

1 **Measuring levels of family stress and engagement in child protection social**
2 **work: an explorative analysis of parental stress and social worker practice**
3 **skills**

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26 **Measuring levels of family stress and engagement in child protection social work: an**
27 **explorative analysis of parental stress and social worker practice skills**
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29 **Abstract**

30 **Purpose.** Effectively engaging parents under stress is a key component of skilful child welfare practice.

31 We investigated how social workers practice with parents with either high or normal levels of stress.

32 **Design/Methodology/Approach.** The study used a mixed methods design including observations and
33 audio recordings of meetings between families and social workers, interviews with parents/carers, and
34 questionnaires with social workers. Validated instruments, including the general health questionnaire
35 (GHQ) for stress levels and the Working Alliance Inventory (WAI) were used to explore how levels of
36 stress influence practice.

37 **Findings.** Data from 366 families found twice as many parents had clinically elevated GHQ scores
38 compared to the general population (40% to about 20%). Stressed parents reported significantly less
39 good working relationships with social workers (WAI, for the less stressed parents/carers $M = 65.3$ vs
40 highly stressed $M = 60.6$, $t(324)=2.407$, $p=.017$, $d=0.28$). When quality of practice was directly
41 measured workers showed higher level of relationship skills with the less stressed group ($t(291)=1.71$,
42 $p=0.44$, $d=0.205$).

43 **Originality.** This study explored the interaction between practitioner skills and family factors
44 influencing engagement, such as stress and anxiety. Engagement with stressed families may be
45 particularly challenging making it all the more important to understand how social workers engage such
46 families to provide effective help and support. A better understanding of the parent-worker relationship
47 under stress can lead to the development of training and practice strategies aimed at overcoming barriers
48 in family engagement. This study also highlights the need for practice to re-focus on the relational
49 elements and the emotional wellbeing of families.

50
51 **Keywords: social work practice, social worker skill, family stress, engagement, working**
52 **alliance, child protection**
53

56 **Introduction**

57 A core element of statutory social work is engaging parents. Without engagement, in-depth
58 assessment and effective help are difficult to achieve. The Munro report (2011) underlined the
59 importance of family engagement for assessment and to achieve behavioural change “...skills
60 in forming relationships are fundamental to obtaining the information that helps social workers
61 understand what problems a family has and to engaging the child and family and
62 working *with* them to promote change.” (Munro, 2010, p.88).

63 In the past, engagement within child welfare services was mainly characterised in terms
64 of either compliance (e.g., Steffenson & Colker, 1982) or resistance (e.g., Stanton & Todd,
65 1981). This view has been challenged in more recent literature, which has emphasised the
66 potential of the context of child protection or the approach of the worker to create resistance
67 and make engagement challenging (Featherstone et al., 2014; Munro, 2011; Forrester, 2008;
68 Forrester et al., 2018; 2019).

69 Building on these insights, the research focus thus far has focused on factors associated
70 with parents or factors within social work practice that influence engagement. Factors
71 associated with parents that impact engagement include substance abuse, the multifaceted
72 disadvantages of living in poverty and associated poor quality of life and mental health.
73 Distressed families usually experience disruption and disorganisation in their lives. These
74 emotions interact with perceptions about family functions and behavioural interventions
75 leading to different views between families and their social workers. This, in turn, can impact
76 families’ openness to communication and engagement with Childrens’ services (Tembo &
77 Studsrød, 2019). Thus, using a more complex/holistic approach considering how physical and
78 social stressors influence families can lead to a better understanding of the blockers to parental
79 engagement and allows social workers to develop strategies to address these challenges.
80 Approaches that focus on the difference that social work skills and practices make include the

81 use and evaluation of practice methods or frameworks aimed at improving worker skills in
82 engagement (Spratt & Callan, 2004; Yatchmenoff, 2005; Horwitz & Marshall, 2015).
83 Featherstone and colleagues (Featherstone et al., 2014) advocated for a family-minded humane
84 practice recognising parents' needs and strengths and encouraging practitioners to prioritise the
85 well-being of those they serve, and there has been an increased recognition of the need to
86 involve families in social work decision making fostering a more collaborative and
87 empowering approach to social work interventions (Roose et al., 2013; Gallagher et al., 2011).
88 However, to date, research that considers the interaction between parental factors and social
89 work practice and their impact on engagement has been limited, for instance exploring varying
90 ways that workers communicate with families depending on parent- or family-level factors. A
91 recent qualitative study by Ferguson and colleagues (2020) explored the interaction between
92 families and practitioners' skill - particularly their ability to empathise - and its impact on their
93 relationship in the presence of difficult emotions such as avoidance and hostility. One of the
94 insights from this study that it is probably simplistic to talk about social work skills as
95 absolutes, because the best responses are shaped by their context. It might be necessary to be
96 more empathic in some circumstances and more authoritative in others.

97 This research tries to explore one interaction between a parent related factors (level of
98 stress and anxiety) and worker skills. Do workers change the way they work with parents
99 experiencing – in this case – high levels of self-reported stress, and if they do what difference
100 does it make? Many of the parents that social workers seek to engage are likely experiencing
101 stress, and the involvement of social workers will itself be a stressor for many parents (Spratt
102 & Callan, 2004; Studsrød, Willumsen, & Ellingsen, 2014). Understanding how workers
103 respond to parents experiencing such stresses is therefore important.

104 Although experiencing some degree of stress and anxiety is normal for any parent, acute stress
105 undermines parenting effectiveness and coping skills (Fang et al., 2022; Raphael, Zhang, Liu,

106 & Giardino, 2010) and has negative cognitive and emotional consequences for the individual
107 and all other members in the family system leading to possible family crisis (family stress
108 theories, e.g., Hill's model, Boss 2002). Families involved with social services are usually in
109 crisis, which often results in disruptiveness and instability, and therefore, these families may
110 find it difficult to manage new demands and initiate changes required by child and family social
111 work risk assessments and child protection plans. However, skilful practice, utilisation of
112 positive communication skills and provision of emotional or concrete support are critical to
113 engagement for families in crisis (Schreiber et al., 2013; (Fang, Boelens, Windhorst, Raat, &
114 van Grieken, 2021).

115 Research examining parental stress in the area of disability and social work
116 involvement has found that elevated parental stress and social isolation were barriers to social
117 work engagement for families with disabled children (Bonis, 2016; Hsiao, 2017; Winkworth,
118 McArthur, Layton, Thomson, & Wilson, 2010). Not surprisingly, families who experienced
119 high levels of stress reported greater psychological distress and lower life satisfaction, felt more
120 frustrated with their quality of life, and needed increased support from their workers than
121 families with low levels of stress (Lundy, 2011). Similarly, families involved with child
122 protection (CP) services experience various stresses including CP involvement itself. Stress is
123 recognised as an important factor in the literature for the families with disabled children
124 involved with Children's Services, yet the impact of parental stress on engagement with social
125 workers has not been much investigated within child in need and child protection research.

126

127 **Study aims**

128 In this context, the aims of the current study were:

129 (1) to establish levels of stress in parents involved with Children's Services and examine the
130 social worker-family relationship, as assessed by families;

131 (2) to collect information about the initial social worker’s risk assessment of the family
132 (3) to examine the social worker-family relationship as assessed by an observer of the family-
133 social worker interaction
134 (4) to understand whether parental stress level is associated with different social work practices
135 by examining the relationship between level of stress in parents and the quality and nature of
136 social work practice .

137

138 **Methods**

139 Data in the current study were previously collected during multiple studies carried out in
140 Children’s Services based in UK Local Authorities (LA) between 2012–16. The studies were
141 conducted in the following LAs: one study in northeast England, one in east Midlands, two in
142 the Southeast of England, and three in inner-London LAs (one in one London LA and two in
143 another London LA, with first study conducted in 2012-2013 and second study conducted in
144 2014-16). The structure of the social work teams and the process of family allocation differed
145 among LAs, but data were collected from families and their allocated social workers once the
146 process of allocation was completed and families had an allocated social worker. All observers
147 of the meetings were trained researchers who collected the data as part of the same research
148 team using the same interview schedule.

149 **Design.** This mixed-methods study used secondary analysis of data from previously conducted
150 studies on family engagement and children’s outcomes in Children’s Services.

151 **Sample.** The total sample comprised 366 families who participated in studies across 7 Local
152 Authorities.

153

154 **Procedure**

155 Data were collected through an observed and recorded meeting between a social worker and
156 the family and a research interview with parents shortly after this observation - approximately
157 two to four weeks after allocation. The procedure of conducting family interviews, all measures
158 and list of outcomes measured has been described in detail elsewhere [details omitted for peer
159 review]

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161 **Ethics**

162 All studies included in this study were reviewed and approved by the Ethics Committee of
163 University [details omitted for peer review].

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165 **Measures**

166 **1. Family Interview**

167 ***1.1 parent/carer's assessment of the working relationship with their social worker and*** 168 ***personal situation***

169 The Family interview section included the following four measures: 1) Parent/carer's
170 assessment of the most recent meeting with their social worker 2) their working relationship
171 and 3) parents/carers' self-reported assessment of their life situation and 4) their levels of stress
172 and anxiety.

173 **1.2 Parent's most recent meeting with your worker:** This section assessed parent/carer's
174 experience of the most recent meeting with their worker on a 7-point Likert scale. This was a
175 bespoke measure, i.e. a tailor-made measure for our study's purposes, and was first developed
176 for use in a prior study [details omitted for peer review], and it has also been used for other
177 similar projects [details omitted for peer review].

178 **1.3 Relationship between parents and their worker:** Working Alliance Inventory (WAI)
179 (Horvath & Greenberg, 1989) was used to measure the relationship between parent and worker.

180 The WAI is a standardised and well-validated self-report instrument for measuring the quality
181 of the working relationship between client and therapist on 3 dimensions (bonds, goals, and
182 tasks) and originated from the clinical therapy setting. The short-form of WAI (WAI-12) has
183 been adapted to serve the needs of social work enquiry (WAI-S-12) including an observer
184 version. The WAI-S-12 has been used in other studies (Forrester et al., 2018; Forrester et al.,
185 2019) and has been validated with child welfare workers (Killian, Forrester, Westlake, &
186 Antonopoulou, 2015). A bespoke question about being honest with their allocated social
187 worker was also added.

188 **1.4 General Health Questionnaire (GHQ-12, short form) (Goldberg and Williams, 1988 -**
189 **based on the original GHQ questionnaire as developed by Goldberg, 1978) –**
190 *Psychological distress and anxiety:* The GHQ-12 is an extensively used screening instrument
191 for common mental health disorders, such as anxiety and stress, in the general population and
192 a measure of general well-being. This 12-item self-report assesses the respondent’s current
193 state in comparison to their usual state. The shorter GHQ-12 version was used was used across
194 all studies included here for analyses (e.g., Jackson, 2007). Items were measured on a four-
195 point Likert scale with higher scores indicating increased level of anxiety. Response options
196 include the following: “Better than usual”, “Same as usual”, “Worse than usual’ and “Much
197 worse than usual”. A total score was calculated with a clinical threshold of 3/4 based on the
198 GHQ-12 scoring. The internal reliability score for the GHQ-12 used in a social work setting
199 was found to be excellent with a Cronbach alpha of $\alpha = .951$ (Killian et al., 2015).

200

201 **2. Social worker questionnaire**

202 The social worker’s professional assessment of risk for the allocated family section included
203 the following measure:

204 **2.1 Level of concern:** Social workers were asked to indicate the initial level of perceived risk to the
205 child of the family. This measure included the worker's professional judgment for the overall level of
206 concern on a 4-point scale (0 = no concern, 1 = low, 2 = medium, 3 = high level of concern).

207

208 **3. Observer questionnaire**

209 The third section of the measures aimed to measure observed alliance between family and their
210 social worker and was completed by researchers observing the meeting:

211 **3.1 Relationship between parent/carer and worker:** The Working Alliance Inventory (WAI-S-12
212 observer short-form) was used to triangulate data with the other 2 versions (parent and worker WAI
213 scores).

214

215 **4. Social workers' practice skills**

216 Meetings between families and their allocated social worker were observed and audio recorded by
217 researchers (observers). Coding of social workers communication skills during the observed meetings
218 was based on the Motivational Interviewing (MI) framework adjusted for social work (Miller &
219 Rollnick, 2013; Whittaker et al., 2016). For further information on this framework, see [details
220 withheld for peer review]. In brief, the adapted practice skills framework has 3 key categories
221 measuring relevant dimensions of skilled communication in child and family social work and it has
222 been shown that they can be reliably coded (Whittaker et al., 2016). These categories are: 1) evocation
223 skills, 2) relationship skills (comprising the sub-categories of empathy, collaboration and autonomy)
224 and 3) good authority skills (comprising the sub-categories of purposefulness, clarity of concerns and
225 child focus). These types of skill were coded by trained coders on a 5-point scale.

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227 **5. Data Analysis**

228 We first present descriptive statistics and correlations among variables of interest. To
229 investigate differences in parent stress and anxiety, we have created two groups the stressed

230 and non-stressed group based on the GHQ cut-off point for abnormal levels of stress (Killian
231 et al., 2015; Forrester et al., 2019). Independent t-tests were conducted to explore differences
232 between the two groups on variables of interest and associated effect sizes are reported.
233 Analyses used SPSS 28.0, and all significance testing used $\alpha = .05$.

234

235 **Results**

236 **Participants**

237 Our final sample included 366 participants, as presented in Table 1.

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239 [insert Table 1 here]

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241 **1. Overall level of stress**

242 The analysis of the results for overall level of reported stress based on the cut-off point for sub-
243 clinical scores which indicate normal levels of stress (henceforth referred to as “non-stressed”
244 participants) versus clinically elevated scores which indicate high levels of stress (henceforth
245 referred to as “stressed” participants) indicated that our total sample (N = 366) included 223
246 (60.9%) non-stressed families and 143 (39.1%) families with elevated stress levels.

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248 **2. Quality of working relationship (WAI scores):**

249 Results indicated that stressed parents/carers reported overall significantly lower levels of
250 alliance with their social workers than less stressed parents/carers, as measured with the WAI
251 total score (M = 60.6 (SD = 17.21) vs M = 65.3 (SD = 17.38), $d = 0.28$, $p = .017$). Significant
252 differences were also found for all the WAI measure subcategories, as shown in Table 2.
253 Participants’ responses to the added bespoke question (i.e., if they were open with their social
254 worker) did not show any significant difference ($p = 0.58$) between stressed (M = 6.46, SD =
255 1.13,) and non-stressed parents/carers (M = 6.53, SD = 1.04).

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Similarly, observers reported significantly lower levels of alliance ($t[315] = 2.007, p = .046, d = 0.23$) between stressed ($M = 59.34, SD = 14.53$) and non-stressed parents/carers ($M = 62.71, SD = 14.46$) for the overall WAI. Significantly lower levels of alliance were also found for WAI-observer goals ($t[321] = 2.49, p = .013, d = 0.29$). No significant differences were found for the other WAI-observer subcategories (i.e., bond and task, $p > .05$). Comparative results on all WAI-observer categories are shown in Table 2.

[insert Table 2 here]

3.Satisfaction with meeting with social worker:

On a 7-point scale, non-stressed families rated their meeting with their worker as better ($M = 6.05, SD=1.17$) than stressed families ($M = 5.68, SD=1.41$), a statistically significant difference ($t[360] = 2.764, p = .006, d = 0.298$).

4.Social workers’ reported level of concern for their allocated families:

In relation to type of concern, social workers’ rating for level of overall concern for the non-stressed families and the stressed families was not significantly different between non-stressed families and highly stressed families. No other significant differences were found.

Practice skills scores

The mean scores for all practice skills categories are presented in Table 3. Overall, the means across all categories were higher for the non-stressed than for the stressed families indicating a slightly higher level of skill when workers were talking to non-stressed families. Significant

281 differences were found only for the relationship skills with a medium effect size ($t[291] =$
282 $1.714, p = 0.044, d = 0.205$).

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284
285 [insert Table 3 here]

286

287 **Discussion**

288 The results of the current study showed that a considerable proportion of the parents in families
289 involved with children's services are stressed and anxious, specifically 39%. This is nearly
290 twice the normal levels of stress in the general population which range between 17-20%
291 (Goodwin et al., 2013). This is in itself perhaps unsurprising. Families in such circumstances
292 are often experiencing substantial difficulties and in addition the experience of social work
293 involvement can in itself often be stressful. Nonetheless, this provides a key context for
294 practice: workers are dealing with a population of parents experiencing high levels of stress
295 and anxiety.

296 Interestingly, practitioners did not indicate significantly different overall level of
297 concern about children in families where the parent was stressed/anxious. Stressed families
298 rated the quality of working alliance between practitioners and families significantly lower than
299 the non-stressed families and were less positive about the observed meeting. This was also true
300 for researchers who observed the family visits and independently rated the relationship. This
301 is important as previous research has found that parents' satisfaction or dissatisfaction with the
302 service received tends to relate to the perceived helpfulness of the services (Fuller, Pacey, &
303 Schreiber, 2015; Tembo & Studsrød, 2019). Perceived helpfulness and satisfaction with
304 services, in turn, can affect attitudes towards seeking professional help and perceived need for
305 support and service use (e.g. Man & Kangas, 2019).

306 At its simplest this suggests that a high proportion of parents working with social
307 workers in the context of child protection are anxious and stressed, but that workers find it
308 particularly difficult to form helpful working relationships with such parents, as seen in the
309 significant differences in WAI family ratings and relationship practice skill scores across these
310 two types of families. Evocation was not found statistically significant despite the larger effect
311 size due to the fewer instances of this worker skill occurring during interactions with families.
312 In some other similar studies, evocation was removed from multivariate models for this reason
313 (Forrester, et al., 2020). This has conceptual and practical implications. Conceptually, these
314 results raise questions concerning how we think about social work skills and practices. The
315 findings suggest that workers were generally skilled at engaging parents through evocation and
316 use of authority but were less effective when developing a relationship with stressed and
317 anxious parents. Stressed and anxious parents may be more difficult to engage, but
318 alternatively, the skills workers used with most parents may be less effective with those
319 families experiencing greater stress and depression. This may also help explain the finding that
320 WAI observer ratings were statistically different only on goals (and not on tasks or bonds) for
321 parents reporting high stress indicating that goal setting may be particularly challenging with
322 stressed service users (e.g. Jacob et al., 2022), as it necessitates positive self-efficacy beliefs
323 and a sense of agency and control—attributes that may be challenging for families under stress.
324 However, this finding warrants further investigation. Future research is needed to examine the
325 different skills and approaches workers tend to use with families exhibiting significant stress
326 and psychosocial challenges. The answer has implications for how we train and support
327 workers.

328

329 **Implications for practice**

330 Families reported differences in engagement which may have serious practical implications.
331 One is that workers perhaps need better skills for engaging parents who are stressed and
332 anxious. Forrester et al. (2019) found correlations between motivational interviewing skills and
333 successful engagement in child and family work. Families reported increased engagement
334 when workers appropriately used “good authority” which consisted of purposeful practice,
335 focussed on the child and with clarity about concerns. Skills such as these might increase the
336 engagement of stressed and anxious parents. Workers certainly need to be supported to
337 understand the high levels of stress and anxiety experienced by these parents involved in
338 services, recognise the practice implications of this stress, and to be provided with the skills
339 needed to increased family engagement in services.

340 While empathic communication with service users is of unquestionable importance
341 (e.g. (Ferguson, 2016), a key question is, does the quality of communication make a difference
342 for those families whom social workers seek to help and is it linked to better outcomes?
343 Although this relationship is not well-established in the social work field, evidence from other
344 fields, e.g. the medical field for example, suggests that healthcare professional-patient
345 communication could influence patient health outcomes via indirect pathways. These pathways
346 involve first affecting proximal outcomes such as patients’ trust in the healthcare professional’s
347 ability to help them, their motivation and involvement, which in turn can affect intermediate
348 outcomes such as commitment to treatment, perceptions of self-efficacy and adherence to
349 healthcare plans, and emotional well-being (Jiang, 2017; Street, Makoul, Arora, & Epstein,
350 2009; Tavakoly Sany, Behzhad, Ferns, & Peyman, 2020;). Similarly, social worker good
351 communication skills have been linked to higher service user satisfaction and experience with
352 children’s services (Wilkins & Forrester, 2021).

353 Parental engagement is key to achieving positive behavioural changes (Forrester et al.,
354 2019) but given that the involvement itself can be a traumatic or anxiety-provoking experience,

355 particularly for families with serious concerns, this may impact the willingness to engage. A
356 recent review of the parents' emotional experiences with child welfare services across five
357 countries (including the UK) found that positive emotions may facilitate adequate interactions
358 between parents and professionals, while failure to understand or deal with parents' emotions
359 may hinder adequate help and support, as well as effective child protection (Tembo & Studsrød,
360 2019) and our results are in line with this finding.

361

362 **Limitations and strengths of the study**

363 The reported level of stress and anxiety in parents reflects their wellbeing as measured at a
364 particular point in time due to the cross-sectional design of this study which may only reflect a
365 snapshot of their mental state. We also acknowledge that the effect sizes for the statistically
366 significant differences identified are relatively small, warranting caution in result interpretation.
367 Furthermore, one other imitation may be that this study may not have considered all potential
368 confounding factors affecting the relationship between parental stress and social worker
369 practice skills. This includes not capturing the complete spectrum of social worker practices
370 and potential influences from frontline workers' managers or organisational practices in various
371 local authorities, as indicated by other research (e.g. Wilkins et al., 2018; Antonopoulou et al.,
372 2017).

373 A strength of this study lies in the extensive data collected in real practice across seven local
374 authorities which includes a big enough sample of families with differing levels of social work
375 involvement and concerns. In addition, the use of a mixed methods design, combining
376 observations and family and social worker questionnaires, allows for a triangulation of the
377 information collected on the interaction between social workers and families.

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379

380 **Conclusion**

381 Understanding, supporting and providing children and families with a safe environment is the
382 key aim of child welfare services (Gilbert et al. 2009; Gilbert, Parton, and Skivenes 2011).
383 Although the key priority for children’s services are the children, these are delivered through
384 the parents, hence parents have a central position as service users and their emotional
385 experiences, and stress and anxiety in particular, are decisive to successful family outcomes
386 (Gilbert, Parton, and Skivenes 2011). Our findings have implications for child and family social
387 work practice, including enhancing practitioners’ relationship-building and engagement skills
388 through adequate training and importantly, allowing practitioners adequate time to develop
389 supportive relationships with parents which could possibly set a context for behavioural change
390 that leads to better family outcomes.

391

392

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394

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401

402 **Informed consent statement**

403 Informed consent was obtained from all subjects involved in the study.

404

405 **Data availability statement**

406 The data presented in this study are available upon reasonable request from the corresponding
407 author.

408

409 **Disclosure statement**

410 The authors declare no conflict of interest.

411

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602 **Tables**

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606 **Table 1. Participants' relationship to child**

Participants	Frequency	Percentage (%)
Mother	333	90.9
Father	27	7.4
Grandmother	4	1.1
Grandfather	1	0.3
Foster Carer	1	0.3
Total	366	100%

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611 **Table 2. Mean scores for WAI categories as reported by parents/carers and by observers**

WAI categories	Normal levels of stress Mean (SD)	Clinically elevated stress levels Mean (SD)	T-test, $t(df)$	Effect Size, Cohen's d	Effect size Hedges' correction
<i>Family</i>					
Goals	22.68 (5.48)	20.53 (6.05)	$t(337) = 3.376^{***}$	$d = 0.377$	0.376
Task	21.07 (5.93)	19.00 (6.43)	$t(338) = 3.012^{**}$	$d = 0.337$	0.336
Bond	22.53 (7.45)	20.38 (6.49)	$t(333) = 2.675^{**}$	$d = 0.302$	0.301
Total score	65.37 (17.38)	60.59 (17.21)	$t(324) = 2.407^*$	$d = 0.276$	0.276
<i>Observer</i>					
Goals	21.41 (5.34)	19.92 (5.10)	$t(321) = 2.49^*$	$d = 0.285$	0.284
Task	20.35 (5.04)	19.24 (5.15)	$t(320) = 1.92^+$	$d = 0.219$	0.219
Bond	20.95 (5.02)	19.89 (5.09)	$t(326) = 1.84^+$	$d = 0.208$	0.208
Total score	62.71 (14.46)	59.34 (14.53)	$t(315) = 2.007^*$	$d = 0.232$	0.231

612 * $p < .05$, ** $p < .01$, *** $p < .001$, + $p < .10$

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616 **Table 3. Mean scores for practice skills categories and comparisons between scores for non-stressed and**
 617 **stressed families**

Practice skills categories	Non-stressed families	Stressed families	T-test, <i>t(df)</i>	Effect Size, Cohen's <i>d</i> (Hedges correction)
	Mean (SD)	Mean (SD)		
Evocation	2.83 (.98)	2.57 (.96)	$t(165) = 1.64$	$d = 0.262 (0.261)$
Relationship	2.78 (.93)	2.60 (.92)	$t(291) = 1.71^*$	$d = 0.205 (0.205)$
Good Authority	2.88 (.72)	2.80 (.72)	$t(290) = 0.95$	$d = 0.113 (0.113)$

618 * $p < .05$, ** $p < .01$, *** $p < .001$, + $p < .10$

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