eta^2 = .36$. Significant differences between individual groups were identified using a Bonferroni-adjusted post-hoc analysis (see [Table 4](#)). Participants rated their behavioral intention to approach one of their friends as the highest, and this was significantly higher than their behavioral intention to reach out to their pediatrician, a formal counseling service, or an evidence-based counseling service based on psychological science. Family was rated the second most likely option, followed by (kindergarten) teachers. Participants considered a formal counseling service to be the least likely option, rating it significantly lower than all other options except for pediatricians.

Reasons

When asked why they would or would not contact someone, participants gave numerous reasons. [Table 5](#) shows how many participants mentioned a specific reason at least once per reference group. Categories of pro and contra reasons are sorted by the total number of mentions across participants, respectively. Notably, different kinds of reasons seem to be important for different reference groups. Looking at evidence-based counseling, the most popular reason to contact them seems to be ascribed expertise; expertise was not essential for any other reference group. On the other hand, parents seem to refrain from contacting formal counseling services, either general or evidence-based services, because their level of suffering is relatively low.

Some of the reasons can already be assigned to trust and its dimensions on the ABI model (Mayer, Davis, & Schoorman, 1995). First, *trust* itself was mentioned 21 times as a reason for contacting someone, and lack of trust was mentioned 4 times as a reason against contacting someone. Then, *expertise/competence* and *experience knowledge*

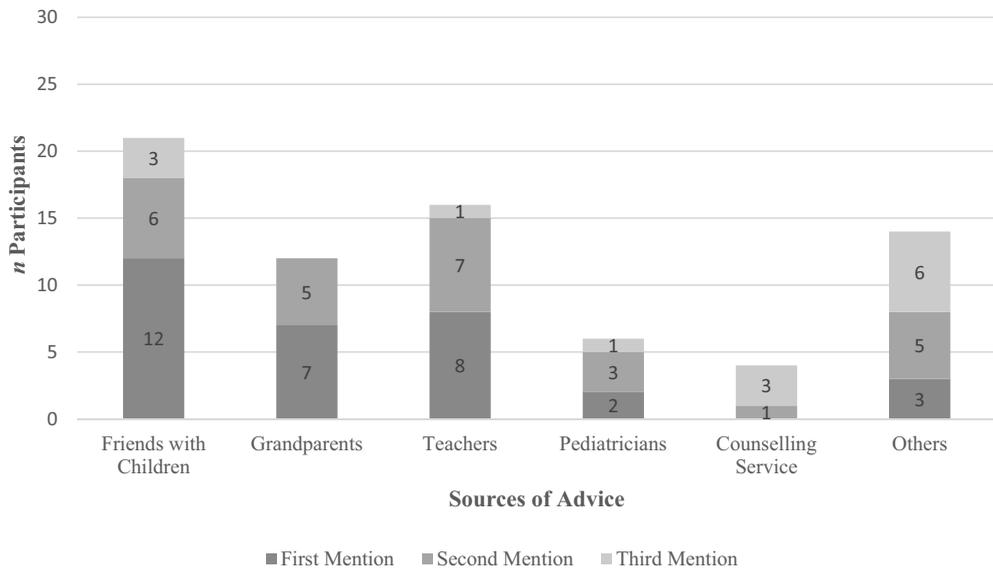


Figure 1. Spontaneously mentioned sources of advice.

Table 4. Mean behavioral intention, trust, ability, benevolence, and integrity for reference groups.

	Friends	Family	Teachers	Pediatrician	Counseling Service	Evidence-based counseling
	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
Intention	3.38 (.94) ^a	3.00 (.95) ^{ac}	2.94 (.98) ^{ac}	1.88 (.87) ^{bc}	1.56 (.95) ^b	2.41 (1.04) ^c
Trust	3.66 (.65) ^{ac}	3.81 (.40) ^a	3.19 (.74) ^{bd}	3.47 (.62) ^{bc}	2.66 (.79) ^d	2.97 (.65) ^d
Ability	3.12 (.75)	3.00 (.76) ^a	3.19 (.64)	3.06 (.80)	3.50 (.62) ^b	3.41 (.71)
Benevolence	3.84 (.37) ^a	3.81 (.54) ^{ac}	3.47 (.67)	3.53 (.51)	3.19 (.69) ^b	3.41 (.62) ^{bc}
Integrity	3.31 (.78)	3.41 (.67) ^a	3.09 (.69)	2.94 (.72) ^b	3.03 (.86)	3.16 (.72)

Different letters mean statistically significant differences at $p < .05$. Scores with different letters are significantly different ($p < .05$).

correspond to the different facets of ability. According to our hypothesis, experience plays a major role with friends and family, whereas expertise seems to be most important for evidence-based counseling and pediatricians. In case of the latter, however, the lack of (domain-specific) expertise on social-emotional development was also often mentioned as a contra reason. Finally, *values* are commonly seen as part of integrity; these seem to have a particularly large negative impact when they do *not* meet the parents' demands, as can be seen with family.

Trust and behavioral intention

When asked specifically about trust, participants' ratings were significantly different across reference groups, $F(5, 155) = 16.77$, $p < .001$, $\eta^2 = .35$. Participants' trust in family members was rated the highest (see Table 4 for details). As indicated by post-hoc t-tests with Bonferroni correction, these ratings were significantly higher than for all other reference groups except friends (see Table 4). Formal counseling services received the lowest scores, being rated significantly lower than friends and family.

Table 5. Main pro and contra reasons (for or against contacting someone).

Reasons for contacting someone (N of participants)							
	friends	family	pediatricians	teachers	counseling service	evidence-based counseling	total
N_{pro}^1	26	22	8	20	6	14	
experience	24	16	4	8	0	2	56
expertise	7	2	8	6	3	11	40
familiarity/relationship	10	6	7	10	0	0	36
new perspectives	4	6	0	13	3	2	30
trust	4	8	0	5	0	0	21
prior experiences	3	0	4	6	2	0	17
practical effort	11	0	1	0	2	0	16
values	2	0	1	0	0	0	4
level of suffering	0	0	0	0	1	0	1
stigma	0	0	0	0	0	0	0
Reasons against contacting someone (N of participants)							
N_{contra}^1	6	10	24	12	26	18	
level of suffering	0	0	7	0	20	13	40
practical effort	3	4	5	2	9	5	25
expertise/competence	0	0	17	5	0	0	22
familiarity/relationship	3	0	0	0	15	2	17
values	0	10	2	2	0	1	16
stigma	0	0	0	1	9	4	14
experience knowledge	2	1	0	2	0	2	5
prior experiences	0	5	0	0	1	0	6
trust	0	0	3	1	0	0	4
new perspectives	0	1	0	0	0	0	1

¹total number of participants who opted for contacting the specific group 2 total number of participants who opted for not contacting the specific group.

We also found significant differences for ability, $F(5, 155) = 2.54, p = .031, \eta^2 = .08$, with significantly higher ability scores for formal counseling services than for family (see Table 4). For benevolence, $F(5, 155) = 7.92, p < .001, \eta^2 = .20$, we found significantly higher scores for friends than for formal counseling and evidence-based counseling services. Compared to formal counseling, family members received significantly higher benevolence scores. Using a repeated-measures ANOVA with a Greenhouse-Geisser correction due to violation of sphericity and reference group as the within-subject factor, we found that mean levels of perceived integrity showed a statistically significant difference between groups as well, $F(3.77, 116.98) = 2.71, p = .036, \eta^2 = .08$, with significantly higher integrity scores for family than for pediatricians.

Next, we looked at whether global trust was related to behavioral intention at an individual level. To analyze whether a higher trust score for a reference group went along with a higher intention to approach someone from this group, we calculated the correlations across reference groups by person. In support of the hypothesis that trust is an important factor related to the question of whom a parent might contact for parenting advice, the mean correlation between trust and behavioral intention was $r_{\text{Fisher } z} = .425, p < .01$, indicating a medium to strong effect. This suggests a meaningful and statistically significant association between global trust in a specific reference group and the likelihood of individuals intending to seek parenting advice from that group.

Ability, benevolence, and integrity as sources of global trust

In the following, we address the question of how trust in a person is informed by the ability, benevolence, and integrity ascribed to that group. To test this, we calculated a mixed effects linear regression with ascribed ability, benevolence, and integrity as predictors. We modeled random effects for all predictors nested within subject. All variables were grand-mean-centered. The overall model was fitted by maximum likelihood and was significant compared to the null model ($\chi^2(11) = 61.65, p < .001$). The model showed that benevolence ($b = .50, SE = .09, p < .001$) and integrity ($b = .26, SE = .11, p < .05$) significantly predicted trust across reference groups, whereas the influence of ability ($b = -.03, SE = .11, p = .754$) was not significant. These findings indicate that participants' perceptions of benevolence and integrity played a critical role in shaping trust. However, attributed ability did not substantially affect overall trust scores.

Different kinds of ability

To test the hypothesis that criteria for judging a person's ability differ between reference groups, we analyzed participants' answers to the question of whether a reference group's ability was, in their opinion, derived from personal experience or expertise. In line with our expectations, most participants ($n = 30, 93.8\%$) described that their friends' ability to give advice was based on personal experience (see [Figure 2](#)). A similar pattern resulted for family. In contrast, formal counseling and evidence-based counseling services' ability to give advice were mainly seen as based on scientific evidence and theoretical knowledge. These results suggest that participants' judgments about a person's ability to give advice vary depending on the reference group. A significant chi-square test indicates that ability was differentially based on experience vs. expertise across groups, $\chi^2 = 94.5, p < .001, V = .70$. For each group, separate binomial tests showed significant deviation from chance ($p = 50\%$) for friends, family, pediatricians, formal counseling services and evidence-based counseling, $ps < .05$, indicating that parents consistently distinguished between experience and expertise in their assessments for these groups. For teachers, this difference was only marginally significant, $p = .08$, suggesting a less clear-cut distinction in parents' perceptions of teachers' ability.

Discussion

This study aimed to understand how parents choose where to get advice about their child's social and emotional development and how trust plays a role in this decision. Based on the current findings, evidence-based counseling services can be improved to be more likely to be adopted. We used a mixed-method approach, meaning we not only directly asked parents about their preferred sources for parenting advice but also had them consider different reference groups like friends, family, teachers, pediatricians, formal counseling services, and evidence-based counseling and evaluate their trustworthiness, parents' intention to get their advice and the reasons for (not) doing so. Overall, we found that, as expected, parents have a need for advice, and they mainly seek advice within their close social network. Trust played a critical role in parents' decision about whom to ask. Specifically, general trust was associated with the intention to seek

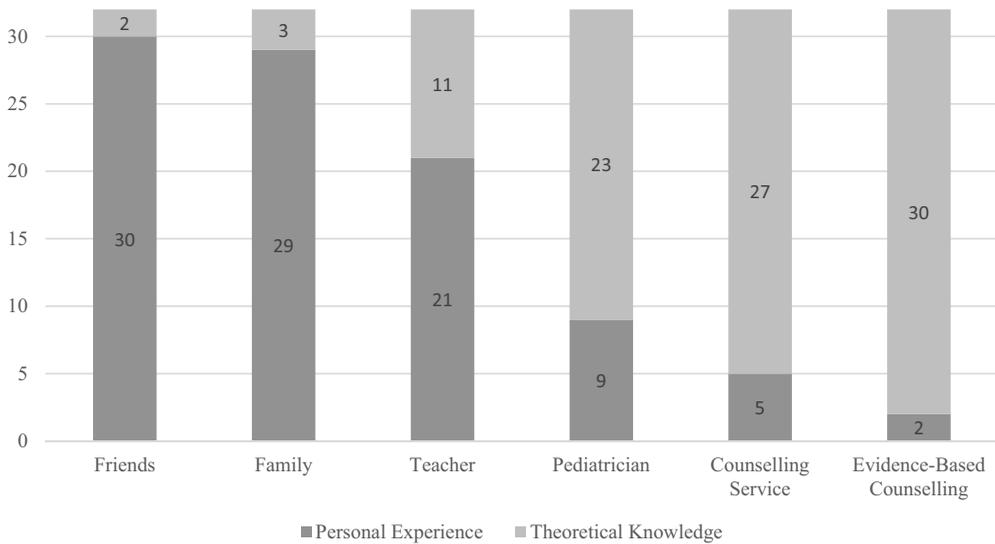


Figure 2. Different sources of perceived ability.

advice and, furthermore, trust was influenced by perceived benevolence and integrity, but not by perceived ability (which, depending on the specific reference group was perceived as more evidence- or more experience-based).

The study found that parents are indeed seeking advice on social-emotional development because they face daily stress and uncertainty in dealing with their child's strong emotions and challenging behaviors. Parents report that conflicts in daily routines are particularly stressful. Rather than formal counseling services, parents prefer to seek advice from personal contacts, such as friends with children and the child's grandparents. On the one hand, these findings could be explained by a general preference for sources with prior parenting experience; participants most frequently cited someone's personal (parenting) experience as a reason for seeking advice from them. This matches previous findings that people, when looking to gain practical advice for everyday life, tend to prefer practitioners' advice over researchers' advice (Rosman & Merk, 2021). On the other hand, these findings could be explained by parents' fear of stigmatization (Dempster, Davis, Faye Jones, Keating, & Wildman, 2015). Participants often mentioned the fear to be stigmatized when explaining why they would not use formal counseling services. Nevertheless, we found some indications that parents are more likely to tap formal counseling services when they perceive their parenting challenges as particularly serious or when they already exhausted advice from their personal environment.

When asked why they would seek advice from the different sources, parents generally cited a person's personal experience, expertise, familiarity with themselves or their child, the possibility of gaining new perspectives on the issue, general trust in the person, previous positive experiences with advice from them, and low practical effort as encouraging them to do so. At the same time, there were other reasons that discouraged parents from asking for advice from specific groups, namely lower level of suffering, high effort, lack of expertise in social-emotional competence, unfamiliarity with the child, different values, and fear of stigmatization. Across all sources of advice,

we were able to confirm the hypothesis that the intention to ask someone for advice is significantly related to interpersonal trust in that source, indicating that when individuals have a higher level of trust in a source, they are more likely to intend to ask that source for advice. This underscores the importance of trust in influencing the decision to seek advice from different sources. Some of the reasons mentioned before already referred to trust in general or to the established ABI-dimensions of trustworthiness – namely parents mentioned “trust”, “experience knowledge”, “expertise” and “values”. This suggests that, in line with previous research on interpersonal relations and information-seeking in general (Bromme & Beelmann, 2018; Lewis & Weigert, 1985; Miller & Bell, 2012), trust and its antecedents are crucial for advice-seeking parents. The significant association between global trust and behavioral intentions to ask for advice further supports this hypothesis.

The study found that parents trust different sources of advice to different degrees, including differences in perceived ability, benevolence, and integrity. This is consistent with the idea that parents differentiate between different groups of people, supporting the idea that source classification is meaningful, and sources of different kinds cannot be treated exactly the same in research. Parents trust and have the highest intention to seek advice from personal contacts, and trust decreases with decreasing familiarity, with formal counseling having the lowest trust scores. The personal environment received higher scores for benevolence and integrity compared to formal counseling, while formal counseling was perceived as more competent. Benevolence and integrity were related to trust across sources, and trust, in turn, was correlated with intention to seek advice. This is in line with the patterns for intention, trust, and benevolence discussed above, in which people from parents’ personal environment had the highest scores. It is particularly interesting to see that benevolence was most important for parents when deciding whom to trust. Regarding the subjective concept of trust in the context of parenting counseling, our findings support the idea that the parental notion of trust relates primarily to potential violations and harm (and avoiding those) rather than (content) quality of the given advice and the underlying knowledge. In this study we did not ask specifically about distrust. For future research, it is an interesting opportunity to look deeper into the parental concepts of trust and distrust.

However, we found an interesting discrepancy for integrity. Despite the fact that parents often mentioned that family members had different parenting values, they received the highest scores of integrity. This suggests that parents may consider someone to have good values, but not necessarily in terms of parenting. This aligns with Hamm, Smidt, Mayer, and Wisneski (2019, p. 2) elaboration of integrity: “These [values] need not necessarily be the trustor’s own values.” Our findings on integrity suggest that it has a reasonable effect on trust, but value consistency seems to play an important role that could undermine this effect. Future research should examine the standards of personal values that need to be met for parents to consider someone’s advice trustworthy.

In our analyses, we found two predominant interpretations of the ability dimension, based on the reference group. Our division into “evidence-based knowledge” and “experience knowledge” is supported by theory and previous research (Hendriks, Kienhues, Bromme, & Wicherts, 2015; Lee, 2014; Svensson, 2016), as well as participants’ open responses. Parents perceived personal experience as the basis of ability in their personal environment, while pediatricians, formal counseling services and evidence-based

counseling were perceived as having theoretical knowledge. For kindergarten teachers both evidence- and experience-based ability were ascribed to similar degrees. The comparison of personal experience and empirical evidence as sources of ability remains to be clarified and should be assessed separately in future studies.

Limitations

First, this study is limited in terms of sample size and composition, with most participants having a university degree and only dealing with everyday parenting concerns. To provide a more representative view, future studies should include a larger and more diverse sample, including at-risk parents of children with behavioral problems. An even more reliable picture could be obtained by looking at actual behavior instead of behavioral intention.

In this study, sources of advice were not differentiated by knowledge base during interviews to focus on overall reasons for choosing counseling sources. However, exploring which kinds of knowledge are attributed to each source may be useful in future research.

Implications and conclusion

Overall, this study emphasizes the important role of interpersonal trust in advice-seeking settings. Both parents' personal social network and formal counseling services have a vital role to play in counseling parents. We were able to confirm that, when deciding whom to contact, parents rely – among other reasons – on their respective trust in different sources of advice. Although trust has been studied in personal relationships, there has been little evidence on its role in parenting advice. Trust levels vary for different reference groups and higher trust is related to higher contact intention. Knowing this, enables evidence-based counseling in the field of applied developmental psychology to reach out more effectively. Considering the strong evidence base, we must ensure that evidence-based programs are delivered effectively. Since we were able to show that trust and the intention to seek counseling are closely related, we need to strengthen trust in evidence-based counseling to foster acceptance and applicability.

To do so, the antecedents of trust and trustworthiness must be considered. Our research shows that in this specific area of parenting advice, benevolence and integrity are more important than ability. This has implications for counseling services, namely that they should not rely solely on indicators of ability to gain parents' trust. In particular, because evidence-based counseling typically scores well on ability, it is an important finding that ascribed ability does (so far) not play a major role in parental advice-seeking. Conversely, ascribed benevolence and integrity of different reference groups have an important impact. Personal experience, benevolence, and integrity, however, are more difficult to establish for impersonal sources, in contrast to familiar sources from the personal environment. Parents can easily get an idea of professional expertise through information on professional qualification etc. – for example through a service's website. Hence, to strengthen evidence-based services, two options seem reasonable: On the one hand, services should emphasize their benevolence- and integrity-related qualities more strongly, for example by providing information on

their funding and norms and values, or by reaching out to parents through established and trustworthy structures (e.g. childcare institutions, schools, or universities). On the other hand, laypersons must be educated on the relevance of ability. Our study suggests that further investigation is needed regarding ability, as we found that parents hold different concepts (either experience- or evidence-based) for different groups of people. Either way, it is a promising approach to further investigate parents' notion of trust, trustworthiness, and distrust.

Evidence-based counseling becomes more important when it comes to severe parenting challenges. This, in combination with practical barriers, suggests that evidence-based counseling needs to be visible and accessible. Thus, we conclude that empirical findings of developmental psychology have the potential to make a valuable contribution to parenting knowledge and everyday experience of parents. Nonetheless, parents tend to ask for advice mainly from people they know and trust, leaving professionals the difficult task of instilling similar trust so that parents will seek them out for evidence-based advice. The present study provides initial evidence that benevolence factors play an important role here and highlights the need to further examine different types of knowledge in the context of parenting advice.

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Data availability statement

The data that support the quantitative findings of this study are available in the Open Science Framework at https://osf.io/vtsqc/?view_only=129eb45e1b9a4c08adb5a8d799525e3b, blinded for review.

CRediT author statement

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Ethics statement

This research was conducted in accordance with the Declaration of Helsinki and the Ethical Principles of the German Psychological Society (DGPs), the Association of German Professional Psychologists (BDP), and the American Psychological Association (APA). It involved no invasive or otherwise ethically problematic techniques and no deception (and, therefore, according to national jurisdiction, does not require a separate vote by a local Institutional Review Board; see the regulations on freedom of research in the German Constitution (§ 5 (3)), and the German University Law (§ 22)). Informed consent was obtained from all individual participants included in the study.

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QUESTIONNAIRE

C10(25) Part 1 of 3

Whom to ask? Whom to trust? Parents' preferences for sources of advice on social-emotional parenting issues

INSTRUCTIONS

- Read through the article and answer the multiple-choice questions provided below.
- **Some questions may have more than one correct answer;** in which case you must mark **all** the correct answers.

Introduction and background

Question 1: Why does the study focus on parents' trust in different sources of advice?

- A:** Trust is the only factor parents consider when making decisions
- B:** Previous research has completely neglected the role of trust in parenting
- C:** Trust is easier to measure than other psychological factors like stigma
- D:** Trust plays a significant role in situations in which people are uncertain of the facts and need to make relevant decisions

Question 2: How does the article define "informal counseling" sources?

- A:** Institutions that predominantly offer parenting counselling
- B:** All members of a family's social network, more specifically relatives, neighbours, co-workers, and friends
- C:** Counselling that is based on current psychological research, observations, and tests
- D:** Counselling services run by professionals with diverse backgrounds like pedagogy and psychology

Question 3: Which of the following is **NOT** listed as a potential source for parenting advice as identified in the literature review?

- A:** Friends and family
- B:** Paediatricians
- C:** Online parenting forums
- D:** Formal counselling services

Question 4: How was "evidence-based counselling" defined for the purposes of this study?

- A:** Counselling that is based on current psychological research, i.e. observations, surveys, measurements, and tests
- B:** Any counselling provided in a formal setting such as a mental health clinic
- C:** Counselling provided by paediatricians based on their medical expertise
- D:** Advice passed down from generation to generation based on personal experience

Question 5: What is a primary risk a parent takes when deciding to trust a trustee for advice?

- A:** The financial "cost" of the advice can be too high
- B:** The trustee will share their problems with others
- C:** The provided information can be incorrect, inappropriate, or simply irrelevant
- D:** The parent will become overly dependent on the trustee

Question 6: Which three dimensions are included in the ABI model of trustworthiness?

- A:** Availability, Benevolence, and Impact
- B:** Ability, Boldness, and Intention
- C:** Accuracy, Benevolence, and Integrity
- D:** Ability, Benevolence, and Integrity

Question 7: How is the dimension of "benevolence" defined within the ABI model?

- A:** The extent to which a trustee is believed to want to do good to the trustor
- B:** A group of skills and competencies that enable a party to have influence
- C:** The perception that the trustee adheres to a set of acceptable principles
- D:** The trustor's willingness to be vulnerable to the trustee's actions

Question 8: What alternative indicator for the "ability" dimension does the article propose might have a particularly strong influence on parents?

- A:** The trustee's formal qualifications and profession
- B:** Others' own parenting experience
- C:** The trustee's communication skills
- D:** The cost and accessibility of the advice

Question 9: What was one of the specific hypotheses the study aimed to test regarding trust?

- A:** Trust is negatively correlated with the intention to seek advice
- B:** Trust in a source is based solely on its perceived ability
- C:** Trust is associated with the behavioural intention to approach a group for support and advice
- D:** Parents trust formal sources more than informal sources

Method

Question 10: Who were the participants in this study?

- A:** At-risk parents of children with diagnosed behavioural problems
- B:** A large, diverse sample of parents from across Germany
- C:** 100 participants recruited from online parenting groups
- D:** 32 participants from middle-class families from Münster, Germany

Question 11: What educational background did the majority of the participants have?

- A:** A university degree
- B:** A high school diploma
- C:** A vocational training certificate
- D:** The article does not specify their educational background

Question 12: What did the interviewer ask participants to do before answering the main interview questions?

- A:** Complete a test on their parenting knowledge
- B:** Choose a specific situation from their own experience to keep in mind
- C:** Read a pamphlet on evidence-based counselling
- D:** Watch a video about social-emotional development

Question 13: Which of the following was **NOT** one of the six predefined reference groups participants were asked to rate?

- A:** Friends
- B:** Paediatricians
- C:** The child's psychologist
- D:** Counsellors from an evidence-based counselling service

Question 14: How was "integrity" defined for the participants during the interview?

- A:** Someone's competence to give helpful and reliable advice
- B:** Being guided by proper values, namely whether someone acts according to a reliable moral compass (in terms of parenting)
- C:** Someone's earnest will to help them and act selflessly
- D:** Someone's ability to keep personal information confidential

Question 15: How were the open-ended questions about reasons for seeking advice analyzed?

- A:** Coded based on qualitative content analysis
- B:** Analysed using statistical software for quantitative data
- C:** Scored by two independent raters for emotional content
- D:** Categorized using a pre-existing coding scheme from a different study

THE END

QUESTIONNAIRE C10(25) Part 2 of 3

Whom to ask? Whom to trust? Parents' preferences for sources of advice on social-emotional parenting issues

INSTRUCTIONS

- Read through the article and answer the multiple-choice questions provided below.
- **Some questions may have more than one correct answer;** in which case you must mark **all** the correct answers.

Results

Question 1: Which challenging parenting situation was most frequently mentioned by participants?

- A:** Anger / tantrums
- B:** Physical aggression
- C:** Power struggles
- D:** Refusal / ignoring

Question 2: When asked spontaneously whom they would turn to for advice, which source was mentioned most frequently by participants?

- A:** The child's grandparents
- B:** Friends with children
- C:** Teachers
- D:** Formal counselling services

Question 3: How did participants rate their behavioural intention to contact a formal counselling service?

- A:** Significantly higher than all other options
- B:** Second most likely after friends
- C:** Similar to their intention to contact teachers
- D:** The least likely option, rated significantly lower than most other options

Question 4: For which reference group was "expertise" mentioned most often as a reason for contacting them?

- A:** Friends
- B:** Counsellors who did evidence based counselling
- C:** Family
- D:** Teachers

Question 5: What was a frequently mentioned reason for NOT contacting paediatricians?

- A:** The lack of (domain-specific) expertise on social-emotional development
- B:** Their lack of personal parenting experience
- C:** Practical effort and scheduling difficulties
- D:** A fundamental disagreement with their values

Question 6: According to the results, what reason did parents often give for refraining from contacting formal or evidence-based counselling services?

- A:** The fear of being judged by their friends
- B:** The belief that these services were only for severe mental illnesses
- C:** Their level of suffering was relatively low
- D:** Previous negative experiences with these services

Question 7: Which reference group received the highest trust ratings from participants?

- A:** Friends
- B:** Family
- C:** Teachers
- D:** Counsellors which did evidence-based counselling

Question 8: Which reference group received significantly higher ability scores than family?

- A:** Friends
- B:** Formal counselling services
- C:** Teachers
- D:** Paediatricians

Question 9: What was the relationship found between a parent's trust in a reference group and their intention to contact that group?

- A:** There was no significant correlation
- B:** A weak negative correlation
- C:** A meaningful and statistically significant association
- D:** A relationship that only existed for informal sources

Question 10: Which two dimensions of the ABI model were found to be significant predictors of parents' trust across reference groups?

- A:** Ability and benevolence
- B:** Benevolence and integrity
- C:** Ability and integrity
- D:** Only benevolence was a significant predictor

Question 11: What was the finding regarding the influence of perceived ability on overall trust scores?

- A:** It was the strongest predictor of trust
- B:** It was a significant predictor, but less so than benevolence
- C:** It did not substantially affect overall trust scores
- D:** Its influence was only significant for evidence-based counselling

Question 12: The ability of friends to give advice was perceived as based on?

- A:** Personal experience
- B:** Theoretical knowledge
- C:** An equal mix of experience and expertise
- D:** Professional qualifications

Question 13: The ability of which reference group was mainly seen as being based on scientific evidence and theoretical knowledge?

- A:** Family
- B:** Teachers
- C:** Formal counselling and evidence-based counselling services
- D:** Friends

Discussion and conclusion

Question 14: What is a key finding summarized in the discussion section regarding where parents prefer to seek advice?

- A:** Parents prefer to seek advice from personal contacts, such as friends with children and the child's grandparents
- B:** Parents show a strong preference for formal counselling due to expertise offered
- C:** Parents avoid seeking advice from anyone to maintain self-sufficiency
- D:** Parents primarily rely on paediatricians for all parenting concerns

Question 15: What reason, frequently cited by participants, helps explain the preference for sources to seek advice from?

- A:** A desire for new perspectives on the issue
- B:** Someone's personal (parenting) experience
- C:** The low practical effort involved in contacting them
- D:** None of the above

THE END

QUESTIONNAIRE
C10(25) Part 3 of 3

Whom to ask? Whom to trust? Parents' preferences for sources of advice on social-emotional parenting issues

INSTRUCTIONS

- Read through the article and answer the multiple-choice questions provided below.
- **Some questions may have more than one correct answer;** in which case you must mark **all** the correct answers.

Question 1: Besides a preference for experience, what other factor could explain why parents avoid formal counselling services?

- A:** The high cost of these services
- B:** The lack of available services in their area
- C:** Parents' fear of stigmatization
- D:** A general distrust in scientific research

Question 2: The study found indications that parents are more likely to use formal counselling services under what condition?

- A:** When their friends and family recommend it
- B:** When the services are offered for free
- C:** When they have a university degree
- D:** When they perceive their parenting challenges as particularly serious

Question 3: The discussion suggests that the parental notion of trust primarily relates to what?

- A:** Potential violations and harm (and avoiding those)
- B:** The (content) quality of the given advice and the underlying knowledge
- C:** The professional qualifications of the advisor
- D:** The speed and efficiency with which advice is given

Question 4: What interesting discrepancy was found regarding the "integrity" ratings for family members?

- A:** Despite mentioning shared values, integrity scores for family were low
- B:** Despite mentioning different parenting values, they received the highest scores for integrity
- C:** Family received high integrity scores but low benevolence scores
- D:** Family members were seen as having integrity but low ability

Question 5: What limitation regarding the study's sample is mentioned in the article?

- A:** The sample size was too large to analyse effectively
- B:** Most participants had a university degree and only dealt with everyday parenting concerns
- C:** There were more male participants than female participants
- D:** Most participants were from low-income backgrounds

Question 6: Which two dimensions does the study conclude are more important than ability for gaining parents' trust in the specific area of parenting advice?

- A:** Availability and accessibility
- B:** Experience and expertise
- C:** Benevolence and integrity
- D:** Familiarity and relationship

Question 7: The study's finding that perceived ability did not play a major role in parental advice-seeking is important for evidence-based counselling because:

- A:** It suggests they should stop trying to improve their ability in this area
- B:** It confirms that parents do not care about expertise
- C:** Evidence-based counselling typically scores well on ability, but counselling services should not rely on indicators of ability alone to gain parents' trust
- D:** It means ability is only important for informal sources

Question 8: What is one recommendation the article gives for how evidence-based services can strengthen parents' trust in them?

- A:** Lower their prices to be more accessible
- B:** Emphasise their high level of ability in social media
- C:** Emphasize their benevolence- and integrity-related qualities more strongly
- D:** Stop using scientific jargon in their materials

Question 9: What does the article conclude about the role of findings from developmental psychology?

- A:** They are too complex for parents to understand and apply
- B:** They have the potential to make a valuable contribution to parenting knowledge and everyday experience
- C:** They are less valuable than the personal experience of other parents
- D:** They are only useful for treating severe behavioural disorders

Question 10: The study provides initial evidence that what factors play an important role, highlighting a need for further examination?

- A:** Practical factors like cost and time
- B:** Stigma and fear of judgment
- C:** Benevolence factors
- D:** The specific age of the child

THE END



MEMBER INFO

(Complete sections marked with an asterisk *)

ANSWER SHEET

*FOH number

*HPCSA number

ID number

Personal detail changes

I hereby declare that the completion of this document is my own effort without any assistance.

SIGNED:

DATE:

This activity is accredited for EIGHT (8) CLINICAL CEU'S. You have to achieve 70% to pass this activity.

C10(25)

Whom to ask? Whom to trust? Parents' preferences for sources of advice on social-emotional parenting issues

*Time spent on activity						hour					min						
PART 1						PART 2					PART 3						
	A	B	C	D	E		A	B	C	D	E		A	B	C	D	E
1						1						1					
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How relevant was the content of this activity to your scope of practice?			
Not at all	Somewhat	Mostly	Extremely

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