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Hope as a coping resource among parents at risk for child maltreatment

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ABSTRACT

This study investigated hope as a protective factor buffering the relationships between parenting stress and well-being among a sample of parents identified at moderate to high risk for child maltreatment. Two hundred parents were recruited from a nonprofit organization providing secondary and tertiary child maltreatment prevention programs. Results of the analyses showed that parental stress was negatively associated with subjective and emotional well-being. Hope was positively correlated with well-being and negatively associated with parenting stress. Hierarchical regression analyses showed that hope had a significant incremental relationship to well-being and that the negative effects of parenting stress fell below statistical significance. These findings provide preliminary support for hope as a coping resource social workers can target when working with parents in the prevention of child maltreatment.

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According to the 2015 Child Maltreatment Report from the U.S. Department of Health and Human Services, child protection services responded to 4.0 million referrals for suspected child maltreatment with 30.1 in 1,000 children being screened in for child protective service response (U.S. Department of Health and Human Services [USDHHS], 2017). Researchers have targeted characteristics of the parent, characteristics of the child, and family context such as parenting stress in an attempt to better understand the potential for child maltreatment (Lowell & Renk, 2017). Parenting stress is of particular importance in the treatment and prevention of child maltreatment because of the role it plays in aggressive parenting behaviors (Abidin, 1995; Azar, 1986; Belsky, 1993; Mash & Johnston, 1990; McPherson, Lewis, Lynn, Haskett, & Behrend, 2009; Milner, 2003; Smith Slep & O’Leary, 2007; Stith et al., 2009). Parenting stress has been associated with reduced nurturing, conflict with child, punitive parenting, and the increased potential for maltreatment (Holden & Banez, 1996; Maguire-Jack

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& Negash, 2016; McPherson et al., 2009; Rodriguez & Green, 1997; Rodriguez & Richardson, 2007; Schaeffer, Alexander, Bethke, & Kretz, 2005). Studies have also found that abusive parents reported higher parenting stress compared to nonabusive parents (Chan, 1994; McPherson et al., 2009). Lowell and Renk (2017) found that parenting stress had strong positive relationships with emotional dysregulation and child maltreatment potential. Maguire-Jack and Negash (2016) reported that parenting stress was a significant predictor of abuse and neglect, but that availability and access to social services served as a buffer to these relationships.

Without adequate coping resources, the burden of stressful parenting can increase the risk for child maltreatment. Most research examining prevention or intervention for parents has rightly focused on identifying and mitigating risk factors (e.g., parenting stress, emotion dysregulation). However, few studies have also examined protective factors that can strengthen the well-being among parents at moderate to high risk for child maltreatment.

Psychological well-being

Psychological well-being refers to the cognitive evaluation along with the emotional experiences that are associated with the events and circumstances of one's life (Biswas-Diener, Diener, & Tamir, 2004; Diener et al., 2017). Well-being has long been considered an outcome in research given its demonstrated benefits to physical health, longevity, mental health, and social relationships (see Lyubomirsky, King, & Diener, 2005 for a comprehensive review). Conversely lower well-being has been associated with poor physical health, depressive symptoms, interpersonal conflict, negative affect, and social isolation (Kindeman et al., 2015; Sin & Lyubomirsky, 2009). Not surprisingly, research consistently shows that parenting stress is negatively associated with parent well-being (Crnic & Greenberg, 1990; Davis & Carter, 2008; Hayes & Watson, 2013; Rodd, 1994; Skok, Harvey, & Reddihough, 2006; Skreden et al., 2012) The general argument is that when the demands of stressors exceed the available coping resources, then negative consequences, such as well-being, are more likely to emerge. The aim of this study is to further investigate the relationship between parenting stress and indicators of well-being among parents at risk for child maltreatment. This study further explores hope as a potential coping resource that could serve as a buffer to the burden of parenting stress for at-risk parents.

Snyder's hope theory

Snyder (1994, 2000, 2002, 2004) defined hope as a complex cognitive process focused on the attainment of desired goals. This theory focuses on the ability to generate strategies (pathways thinking) to attain desired

goals and dedicate the mental energy (agency thinking) toward those strategies. Agency thinking reflects the motivational aspect of hope theory. To the extent people can devote mental energy to identify viable pathways and self-regulate thoughts, feelings, and behaviors toward the pathways they would be considered agentic. Pathway thinking reflects the ability to conceive one or more mental strategies to goal attainment. Furthermore, high-hope individuals are able to conceive ways to overcome barriers and develop alternative strategies toward a desired goal. Snyder's hope theory further prescribes that agency and pathways are necessary components of hope. Any individual who desires a particular goal and is motivated toward this goal must also have the mental strategy toward goal attainment. Thus, the folklore of where there is a will there is a way is only partly accurate. Indeed, neither agency nor pathway thinking alone is sufficient to establish hope. Any deficit in pathways or agency reflects lower hope. Snyder (1995, 1996) theorized this cognitive process as one that builds upon itself (hope begets hope). Achieved success in the creation of plans toward a goal fuels motivation and desire to begin and sustain these plans. Likewise, energized and excited thoughts about a goal encourage thoughts related to planning and strategizing how to achieve the goal.

Consequences of hope

Hope has been associated with various psychological indicators of well-being including life satisfaction, positive affect, meaning in life, and decreased depression and anxiety (Cheavens, Feldman, Gum, Michael, & Snyder, 2006; Javanovic, 2013; Marques, Lopez, & Pais-Riberio, 2011). High-hope individuals are able to identify productive paths toward their identified goals, manage and overcome stress easier, and report overall lower levels of daily stress (Chang, 1998; Irving, Snyder, & Crowson, 1998; Ong, Edwards, & Bergeman, 2006; Snyder, 2002). Hope is an important coping resource for parents experiencing the stress associated with difficult parenting such as cancer, diabetes, autism, and so on (Davidson-Arad, Aram-Fichman, Bashan-Paz, & Klein-Katz, 2013; Faso, Neal-Beevers, & Carlson, 2013; Horton & Wallander, 2001; Irvin & Acton, 1997; Lazarus, 1999; Madan & Pakenham, 2015).

Current study

The purpose of the current study is to examine the relationships between parenting stress, hope and well-being. Given the literature on parenting stress, we hypothesized that higher parenting stress would be negatively associated with well-being. The study extends the literature by examining hope as a potential buffer to the relationships between parenting stress and well-being among parents at risk for child maltreatment. As such, we hypothesized that

hope would add unique incremental variance in the prediction of well-being controlling for parenting stress. In addition, we hypothesized that in the final model, hope would be a significant predictor of well-being and the associations of parenting stress would be significantly reduced.

Method

Participants and procedure

Participants in this study were recruited from an independent nonprofit human service agency focused on the prevention of child abuse and neglect. This agency was located in the southern plains of the United States and serves parents whose children are ages zero to 6. This age group has been identified as the highest victimized group for child maltreatment (Council on Accreditation, 2018). This agency is externally accredited on the national standards of the Council on Accreditation, which establishes standards for service delivery outcomes to ensure the impact of programs. Parents involved in secondary and tertiary prevention services were targeted for recruitment in the current study. Secondary prevention services are provided for parents with moderate to high risk for child maltreatment. Tertiary prevention services are provided to parents with multiple and/or severe risk factors including cases in which allegations or confirmed reports of child abuse or neglect exist.

Following university Institutional Review Board (IRB) approval, 200 anonymous surveys were distributed throughout the secondary and tertiary programs within the agency. A stratification sampling strategy was used to maximize a representative sample across the secondary and tertiary programs within the organization. Program staff offered the IRB-approved information sheet and survey to parents enrolled in each program on a first-come first-served basis until the allotted number of surveys were exhausted. On-site parents submitted their completed surveys to a locked box on site, home visit parents were provided with a stamped self-addressed envelope in which to mail their completed survey to the nonprofit agency. An incentive for participation was offered to participating parents in the form of free sandwich coupons to an area convenience store chain located throughout the state. Of the 200 surveys distributed, 156 surveys were returned representing a 78% response rate. Because of missing item responses, analyses were available on 98 to 105 participants with complete data. At the request of the agency, no demographic information was collected on participants from the survey to safeguard confidentiality.

Measures

Well-being reflects the subjective cognitive and emotional evaluation of one's life. Researchers typically study satisfaction with life and affect as the operational definition of *well-being*.

The satisfaction with life scale

The Satisfaction with Life Scale (SWLS; Diener, Emmons, Laresen, & Griffin, 1985) is a five-item survey that measures general perceptions about satisfaction with one's life. An example item includes "Conditions in my life are excellent." Respondents indicate on a 7-point Likert-type scale, from *strongly agree* to *strongly disagree*, their satisfaction with general aspects of their life. Scoring is achieved by adding up the total of all the responses. High scores above 31 indicate extreme satisfaction, whereas scores below nine indicate extreme dissatisfaction. The SWLS has good internal consistency with Cronbach's alphas reported at .85 and .89 (Busch & Hofer, 2012; Griffith, Hastings, Nash, & Hill, 2010). In the current study, Cronbach's alpha for the total score was .85.

Scale of positive and negative experience

The Scale of Positive and Negative Experience (SPANE; Diener et al., 2010) is a 12-item scale that measures positive and negative feelings. The respondent indicates on a 5-point Likert-type scale (1 = *very rarely or never*, 5 = *very often or always*) how much they have been experiencing various positive (example joyful) and negative (example afraid) feelings within the past 4 weeks. Positive and negative feeling subscale scores are derived by adding up the responses from each of the six items included in the respective subscale and can vary from 6 (lowest possible score) to 30 (highest possible positive or negative feelings score). A total affect balance score is derived by subtracting the negative feelings score from the positive feelings score, with a possible range of -24 (unhappiest balance) to 24 (highest affect balance). Reported Cronbach's alphas for the SPANE are .87 (positive feeling subscale), .81 (negative feeling subscale), and .89 (affect balance total score). The measure has also demonstrated strong convergent validity with other measures of emotion, well-being, and life satisfaction (Diener et al., 2010). In the current study, reliability coefficients for the positive feeling scale and negative feeling scale were $\alpha = .91$ and $\alpha = .87$, respectively.

The dispositional hope scale

The Dispositional Hope Scale (Snyder et al., 1991) is a 8-item survey that measures the extent to which the respondent feels motivated to obtain goals and if they see viable ways in which to attain those goals. An example item includes "There are lots of ways around a problem." Item responses were on

a 4-point Likert-type scale, ranging from 1 (*definitely false*) to 4 (*definitely true*). When summed, the total hope score has a potential range of 8 (low) to 32 (high). A reliability generalization study found internal consistency and test-retest reliability estimates to be consistently high across samples (Hellman, Pittman, & Munoz, 2013). For the current study, total score reliability estimates were high ($\alpha = .85$).

Parenting stress

The Parenting Stress Index–Short Form (PSI-SF; Abidin, 1995) is a 36-item self-report measure including one total stress score and three subscales scores (12 items each). The PSI-SF is a 5-point Likert-type scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). The first subscale, Parental Distress (PD), measures the stress experienced directly related to the parenting role and distress from personal factors that interact with the parenting role. The second subscale, Parent-Child Dysfunctional Interaction (P-CDI), assesses parents' satisfaction level with interactions between themselves and their child as well as the level of acceptance the parent has toward the child. The third subscale, Difficult Child (DC), assesses the parents' view of the child's ability to self-regulate emotion and behaviors. Example items include "I have the feeling I cannot handle things well; I feel trapped by my parent responsibilities" and "My child is not able to do as much as I expected." High scores indicate high parenting stress and low scores indicate low parenting stress. Reliability alphas for the three subscales and total score have been reported across several studies: .83 to .87 (PD), .80 to .86 (P-CDI), .85 to .86 (DC), and .91 to .92 (Total Score; Abidin, 1995; Copeland & Harbaugh, 2005; Respler-Herman, Mowder, Yasik, & Shamah, 2012). In the current study, reliability scores were derived for each subscale (PD, $\alpha = .88$; P-CDI, $\alpha = .88$; DC, $\alpha = .91$).

Data analysis plan

Statistical analyses were computed using version 19.0 of IBM SPSS software. Descriptive analysis included percentiles, Mean (M), Standard Deviation (SD), and Cronbach's alpha. To examine the hypotheses of this study, Pearson product-moment correlations (r) and hierarchical regression analyses (R) were computed to examine the nature of the relationships. Because the hypotheses were directional in nature, the correlations were tested at the one-tail with statistical significance criteria set at the .05 type I error rate. Although 156 surveys were returned, item nonresponse occurred for approximately 58 participants. As a result of using listwise deletion correlation and regression analyses were available on a range of 98 to 105 complete data.

Results

Prior to testing the first hypotheses of this study, the statistical assumptions of regression were assessed (Pedhazur & Schmelkin, 1991). Examining the standardized residuals with absolute values greater or equal to 3.0 identified outliers. Only one case met this criterion for the variable of P-CDI ($z = -3.44$). However, removal of this single item did not affect the subsequent scatter plots or interpretation of the well-being analyses. We assessed the assumption of linearity by examining a scatter plot of predicted and actual scores for the dependent variables, which resulted in a positive linear distribution. The mean score for the standardized residual for life satisfaction was 0.0 with a standard deviation of 0.961. This distribution was similar for affect balance with a $M = 0.0$ and a $SD = 0.962$. Furthermore, residual spherical patterns were observed when predicted values were plotted against the residuals for both dependent variables. These findings suggest normal distribution and noncorrelation of error. Finally, as shown in Table 1, the reliability scores for all the study variables of interest were high, suggesting minimal measurement error. Taken as a whole, the assumptions for regression were met.

Correlation of variables

As seen in Table 1, the parenting stress dimensions had negative relationships with psychological and emotional well-being. Specifically, parental distress had a significant (moderate) negative correlation with life satisfaction and affect balance. P-CDI also had a significant negative correlation to life satisfaction and affect balance. Finally, the DC subscale had a significant negative correlation with affect balance however the relationship with life satisfaction was not significant. Hope was shown to have a strong positive correlation with life satisfaction and moderate positive association with affect balance. The parenting stress dimensions were negatively associated with hope.

Table 1. Zero-order correlation matrix.

Variable	1	2	3	5	6	7
1. Life satisfaction	(.85)					
2. Affect balance	.47**	—				
3. Hope	.59**	.47**	(.85)			
5. PSI: PD	-.30**	-.46**	-.47**	(.88)		
6. PSI: P-CDI	-.29**	-.36**	-.18*	.52**	(.88)	
7. PSI: DC	-.17	-.29**	-.10	.56**	.74**	(.91)

Note: PSI: PD = the Parental distress dimension of Parent Stress Index; PSI: P-CDI = the Parent-Child Dysfunctional Interaction dimension of the Parent Stress Index; PSI: DC = the Difficult Child dimension of the Parent Stress Index.

Values on the diagonal reflect Cronbach's alpha.

* $p < .05$, ** $p < .01$.

Life satisfaction

A hierarchical multiple regression was computed with life satisfaction as the dependent variable (Table 2). In the first model, the three dimensions of parenting stress were entered (PD, P-CDI, DC) and accounted for significant variance in life satisfaction, $R^2 = .13$, $F(3, 64) = 3.24$, $p < .05$. In the second model, hope was entered into the equation accounting for significant variance over-and-above the previous set, [$\Delta R^2 = .14$, $\Delta F(1, 63) = 11.84$, $p < .01$]. In this step, hope was the only variable that had a significant association with life satisfaction. Next we computed a statistical test for the equality of regression coefficients to determine if the reduction for parenting stress between Step 1 and Step 2 were statistically significant (Clogg, Petkova, & Haritou, 1995; Paternoster, Brame, Mazerolle, & Piquero, 1998). Results of the comparisons indicated that though the coefficients for parenting stress dimensions were smaller in the final model, these changes were not statistically significant.

Affect balance

This process was repeated with affect balance as the dependent variable (Table 3). In the first model the three dimensions of parenting stress were entered (PD, P-CDI, DC) and accounted for significant variance in affect

Table 2. Hierarchical multiple regression with life satisfaction.

Independent Variable:	Total R^2	ΔR^2	β
Step 1: (Parenting stress)	.13*		
Parental distress			-.18
Parent-child dysfunctional interaction			-.38*
Difficult child			.24
Step 2: (Hope)	.27*	.14*	
Parental distress			.01
Parent-child dysfunctional interaction			-.29
Difficult child			.09
Hope			.42*

* $p < .05$.

Table 3. Hierarchical multiple regression with affect balance.

Independent Variable:	Total R^2	ΔR^2	β
Step 1: (Parenting stress)	.25*		
Parental distress			-.42*
Parent-child dysfunctional interaction			-.13
Difficult child			.00
Step 2: (Hope)	.32*	.07	
Parental distress			-.27
Parent-child dysfunctional interaction			-.08
Difficult child			-.09
Hope			.30*

* $p < .05$.

balance, $R^2 = .25$, $F(3, 63) = 7.11$, $p < .05$. In the second model, hope was entered into the equation accounting for significant variance over and above the parenting stress dimensions, $\Delta R^2 = .07$, $\Delta F(1, 62) = 6.14$, $p < .05$. In this model, hope had a significant positive relationship with affect balance, and the associations for parenting stress and affect balance were smaller compared to Step 1 and not significant. We also compared the changes in regression coefficients for the parenting stress dimensions and found that though these values became smaller in Step 2, these changes were not statistically significant.

Discussion

The purpose of this study was to examine the relationship between parenting stress, hope, and well-being. In particular, we were interested in hope as a potential coping resource buffering the effect between parenting stress and well-being among a sample of parents identified by the child protection system as at risk for child maltreatment. Results from the correlational analysis supported the hypothesis that indicators of parenting stress are negatively associated with well-being operationalized as life satisfaction and affect balance. That is, higher parenting stress scores were associated with lower scores on life satisfaction. This finding is consistent with the parenting stress literature suggesting a negative relationship with well-being (Deater-Deckard, 1998; Gerstein, Crnic, Blacher, & Baker, 2009; Lavee, Sharlin, & Katz, 1996; Quittner, Gluekauf, & Jackson, 1990). Similarly, parenting stress scores were associated with lower affect balance. These findings are consistent with the literature on stress and affect suggesting a tendency toward the experience of negative emotions (Wang & Saudino, 2011). Of particular interest to this study were the results of the hierarchical regression analysis showing that hope accounted for significant variance in well-being above and beyond parenting stress. Moreover, when hope was included in the model the associations between parenting stress and well-being were reduced. However, the changes in regression coefficients when hope was entered were not statistically significant. Taken as a whole, this finding provides partial support for hope as a coping resource for parents receiving services aimed at mitigating the potential for child maltreatment.

Although the current study represents the first time the psychological strength of hope has been measured among parents at risk for child maltreatment, our findings were consistent with previous research that found hope to be associated with well-being (Shorey, Little, Snyder, Kluck, & Robitschek, 2007; Snyder et al., 1996). These findings support the notion that parents experiencing higher levels of goal-attainment strategies are more likely to experience positive emotions and have a more favorable evaluation of their lives. Snyder (1995) stated, “Low-hope persons . . . with enduring

perceptions of deficient agency and pathways in general, probably approach a given goal with a negative emotional state, a sense of ambivalence, and a focus upon failure rather than success” (p. 355). Child maltreatment prevention and intervention strategies may consider the findings from this study useful. Indeed, hope based psychotherapy treatments have already been successfully applied as an intervention to increase hope for those experiencing adversity (Chang & DeSimone, 2001; Cheavens et al., 2006; Fukui et al., 2001; Hellman & Gwinn, 2017; Redlich, Hadas-Lidor, Weiss, & Amirav, 2010).

Study limitations

Although examining the potential limitations of our study are important, our methodology is not without rigor. The sample studied is identified by the state’s child protection system as at a moderate or high risk of child maltreatment. Sampling was based upon a stratification of clients receiving secondary and tertiary services at a nonprofit agency with a reasonable response rate. Additionally, this agency is nationally recognized by the Council on Accreditation and therefore provides evidence-based practice prevention services for child maltreatment. The variables included in the study were identified by the theoretical and empirical literature from the aspects of child maltreatment, parenting stress, hope and positive psychology. Finally, we used accepted measures that demonstrated acceptable levels of score reliability and established validity estimates. Moreover, statistical assumptions (e.g., normality, linearity, outliers) were also tested in the data set and found to be acceptable prior to the substantive analyses.

Nevertheless, there was no measure for the actual occurrence or presence of child abuse or neglect limiting these findings (cf. Lopez, Begle, Dumas, & De Arellano, 2012). Regardless of the identified sample, stratified sampling strategy, response rate, score reliability, and theoretical framework, the relationship between the study variables and the actual occurrence of child abuse and neglect remains suspect. As such, a longitudinal design will be needed to track parents on the impact of hope and its subsequent predictive nature in the parent–child relationship quality. This line of research for the prevention of child maltreatment could examine several questions. How desirable is the goal of quality parent–child relationship? How does hope change across time and treatment? How do changes in hope impact the parent–child relationship? How does hope congruence between caregiver and child affect the parent–child relationship?

Another limitation from our finding suggest that though statistically significant, the variables in the model account for 30% to 40% of the variance in life satisfaction and affect balance, respectively. Although these outcomes are intrinsic to strength-based perspectives (Saleebey, 2000) and suggest that

hope can lead to higher positive functioning individuals and have better parent–child relationships, this causal link is yet to be established. However, we argue the findings presented in this study provide an important first step in addressing the link between hope and the parents’ capacity to flourish. Next, generalizability is limited given a single social service agency located in a medium-sized urban city in the southern plains of the United States. Our inability to collect demographic data from the parents is a pronounced limitation to this study. The data were collected in a single survey suggesting some concern for common methods variance. Another limitation worth considering is that this study combined parents in secondary and tertiary child maltreatment prevention programs. Future research could specifically target parents based upon the level of risk (secondary or tertiary) or compare the two groups to further examine the nature of the relationships between parenting stress, hope, and well-being. Our findings provide preliminary support for hope as a coping resource. Future research should consider designing a study to examine moderation or mediation models to further describe the nature of the relationships found in this study.

Application to practice

Hope theory may provide a new perspective for prevention of child abuse and neglect practice (Snyder, 2002). More specifically, if a common language of goal setting, pathways thinking, and agency development toward a positive parent–child relationship can be established, therapeutic techniques can be targeted. For instance, if a parent desires a positive relationship with their child (and in some cases reunification), then narrative therapy can be employed to determine if parents have or can develop mental strategies toward goal attainment. More specifically, the clinician can determine if the parents can articulate pathways to keeping the child safe given their particular circumstance. If not, Cognitive-Behavioral Therapy offers strategies toward strengthening these mental strategies. If the parents desire the goal of a positive parent–child relationship and have or can develop pathway thinking but are not motivated (e.g., “I’ll never be able to succeed in the child welfare system”), then Motivational Interviewing can be used. Using hope as a common language for prevention, narrative therapy can help discern if the parent has the agency (willpower) as well as the appropriate pathways (waypower) toward a positive parent–child relationship. It is important to remember that though pathways and agency cognitions are necessary, neither alone is sufficient to experience hope. If parents are motivated to a positive relationship but cannot articulate the pathway to safety, then they will experience low hope. Likewise, if parents can articulate the pathways but are not motivated toward those pathways (let alone the goal), then hope is also lower. Low-hope parents will present themselves as apathetic toward child maltreatment prevention programs, reacting to services with negativity and a focus on

failure (Rodriguez-Hanley & Snyder, 2000). The concept of hope presents an interesting potential for social service agencies whose mission is focused on the parent–child relationships. Organizations that are committed to best practice models may find that prevention programs are pathways of hope for at-risk parents. Perhaps the real work of service agencies addressing child abuse and neglect is helping parents develop and maintain the willpower to sustain the pathway toward goal attainment.

Conclusion

Hope has a significant potential in the prevention of child abuse and neglect on many levels. At the individual level hopeful parents report higher well-being. These hopeful parents are emotionally, cognitively, and behaviorally better equipped to respond adaptively to the burden of stress. Given the research on the significant relationship between parenting stress and child maltreatment potential, our findings suggest a potentially useful addition to current prevention and intervention strategies used with clients considered to be at moderate to high risk. Helping parents develop the mental pathways for child safety as well as the willpower to pursue these pathways can potentially be strengthened by including the concept of hope. Snyder, Feldman, Taylor, Schroeder, and Adams (2000) stated “that prevention is at its core, an act of hope – a positive, empowered view of one’s ability to act so as to attain better tomorrows” (p. 256). We argue that hope may be a useful coping resource for at-risk parents and potentially offer therapeutic benefits (Frank, 1975; Menninger, 1959).

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