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Age, Gender, Income, and Social Support as Predictors of Single Parent Resiliency

Ebonnie Leavern Simmons-Hall
Walden University

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Walden University

College of Social and Behavioral Sciences

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Ebonnie Leavern Simmons-Hall

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Review Committee

Dr. Mary Enright, Committee Chairperson, Psychology Faculty

Dr. Peggy Gallaher, Committee Member, Psychology Faculty

Dr. Neal McBride, University Reviewer, Psychology Faculty

Chief Academic Officer

Eric Riedel, Ph.D.

Walden University 2018

Abstract

Age, Gender, Income, and Social Support as Predictors of Single Parent Resiliency

by

Ebonnie Leavern Simmons-Hall

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Department of Psychology

Walden University

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Abstract

Nearly 50% of children younger than 18 years will be raised by a single parent at some point prior to adulthood. Of developed countries, the United States currently has the highest percentage of single parents. Although much research has examined factors that contribute toward the negative outcomes of single parents, few studies have focused on factors that contribute toward positive outcomes for single parents. Using the strength-based construct of resiliency as a theoretical framework, this study examined whether gender, age, income, and perceived familial social support individually or in linear combination could predict resiliency in single parents. This study involved 138 single parents and a correlational, nonexperimental design was used. The Resiliency Scale-25, a 25 item self-report measure of five resilience principles; purpose, perseverance, self-reliance, equanimity, and existential aloneness, was used to measure resilience. The Multidimensional Scale of Perceived Social Support (MSPSS) a 12-item self-report measure of perceived social support from family, friends, and a significant other, was used to measure perceived social support. Results from a multiple linear step-wise regression showed none of the predictor variables were significantly related to the outcome variable of resiliency. A lack of diversity in the sample, an internet-only recruitment design, instrumentation issues, and failure to include additional predictive factors may have contributed to the lack of statistically significant findings. However, the results of this study highlighted the need for additional research on factors that promote resiliency in single parents, which could then be incorporated into improved services for this growing demographic.

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Dedication

This process has been nothing short of a marathon, but through it all, the one constant has been the unwavering support of my family. I dedicate this dissertation to my Dad, who has taught me to never give up and finish whatever I start. I dedicate this dissertation to my Mother, who has taught me to be a phenomenal woman, phenomenally. I dedicate this to my brother, who even in his death has taught me the importance of making lemonade out of life's lemons. I dedicate this dissertation to my husband, who is my constant reminder that God always sends us what we need, when we need it. Finally, I dedicate this dissertation to my WHY. The reason why I strive to be excellent, the reason why I strive to be an example, the reason why I do what I do every day...my fabulously, fabulous daughter...I love you Stinky!!!

Acknowledgments

I would like to take this time to thank my Committee Chair Dr. Mary Enright. During this process, I experienced life. I lost love ones, I was physically ill, and hospitalized, I struggled to find balance between school and work, and I was overwhelmed with the growing demands of my job. Dr. Enright was a constant for me. She was always understanding, empathic, reassuring, and encouraging. I thank you for believing in me Dr. Enright, even when I couldn't believe in myself. I thank you for being a sounding board and letting me know that there is light at the end of the tunnel, even when I questioned you. This has been a turbulent ride at times, but I couldn't think of anyone better to conduct this train. Thank you, Dr. Enright, for assisting me in joining your exclusive club.

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Chapter 1: Introduction to the Study

The charge of single parenthood can be daunting. Statistics and data disproportionately suggest failure of single parents; however, not all single parents are destined to lives of poverty, limited opportunity, and having children who struggle both socially and academically. Kjellstrand and Harper (2012) argued that by presuming that single parents are inadequate, single-parent families are not afforded the opportunity to identify their inner strengths and afforded an opportunity to transcend those perceptions. There is a need to examine what empowers some single parents to defy the odds. Furthermore, it is important to understand what permits some single parents to rear children who thrive academically and who are both socially and emotionally stable. Despite obstacles, it remains unclear how some single parents and their children transcend the odds and go on to be successful.

During the last 60 years, the composition of the American family has changed dramatically. The traditional nuclear family has changed, and single-parent households are on the rise (Annie E. Casey Foundation, 2011). Currently all 50 states have experienced a decrease in two parent families, whereas single parent families have nearly doubled since 1960 (U.S. Census, 2010; Weinraub, Horvath, & Gringlas, 2002). Divorce represents one reason for single parenting; however, many single parents are women who became pregnant outside of marriage (Entmacher, Gallagher Robbins, Vogtman, & Frohlich, 2013). According to the U.S. Census (2011), one-quarter (26.2%) of all children younger than 21 years at some point during childhood will be reared by a single parent. Among developed countries, the United States has the highest percentage of single-parent

families at 34% (U.S. Census, 2010). In 2013, approximately one in five White, non-Hispanic children (21%); one in three Hispanic children (31%); and one in two African American children (55 %) lived with one parent (Vespa, Lewis, & Kreider, 2013).

When research focuses on single parents, specifically single mothers, the attention frequently shifts from a strength-based perspective and concentrates on the negatives within familial and social systems (Levine, Emery, & Pollack, 2007). Economists, for example, examine single parents regarding the cost they place on society (Murry, Bynum, Brody, Willert, & Stephens, 2001). A lop-sided amount of government resources is spent on single-parent families because many of them live in poverty (Barajas, 2011; Sigle-Rushton, & McLanahan, 2004; Waldfogel, Craigie, & Brooks-Gunn, 2010). The University of Virginia National Marriage Institute (2011) found that single-parent families are at an elevated risk for both emotional and societal challenges (Mathur, Fur, & Hansen, 2013; Quinn & Allen, 1989). Kjellstrand and Harper (2012) reported a relationship between single parenting and economic disadvantage, academic failure, and parenting inadequacies. Some studies have further identified single parenting as a contributing factor for many significant social issues that African American youth face, including drug and alcohol abuse, promiscuity, and suicide attempts (e.g., Choi & Jackson, 2012; Gonzalez, Jones, & Parent, 2014; Griffin, Botvin, Scheier, Diaz, & Miller, 2000; Meikle, 2003; Taylor, Larsen-Rife, Conger; Widaman, & Cutrona, 2010). These studies illustrate the negative consequences and reinforce the adverse perceptions associated with single-parent families.

Despite these challenges, some single-parent households demonstrate similar results to two parent households, as it relates to rearing children (Peters & Kamp-Dash, 2009). Peters and Kamp-Dash found that when single parents were stable, their children performed similarly academically and behaviorally as children reared in two parent households. Similarly, the Brookings Institution, in partnership with Princeton University, found that when single parents were stable and healthy, and they had access to human capital, their children experienced positive outcomes comparable with those children raised in two parent households (Whitaker, Whitaker, & Jackson, 2014). Taylor et al. (2010) conducted a three-wave longitudinal study of 394 African American single mothers to better understand the process that leads to positive outcomes for children reared in single-parent households.

Resilience has been found to lead to better parenting and healthier child development (Forthun, Carannanet, & Diehl, 2011). Resilience is the ability individuals have to bounce back when confronted with adversity, trauma, tragedy, threats, or even significant sources of stress (American Psychological Association, 2016). Single parents who are able to contend with stress and critical situations are identified as resilient. Parental resilience promotes parents who are better equipped to address difficult situations, propose timely solutions, and face adversity with a positive disposition and optimistic outlook (Center for the Study of Social Policy, 2016; Prevent Child Abuse America, 2016). Resilient parents tend to have strong parental relationships with their children. They are better equipped to manage negative behaviors and experience fewer tantrums and emotional and behavioral challenges. Resilient parents positively model

how to navigate adversity for their children (Center for the Study of Social Policy, 2016; Prevent Child Abuse America, 2016).

Background of the Study

Single parenting is on the rise. In 2015, one-third of American children—a total of 15 million—were being raised by a single parent (National Kids Count Data Report, 2015; Pew Research Center 2013; U.S. Census Bureau, 2015). More than half of all children born in the United States will spend some portion of their childhood in a single-parent household. Daniel Patrick Moynihan's (1965) book, *The Negro Family: A Case for National Action*, voiced alarm surrounding the rapid increase in single-parent families (particularly female-headed households) in the African American community. Moynihan proposed, more than 50 years ago, that single-parent families headed by women would lead to intergenerational poverty, decreased educational achievement for their children, and the creation of intergenerational single-parent households. More than 50 years later, the idea proposed by Moynihan and the perceptions of single parents, have wavered little. Single-parent families are negatively labeled and categorized as broken and deviant (Kjellstrand & Harper, 2012). Single parents are often stigmatized, and in some instances, have been identified as the sole factor in the collapse of the traditional two parent nuclear household (Kjellstrand & Harper, 2012).

Despite the challenges single parents face, numerous single parents dispel these negatives and prosper. The question remains what enables these individuals to thrive. Many single parents use resiliency factors to help their families manage and excel despite adverse circumstances (Kjellstrand & Harper, 2012). Resilience is used to describe an

individual's knack for overcoming hardship and yielding favorable results (Coates, Phares, & Dedrick, 2013; Connor & Davidson, 2003). Resilience is a process that develops as individuals mature and requires an enhanced thought process, heightened self-management abilities and more awareness (Richardson, Neiger, Jensen & Kumpfer, 1990). Resilience is derived from reassuring associations with parents, peers and others, as well as cultural beliefs and traditions that help people cope with the fluidity of life's highs and lows (Kjellstrand & Harper, 2012).

Resiliency is a strengths-based construct. As a strength-based construct, resilience emphasizes the creation of progressive supports and opportunities that encourages achievement, rather than highlighting factors that contributes towards disappointment. Resiliency theory highlights protective factors (personal, social, familial, and institutional) that empowers individuals to preserve and demonstrate proficient functioning amidst major life stressors (Henderson, 2003). Protective factors are conditions or attributes (skills, strengths, resources, supports, or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities (U.S. Department of Human Services, 2017). Protective factors have been found to adjust reactions to adversarial situations so that destructive outcomes can be avoided. These factors provide the additional support and structure needed to help individuals "bounce back" from adverse circumstances (U.S. Department of Human Services, 2017). The formula to calculate individual resilience is the ratio between the presence of protective factors and the presence of harmful circumstances (Kaplan,

Turner, Norman, & Stillson, 1996). Protective factors attribute toward resiliency, but they do not predict resiliency. Predictive factors are characteristics that indicate a greater or lesser likelihood of responding to a specific intervention (Medical Dictionary, 2009).

My study will help determine whether protective factors of parental gender, income, perceived familial social support and age; individually or in linear combination predicts resiliency in single parents. I desire to assist social change agents, in creating social supports and services that help develop positive social change and sustain resiliency in this population.

Parental Age

The literature supports the link between family stability and parental age, because young adolescent mothers are often ill equipped for the tasks associated with parenting (Reiner Hess, Papas, & Black, 2002). Kjellstrand and Harper (2012) found that younger single parents face more challenges than older single parents. Younger single parents, who are still developing socially and emotionally, are at increased risk of poverty and financial stress. More than 30% of single parents find themselves living in poverty (Kjellstrand & Harper, 2012). Younger single parents experience more challenges than older single parents as it relates to money earning. Due to the demands of single parenting, many younger single parents are more likely to drop out of high school and earn low wages (Reiner Hess et al., 2002).

Income/Poverty

In a study of middle- and upper-income single mothers conducted by Kjellstrand and Harper (2011), education, marital status, and income were examined to assess how

they relate to resiliency in single parents. Kjellstrand and Harper concluded that middle- and upper-income single mothers tend to be more resilient in contrast with single parents living in poverty. Single parents who have limited financial resources have been found to render harsher discipline because of increased rates of stress (Pinderhughes, Dodge, Zelli, Bates, & Pettit, 2000). In addition, they found that having sufficient financial resources removes the shackles of limited opportunity and achievement for single parents.

Kjellstrand and Harper (2011) noted a relationship between financial resources and poverty, poverty and criminality, and poverty and mental/physical health. Single-female-headed households of minorities are at increased risk of poverty (Whitaker, Whitaker, & Jackson, 2014). African American single-female-headed families are at an increased risk of living in poverty, when compared with white single-female-headed families. In 2010, more than 40% of Black female-headed families were poor, according to the U.S. Census Federal Poverty threshold (U.S. Census 2010). African American single-female-headed families' disproportionately feel the limitations associated with poverty (McClanahan & Garfinkel, 1989; Whitaker et al., 2014)

Perceived Familial Social Support

Several studies have examined the role of perceived familial social support in fostering resiliency among single parents. Zalewska et al. (2012) found that single parents with a broad support system, including extended family, have better parenting outcomes. Similarly, a study of 181 first-time, adolescent African American mothers found that adolescent mothers with a strong mother-grandmother relationship experienced better parenting results (Reiner, Papas, & Black, 2002). African American

female-headed households living in poverty have identified the vital role family members (blood and nonblood members) play in child rearing. For generations, African American female-headed households have benefited from childcare, financial support, emotional support, and companionship afforded by the aforementioned (McCreary & Dancy, 2004; Whitaker et al., 2014). In addition, in Peters and Kamp-Dash's (2009) study involving 4,910 mothers and 11,428 children, the key variable to a child's success, did not hinge on the family configuration, but rather was rooted in family stability. *Stability* was defined to include financial stability, residential stability, and emotional stability.

Gender

Many studies examine single parenting as it relates to mothers, but limited information exists regarding resiliency and single-parent fathers. Noting the gaps in the literature as it relates to single fathers, more research is needed to determine whether gender contributes toward single-parent resilience. A study of 30 single employed mothers found that they are under immense pressure to provide for their families and meet preconceived expectations, thus compromising their resilience (Quinn & Allen, 1989). It is not clear whether a relationship exists between gender and single-parent resiliency, but the literature is clear that a disproportionate number of resiliency studies focus on single mothers. A 2012 study of 128 single mothers, earning middle and upper incomes were found to be highly resilient and identified income as one of the critical predictive factor (Kjellstrand and Harper, 2012). A 2007 study of 135 low-income African American single mothers examined the influence of social support on parenting and found that when provided familial supports, single mothers self-identify as resilient

(Woody & Woody, 2012). The aforementioned may be due in part to the fact that more than 70% of single parents are female (Pew Research Center, 2013).

Problem Statement

Resilience has been studied in the broad sense—examining resilience in children from low-income communities, military families, women with HIV infection, and parents of children with disabilities (Greeff & Nolting, 2013; Khan, Hanif, & Tariq, 2013; Williams & Bryan, 2012). Masten (2001) examined the resiliency of children growing up under the constant threat of adversity and conflict. The author concluded that despite challenging circumstances, a desire to transcend and persevere is common. Masten found that resiliency is common and may be rooted in the innate ability of humans to adapt.

A significant body of work has been assembled that examines single parenting and challenges facing this specific population and their children (Barajas, 2011; Hill et al., 2007). Challenges range from economic hardship to the educational shortfalls (Barajas, 2011). A study conducted by Kjellstrand and Harper (2010) examined resiliency factors in a sample of 128 middle- and upper-income single mothers. Demographic information and the Connor-Davidson Resilience Scale were used to examine how the protective factors of income, education level, and marital status affect single mother resiliency. The study found that single mothers are generally resilient. Those who reported mid-income were more resilient than both those in the lower income (\$25,200–\$45,199) and higher income (\$115,200 and above) ranges. Much is known about the effects that poverty has on resiliency, but it was particularly interesting that higher income single parents also experienced challenges with resilience.

Resilience has been found to contribute toward better parenting and child development (Forthune et al., 2011). Resilience is a tool that assists parents in being better able to cope with stressors, problem solve, face challenges, and maintain a positive attitude (Forthun et al., 2011). Active coping skills, a positive outlook, and social support are key factors in resiliency (e.g., Greeff & Fillis, 2018; Naval Center for Combat and Operational Stress Control, 2015; Williams, 2012). However, a gap exists in the literature with regard to what protective factors or combination of protective factors predicts resiliency in single parents. A study that examines single parent resiliency across gender, age, income, and perceived social support could expand the current understanding of resilience in this population, contribute to the existing body of research on this topic, and serve as a catalyst for more extensive studies.

Although some preliminary research identifies a broad categorization of protective factors, what has yet to be clearly outlined in the literature is a definitive set of factors that predicts resiliency in single parents, across gender, income levels, age, and perceived familial social support. In this study, I built on the previous work of Kjellstrand and Harper (2010), who examined how income affects single-parent resilience. I examined not only how the protective factor of income affects single-parent resiliency but also how parental gender, parental age, and perceived familial social support individually and/or in linear combination influence single-parent resilience.

Purpose of the Study

In this study, I answered the research question, “Do gender, age, income, and perceived familial social support individually or in linear combination significantly

predict resiliency in single parents?” *Significantly* was defined operationally as “statistically significant, having a p value less or equal to .05. Based on the rapid growth of single parent-headed households (U.S. Census Bureau, 2010), research on factors that predict resiliency in this population was warranted. Resiliency highlights the strengths of these parents and focuses on their ability to adapt to challenges (Brown & Robinson, 2012). Although much is known about the stresses and challenges that single-parent families face, more research needed to be done to examine the strength of this population. There was a need for research that identified tools that can foster single-parent resilience. Knowing and better understanding which protective variables contributes toward resiliency in single parents can inform future research and assist in developing community supports and social services that fosters resiliency in this population and potentially impacts the children that they rear.

Research Question and Hypotheses

Drawing from resiliency theory and literature on protective variables, I addressed the following research question and its associated hypotheses.

Research Question 1: Do gender, age, income, and perceived familial social support individually or in linear combination significantly predict resiliency in single parents?

H_a : Gender, income, age, and perceived familial social support individually or in linear combination significantly predict resiliency in single parents.

H_0 : Gender, income, age, and perceived familial social support individually or in linear combination do not significantly predict resiliency in single parents.

Theoretical Framework for the Study

Resiliency theory formed the theoretical framework for this study. The American Psychological Association (APA, 2015a) defines *resiliency* as the “method of adjusting well amidst hardship, distress, disaster, pressures, or significant sources of stress—such as personal and relationship problems, grim health difficulties, or workplace and monetary stressors” (para. 1). Personal resiliency is anchored in “relationships that create love and trust, provide role models and offer encouragement and reassurance” (APA, 2015b, para. 1) Similarly, Wagnild (2011), an expert in resiliency and the creator of the resiliency scale, described resilient individuals as ambitious people, who yearn to press on; they know what they are capable of and they know that they have what it takes to transcend adversity (p. 9). Greeff & Ritman (2005) found that in studying individual characteristics that promote resilience in single-parent families, confidence, persistence, conviction, communication, and assurance were essential. Resiliency theory is a cognitive behavioral theory and it suggests that a set of skills is required to “buttress” potential risk factors (Lemerle, 2014).

Principles that are noted to contribute toward resiliency are an individual’s ability to create genuine strategies, their ability to take the necessary actions to implement those strategies, their ability to view themselves positively, and their ability to have confidence in their strengths and abilities (American Psychological Association, 2015). Other aspects that contributes to resilience are an individual’s ability to problem solve and effectively communicate and having the ability to adequately address robust feelings and impulses (APA, 2015b). Resiliency theory suggests that resiliency develops or is exposed when the

presence of one or more protective factors is present. The protective factors are broadly defined as *personal, familial, and institutional safety nets* (Rutter, 1985). According to resiliency theory, the more protective factors present in an individual, the more resilient an individual is likely to be.

Nature of the Study

My study was a quantitative study in which I explored if the predictive variables of gender, income, age, and perceived familial social support predicts resiliency in single parents. I used a quota strategy for a convenience sampling method. A quota sample ensured stratification across key variables of gender and age. Internet marketing resources FindParticipants.com, Callforparticipants.com and Facebook assisted in participant recruitment. The Internet marketing resources provided access to thousands of potential study participants. These platforms allowed me an opportunity to promote the study from a convenient and easy-to-use interface.

I collected data by using three data collection tools: a demographic questionnaire, the 25-Resiliency Scale (RS-25), and the multidimensional scale of perceived social support (MPSS). The RS-25 is a 25-item self-report questionnaire developed by Gail Wagnild (2014). The MPSS (Multidimensional Scale of Perceived Social Support) is a validated 12-item instrument designed to assess perceptions about support from family, friends, and significant others (Zimet, Dahlem, Zimet, & Farley, 1988). The MPSS divided items into factor groups relating to the source of support and rated them on a 7-point Likert-scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). High scores indicate high levels of perceived support. Permission to use the resilience

scale-25 was received (Appendix C); however, permission was not needed to use the MPSS.

To ensure adequate statistical power to test the research hypothesis, I conducted a preanalysis statistical power estimate using the G*Power 3.1.3 program (Faul, Erdfelder, Lang, & Buchner, 2007). Given the correlational nature of the study, a small to medium effect size was anticipated. Results from comparable empirical studies served as a foundation for shaping an appropriate anticipated effect size for the hypothesis of this study. For multiple regression, G*Power uses f^2 as its measure of effect size. In a study of 314 students, where academic stress, resilience, and social support were studied, Wilks (2008) reported an effect size of $R^2 = .26$ for the combination of academic stress, resiliency, and social support. An $R^2 = .25$ can be converted to an $f^2 = .33$ (Selya, Rose, Dierker, Hedeker, & Mermelstein, 2012). Thus, for the present study with four predictive variables of age, gender, income, and perceived familial support, an effect size of .063, a power level of .80, and an alpha of .05, the minimum sample size was 112 participants. This sample size reflects the requirements of a linear multiple regression, fixed model, and R^2 deviation from zero (Faul et al., 2007).

Definition of Terms

Age. In this study, *age* will be defined as the parents' chronological age and will be measured by a question on the demographic questionnaire.

Familial safety nets. A *familial safety net* refers to the support an individual receives from his or her role models, safe relationships, and socialization. Safe relationships are caring relationships that establish safety and basic trust (Bernard, 2002).

Gender. In this study, *gender* will be defined as the state of being male or female.

Income. In this study, *income* will be operationally defined by participants' self-report of income level on an item on the demographic questionnaire.

Institutional safety nets. An *institutional safety net* refers to the support an individual receives from their school, church, or community organizations.

Perceived familial social support. *Perceived familial social support* is defined as four subgroups of companionship, tangibility, emotionality, and informational supports. The emotional component offers empathy, concern, affection, and encouragement. The tangible component encompasses financial assistance, material goods, or services. The informational component correlates with providing advice, suggestions, and/or guidance. The companion portion of social support relates to giving someone a sense of belonging (Langford, Bowsher, Maloney, & Lillis, 1997). In this study, perceived familial social support will be measured by MPSS.

Personal safety net. A *personal safety net* is defined as the support an individual receives from his or her culture, temperament, and relationships. Personal safety nets offer individuals an opportunity to create opportunities to experience connectedness, trust, and belonging (Bernard, 2002).

Predictive factors. *Predictive factors* are defined as characteristics that indicate a greater or lesser likelihood of responding to a specific intervention (Medical Dictionary, 2009).

Protective factors. *Protective factors* are defined as individual, domestic, and established safety nets that contribute toward resiliency (National Assembly of School-based Healthcare, 2016).

Resiliency. *Resiliency* is defined as the process of “bouncing back.” This process speaks to an individual’s ability to adapt when confronted with hardship, distress, disaster, fears, or even significant sources of stress—such as family and relationship problems, grave wellbeing difficulties, or employment and monetary stressors. It means “bouncing back” from challenging situations. In this study, resiliency will be operationally defined by scores on the 25 Resiliency Scale.

Single parent. A *single parent* is defined as a parent who does not live with a spouse or partner. Single parents are the primary caregivers and are responsible for most of the day-to-day tasks associated with rearing a child or children (Dowd, 1997).

Assumptions

In this study, I assumed that single parents recruited to participate in this study would be honest and forthcoming with their disclosure. I also assumed that participants would complete three data collection tools: a demographic questionnaire, the 25 Resiliency Scale, and the MPSS in their entirety and to the best of their ability. In addition, I assumed that the demographic questionnaire, the 25-item Resiliency Scale and the MPSS are appropriate tools for identifying the age, gender, income, and assessing resiliency and perceived social support in single parents.

Scope and Delimitations

This specific topic was chosen, because a need exists, to learn about resiliency and how it manifests in single parents. The literature unduly focuses on the adverse effects of single parenting on children, noting elevated risk for mental health issues, dropping out of school, and teenage pregnancy (Barajas, 2011; Sigle-Rushton & McLanahan, 2004; Waldfogel et al., 2010). Studies that examine resiliency tend to examine resiliency amongst parents in two parent households. Many of these previously referenced studies highlights the educational advantages for children reared in two parent households and the optimistic financial prognosis for children reared in two parent households. Single-parent resiliency studies tend to focus on a specific demographic. Many single-parent resiliency studies explore resiliency through the lens of single, low-income, minority women. In addition, these studies examine how these specific mothers 'parenting status adversely impacts their children (Barajas, 2011; Sigle-Rushton & McLanahan, 2004; Waldfogel et al., 2010). Inexplicably single-parent studies focus on how single parenting harmfully impacts and places children at an elevated risk for deviant social behavior, sex-role identification, and parent child conflict (Barber & Eccles, 1992; Laursen, 2005; Richards & Scmiege, 1993). I addressed this literary void to contribute to this body of research.

The identified population for this study was men and women who identified as single parents and meet the study requirement. Participants also had to participate in the online participant pools that I used. My purpose in this quantitative study was to examine specific predictor variables and identify what combination of protective factors

contributed towards single-parent resilience. I wanted to determine if the predictor variables of age, gender, income, and perceived familial support individually or in linear combination predicted single-parent resilience.

Resiliency theory and strength-based theory shaped the conceptual framework for this study. Resilience is commonly explained and studied in context of a two-dimensional construct concerning the exposure of adversity and the positive adjustment outcomes of that adversity (Luther, Cicchetti, & Becker, 2000). Resiliency theory at its core is rooted in cognitive behavioral theory and suggests that a set of skills is required to “buttress” potential risk factors (Lemerle, 2014). Strength-based theory similar to resiliency theory emphasizes people's self-determination and assets.

A quantitative study addressing resiliency was challenging for me as an inexperienced researcher; however, Luthar, Cicchetti, and Becker (2000) noted that resiliency theory is difficult to both conceptualize and operationalize in research. In addition, the authors noted that when using resiliency theory, it is challenging to compare individuals in a study because of the unpredictability of their individual experiences. Doll, Jones, Osborn, Dooley, and Turner (2011) argued that resiliency theory is a promising model, but that it should not be viewed as the “only predictor” of success as other factors may contribute to resiliency. Because of the aforementioned, generalizability was challenging, but the selected sample method provided a sample that parallels the target population on key demographic characteristics.

Noting some of the challenges with resiliency theory, the decision was made to also include strength-based theory as part of the theoretical framework. Like resiliency

theory, strength-based theory is engrained in affirmation and transitions from a traditional mindset, which shifts the focus from blame and deficits, to one that concentrates on capabilities and abilities (McCashen, 2005; Saleebey, 1996).

Limitations

The generalizability of this study was hampered due in part to the need for participants to have computer access. The entire study was computer based, from recruiting of participants to data collection and analysis. Individuals who do not have computer access could not participate in this study. The dependency on computer access limited the participant pool and translated into unintentionally excluding individuals. Because all participants came from three sources where the participants were self-selected, the external validity was hindered because of the sampling approach. To increase the external validity, the sample was stratified by gender, income, and age to have a sample that parallels the target population in these areas. Nevertheless, the external validity was limited, and the results of this study were not generalizable to single parents outside of the United States. Women disproportionately account for single parents in the United States, but the perception of single parenthood, the gender of single parents, and the role of familial support differ significantly based on culture. This study would have been enhanced by measuring resiliency as it relates to other cultures beyond those of Western civilization.

Participants were resistant to disclosing personal factors such as income; I reinforced that personal information would not be discussed with external parties and that participants would be completely anonymous. Participants were provided an informed

consent form prior to study participation. By agreeing to advance to the assessment tools participants provided implied consent to participate in the study.

Participants may have been hesitant to reveal reasons for their single-parent status (i.e., divorce, widowed); however, the risks were likely to be minimal. It is essential to note personal bias; as a result, I routinely checked in with the dissertation committee to certify that analysis of the information was correct and not reflective of personal bias.

Significance of the Study

The significance of this study was to better understand if the predictive variables of gender, income, age, and perceived familial social support individually or in linear combination affects resiliency in single parents. Single parents are increasing in number, and the stigma of single parenting and the challenges facing this parental population have been well documented. Many studies have highlighted the socioeconomic challenges, ethnicity, and age of single parents (Barajas, 2011; Sigle-Rushton & McLanahan, 2004; Waldfogel et al., 2010), but these studies have failed to identify factors or variable that can contribute toward resiliency or provide plausible recommendation to curtail some of the noted difficulties.

Summary

The implications for social change are endless, as single-parent families grow; there is an opportunity for more extensive studies on factors that contribute toward resiliency in general and among single parents specifically. The results of this study serve as an impetus for more single-parent studies. This study has contributed to body of resiliency theory literature and data unearthed from this study can be used to shape public

policy that will assist both single parents and their children. This study can be the stepping stone for more advanced resiliency studies for the growing demographic.

In the Chapter 2, the Literature Review, I summarize the major themes in the literature, while identifying studies related to resilience, resiliency theory, and strength-based theory. In addition, this study was better defined, and a more comprehensive outline was provided to the reader that addressed current gaps in the literature and expanded knowledge and understanding in the discipline of resiliency.

Chapter 2: Literature Review

Introduction

Single parenthood is a parenting trend that is on the rise. According to U.S. Census (2010), the number of children living in single-parent households has nearly doubled since 1960. More than half of all children born in the United States will spend some portion of their childhood in a single-parent household (Weinraub et al., 2002). Among developed countries, the United States has the highest percentage of single-parent families at 34% (Meikle, 2003). Based on the rapid growth of single-parent headed households (U.S. Census Bureau, 2010), conducting a study on predictor factors and resiliency in this population is warranted. Creating a strong, resilient single-parent base may be beneficial for them and their children. A resilience perspective highlights the strengths these families possess and facilitates their ability to adapt to the challenges they face (Brown & Robinson, 2012).

This literature review establishes the need for continued research regarding single parents and their resilience. Specific focus is devoted to identifying factors that contribute toward resiliency for single parents or identifying factors that provide plausible recommendation to curtail some of the noted difficulties single parents and their children experience. The relationship between resilience and protective factors of gender, income, age, perceived familial social is a relatively new field of exploration. Many studies have highlighted negative factors including poverty and parental age (Barajas, 2011; Sigle-Rushton & McLanahan, 2004; Waldfogel et al., 2010); however, these studies failed to

identify factors that can positively influence single parents, contribute toward resiliency, or provide plausible recommendation to curtail the noted difficulties single parents face. A disproportionate amount of government resources is spent on children reared in single-parent households, because many of these children are identified as impoverished and lack financial resources to cover basic needs (Barajas, 2011; Sigle-Rushton & McLanahan, 2004; Waldfogel et al., 2010).

In this chapter, I review resiliency theory and strength-based theory and how they have been studied in single parents. I will also analyze risk factors of education, stress, and income. Building on the idea that resilience is not a permanent characteristic but is an adjustable set of procedures that can be nurtured and refined (Masten, 2001; Pardon, Waxman & Huang, 1999), I cover literature on the construct of resilience and provide a context for the use of resiliency indicators in working with single parents.

Literature Search Strategy

This literature review draws from academic journals, masters and doctoral dissertations, and released government and military reports. Many of the sources were secured both digitally and traditionally through print versions of scholarly journals. Multiple books helped shape the historical context of dated assumptions of the target population. I used several strategies to research this complex topic. Initially the assistance of a skilled librarian was solicited to identify key search terms to facilitate a fluid and informative search. An extensive list of key search terms facilitated research including single parenting, resiliency, single parenting /poverty, single parent/ethnicity, single parenting/income, and resiliency/adults. Through accessing a comprehensive, online

database from electronic social work, psychology and counseling databases PsychInfo, PsychArticles, ERIC, SAGE, SocIndex, and both Penn State University and Walden University library databases. To ensure that all literature selected was appropriate and met scholarly expectations, I used the filter of peer-reviewed. In addition, key terms of *resiliency, single parents, resiliency theory, resiliency factors, and parenting* ensured that the literature generated was comprehensive. The initial search generated 218 articles. Current literature from a variety of publications including: *Comprehensive Pediatric Nursing, Journal of Behavioral Science, Journal of Counseling and Development, Hilltop Review, Journal of Adventure Education and Outdoor Learning, Psychological Assessment, South African Journal of Psychology, Journal of Divorce & Remarriage, The Coaching Psychologist, Journal of Intellectual Disability Research, American Journal of Orthopsychiatry, and Journal of Family Psychology* was reviewed. As a follow up strategy, I used search engines including EBSCO and Google Scholar. To assist in narrowing the search results generated from the use of search engines, I sought to identify publications from key researchers in this area of study (Smith, Garmezy, Bandura, Wagnild, Masten, & Rutter). Works from noted lead researchers were sought and reviewed for relevance. The scope of literature reviewed dated back approximately 10 years. Many of the early parenting studies referenced was used mainly to provide a historical context.

Theoretical Framework

Resilience is used to describe a person's capacity to overcome hardship and experience positive outcomes (Coates et al., 2013). Resiliency theory formed the

theoretical framework for this study. The American Psychological Association (APA, 2015a) defines *resiliency* as the “procedure of adjusting well in the face of hardship, distress, disaster, fears, or significant sources of stress—such as family and relationship problems, grave health difficulties, or employment and monetary stressors” (para. 1). Personal resiliency is rooted in “associations that generate affection and conviction, provide role models and offer encouragement and reassurance” (APA, 2015b, para. 1). Similarly, Wagnild (2011), an expert in resiliency and the creator of “The Resiliency Scale,” an assessment tool used to measure resiliency, described resilient individuals as individuals who are goal-oriented and able to face adversity. Resilient individuals have been found to be resistant to giving up when faced with challenges because they know their strength and how to depend on themselves to invoke the change they wish to see (p. 9).

Resilience is a process that is refined through helpful connections with parents, peers and others, as well as cultural beliefs and traditions that help people manage the fluidity of life’s highs and lows (Kjellstrand & Harper, 2012). Resiliency is a strength-based construct, meaning its emphasis is on providing the developmental supports and opportunities that encourages achievement, rather than on eliminating the factors that promotes disappointment. Identifying factors that contribute toward resiliency in single parents could translate into factors that might predict resiliency in children. Previous research found that predictive factor of active coping skills, a positive outlook, and social support are associated with resiliency, but it is not clear whether these factors contribute

to resiliency in single parents (e.g., Greff & Fillis, 2012; Naval Center for Combat and Operational Stress Control, 2015; Williams, 2012).

Resiliency Theory

Resiliency theory is a cognitive behavioral theory that requires a set of skills to support potential risk factors (Lemerle, 2014). Resiliency theory suggests that children raised by resilient parents are likely to be resilient themselves. Historically, resilience theory was related to the decrease in prominence of pathology and an increase in the significance of strengths (Rak & Patterson, 1996). Resilience as a strengths-based construct focuses on providing the developmental supports and opportunities (protective factors) that promote success, rather than on identifying factors that promote failure. Resilience is often described as a two-dimensional construct (Masten & Obradovic, 2006) where an individual not only adapts from his or her experiences but then develops coping behaviors to prevent or diminish future occurrences of that experience. More in depth analysis of the two-dimensional construct finds that resiliency, or resilience, is commonly explained and studied as (a) the exposure of adversity and (b) the positive adjustment outcomes of that adversity (Luther & Cicchetti, 2000).

Resiliency theory examines children, adults, families, communities, and policies (DuPlessis & VanBreda, 2001). Resilience theory initiated as a way to explore and examine children's abilities to transcend negative situations. As with many social theories, resiliency theory has evolved during the past 70 years. The first phase of resiliency theory required that resilient qualities and protective factors be identified (Richardson, 2002). The second phase of resiliency theory examined resiliency as a

process and identified resilient qualities (Richardson, 2002). The third phase of resiliency theory identified resiliency as a force that helps a person navigate adversity (Richardson, 2002).

Historically, resiliency theorists have supported the notion that resiliency develops or manifests when the presence of one or more protective factors is present. In 1985, protective factors were broadly defined as personal, familial, and institutional safety nets (Rutter, 1985). Approximately 20 years later, the notion of protective factors continues to be a core concept of resiliency theory (Ellingsen, Baker, Blacher, & Crnic, 2014). Consequently, according to resiliency theory, the more protective factors present in an individual, the more resilient an individual is likely to be.

Psychologists have long known that humans can adapt and overcome hardship. Masten (1994) a noted expert in resiliency theory explained that resilience must be observed as association between certain traits of the individual and the broader environment. Resilience is a steadiness between worry and the ability to manage, and a lively and evolving process that is imperative at life's transitions. Resilience is ordinary, not extraordinary (American Psychological Association, 2015). In the framework of exposure to substantial hardship, resilience examines the capacity of an individual to navigate their way to the emotional, communal, and physical properties that maintains their health and their ability independently and collectively to negotiate for these resources (Henderson, 2003; Ungar, 2008).

One constant theme in the literature points to resilience as a process, which evolves over time. A further theme discounts resiliency as rare, suggesting instead it

occurs quite frequently. Moreover, the literature supports that resilience is not an extraordinary abnormality. Resilience is an evolving procedure that embraces the normative self-righting tendencies of individuals (Henderson, 2003).

In addition to Masten, Smith, Garmezy, Bandura, and Rutter are notable resiliency theorists. These authors have contributed in their own way to the body of resiliency theory research. In studying schizophrenia, Garmezy (1991) unearthed that an individual with schizophrenia can adjust to their situation varying from highly capable to minimal capacity. He also found that when studying children of parents with schizophrenia, when protective factors are present, youth can beat the odds and succeed, despite being at elevated risk for psychopathology. Researchers Werner and Smith expounded upon the work of Garmezy and examined resiliency through the lens of adaptability to structured risk factors of chronic poverty, perinatal stress, divorce, and psychopathology. They concluded that despite these challenging circumstances all youth did not fail amidst this adversity and that many were able to succeed despite their circumstances. Rutter (1998), Ungar (2008), and Resnick (2000) built upon the work of Albert Bandura and evaluated biological and gene-environmental influences on resiliency in young people. Rutter (1998), Unger (2008), and Resnick (2000) wanted to examine if resiliency is a biological trait based on genetics or if resiliency was affected by the environment. They concluded that resiliency is not a biological trait like, eye color or hair color; like Bandura they concluded that resilience can be acquired and learned by observation.

Strength-based Theory

Strength-based theory and resiliency are similar they both focus on individual assets which are defined as personal competencies, resources, personal characteristics, interests, and motivations. The strength-based construct examines family and community. Like resiliency theory, strength-based theory transitions from a traditional mindset which focuses on blame and deficits, to one that focuses on abilities (McCashen, 2005; Saleebey, 1996).

Both strength-based practice and resiliency theory support the concept that everyone has the ability to transcend adversity (Masten, 2001). Strength-based theory grasps the core belief that all individuals have strengths and resources (Laursen, 2003). Educators are finding that strength-based assessment yield positive returns in the classroom. Strength-based assessments enable students to feel more empowered and motivated (Nickerson & Fishman, 2013). In addition, strength-based assessment has been found to enhance student functioning while focusing on competency not shortfalls (Epstein, Hertzog & Reid, 2001; LeBuffe & Shapiro, 2004; Nickerson & Fishman, 2013;).

The association between resilience theory and strengths-based theory is that of theory and practice. Resilience is a theory that identifies the significance of protective factors and competencies. Strength-based theory incorporates other concepts which include restoration, empowerment, and happiness (Saleebey, 1996; Strengths Institute, n.d.).

Summary of Theoretical Framework

Resiliency theory and Strength-based theory have been selected to shape the theoretical framework, because in contrast to more deficit-focused theories; they both are strength-based and look at an individual's ability to invoke life changes. Both theories enhance assets and builds upon attributes that are already present in individuals. In addition, both resiliency theory and strength-based theory examine how environmental factors, such as family and community, contribute to positive outcomes.

Empirical Research on Single Parenting

This section will focus on the current demographic of single-parent families. In addition, attention will be directed to outcomes of single parenting with specific attention on the impact single parenting has on both the parent and the child. While exploring outcomes, the impact risk factors of stress and poverty have on single parenting will be examined. Studies that examine resiliency in single parents and children will be studied to better understand the themes established in the literature.

Demographic Data

Structural characteristics of families continue to change, and the traditional nuclear family has shifted. The literature supports that over the past 20 years an increase of single-parent headed families has occurred. Worldwide, approximately 16% of children reside in single-parent households (Rampell, 2010). A 2003 census study conducted in Australia found that nearly 15% of all Australian families were single-parent households. A more recent 2013 census study conducted in New Zealand found

that nearly 18% of families were single-parent households. According to the International Encyclopedia of Marriage and Family (2016) (Mathur et al., 2013) the United States has the highest percentage of single-parent families among developed countries at (34%), followed by Canada (22%), Australia (20%), and Denmark (19%). *Single-parent families* are defined as families where only one parent resides in the household and is solely responsible for rearing the children (Anton, Jones, & Youngstrom, 2015). Single-parent families initially were directly linked to the death of a parent, but recently the literature demonstrates that, single-parent families have increased due in part to a variety of reasons including the lack of eligible men, increased divorce and separation rates, and social approaches that overlook out-of-wedlock childbearing (Whitaker et al., 2014)

While the reason for the increase is vague, what is clear is that single-parent households have consistently been on the rise since 1970 (Fitzgerald & Beller, 1988, U.S. Census Bureau, 2010; U.S. Census Bureau, 2011). In 1970 the number of single-parent families with children under the age of 18 was slightly under 4 million; by 1990 the number of single-parent households almost doubled to 9.7 million (Fitzgerald & Beller, 1988, U.S. Census Bureau, 2010) and in 2014, 35% of children living in the United States resided in single-parent families (Annie E. Casey Foundation, 2014). A 2014 U.S. Census Bureau report identified that out of approximately 12 million single parents' families, more than 80% were headed by single mothers. Data related to single fathers was notably limited and consequently was identified as a gap in the body of literature.

The number of children living in single-parent homes in the United States has nearly tripled since 1960 (U.S. Census Bureau, 2010). Among developed countries, the United States has the highest percentage of single-parent families at 34% (Mathur et al., 2013). Over half of all children born in the United States will spend some portion of their childhood in a single-parent household (Weinraub et al., 2002). In 2002, 23% of all children were living with their single mother.

The racial breakdown of single-parent households is interesting. According to the Annie E. Casey Foundation Kids Count report (2013), 67% of African American children reside in single-parent households, while 25% of White children and 42% of Hispanic children reside in single-parent households. In 2009 it was reported that 35% of low-income white children live in single-mother families, while 66% of low-income African American children live in such families.

Risk Factors Associated with Single Parenting

Generally, children raised by two parents have better academic and overall achievement (Copeland & Harbaugh, 2005; Quinn & Allen, 1989). Children from single-parent families are at an increased risk of living less healthy lives. In addition, children reared in mother-only families are found to be at an increased risk of economic and psychological disadvantages; higher absentee rates at school, and delinquent activity, including alcohol and drug addiction (International Encyclopedia of Marriage and Family, 2003). Children raised in single-parent households have been found to be at an elevated risk for social maladjustment (Mathur et al., 2013; Quinn & Allen, 1989). Parenting studies have concluded that mothers and adolescents in single mother

households experience an increased rate of conflict compared to two parent households (Barber & Eccles, 1992; Laursen, 2005; Richards & Scmiege, 1993). Although the literature projects negative outcomes for youth raised in single-parent households, the negative outcomes for African American youth raised by single parents is even higher. African American youth reared in single-mother homes are overrepresented in statistics that examine externalizing problems such as incarceration, dropping out of high-school, and teenage pregnancy; in contrast to Caucasian youth and youth from two parent households (Anton, Jones, & Youngstrom, 2015).

There are a significant number of risk factors that adversely impact single parents, including parental age, parental income, social environment, parental relationship, community support, family size and family structure. The risk factors of stress, income, and education were themes that resonated throughout a disproportionate amount of the literature and seem to have an impact on other potential risk factors.

Stress. Parenting is difficult when both parents are available to share the responsibility. Single parenting is twice as difficult because single parents are required to manage multiple roles in the home, with limited relief. Single parents are charged with being the provider, nurturer, confidant and caregiver. Managing multiple roles on a regular basis can contribute to responsibility, task and emotional overload. Responsibility overload is directly linked to the need of the single parent to provide and manage the financial resources of the family and make all decisions for the family. Task overload refers to single parents need to be emotionally available for their children. Emotional overload refers to the need of the single parent to meet the emotional needs of their

children; while addressing their individual emotional needs. Collectively or individually either scenario presents challenges to single parents and could manifest in feelings of heightened anxiety, depression and/or loneliness (International Encyclopedia of Marriage and Family, 2003).

The American Academy of Pediatrics (2004) found that single-parent families are under more stress than traditional two-parent families. The key components of stress for single-parent families are typically a variety of increased financial stressors. In 2002, the number of single-parent families earning \$30,000 per year was two times that of two parent families (Single Parent Success Foundation, 2013).

Many studies have supported the notion that single mothers are exposed to higher levels of internalizing symptoms due in part to more stress exposure, when compared to their married counterparts (Taylor, Rife, Conger, Widaman, & Cutron, 2010). In addition, single mothers who experience “poor psychological functioning” experience increased financial hardship; which contributes to stress. Financial stress is a factor for single parents as many single mothers have far less economic resources compared to two parent households (Harknett, 2006).

Poverty. The literature supports that a relationship between poverty and stress. According to the literature, poverty and limited financial resources compounds family stress. Single women who are heads of households experience increased amounts of insufficiency compared to their married counterparts (Whitaker et al., 2014). Single-parent households run by mothers only are at an increased risk of being underprivileged. The wage gap between women and men, the complexities of the child support system,

and insufficient public assistance contribute to this underprivileged status. A 2010 study by the U.S. Census Bureau found that the percentage of single-parent families living in poverty was 27.3%. This same study found that for single mothers the poverty rate was slightly higher at 29.9%. By age six, 68% of children in single-parent households have experienced at least one year of poverty. The median annual income for female-headed households with children under six years of age is roughly one-fourth that of two parent families (Single Parent Success Foundation, 2013).

Single parents are overrepresented among families in poverty (Zalewska, et al., 2012). Poverty and single-parent status has been found to contribute toward child adjustment problems (Middlemiss, 2003; Scaramella et al., 2008; Zalewska, et al., 2012).

According to the USDA, Economic Research Service, Household Food Security in the United States study (2013) one third (34.4%) of single mother families are food insecure. The family structure has been identified as a contributing factor toward increased dropout rate, increased teen pregnancy, increased risk of joining gangs, and increased risk of going to jail.

In 2002, the National Survey of America Family found that 57% of single-parent families were identified as low-income. Poverty compromises the ability of parents to provide for their children, thus contributing to parental depression (Waldfogel et al., 2010). Poverty limits a family's options and forces families to live in poorer neighborhoods (Waldfogel et al., 2010), thus breeding a cycle of repetitive impoverishment. Poorer communities place children at elevated risk of being exposed to deviant behaviors such as drugs, illegal activities, and poor adult role models. Exposure

to the noted deviant behaviors increases children's risk of embracing the observed defiance and becoming engaged in similar behavior (National Center for Children and Poverty, 2012).

Poverty/education/income. The relationship between education and poverty is well documented. Education is widely revered as the key variable to personal growth and development (Mayio, 2015). According to Rand Corporation (2002), poverty is the best indication of personal or professional failure, in children in the United States (Scolaro & Eschbach, 2002). Children who reside in lower-income families are more likely to not graduate from high school. For those that do graduate from high school, they are less likely to attend college (Scolaro & Eschbach, 2002). Low income students are overrepresented in special education services and in other educational programs that offer limited options for post-secondary education (Parekh, Killoran & Crawford, 2011)

There is a relationship between education and increased wages. School attainment has been found to accelerate employment (Yabiku & Schlabach, 2009). According to the U.S. Department of Labor (2014) a person with a bachelor's degree earns more than twice as much as a high school dropout. Individuals with advance degrees earn nearly three times as much as a high school dropout. Being well educated can increase an individual's money earning potential, thus transcending the cycle of poverty.

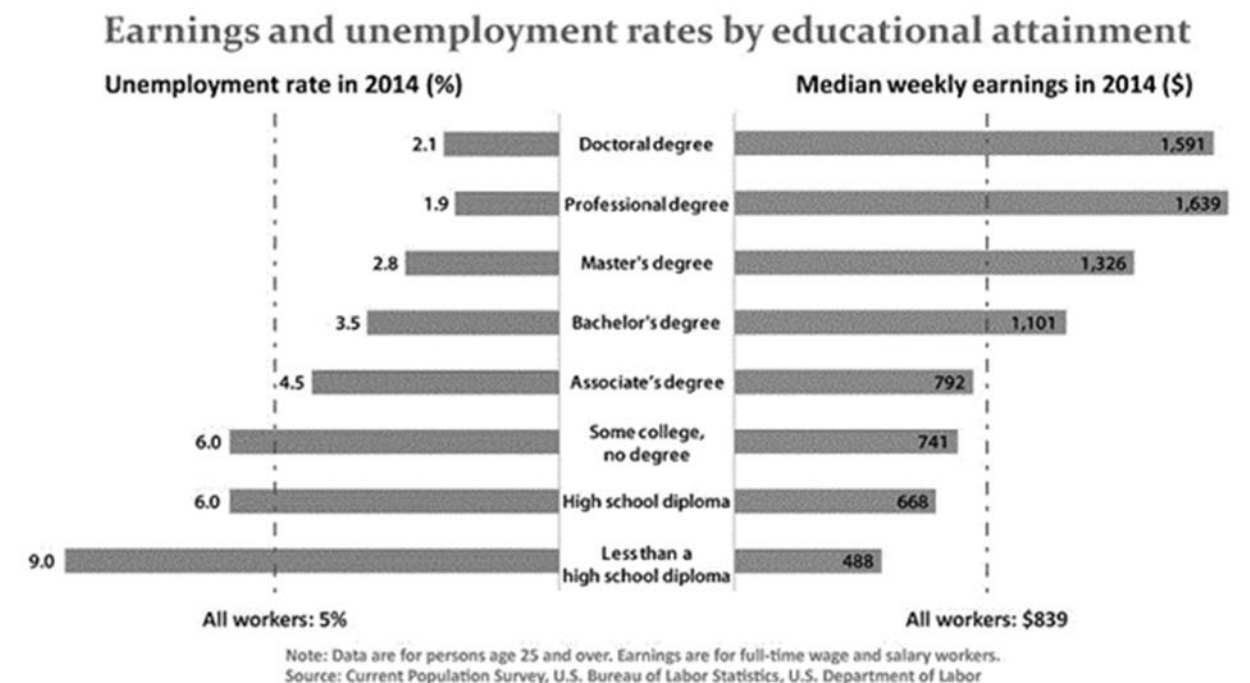


Figure 1. Earning and Unemployment Rates by Educational Attainment

Outcomes of Single Parenting

Over the years, researchers have created several theories to explain why children who grow up with single parents are at an increased risk of cognitive, social, and emotional problems in contrast to children who are reared in two parent households.

There is value in research that sheds light on the growing single-parent headed household phenomenon facing many families. Single parenthood adds pressure and stress to the job of rearing children (Barajas, 2012). Single parents are not afforded the alternative of sharing child rearing responsibilities or decision-making; single parents find themselves in a position where they provide a greater level of support for their respective families and they miss the option to equally distribute support with another parent

(Barajas, 2012). This increased weight and responsibility can translate into feelings of being alone, isolated, and depressed (Barajas, 2012).

Outcome of single parenting on single parents. Single mothers are predisposed to more incidences of moderate to severe mental disability than mothers who have partners to assist them with parenting (Crosier, Butterworth, & Rodgers, 2007). Most of studies support that the lack of economic and parental resources, stressful events, and overall challenging circumstances single parents experience is the impetus for moderate to severe mental disability. Single mothers and single fathers are found to be more at risk of mental illness, with single mothers being most at risk (Pelzer, 2013). A study conducted in Finland and published in the U.S. National Library's National Institute of Health (1988) found prevalence of psychiatric and psychosomatic disorders to be more frequent in children of single-parent families, especially if the father is not present during the child's entire childhood.

The literature unearthed that it was more difficult for single parents to function effectively as parents, when compared to two-parent families. For example, Amato (2005) found that single parents were less emotionally supportive of their children, had fewer rules, dispensed harsher discipline, were more inconsistent in dispensing discipline, provided less supervision, and engaged in more conflict with their children. Quinn and Allen (2001) found that single parenting is challenging particularly for single mothers, who felt pressure to comply with societal expectations to get married. In addition, consistent trends in the literature support that children living with single parents are exposed to more stressful experiences and circumstances than children living with

married parents (Amato, 2005; Anton, Jones, & Youngstrom, 2015; Quinn & Allen, 2001).

Outcomes of single parenting on children. A seminal study conducted more than 20 years ago remains relevant today. Using evidence from four nationally representative data sets, McLanahan and Sandefur (1995) compared the outcomes of children growing up with both biological parents, with single parents, and with step-parents. McLanahan and Sandefur found that children who are raised by only one biological parent are at a disadvantage when compared to children who are raised by both biological parents. In addition, they found that teenagers who spent a portion of their childhood separated from their biological fathers were twice as likely to drop out of high school, become parents themselves before age 20, and be idle in their late teens and early twenties.

When risk factors of single parenthood and low parent educational attainment are compounded by poverty; children are at an increased risk of negative outcomes. A 10-year longitudinal Swedish study (2003) of 1 million children, conducted by the Swedish National Board of Health and Welfare, Umea University, and the Karolinska Institute in Stockholm, found that children in one-parent households are twice as likely to develop serious psychiatric problems and addictions later in life. The study found a higher rate of inpatient hospitalizations for children of single parents with diagnosis ranging from severe depression to paranoid schizophrenia. This same study concluded that children of single-parent families are at an increased risk of psychiatric disease, alcohol-related problems, and drug abuse.

Amato (2005) concluded that children living with single parents are at higher risk of being economically disadvantaged and that single parents provide limited emotional support, supervision, and experience increased child conflict (Amato, 2005). He found that single parents had difficulty affording computers and resources that can contribute toward academic success. In addition, he found that children reared by single parents are exposed to higher levels of stress, which can hinder their capacity to function in school. Amato (2005) found that single parents had difficulty affording consumer goods, such as food, clothing, and cell phones. He found that their living conditions were less than stellar and many times their living conditions were rundown, and their neighborhoods were consumed with high crime rates and low-quality schools.

McLanahan and Sandefur's (1995) groundbreaking study and supplemental studies identify little change two decades later. Children reared by single mothers perform less than satisfactory in a variety of areas including academics, socially, and emotionally (Waldfogel et al., 2010). Amato (2005) found that children who are reared in households where parents are married are less susceptible to a variety of cognitive, emotional, and social problems, during both childhood and adulthood (Amato, 2005, p. 1). In addition, he concluded that low incomes or sudden shifts in income, inadequate attention and guidance from single parent, and a lack of community resources contributes to disadvantage in high school performance and graduation in children (Amato, 2005).

Amato (2005) found that there is a relationship between poor parenting and negative child outcomes, emotional problems, conduct problems, low self-esteem, socialization, and relationship challenges.

Empirical Research on Resiliency

Single parenting can be challenging for both the child and the parent, all single parents do not have a negative experience and consequently their children do not experience some of the previously noted challenges. Garmezy (1993) asserted that the study of resilience has focused on answering two major questions: What are the characteristics—risk factors—of children, families, and environments that predispose children to maladjustment following exposure to adversity? What are the characteristics of protective factors that shield them from such major adjustment? Studies that examine resiliency in children conclude that there are four predictor variables that are present in children identified as resilient. The noted predictor variables are Social Competence, Problems-solving skills, Autonomy, and a Sense of purpose and future (Benard, 1995). *Social Competence* is defined as an ability to secure favorable feedback from others, thus contributing to positive peer and adult relationships. *Problem-solving* is defined as planning and preparation that allows one to feel, in control and serves as a resource to those in need. *Autonomy* is defined as having one's own identity and ability to act independent of other. *Sense of Purpose and Future* is defined as a child's ability to set goals, look toward future success and view the world beyond their immediate circumstance.

Resiliency and Children

The Millennium Cohort Study (MCS) conducted in the United Kingdom studied 14,000 children born in Britain between 2000 and 2002. The study found that 12 percent of children reared by a single parent displayed serious behavioral problems by the age

seven. The MCS found that family composition, parental qualifications, and household income played a major role in a child's behavior. In addition, researchers found that children with mothers under the age of 30 had a much more challenging start to life.

Masten (2001) examined the resiliency of children growing up under the constant threat of adversity and conflict. Masten (2001) found that despite challenging circumstances, a desire to transcend and persevere is common. Masten (2001) also found that resiliency is made of ordinary rather than extraordinary processes and is rooted in the innate ability of people to adjust. The Kamp Dush Study (KDS) examined 4,910 mothers and 11,428 children. The study found that family composition is not the key variable for children's resilience. This study determined that family stability is critical to child functioning and resilience.

Resiliency and Family Functioning

A host of studies examine resiliency in the classroom, resiliency by race, and resilience through community; however, the studies highlighted below look specifically at resilience and family, with a specific focus on single mothers and children. Brown and Robinson (2012) conducted a correlational study involving 39 families that explored resiliency as it relates to blended families. They used a mixed methods research approach that included an exploratory descriptive research design. The Resiliency Model of Family Stress, Adjustment, and Adaptation were used to conceptualize the factors that contribute to a family's adaptation process. This study identified research and defined resiliency factors that enable blended families to adjust and adapt to the recent changes in their

perspective family configuration. The factors identified were income, education, and community support.

Greff and Fillis (2012) sought to identify resiliency factors that enable families to maintain healthy family functioning. The study involving 51 families distributed a cross-sectional survey to families in various phases of family development. The study identified a correlation between family's adaptation and interfamilial support, support from family and friends, family hardiness, a positive approach to problems, and religion.

Resiliency and Single Mothers

Kjellstrand and Harper (2012) examined resiliency factors in middle and upper income single mothers. Based on a sample of 128 single mothers, the study used demographic information and the Connor-Davidson Resilience Scale to examine if income, education level, and marital status were protective factors among single mothers. Different from this proposed study, Kjellstrand and Harper's study did not examine how familial supports and/or age contribute to resiliency in single parents.

Taylor et al. (2010) conducted a three-wave longitudinal study of 394 African American single mothers to better understand the process that leads to positive outcomes for African American children raised in single-parent households. The study found that mothers' childhood challenges, economic stressors, and internalized frustrations translated into decreased levels of maternal warmth and child management. In addition, children raised in households where their single mothers experienced childhood challenges, economic stressors, and internalized frustrations demonstrated lower levels of school competence.

Werner (2004) conducted a forty-year longitudinal study of 698 infants in Kauai, Hawaii. The study sought to examine if children exposed to reproductive and environmental risk factors, such as premature birth, and paternal mental illness are at higher risk for delinquency, mental, health and physical health challenges in contrast to children exposed to fewer such risk factors. The study found that the protective factors of having a strong bond with a nonparent caretaker, involvement in a church, and/or involvement with the community helped balance out risk factors. Werner's concluded that one-third of all high-risk children displayed resilience and developed into caring, competent, and confident adults; despite their problematic beginnings.

Synthesis of the Literature and Research

The current literature review explored research in the areas of single parenting, resiliency, and protective factors. The literature is mixed on the impact single parenting has on children. Some studies found that children reared in single-parent families that are stable and financially sound experience marginal differences compared to children reared in two parent families (Kjellstrand & Harper, 2012). Disproportionately data supports that children reared in single-parent families are at elevated risk for behavioral challenges, economic deprivation, mental illness, and teen pregnancy (Amato, 2005).

Resiliency is well documented in children, who have experienced environmental factors such as family discord, community violence, and physical and mental health challenges within the field of psychology. Theorists debate if resiliency is an innate quality that humans are born with, which manifest when needed or if resilience is a

learned behavior that humans observe and model. Previous studies have been conducted that support that there is a relationship between resiliency and protective factors.

A significant body of work has been assembled that demonstrates a strong connection between resiliency and the protective factors of income, age, and perceived familial social support (Zalewska et al., 2012). Single parents that earn sustainable wages have transcended economic depravity, live in safer neighborhoods, invest in supplies beyond basic needs for their children, and are better equipped to provide clothing and food for their children (Zalewska et al., 2012). The quality of the relationship between the parent and the child influences child development. According to the Center for Disease Control and Prevention (2015), children being cared for by parents that are resilient, tend to be resilient themselves.

Studies that examine single parenting and resilience suggest that protective factors are essential to resilience. Protective factors provide the additional support and structure needed to “bounce back” from adverse circumstances. Although some preliminary research identifies a broad categorization of protective factors, what has yet to be unearthed in the literature are specific factors individually or in linear combination that predicts resiliency in single parents. The design for this study was selected based upon a critical review of the existing literature. The next chapter will discuss the methodology, sample, instrumentation, and analysis that will be used to facilitate the study.

Critical Analysis of the Literature

Several research studies have been conducted that examines resiliency and children, resiliency and low-income families, resiliency in African American single

mothers, and a variety of other disadvantage and underserved populations. The 25 Resiliency Scale has been utilized as an assessment tool to gauge resiliency in these populations. However most of the studies examining resilience do not examine resiliency in single parents by examining both male and female single parents. In addition, many of the studies examining resilience are limited culturally and do not represent a balanced cultural, social economic, or educational demographic. This study seeks to fill in these research gaps by examining resiliency in a broad sense ensuring that participants are gender diverse, culturally representative, social-economically balanced, and represent a range of educational attainment.

Resiliency studies that continue to examine similar cultures, genders, and income brackets are difficult to generalize and apply universally. By designing a resiliency study that has a participant pool that is diverse and adequately addresses gender, cultural, and economic gaps afford an opportunity for more generalized analysis that can be applied to a larger segment of the single-parent population.

Chapter 3 will expound upon this chapter's literature review and will provide a description of the research methodology. In addition, the previously noted gaps in the literature will be highlighted and adequately addressed.

Chapter 3: Research Methods

Introduction

In this chapter, I provide a description of the research methodology including an overview of the sample, a comprehensive review of the instrumentation, data analysis, and ethical considerations. I evaluated the effects of the predictive factors of gender, age, income, and familial support on single-parent resiliency. In this chapter, I also reviewed the study's design and provided a justification for selecting this research design in contrast to others. I discussed the sample features, sample size, and data collection in conjunction with the study instrumentation.

Purpose of the Study

Single-parent families continue to increase in contrast to traditional nuclear families (U.S. Census, 2010). With the shift in family configuration comes increased challenges for single parents. Single-parent headed households experience increasingly higher risk as it relates to rearing children. Children raised in single-parent families are at a higher risk for poorer outcomes; when compared with children reared in two parent families (e.g., Amato, 2005; Mathur et al., 2013, Quinn & Allen, 1989). Children who are raised by mothers only are more likely to be both economically and psychologically disadvantaged (e.g., Choi & Jackson, 2012; Gonzalez, Jones & Parent, 2014; Griffin et al., 2000; International Encyclopedia of Marriage and Family, 2003; Taylor et al., 2010; Whitaker et al., 2014). Children of single mothers also have higher absentee rates at school and display increased incidents of delinquent activity, including alcohol and drug addiction (International Encyclopedia of Marriage and Family, 2003).

Despite increased risk of poverty, delinquent children, and oppression, all single parents do not experience such obstacles and succumb to mounting statistics. Resiliency may be the innate quality that contributes toward dispelling these statistics. Resiliency affords individuals an opportunity to bounce back from difficult experiences. Resiliency is not a trait that individuals are born with or without. Resilience manifest as people mature, gain a more comprehensive thought process, enhance their thinking and self-management skills, and acquire more knowledge and better understanding.

Garmezy (1993) asserted that the study of resilience focuses on identifying the characteristic that predisposes individuals to adjust following exposure to adversity. In this research study, I built on Garmezy's question. With the increase and continuous growth of single-parent families, conducting a study that identified factors that support resilience was warranted. My purpose in this study was to examine how the predictor variables of gender, income, age, and perceived familial social support contribute toward resiliency in single parents.

Research Design and Approach

This study used correlational, nonexperimental design. A descriptive quantitative design established statistically significant conclusions about the target population by studying a representative sample of the population (Creswell, 2003). A quantitative design data can be numerically analyzed to see if a correlation exists between variables.

Quantitative designs, in contrast to qualitative design, examine the strength of the relationship between variables. I sought to identify the strength of the relationship between a set of predictor variables (gender, income, age, and perceived familial social

support) and single-parent resilience. I used a quota sample and based on the findings generalized the results. In addition, I sought to validate resiliency theory and strength-based theory by conducting survey research and analyzing the findings numerically (Lowhorn, 2007).

I did not use a qualitative design because I did not seek to use anthropological and ethnographic methods to study resiliency in single parents (Lowhorn, 2007). A qualitative design would have been appropriate, if this study looked to interpret the cultural meaning of phenomena experienced by single parents, but that was not my purpose in this study (Patton, 2002). A Mixed methods design was not used because I found that facilitating two or more approaches concurrently would be overwhelming.

Setting and Sample

This study was consistent with other resiliency studies that explored the potential correlation between resiliency and predictor variables. Results from comparable empirical studies served as a foundation for shaping an appropriate anticipated effect size for the hypothesis of this study. In a study of 314 students, Wilks (2008) examined the relationship among academic stress, social support, and resiliency. Wilks reported a $R^2 = .26$ between the predictor variables of social support and academic stress and the criterion variable of resiliency. Similarly, Brown and Robinson (2012) examined factors that enable remarried families to adjust and adapt. They found $r = .41$ ($r^2 = .186$) between social support and resiliency in parents. Similarly, in a meta-analysis examining the relationship between resiliency and protective factors, Lee et al. (2012) found a weighted average effect size of $r = .41$ ($r^2 = .186$) between social support and resiliency (five

studies) and $r = .09$ ($r^2 = .0081$) between age and resiliency (six studies). The predictive variable of income the previous studies point to a small relationship with resiliency.

Combining the results of these studies, and given the correlational nature of the present study, a small to medium effect was anticipated. Specifically, the effect size for these studies involving perceived social support suggested an anticipated $R^2 = .20$. Previous studies indicated a smaller relationship for the variables of age and income, with each accounting for a $r^2 = .01$ to $.02$. Thus, the overall anticipated effect size for the four predictor variables in this study was $R^2 = .25$. Although the effect size for income and age were small, based on the trends addressed previously in the literature review the effect size was larger. Single women who are heads of households experience increased amounts of insufficiency compared to their married counterparts (Whitaker et al., 2014). The median annual income for female-headed households with children under six years old is roughly one-fourth that of two parent families (Single Parent Success Foundation, 2013). With the limited data on single fathers, I thought that a larger sample of single fathers would unearth a more significant relationship between gender and resilience.

To determine the minimum sample size needed for this study, I conducted a preanalysis statistical power estimate using the G*Power 3.1.3 program (Faul et al., 2007). For multiple regression, G*Power uses f^2 as its measure of effect size. An $R^2 = .25$ can be converted to an $f^2 = .33$ (Selya et al., 2012). Thus, for the present study with four predictor variables of age, gender, income, and perceived familial support, an effect size of $.063$, a power level of $.80$, and an alpha of $.05$, the minimum sample size is 112

participants. This sample size reflects the requirements of a linear multiple regression, fixed model, and R^2 deviation from zero (Faul et al., 2007).

Table 1 provides a breakdown of the distribution of the sample based on 2013 U.S. Census data for the demographic variables of age, gender, and working status (Pew Research Center, 2013). This data reflects that 75% of single parents are mothers, and 25% are fathers (Pew Research Center, 2013).

Table 1

Distribution Based on Census Data

Age	Males without annual income	Males with annual income	Females without annual income	Females with annual income
18 - 24	2.50% (3)	10.00% (11)	3.75% (4)	27.00% (30)
25+	1.25% (2)	11.25% (12)	3.75% (4)	40.50% (46)

Because so few single fathers would be included in the present study using the U.S.

Census distribution and because single fathers have been understudied, the present study intentionally oversampled single fathers by doubling their number in each cell. Table 2 provides a breakdown of the sample across the demographic variables of age, gender, and annual income, with the percentages and number of participants reflective of intentional oversampling of single fathers. The minimum required sample will consequently be $N = 140$.

Table 2

Sampling Grid with Fathers Oversampled (N = 140)

Age (y)	Males without annual income	Males with annual income	Females without annual income	Females without annual income
18 - 24	6	22	4	30
25+	4	24	4	46

I used the internet marketing resources FindParticipants.com, Callforparticipants.com, and two Facebook Single Parent Support groups pages to advertise the study and recruit participants. I used the demographics of gender, age, and annual income for the quota sample. Once each quota was reached, recruitment stopped for that group. The internet platform FindParticipants.com, Callforparticipants.com, and Facebook provided access to thousands of participants. I administer the demographic questionnaire prior to the other assessment tools to ensure participants meet the study eligibility criteria.

Eligible participants could be either male or female. They identified as either Hispanic/Latino or Non- Hispanic/Non-Latino. For race, they identified as American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian, Pacific Islander, or White. They identified being 18 years of age or older and having at least one child 17 years of age or younger residing with them on a full-time basis. All participants reported an annual income of at least \$5,000.

To gain permission to utilize FindParticipants.com and Callforparticipants.com, I completed the online registration form and paid the monthly participation fee. Both

FindParticipants.com and Callforparticipants.com allowed me to promote the study using a convenient and easy-to-use interface. To gain permission to use the two identified Facebook Single Parent Support groups, I sent a request via email to the page Administrators, who in turn granted written permission.

Procedures

Since this study involved human participants, I had to secure Walden Institutional Review Board (IRB) approval prior to launching the study. After receiving IRB approval, I sent a description of the study, a target population profile, eligibility criteria and a demographic questionnaire (Appendix A) to the online participant depository recruitment websites FindParticipants.com and Callforparticipants.com. I made a formal request to post the study link on two identified Facebook Single Parent pages (Appendix F).

I paid a 90-day subscription to FindParticipants.com and Callforparticipants.com. Interested study participants were directed to SurveyMonkey who administered the study. A consent form was provided before interested individuals could proceed to the demographic questionnaire and additional data collection tools. The consent to participate notification form introduced me, provided all of my contact information, provided a timeline for the study, and described individual risk and benefits associated with participation. By advancing to the assessment tools, participants acknowledged consent to participate in the study and implied understanding that proceeding provided implied consent. After acknowledging consent, participants proceeded to the demographic questionnaire. The demographic questionnaire screened for eligibility.

Individuals that did not meet eligibility criteria of being 18 years of age or older and living with a child 17 year of age or younger on a full-time basis were redirected from the study and thanked for their interest.

After completing the demographic questionnaire and being deemed eligible to participate, participants proceeded to the Multidimensional Scale of Perceived Social Support (MPSS) and the Resiliency Scale (RS-25) for data collection. Survey Monkey is an online development cloud-based software. For a \$23.00 monthly fee, Survey Monkey offered a data collection tool that asked unlimited questions, received unlimited responses, and ensured HIPPA compliant features that ensured participant privacy (SurveyMonkey, 2016). Data collect occurred for 60 days after 60 days the electronic link was dismantled. No identifying information was collected, participants were completely anonymous. The Statistical Package for Social Sciences (SPSS) assisted in data analysis.

A stepwise multiple linear regression was used to examine if gender, age, income, and perceived familial social support individually or in linear combination adequately predicted resiliency in single parents. A multiple linear regression was an appropriate procedure to assess the relationship between one continuous dependent variable from two or more independent variables (Patton, 1990). The stepwise multiple linear regression was implemented by entering predictor variables into the regression based upon statistical criteria. At each step in the analysis, the predictor variable that contributed the most to the prediction equation in terms of increasing the multiple correlation, was entered first (O'Sullivan, Rassel, & Berner, 2003). SPSS automatically continued this process as

additional variables contributed statistically to the regression equation. When no additional predictor variables contributed in a statistically meaningful way to the regression equation, the analysis stopped.

To test the null hypothesis, the sample size was based on a pre-analysis statistical power estimate using Faul et al.'s (2007) G*Power 3.1.3 program. For this study with four predictor variables, an effect size of .063, a power level of .80, and an alpha of .05, the minimum sample size was 112 participants. Based on 2103 U.S. Census data for single parents, at least 75% of participant were mothers and 25% were fathers (Pew Research Center, 2013). Noting the underrepresentation of fathers in previous resiliency studies, I intentionally oversampled males, thus increasing the minimum sample size from 112 participants to 140.

Instrumentation

Three forms of data collection were used in this study, a demographic questionnaire, the Multidimensional Scale of Perceived Social Support (MPSS) and the Resiliency Scale-25(RS-25). The demographic questionnaire was used to determine the gender, age, and income of participants. MPSS was used to measure perceived familial social support. RS-25 was used to measure resiliency.

I designed the demographic questionnaire and administered it via Survey Monkey. The questions for the demographic questionnaire were approved by my dissertation committee Chair to ensure that the questions were appropriate and garnered desired information.

There is a wealth of information in the literature that supports the use of the MPSS to assess for familial support and the RS-25 to assess for resiliency. The MPSS is a 12-item self-report measure of perceived social support from family, friends, and a significant other. The RS-25 has been used with a wide range of populations (Wagnild, 2009, p.1). According to the U.S. National Library of Medicine's National Institute of Health, the RS-25 is a reliable and valid tool that is instrumental in predicting and measuring resilience.

Demographic Questionnaire

The demographic questionnaire (Appendix A) served as a screening tool to ensure participants met eligibility requirements, while also collecting basic participant information specific to gender, race, age, and income. Age, income, and perceived social support will be used as predictor variables in the multiple regression.

Resiliency Scale-25

Created by Gail Wagnild (2014), the Resiliency Scale-25 is a 25 item self-report questionnaire (Appendix B). There are a variety of adaptations to the scale including the RS-14 and RS-15. The items reflect five resilience principles, which are purpose, perseverance, self-reliance, equanimity, and existential aloneness. The Resiliency Scale-25 is a Likert scale with ratings ranging from 1 (agree) to 7 (disagree). According to the U.S. National Library of Medicine's National Institute of Health, the Resiliency Scale "performs as a reliable and valid tool to predict and measure resilience and has been used with a wide range of study populations" (Wagnild, 2009, p.1). The RS-25 has been used for nearly 20 years with solid reliability and validity data (Wagnild, 2010). The scale

does not provide an individual score per each domain; rather, scores are summed to produce a total scale score. A higher total score suggests a higher level of resilience. Permission was obtained by the developer to use RS-25.

Validity. Concurrent validity has been supported by significant correlations between RS-25 scores and measures of the five domains of purpose, perseverance, self-reliance, equanimity, and existential aloneness. In addition, previous studies that sought to examine psychometric strength with adolescent populations found that “convergent validity was demonstrated with measures of both adolescent social self-efficacy and academic self-efficacy” (Pritzker & Minter, 2014, p.1). Other authors have concluded that the Resiliency Scale adaptation RS-14 is a useful instrument for assessing trait-like resilience in diverse, early, and middle adolescents (Abiola & Udofia, 2011, p. 4). Suzanne Pritzker and Anthony Minter used the RS-14 to assess psychometric properties in 2,983 early and middle adolescents. Cronbach’s α for the sample was good at .91. Convergent validity was demonstrated with measures of social self-efficacy ($r = .63, p < .001$) and academic self-efficacy ($r = .57, p < .001$) (Pritzker, 2014). The Resiliency Scale measured resilience in single parents.

Reliability. Previous studies that have used the RS-25 have reported positive to excellent estimates for internal reliability coefficients of $\alpha = 0.85 - 0.91$ (Wilks, 2007). In a study conducted in Nigeria that examined the internal consistency and concurrent validity of the Resilience Scale (RS) and its 14-item short version (RS-14) found the tool to have high internal consistency reliability (Abiola & Udofia, 2011).

Multidimensional Scale of Perceived Social Support

The Multidimensional Scale of Perceived Social Support (MSPSS) (Appendix D) is a 12-item self-report measure of perceived social support from family, friends, and a significant other (Wilson et al., 2009). For each item, participants rate their level of agreement on a 7-point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). The MSPSS is scored as a total summed score for each of the sub-scores (family support and friend support). These sub-scores can range from 4 to 28. Higher scores on the MSPSS indicate a higher level of perceived social support. For this study a total score was used, which combined both subscale scores.

Reliability. In a study conducted by Chiang Mai University, Department of Psychiatry, Faculty of Medicine, (2011), MPSS was found to be a reliable and valid instrument in assessing social supports. Internal consistencies of the subscales and total scale are excellent with a Cronbach's $\alpha = .85$ to $.91$ (Zimet et al., 1988). The scales have demonstrated strong test-retest reliability over a 2- to 3-month interval ($r = .72$ to $.85$) (Kaina et al., 2015). A study of 462 participants - 310 medical students from Chiang Mai University and 152 psychiatric students found the MPSS to be reliable with a Cronbach's α of 0.91 and class correlation coefficient (ICC) of 0.84 (Ruktrakul, Wongpakaran, & Wongpakaran, 2011). The literature suggests that MSPSS has good internal and test-retest reliability as well as moderate construct validity (Zimet et al., 1988)

Validity. Validity has been established through the negative association of scores on the MSPSS with scores on measures of depression (Zimet et al., 1988). Studies that sought to examine the relationship between perceived social support and psychological

adjustment and functional ability in 70 youth with physical disabilities found MPSS to have good internal consistency (Zimet et al., 1988). In addition, a study of three distinct groups including 265 pregnant women, 74 adolescents living with their families and 55 pediatric residents found MSPSS to have strong factorial validity across the subscale structure of family, friends and significant other (Zimet et al., 1990).

Data Analyses

The criterion variable for this study was resiliency. The predictor variables were gender, age, income, and perceived familial social support. The variable of gender was coded male or female, age was coded in years, and annual income was coded in dollars rounded to the nearest 5,000. A stepwise multiple linear regression was conducted to explain the relationship between resiliency and the predictor variables of gender, age, income, and perceived familial social support.

The Resilience Scale does not have subscales, so the total score served as the criterion variable, while the variables of gender, income, age, and perceived familial social support were the predictor variables. The predictor variables of gender, age, and income were measured using items on the demographic questionnaire. Perceived familial social support was measured using the total score from both subscales of the Multidimensional Scale of Perceived Social Support (MSPSS).

Before performing the stepwise multiple linear regression, I examined the data using descriptive statistics. Assumptions of a multiple regression included a linear relationship, multivariate normality, and no multicollinearity. A linear relationship means that there is a linear relationship between the outcome variable and the predictor

variables. A linear relationship can be tested by scatterplots (Patton, 2010). Multivariate normality assumes that the variables are normally distributed. This can be tested by plotting residual values on a histogram with a fitted normal curve or by reviewing a Q-Q-Plot. The assumption of no multicollinearity assumes that independent variables are independent from each other. The presence of multicollinearity can be tested by four criteria: correlation matrix, tolerance, condition index and the variance inflation factor (Patton, 2010). When computing the correlation matrix, correlation coefficients need to be smaller than .08. Tolerance measures the influence of one independent variable on all other independent variables. When tolerance is greater than 0.2, there might be multicollinearity in the data. If a variance inflation factor of greater than 10 is identified, it is likely that multicollinearity exist. If the value calculates is greater than 30, multicollinearity exist. Multiple regression is generally robust under violation of assumptions (Keith, 2005), but if the data are skewed or show significant violation of one or more assumptions, the researcher will consider transforming the data or using alternative statistical procedures, such as a nonparametric regression.

In doing the stepwise regression, SPSS determined which variable were entered based upon contributions to the model and statistical significance in a stepwise fashion. According to SPSS, variables with p values less than or equal to .05, are identified as statically significant and entered in the regression model. In addition, according to SPSS, when variable's tolerance value is less than or equal to .10, it is removed from the regression. The multiple regression equation resembled the following:

$$Y = a + b_1x_1 + b_2x_2 + b_3x_3 + b_4x_4 + e.$$

Where: Y = Scores on the Resiliency Scale)

a = constant

x_1 = gender

x_2 = age

x_3 = income

x_4 = perceived familial support

e = error

Research Questions and Hypotheses

A comprehensive review of the literature assisted in posing questions that identify a potential relationship between variables. This study posed the following research questions and hypotheses:

Research Question: Do gender, age, income, and perceived familial social support individually or in linear combination significantly predict resiliency in single parents?

Null Hypothesis: Gender, income, age, and perceived familial social support individually or in linear combination do not significantly predict resiliency in single parents.

Alternative Hypothesis: Gender, income, age, and perceived familial social support individually or in linear combination do significantly predict resiliency in single parents.

Threats to Validity

Because no treatment or intervention were implemented as part of this study, causality could not be established (Dodge, 2003; Mitchell, Jolley, & O'Shea, 2004; Shadish, Cook, & Campbell, 2002). As such, the study had essentially no internal validity (O'Sullivan, Rassel & Berner, 2003). The findings from this study provided preliminary evidence to support the predictive power of the predictor variables of gender, age, income, and perceived familial social support either individually or in combination single-parent resilience.

Although no threat to internal validity was noted, potential threats to construct validity were present, including mono-operational bias and mono-method bias. This study did not offer variation in the testing instruments; only one instrument was being used to measure resiliency and one instrument was being used to measure perceived familial support. In addition, both instruments were being offered in an online only survey format. The expense associated with additional instruments and the burden additional instruments would place on study participants made the utilization of additional instruments a non-feasible option for me.

Restricted generalizability across constructs was also a potential threat. To not overgeneralize potential outcomes as they relate to resiliency, additional factors of age and income were considered. By examining additional factors, I assessed if one or a combination of factors contributes towards single-parent resiliency.

Selection bias was a potential threat to external validity. Selection bias is a systematic error due to a non-random sample of a population, resulting in some members

of the target population to be less likely to be included than others (O'Sullivan, Rassel & Berner, 2003; Patton, 2010). Since all study participants were recruited from internet marketing resources FindParticipants.com, Callforparticipants.com, and Facebook Single Parent Support Group pages, all participants had to have computer access to be able to participate. Undercoverage occurs when some members of the target population are inadequately represented in the sample (Lane, 2017). To increase the external validity and to have a sample that paralleled the target population in these areas, the sample was stratified by gender, income, and age. Nevertheless, the external validity was limited, and the results of this study were not being generalizable to single parents outside of the United States. Budgetary constraints made this sampling process the most cost effective.

Ethical Considerations

Careful consideration was given to the study in general to keep risk to participants minimal. An informed consent statement of the study was provided on the recruitment sites, prior to study participation. The consent statement disclosed that study participation was voluntary. In addition, the consent statement informed potential participants about implied consent and how it applied to this study. Potential participants were informed that they could disengage from the study at any time, without fear of consequence. In addition, confidentiality was ensured, how data would be used was outlined, and potential risk and benefits of study participation were highlighted. Participants were given my contact information and a 24-hour cell phone contact, which could be used in emergency/crisis situations.

The IRB approved consent to participate form (Appendix E) was given to all participants via the internet-based recruitment sites being used for this study. By advancing to the SurveyMonkey link participants acknowledged consent to participate in the study via implied consent.

Survey Monkey was used as the data collection site for the demographic questionnaire, the Resiliency Scale, and the Multidimensional Scale of Perceived Social Support. The Survey Monkey package used for this study was the Gold plan. For a 300.00 fee, the gold plan which is password protected included data collection that was protected by HIPPA compliant features embodied into the software package (SurveyMonkey.com, 2016). Only I had the password for the website and as an added security measure I changed the password every 30 days during the 60-day data collection period. No immediate physical risk to participants was identified, however the study may have generated some emotional distress for participants as they reflected on challenges they experienced as single parents.

Summary

A quantitative study was conducted to identify if the predictor variables gender, income, age, and familial support, individually or in linear combination significantly predicts resiliency in single parents. Data was collected from three instruments, a participant demographic questionnaire, the Multidimensional Scale of Perceived Social Support, and the Resiliency-25 Scale. SPSS software was used to correlate the data. The theoretical framework for this study was resiliency theory and strength-based theory.

Participants were recruited to participate in this study through internet-based recruitment sites FindParticipants.com and Callforparticipants.com. Facebook was also used for recruiting. A description of the study was placed on the respective internet-based recruiting sites in conjunction with a consent form. After reviewing the study description and consent, individuals were notified that by proceeding to the study link, they were providing informed consent to participate in the study. Survey Monkey screened study participants to ensure they were 18 years of age or older and that they currently reside with at least one child 17 years of age or younger. Once verified, participants were directed to complete the demographic questionnaire and proceed to the other assessment tools the Multidimensional Scale of Perceived Social Support Perceived Support Scale(MPSS) and the Resiliency-25 Scale (RS-25).

Chapter 4 reports the findings of this study, presents any data collection discrepancies, and reports baseline descriptive and demographic characteristics of the study sample.

Chapter 4: Results

Introduction

The purpose of this study was to determine if gender, age, income, and perceived familial social support individually or in linear combination significantly predicts resiliency in single parents. Knowing and better understanding which predictor variables contributes toward resiliency in single parents can inform future research and assist in developing community supports and social services that fosters resiliency in this population and potentially impacts the children that they rear.

An online survey was the form of data collection used in this study. The online survey included a demographic questionnaire, the Multidimensional Scale of Perceived Social Support (MSPSS) and the Resiliency Scale-25 (RS-25). The demographic questionnaire was used to collect the gender, age, and income of study participants. MPSS was used to measure perceived familial social support and the RS-25 was used to measure participant resiliency.

Prior to initiating the survey IRB approval from Walden University had to be ascertained. This process involved having the “Consent to Participate” vetted, the recruitment strategy revised, and detailing how participant anonymity would be addressed. Noting the gap in literature related to single father resilience, this study sought to oversample single fathers. Oversampling required me to remit a revised recruitment plan to the IRB. The revised plan recruited participants by posting on Facebook single father support group pages.

Internet marketing resources FindParticipants.com, Callforparticipants.com were also used for recruiting. To gain permission to utilize FindParticipants.com and Callforparticipants.com, I completed an online registration form and paid monthly participation fee. To gain permission to post the study on the identified Facebook pages, I sent a description of the study and a request to post to the page administrators. Once administrators approved the recruitment posting, a link to study was placed on the respective Facebook pages. All the recruitment sites, FindParticipants.com, Callforparticipants.com and Facebook allowed the study to be promoted using these convenient and easy-to-use interfaces. Participant inclusion criteria required participants to be 18 years of age or older and to currently be living with at least one child 17 years of age or younger on a full-time basis. Data collection occurred from September 12, 2017 to December 12, 2017.

Chapter four is organized by a discussion of the sample demographics, reliability analysis, descriptive statistics, data screening, research question/hypothesis testing, and conclusions. Data was exported from Survey Monkey to Excel and then imported into SPSS for analysis. Data was analyzed with SPSS 23 for Windows. The following provides a discussion of the sample demographics.

Data Collection

Demographic Profile of Sample

There were 178 participants who started the survey, but only 138 participants completed the survey in its entirety. The sample size was 138 single parents, who had at least one child 17 years of age or younger, living with them on a full-time basis. Parents

ranged from 18 to 58 years of age ($M = 34.48$, $SD = 8.05$). There were more females (96.4%, $n = 133$) than males (3.6%, $n = 5$) among the respondents. Approximately 61% ($n = 84$) of participants had one child 17 years of age or younger living at the home; 26.1% ($n = 36$) had two children; and the remaining 13% ($n = 18$) had 3 or more children under the age of 17 living at home. See Table 3.

Table 3

Number of Children Living at Home

Number of children	<i>n</i>	%
1	84	60.9
2	36	26.1
3	10	7.2
4	5	3.6
More than 4	3	2.2
Total	138	100.0

The approximate household income (to the nearest \$5,000) ranged from \$5,000 to \$150,000 ($M = \$38,956$, $SD = \$26,848$). The median income was \$30,000. Regarding ethnicity, 63% ($n = 87$) were White/Caucasian; 21% ($n = 29$) were Black or African American; and 12.3% ($n = 17$) were Hispanic or Latino. Participant ethnicity is presented in Table 4.

Table 4

Ethnicity

Ethnicity	<i>n</i>	%
American Indian or Alaskan Native	1	0.7
Asian or Pacific Islander	4	2.9
Black or African American	29	21
Hispanic or Latino	17	12.3
White/Caucasian	87	63
(Other, please specify) Indian/Caucasian	1 (0.7%)	137 (99.3%)
Prefer not to answer	1 (0.7%)	137 (99.3%)

Instrument Reliability for Sample

The reliability of the 12-item MSPSS and 25-item RS for the sample was tested with Cronbach's alpha. For social support, $\alpha = .88$. For resiliency, $\alpha = .89$. Based on generally accepted criteria, the reliability for the instruments for the sample was adequate (DeVellis, 2012).

Descriptive Statistics

This study had substantially more female ($n = 157$) than male participants ($n = 5$). On average, the male participants were older ($M = 44.60$, $SD = 6.34$) than the female participants ($M = 33.98$, $SD = 7.87$) and had higher incomes ($M = \$77,000$, $SD 6.34$) than the women ($M = \$35,051$, $SD 7.87$). Results from an independent-samples t-test revealed these gender differences to be statistically significant for age, $t(160) = -2.93$, $p = .003$, and household income, $t(158) = -3.532$, $p = .001$.

On both the MSPSS and RS, participants rated each item on a seven-point Likert-type scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). Total scores were different for each instrument, but the mean was computed and used as the composite score. Neither the Resiliency Scale nor the Perceived Social Support utilize a proprietary scoring algorithm that precludes the use of composite means as an acceptable approach (Wagnild, 2010; Wilson et al., 2009). For social support, scores ranged from 1 to 7 ($M = 4.43$, $SD = 1.37$). For resiliency, scores ranged from 2.69 to 6.25 ($M = 4.67$, $SD = 0.73$). Descriptive statistics are presented in Table 5.

Table 5

Descriptive Statistics

Variable	<i>Minimum</i>	<i>Maximum</i>	<i>M</i>	<i>SD</i>
Age in Years	18	58	34.48	8.04
Social Support	1.00	7.00	4.43	1.37
Resiliency	2.69	6.25	4.67	0.73

Categories for the extent of social support and resiliency were created based on the mean responses. Social support and resiliency were categorized to provide further insight into the descriptive nature of the data. The original computed values were used for hypothesis testing, so there was no decrease in statistical power during hypothesis testing. The MPSS scale response descriptors and mean scores were used as a guide to establish the cut points for social support. The 25-item RS response descriptors and means were used as a guide to establish the cut points for resiliency. For instance, scores that ranged from 1 to 3.49 were categorized as low social support or low resiliency; scores that ranged from 3.50 to 4.49 were classified as neutral support or neutral resiliency; and

scores that ranged from 4.50 or higher were labeled as high social support or high resiliency. See Tables 6 and 7.

Table 6

Creation of Categorical Variables for Support

Range	Recoded Value	New Label
1-3.49	1	Low support
3.50-4.49	2	Neutral support
4.50 or higher	3	High support

Table 7

Creation of Categorical Variables for Resiliency

Range	Recoded Value	New Label
1-3.49	1	Low resiliency
3.50-4.49	2	Neutral resiliency
4.50 or higher	3	High resiliency

Thus, 26.8% ($n = 37$) had low social support; 24.6% ($n = 34$) had neutral social support; and the remaining 48.6% ($n = 67$) had high social support. Although not expected, given the number of participants that completed the study (138), the analysis of subscales of family, friends and significant others, the distributions are consistent (Zimet et al., 1988).

Different from Social Support, the data is quite skewed regarding the extent resiliency. Nearly two-thirds of participants report high levels of resilience (62.3%, $n=86$). Three percent, 3.6% ($n = 5$) of respondents report low resiliency; while thirty-four

percent ($n = 47$) had neutral resiliency. The extent of social support and resiliency is summarized in Table 8.

Table 8

Extent of Social Support and Resiliency

Variable	Description	<i>n</i>	%
Social Support Categorical	Low	37	26.8
	Neutral	34	24.6
	High	67	48.6
	Total	138	100.0
Resiliency Categorical	Low	5	3.6
	Neutral	47	34.1
	High	86	62.3
	Total	138	100.0

The continuous data were screened for normality with skewness and kurtosis statistics and illustrated with histograms. Distributions were deemed normal if their skewness and kurtosis values were between ± 2 (George & Mallery, 2010). The distributions for age in years, social support and resiliency were normal. Skewness and Kurtosis coefficients are presented in Table 9.

Table 9

Skewness and Kurtosis Statistics

Variable	Skewness		Kurtosis	
	Statistic	Std. Error	Statistic	Std. Error
Age in Years	.571	.206	.010	.410
Social Support	-.241	.206	-.575	.410
Resiliency	-.070	.206	-.363	.410

For age in years, the skewness = 0.57 and the kurtosis = 0.01. This is within normal limits. The histogram for age in years is presented in Figure 2.

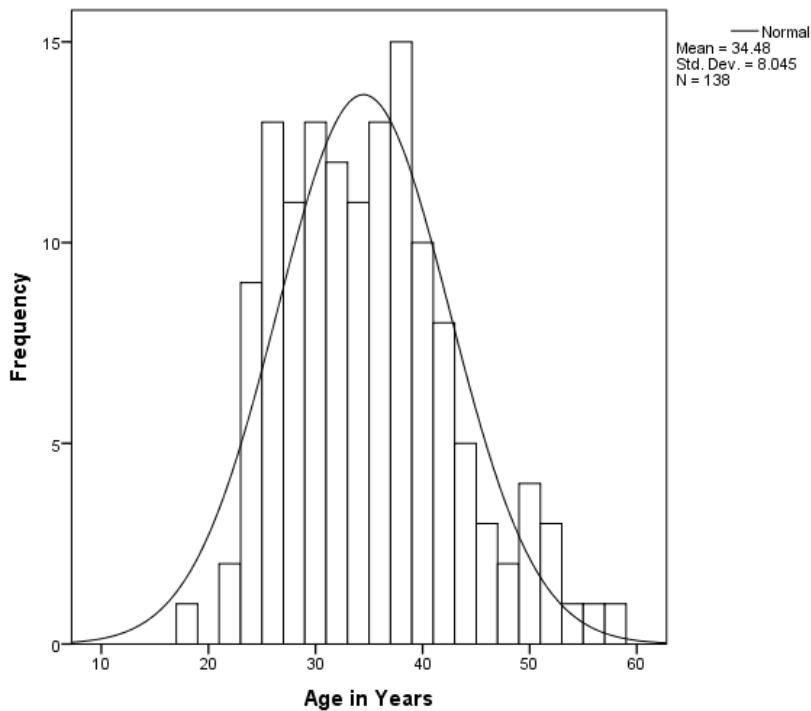


Figure 2. Histogram for age in years.

For social support, the skewness = -0.24 and the kurtosis = -0.58. This is within normal limits. The histogram for social support is presented in Figure 3.

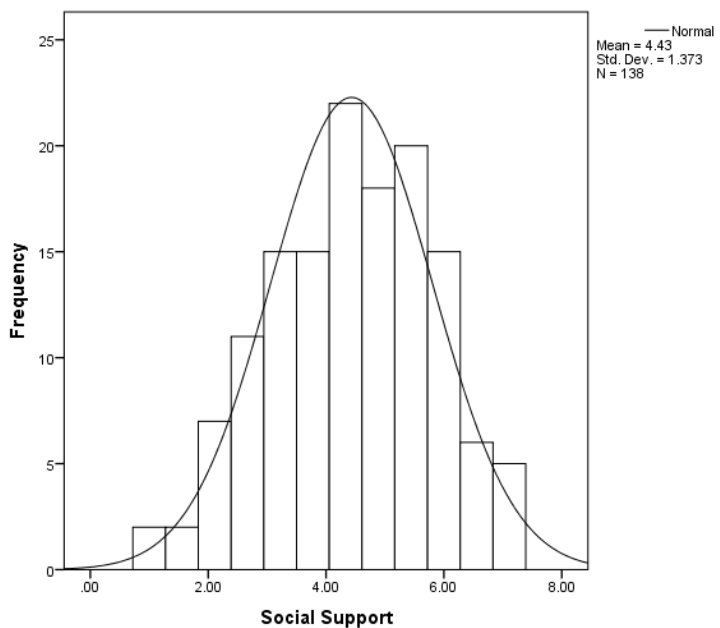


Figure 3. Histogram for social support.

For resiliency, the skewness = -0.07 and the kurtosis = -0.36. This is within normal limits. The histogram for resiliency is presented in Figure 4.

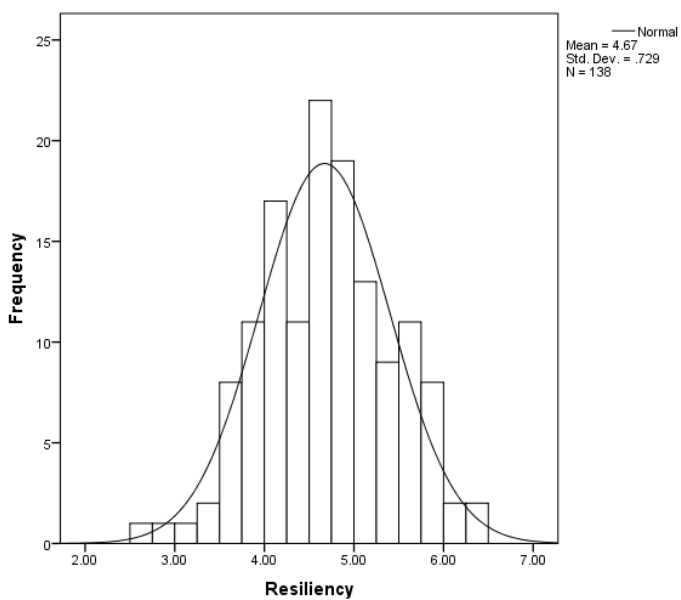


Figure 4. Histogram for resiliency.

Research Question and Hypothesis Testing

One research question, one null and associated alternative hypothesis were developed for investigation. They were as follows:

Research Question: Do gender, age, income, and perceived familial social support individually or in linear combination significantly associate with resiliency in single parents?

Null Hypothesis: Gender, income, age, and perceived familial social support individually or in linear combination do not significantly predict resiliency in single parents.

Alternative Hypothesis: Gender, income, age, and perceived familial social support individually or in linear combination do significantly predict resiliency in single parents.

I tested the research question and hypotheses with Pearson r correlations to test univariate relationships and then followed with stepwise linear multiple regression to test multivariate relationships. Table 10 presents the correlational matrix.

Table 10

Correlation Matrix

Variable	Resiliency	Gender	Age	Income	Social Support
Resiliency	–	.02	.04	.04	.16
Gender		–	.24**	.20*	.05
Age			–	.34***	.02
Income				–	.06
Social Support					–

Note. *** $p < .001$, ** $p < .01$, * $p < .05$. Gender: 0=Female, 1=Male; Income: 0= \$30,000 or less, 1= More than \$30,000. $N = 138$, two-tailed. Dependent variable = Resiliency.

There was no significant relationship between gender and resiliency in single parents, $r(136) = .02, p = .838$, two-tailed. There was no significant relationship between age and resiliency in single parents, $r(136) = .04, p = .624$, two-tailed. There was no significant relationship between income and resiliency in single parents, $r(136) = .04, p = .619$, two-tailed. There was no significant relationship between social support and resiliency in single parents, $r(136) = .16, p = .065$, two-tailed. A scatterplot of the relationship was generated to display a trend. The relationship trended in a positive direction. See Figure 5.

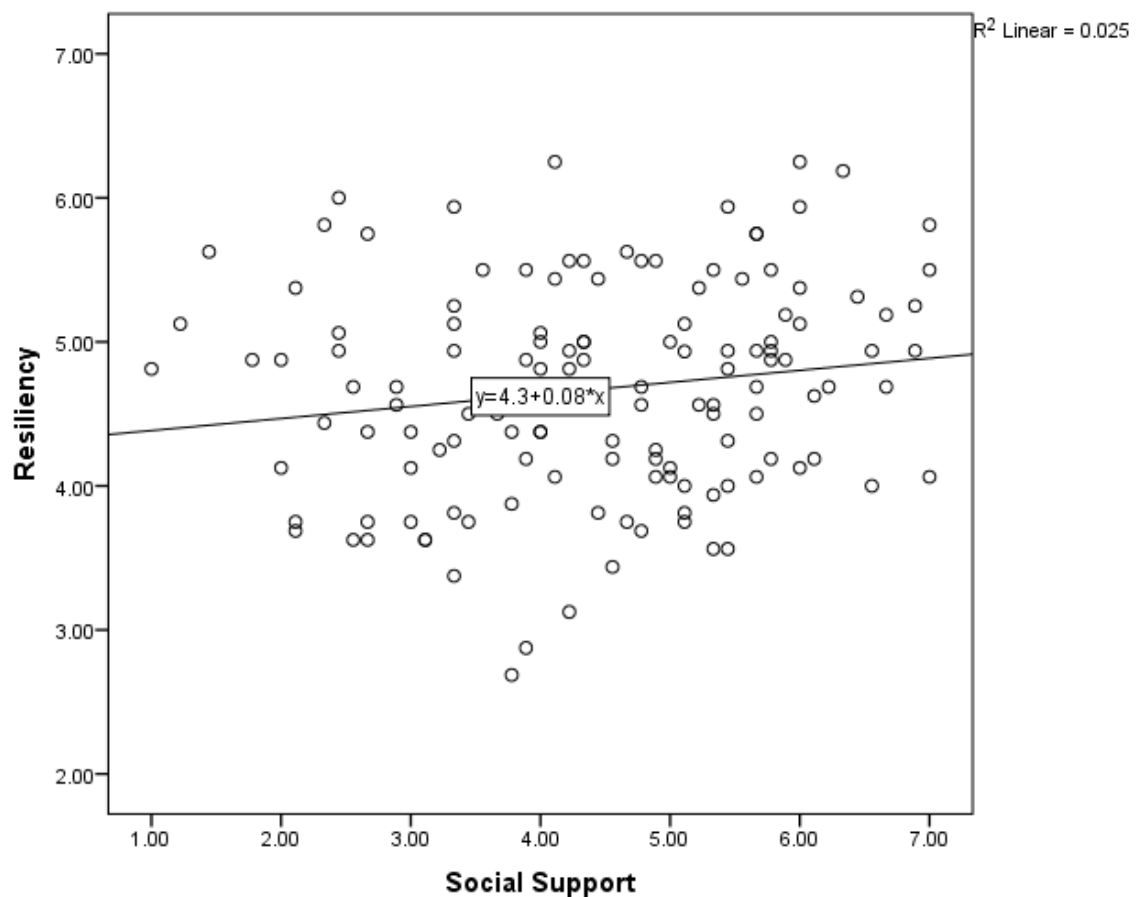


Figure 5. Scatterplot of Social Support and Resiliency

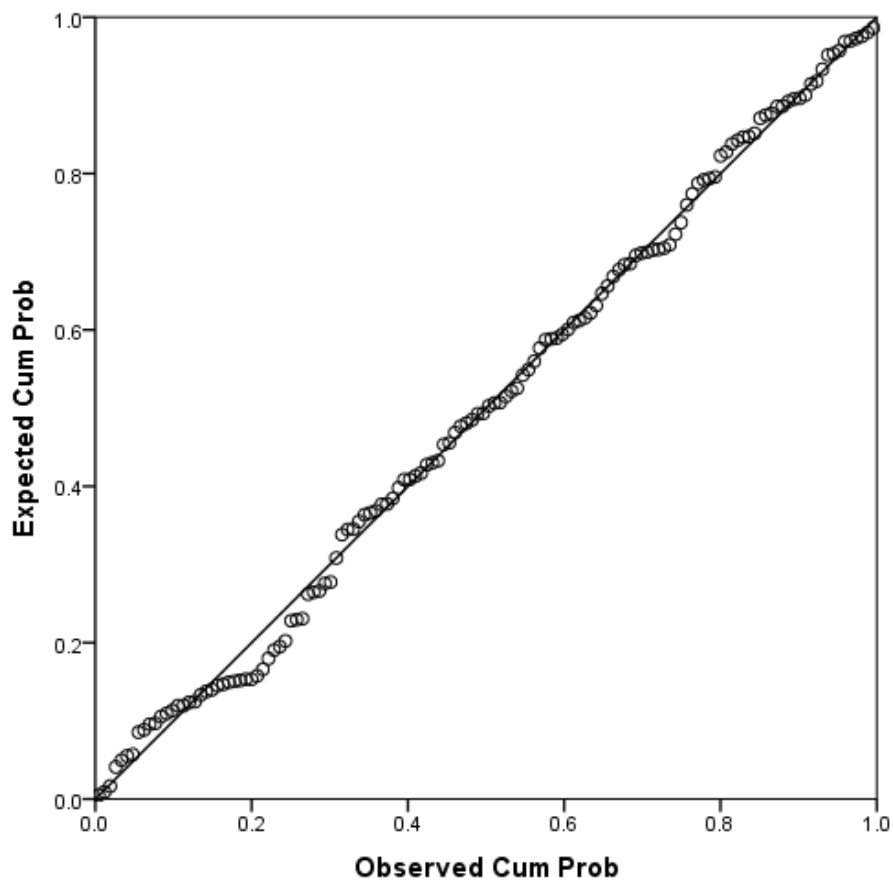
Although not the focus of the study, significant relationships emerged between (a) gender and age, (b) gender and income, and (c) age and income. There was a significant, positive relationship between gender and age, $r(136) = .24, p = .004$, two-tailed. Based on the variable coding, males were significantly older than females in the study. There was a significant, positive relationship between gender and income, $r(136) = .20, p = .021$, two-tailed. Based on the variable coding, males had significantly higher incomes than females in the study. A significant, positive relationship emerged between age and income, $r(136) = .34, p < .001$, two-tailed. As age increased, there was a corresponding increase in income.

Next, stepwise multiple linear regression was conducted on the variables. The independent (predictor variables) were gender, age, income, and social support. The dependent (outcome) variable was resiliency. No equation was generated by the analysis since none of the relationships examined met the criteria for inclusion in the regression model. The analysis was repeated using the simultaneous entry method in order to report testing of the assumptions of multiple regression and the regression coefficients.

Assumptions of linear regression were tested. Regarding scales of measurement, linear regression requires the data to be on an interval or ratio scale of measurement or be dichotomous. The continuous variables of age, social support, and resiliency were previously screened for normality. The variables were normally distributed and on an interval scale of measurement. Gender and income were dichotomous variables.

The residuals were also analyzed. A residual is the difference between the observed and the model-predicted values of the dependent variable. Multiple regression

also requires that the residuals be normally distributed. Standardized residuals that exceeded ± 3 were candidates for exclusion (Fahlman, Mercer, Gaskovski, Eastwood, & Eastwood, 2009). Standardized residuals ranged from -2.57 to 2.21 and were therefore determined to be within normal limits. The normality of the distribution for the residuals was illustrated with a normal P-P Plot. Normality can be confirmed when the points are reasonably close to the 45-degree line, as shown in Figure 6.



Note. Dependent variable = Resiliency

Figure 6. Normal P-P Plot of Regression Standardized Residuals

The assumptions of homoscedasticity, linearity, and independence of errors were examined with a scatterplot of regression standardized residuals by standardized

predicted values. These assumptions are evident by the residuals being randomly and evenly distributed along the horizontal line. This is illustrated in Figure 7.

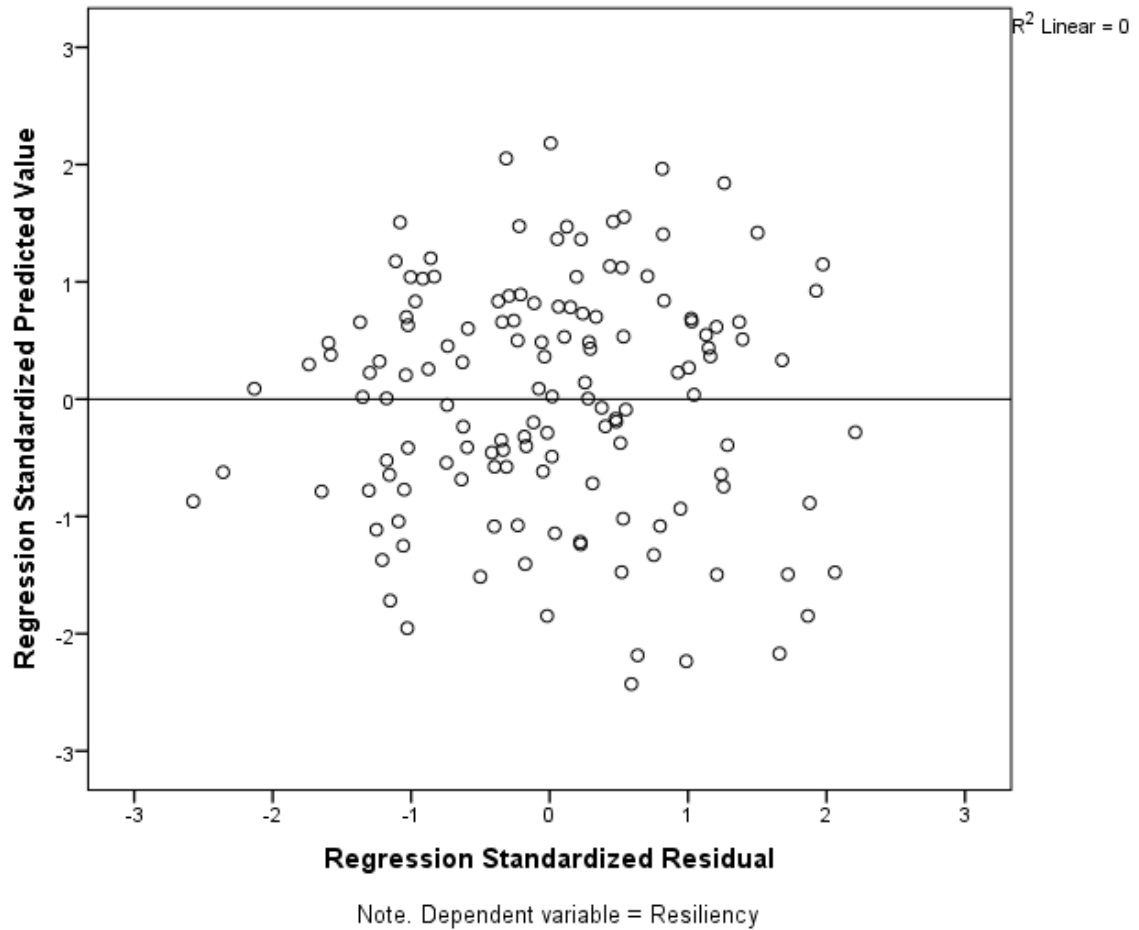


Figure 7. Scatterplot of Regression Standardized Residuals by Standardized Predicted Values

Multicollinearity was assessed with the variance inflation factor (VIF). VIF values are considered unacceptable if they are greater than 10. VIF values for the predictor variables ranged from 1.01 to 1.18 and were therefore considered acceptable. VIF values are presented in Table 11.

Table 11

Variance Inflation Factors

Variable	VIF
Gender	1.08
Age	1.18
Income	1.16
Social Support	1.01

The regression model was not statistically significant, $F(4, 133) = 0.92, p = .457$; $R^2 = .03$. Examination of the univariate statistics revealed that none of the independent variables were significant predictors of resiliency. Specifically, gender was not significantly related to resiliency ($\beta = -0.003, t = -0.034, p = .973$). Age was not significantly related to resiliency ($\beta = 0.03, t = 0.35, p = .729$). Income was not significantly related to resiliency ($\beta = 0.02, t = 0.26, p = .799$). Social support was not significantly related to resiliency ($\beta = 0.16, t = 1.82, p = .072$). Regression coefficients are presented in Table 12.

Table 12

Regression Coefficients

Variable	<i>B</i>	SE <i>B</i>	β	<i>t</i>	<i>p</i>
(Constant)	4.19	0.35		12.10	.000
Gender	-0.01	0.35	-0.003	-0.03	.973
Age	0.003	0.008	0.03	0.35	.729
Income	0.03	0.13	0.02	0.26	.799
Social Support	0.08	0.05	0.16	1.82	.072

Note. Gender: 0=Female, 1=Male; Income: 0= \$30,000 or less, 1= More than \$30,000. $R = .16, R^2 = .03, F = 0.92; N = 138$, Dependent variable = Resiliency.

The null hypothesis stated that gender, income, age, and perceived familial social support do not adequately predict individually or in linear combination resiliency in single parents. There was no significant relationship between gender, income, age, perceived familiar social support and resiliency individually or in linear combination. Therefore, the null hypothesis was not rejected.

Conclusions

One research question guided this study. Do gender, age, income, and perceived familial social support individually or in linear combination significantly predict resiliency in single parents? It was initially proposed that stepwise linear multiple regression be used. The technique was employed; however, no results were generated because none of the predictor variables were significantly related to the outcome variable of resiliency. Thus, there was no significant relationship between gender, income, age, perceived familiar social support, and resiliency individually or in linear combination. The relationship between social support and resiliency was just beyond significance for a two-tailed test. However, results trended in a positive direction.

The data revealed some potential relationships that could serve as a springboard for further research. This study demonstrated that there was a positive relationship between gender and age and between age and income. As age increased, there was a corresponding increase in income. Males represented less than 5% of study participants, males were significantly older than females in the study, and males had significantly higher incomes than females in the study. The minimal number of male participants

makes it challenging to generalize the findings, but it could be an area that warrants further exploration. Implications and recommendations will be discussed in Chapter 5.

Chapter 5: Summary

Introduction

This study examined whether gender, age, income, and perceived familial social support individually or in linear combination could predict resiliency in single parents. This study used a quantitative design that employed a non-probability, quota sampling method. The intent of the quota sample was to ensure stratification across key variables of gender, working status, and age. Facebook single father support group pages and internet-based marketing resources FindParticipants.com and Callforparticipants.com were used to assist in study recruitment. The recruitment tools allowed me to promote my study to relevant participants from a convenient and easy-to-use interface.

The literature predominately focused on the adverse effects of single parenting on children, noting elevated risk for mental health issues, dropping out of school, and teenage pregnancy (Barajas, 2011; Sigle-Rushton & McLanahan, 2004; Waldfogel et al., 2010). Single-parent studies focus disproportionately on how single parenting adversely impacts children by placing them at an elevated risk for deviant social behavior, sex-role identification, and parent child conflict (Barber & Eccles, 1992; Laursen, 2005; Richards & Scmiege, 1993). Parenting studies that examine resiliency examined resiliency amongst two parent households. Many of these studies highlighted the educational advantages and optimistic financial prognosis children reared in two parent households experience.

Many resiliency studies explored single parenting through a deficit-based lens and concentrated on a specific demographic that was low-income, minority, and female. This

study embraced a strength-based construct and explored resiliency and how it manifests in single parents by examining the factors of age, gender, income, and perceived social support. One research question guided this study.

Research Question: Do gender, age, income, and perceived familial social support individually or in linear combination significantly predict resiliency in single parents?

Null Hypothesis: Gender, income, age, and perceived familial social support individually or in linear combination do not significantly predict resiliency in single parents.

Alternative Hypothesis: Gender, income, age, and perceived familial social support individually or in linear combination do significantly predict resiliency in single parents.

The results from this study did not support gender, income, age, and perceived familiar social support as significant predictors of resiliency in single parents. Therefore, the null hypothesis of no relationship was retained. As with many studies that examine single parents, this study sample was comprised of more female single parents than male single parents. The literature showed a clear gap in single father representation, which was the reason this study sought to oversample male single fathers. Despite targeted recruitment efforts to over sample single fathers, only five single fathers participated in this study. This study consisted of more than 150 participants, but only 138 were deemed eligible to complete the study in its entirety.

Although the results of this study did not support the hypothesized relationship between gender, age, income, perceived social support, and resiliency; the data revealed some statistically significant bivariate correlations. The results of this study did suggest a positive relationship between degree of social support and resiliency; however, this correlation did not reach statistical significance. There was a positive relationship identified between age and income. As age increased, there was a corresponding increase in income.

Males made up less than 5% of study participants; this minimal number of male participants prevented generalizing the findings regarding gender. Male participants were significantly older than females in this study, and male participants had significantly higher incomes than females in this study. It is difficult to generalize these trends, but they set the framework for additional exploration.

Interpretation of Findings

The data provided both explanations and a host of additional questions. Participants scored high for resilience; however, the data revealed no significant relationship individually or in linear combination between the predictor variables of age, gender, income, perceived social support, and single-parent resilience. The literature explained that resilience, specifically personal resilience is embedded in “associations that generate affection and conviction, provide role models and offer encouragement and reassurance” (APA, 2015b, para. 1). Resilience is often described as a two-dimensional construct (Masten & Obradovic, 2006) where an individual not only adapts from his or her experiences but also develops coping behaviors to prevent or diminish future

occurrences of that experience. According to Connor and Davidson (2003) resilience is a process that develops as individuals mature and requires an enhanced thought process, heightened self-management abilities and more awareness (Richardson, 1990). The high resilience scores may support Connor and Davidson (2003) but it is not clear if the high resiliency scores are reflective of innate qualities associated with resilience that have been cultivated and groomed by relationships. Resilience is derived from reassuring associations with parents, peers, and others; as well as cultural beliefs and traditions that help people cope with the fluidity of life's highs and lows (Kjellstrand & Harper, 2012).

The high resilience scores could be reflective of the variables selected. Maybe other predictive factors were overlooked that could have had a greater impact on single-parent resilience. Income was explored but not in depth. The research questions did not gauge if the sole source of income was public assistance, self-employment, seasonal employment, full time employment, or a combination of all. In addition, physical health and health related expenses such as health insurance was not considered. In a family resilience study conducted in North Carolina, public assistance participation and health insurance expenses were considered as income (Orthner, Jones-Sanpeie, & Williamson, 2004). I found that despite having marginal incomes, the respondents reported as having surprising strength.

Participants' resilience could be a direct reflection of their adaptability. Resilience is often referred to as an innate skill that manifests when the presence of one or more protective factors is present. In 1985, protective factors were broadly defined as *personal*, *familial*, and *institutional safety nets* (Rutter, 1985). Some 20 years later, the notion of

protective factors continues to be a core concept of resiliency theory (Ellingsen et al., 2014). Consequently, according to resiliency theory, the more protective factors present in an individual, the more resilient an individual is likely to be.

Notably, exploring predictive factors of single-parent resiliency represents a relatively new field of exploration. The findings from this study are not in alignment with data trends of previously implemented single-parent resiliency studies. Previous research supports that when single parents have two or more of the identified predictive factors, their perception of resilience is greater than those that have one or none of the identified predictive factors present (Benard, 1995). However, this study found no significant relationship between any of the identified predictor variables and single-parent resilience.

The literature revealed a need to examine single fathers. As referenced previously, the primary demographic for single-parent studies are disproportionately female. A concerted effort was made to oversample male single parents for this study. The recruitment design consisted of a stratified quota sample with male single parents representing 40% or more of the study sample. Despite targeting social media platforms geared toward single fathers, highlighting the study on internet recruitment platforms, and utilizing single-parent Facebook pages and groups, the study only yielded a total of 5 male participants out of 138. Although the findings show a positive trend between gender and resilience, the relationship did not meet the threshold to be considered significant. With only five male participants, generalization of trends is not possible. This study is a start and could certainly serve as a catalyst for future research that explores the potential relationship between gender and resilience.

This study differed from some national trends around race. According to the Annie E. Casey Foundation Kids Count report (2013), 67% of African American children reside in single-parent households, while 25% of White children and 42% of Hispanic children reside in single-parent households. The racial composition of this study's sample was quite different, 64% of the participants were White, 19% were African American, 12% were Hispanic, and 8% were American Indian, Asian or Pacific Islander. It is difficult to make a generalization because this study examined single parents and the Annie E. Casey study examined children of single parents, but the disparity with regards to race is striking and may explain some of the findings.

The literature identified a relationship between single-parent resilience and income, suggesting that single parents with higher incomes tend to demonstrate higher levels of resilience. Single parents who generate sustainable wages can transcend economic depravity, tend to live in safer neighborhoods, and have the ability to invest in supplies beyond basic needs for their children (Zalewska et al., 2012). Previous research suggests that African American single-female-headed families disproportionately feel the limitations associated with poverty in contrast to their White counterparts (McClanahan & Garfinkel, 1989; Whitaker et al., 2014). With more than 64% of the single parents in this study being White and the median household income being \$30,000, this study again deviated from national trends. Additionally, with a median household income of \$30,000, 63% of study participants identified as having a high level of resilience.

The data identified no significant relationship between social support and resiliency in single parents, $r(136) = .16, p = .065$, two-tailed; the relationship between

social support and resiliency was 0.015 away from being significant. The relationship trended in a positive direction, thus this area should be further explored.

Resiliency theory and strength-based theory shaped the theoretical framework for this study. Resilience was selected because it is a strengths-based construct that focuses on providing the developmental supports and opportunities (protective factors) that promote success, rather than on identifying factors that promote failure. The strength-based construct examines family and community. Like resiliency theory, strength-based theory transitions from a traditional mindset that focuses on blame and deficits to one that focuses on abilities (McCashen, 2005; Saleebey, 1996). Both strength-based practice and resiliency theory support the concept that everyone can transcend adversity (Masten, 2001). Strength-based theory grasps the core belief that all individuals have strengths and resources (Laursen, 2003). Both theories enhance assets and build upon attributes that are already present in individuals. Additionally, both resiliency theory and strength-based theory examines how environmental factors, such as family and community, contribute to positive outcomes. Participants were assessed a total resiliency score, based upon their responses to questions that reflect five resilience principles, which are purpose, perseverance, self-reliance, equanimity, and existential aloneness. A higher total score suggests a higher level of resilience.

The Resilient Scale 25 revealed that more than 60% of participants scored as highly resilient. As mentioned previously, age, gender, income, and perceived social support did not have a significant relationship with resilience in this study. Maybe flawed recruitment efforts contributed to the lack of relationship between the predictive factors

identified and resiliency. The Internet-based recruitment design was selected primarily for convenience and the easy access to participants. Maybe the recruitment efforts unintentionally targeted single parents that came in with a relatively high level of resilience and because of their high resilience, the predictive factors were inconsequential.

Limitations of Study

Although a well-planned study, this study was not without limitation. The generalizability of this study was hampered due in part to the need for participants to have computer access. The entire study was computer-based, from recruiting, data collection, and to data analysis. Single parents who did not have computer access could not participate in this study. This limited the participant pool and translated into unintentionally excluding individuals. Additional limitations included the recruitment design, the racial composition of participants, and survey question interpretation.

Recruitment Design

The internet recruiting platform represented one of the biggest challenges. The internet platforms CallforParticipants.com and Findparticipants.com could only be assessed by individuals who were registered to the sites. Despite my efforts to highlight the study and draw additional attention to the study by paying additional fees, generating interest was challenging. These sites were geared toward researchers, they were not well publicized, and they were difficult to access; all these factors may have contributed to the limited response rate. To enhance study participants, the recruitment design had to be modified. The Facebook Single Parent Support groups, “Parents without Partners, Single

and Support Group” and “Single Parent Support Group” were used to recruit participants. Both Facebook groups generated respondents; however, participants had to have a Facebook account and be group members to have access to the study. These requirements may have limited and adversely impacted the response rate.

The literature identified a need to examine single fathers, as males are underrepresented in the research. Efforts were put in place to target males, including requesting to join and post on the Facebook group “Single Father’s Support Group,” advertising a special request for men on all recruitment platforms, and seeking to identify additional male-focused single-parent social media outlets. Efforts only generated 5 male respondents, 3.6%, out of 138 respondents. Because all participants came from identified sources where the participants self-selected, the external validity was hindered because of the sampling approach. To increase the external validity of the study, I used a quota sample. Using 2013 U.S. Census data, I stratified the sample by gender, working status, and age to have a sample that more accurately paralleled the target population in these areas. Recruiting single fathers proved to be extremely challenging and consequently, the external validity was limited.

Racial Composition of Respondents

The literature primarily focuses on African American single mothers. I wanted to recruit participants from a wide array of ethnicities. The limitations associated with recruitment design may have been instrumental in the lack of diversity reflected in this study. Study participants were disproportionately White, making up 63% of participants. African Americans and Hispanics collectively accounted for 35% of respondents.

Although all participants were at least 18 years of age, with at least one child under the age of 17, residing with them on a full-time basis, the limited diversity of the study makes it challenging to generalize the findings.

Survey Question Interpretation

Based upon participant responses, participants appeared to have difficulty with interpreting the question related to income. Participants may have been resistant to disclosing personal factors such as income. The researcher informed participants from the onset that personal information would not be shared with external parties. All participants were provided an informed consent form prior to study participation. By agreeing to advance to the assessment tools, participants provided informed consent to participate in the study. Demographic questionnaire and survey responses were completely anonymous. I intentionally did not ask participants to provide any identifying information at any stage of the data collection process to ensure anonymity.

The demographic questionnaire asked participants to identify their annual household income (to the nearest \$5,000). Participants provided a variety of responses that included hourly pay, weekly pay, monthly pay, and annual pay. Some participants reported high salaries that served as outliers in the data analysis. Noting the sensitive nature associated with income, participants may have opted to exaggerate or decline to respond to this question. Because of the varied responses, annual salaries had to be recalculated where appropriate. Respondent who reported salaries under \$5,000 were assigned an annual salary of \$5,000 because this was the minimum salary indicated on the demographic questionnaire. It is possible that some of these respondents might have

misinterpreted this income question and provided weekly and monthly wages rather than yearly.

Issues with Perceived Social Support Variable

I was surprised that the findings of this study identified no significant relationship between resilience and perceived social support. The literature provided an abundance of data to support that single parents with a broad support system, including extended family, have better parenting outcomes (e.g., Zalewska et al., 2012). Limitations associated with the instrument and the use of Survey Monkey may have contributed to the lack of statistically significant findings in this area.

Participants may have misinterpreted some of the items on the Multidimensional Scale for Perceived Social Support (MPSS) scale. The tool asks participants questions related to three subgroups (family, friends, and special persons). It is possible the respondents had trouble categorizing their supports based on the classifications offered. Individuals could have filled multiple roles as both a family member and a friend or a special friend and a friend, thus making it challenging for respondents to accurately categorize this individual's role regarding social support. Follow-up analyses of the MPSS examined each subgroup (family, friends, and special persons) individually to examine if a statistically significant relationship existed between these individual subgroups and resiliency. The additional analysis found no statistically significant relationship between resilience and the subgroups (family, friend, or special persons) of perceived social support.

The lack of statistical significance for social support could also stem from administrative error related to the internet-based distribution platform. Incomplete data suggested that not all participants were able to see every item on the MPSS scale, an error acknowledged by Survey Monkey well after the completion of participant recruitment. Complete data from all participants might have yielded a statistically significant relationship between perceived social support and resiliency.

Novice Researcher

My limited research experience was a limitation to this study. I attempted to prepare myself by seeking outside SPSS tutorials and research methods courses, but I think having a better understanding of survey question design and SPSS would have been beneficial. There is a skill to writing research questions. In hindsight some of the demographic questionnaire questions were confusing, and the confusion was evident in the wide array of responses.

Analysis Design

I used a stepwise multiple linear regression to examine if gender, age, income, and perceived familial social support individually or in linear combination adequately predict resiliency in single parents. A multiple linear regression as predictive analysis was used to explain the relationship between one continuous dependent variable from two or more independent (Patton, 2014). The stepwise multiple linear regression was implemented by entering predictor variables into the regression based upon statistical criteria. At each step in the analysis, the predictor variable that contributes the most to the prediction equation in terms of increasing the multiple correlation is entered first

(O'Sullivan, Rassel, & Berner, 2003). SPSS automatically continued this process as additional variables contributed statistically to the regression equation. When no additional predictor variables contribute in a statistically meaningful way to the regression equation, the analysis stopped. This approach is good, but a simultaneous method would have offered more flexibility since no significant relationship was identified between the independent and dependent variables. Simultaneous entry would have allowed for reporting the testing of the assumptions of multiple regression and the regression coefficients.

Other Predictive Factors

The literature was used to identify the predictive factors of age, income, gender, and perceived social support; but based on the findings maybe more optimal predictor factors could have been identified. Race was not used as a predictive factor but was asked in the demographic questionnaire. According to the Annie E. Casey Foundation Kids Count report (2013), 67% of African American children reside in single-parent households, while 25% of White children and 42% of Hispanic children reside in single-parent households. In 2009 it was reported that 35% of low-income white children live in single-mother families, while 66% of low-income African American children live in such families.

This study examined the demographic predictive variables of age, gender, and income. It also examined the psychological predictive variable of perceived social support. However, other psychological variables such as self-efficacy, self-esteem, and positive affect were not explored. In a meta-analysis involving 31,071 participants from

33 studies, Lee et al. (2013) investigated the relationship between resilience and a variety of variables. They found a strong correlation between resilience and self-efficacy, positive affect, and self-esteem (Lee et al., 2013).

Income was a predictive factor identified for this study, but education was not. The relationship between education and increased wages is well documented. School attainment has been found to accelerate employment (Yabiku & Schlabach, 2009). According to the U.S. Department of Labor (2014) a person with a bachelor's degree earns more than twice as much as a high school dropout. Individuals with advance degrees earned nearly three times as much as a high school dropout. Being well educated can increase a family's money earning potential, thus transcending the cycle of poverty.

A study examined the relationship between cognitive ability and excellent versus average levels of competence (Luthar, Cicchetti, & Becker, 2000). Another study found a relationship between resilience and physical health, concluding that when families have access to health insurance and preventive care, they are more resilient (Orthner, Jones-Sanpeie, & Williamson, 2004). Other factors that were not included in this study but emerged in the literature were cognitive ability, risk factors, number of children under the age of 17 living at home full time, geographical location, peer support for single parents, physical health, and health insurance coverage.

In studying resilience, the factors of statistical risk versus actual risk (Richters & Weintraub, 1990) and subjective versus objective ratings of risk must be considered (Bartlett, 1994; Gordon & Song, 1994). This means that understanding resilience requires an understanding of how risk impacts resilience (Jones, 2017). In studying single-parent

resilience, there is no way to determine the level of adversity and trauma single parents have experienced and there is no way to ensure that all study participants have comparable levels of adversity and trauma (Luthar, Cicchetti, & Becker, 2000)

Recommendations

There is a need to better understand resilience in single fathers. To improve this study, a separate recruiting platform should be created that is specifically geared toward recruiting single fathers. The internet recruitment interface was used for convenience, but to increase participation, the study could benefit from a blended recruitment strategy that included more traditional recruitment practices, such as mail-in surveys. To address the lack of diversity, a separate recruiting platform should be created that is specifically geared toward diversity. Specific attention should be placed on securing culturally diverse single-parent representation. It is difficult to discern the primary reason for the challenges with recruiting a culturally diverse poll male dominant participant pool. One of the challenges could be the novice ability of the researcher. If I was more knowledgeable in internet-based recruitment, social media platforms, and questionnaire design maybe the study outcomes would be different.

To assist with generalization, this study should be shared with single parents outside of Western civilizations. Extending this study to participants beyond Western civilization can provide a more comprehensive view of single-parent resilience. This could be accomplished by using international social media platforms such as Facebook, Snap-Chat and LinkedIn and by adjusting the demographic questionnaire to ask if participants are from outside of Western civilizations. Finally, I would recommend pilot

testing the demographic questionnaire to assist with identifying interpretation challenges, prior to administering the survey.

I selected a correlational, non-experimental design for this study. I chose this design because it can establish statistically significant conclusions about the target population (Creswell, 2003). However, this study may have yielded richer data if a qualitative design, such as a phenomenological study or case study, were employed. Being able to interview single parents using open-ended questions could have provided more in-depth understanding of single-parent perceived resilience. Case studies are an excellent tool to study phenomena. They are also a good method to challenge theoretical assumptions (Zainal, 2007). Case studies allow a lot of detail to be collected that would not normally be easily obtained by other research designs. The data collected is normally a lot richer and of greater depth than can be found through other experimental designs. By using case studies, I could have studied rare cases where large samples of similar participants were not available. A comparative case study involving two groups of single parents, a resilient group and the other group lacking resiliency, would permit an exploration of what factors differentiate the two groups. Resilience is derived from reassuring associations with parents, peers and others, as well as cultural beliefs and traditions that help people cope with the fluidity of life's highs and lows (Kjellstrand & Harper, 2012). By examining factors that resilient single parents have and what non-resilient single parents may lack, public policies and interventions could be designed to foster resiliency among struggling single parents.

Implications

Single parents are increasing in number, and the stigma of single parenting and the trials facing this demographic has been well documented. Many studies have highlighted the socioeconomic challenges, ethnicity, and age of single parents (Barajas, 2011; Sigle-Rushton & McLanahan, 2004; Waldfogel et al., 2010), but these studies have failed to identify factors that can offset adversity and contribute toward resiliency. An implication of this study was to understand resiliency and if the predictive factors of gender, income, age, and perceived familial social support could predict resiliency in single parents.

One research question guided this study. No significant relationship emerged between the predictors of gender, income, age, and perceived familiar social support, individually or in linear combination, and the outcome variable of resiliency. While single parent families are on the rise, there is an opportunity for more extensive research on additional predictor variables that contribute toward resiliency in general and amongst single parents specifically. Thus, the results of this study serve as an impetus for more single parent studies.

Despite its non-significant findings, this study builds upon existing research and can be used as a social change agent that shapes public policies that assist in fostering resilience in single parents. One of the implications of this research is the need for more supportive services for single parents. Single parents are a growing demographic, and they benefit greatly from perceived social supports (Zalewska et al., 2012). Tailoring single parent social services to include a social support component, such as low cost or no

cost child care during non-traditional child care hours, would benefit this population greatly. The Women with Children program at Misericordia University (Misericordia, 2018), empowers economically disadvantaged single mothers by providing the opportunity to complete a college degree. It is one of only eight programs in the U.S. Students are provided free housing, financial assistance, access to quality child care, and an array of social and family enrichment programming. Tailoring a single parent support group to include single parenting social mixers would help single parents meet other single parents and assist in building a social support network for this population.

The data identified a positive relationship between gender and age as well as age and income. If the trends are accurate regarding gender and income, the data can be used to support gender pay equity initiatives, such as those being pursued by the American Association of University Women (AAUW). Since being founded in 1881, the AAUW is the nation's leading voice promoting equity and education for women and girls (AAUW, 2018).

A better understanding of the relationship between gender and age can assist in promoting public policy that is geared toward offering an array of social supports to younger single parents. Noting the potential positive trend between perceived social support and resilience, offering services that incorporate key elements of social support, such as the physical and emotional comfort (Fairbrother, 2011), could potentially positively impact this population's resilience. Providing supportive services such as 24-hour child care, job training programs, and additional services could help single parents complete the basic tasks of day-to-day life (Fairbrother, 2011).

Conclusion

Single-parent households are on the rise (National Kids Count Data Report, 2015; Pew Research Center 2013; U.S. Census Bureau, 2015), and single parenthood is a reality for many adults and their children. While the struggles of single parenthood have been well documented, the strengths of single parenthood have been comparatively overlooked. Despite the statistics, many single parents transcend the negatives and with their children live prosperous, purposeful, fulfilling lives (Kjellstrand & Harper, 2012). Relatively few researchers have observed single parenthood through a resiliency theory construct that highlights family strengths.

Clearly, there are gaps in the literature and opportunities to study single parents in more depth. Single-parent fathers, single parenting across races, and single parenting beyond Western civilizations are all areas that could be explored further. This study is a start. Social change is brought forth by a springboard, this study is the springboard.

References

- Abiola, T., & Udofia, O. (2011). Psychometric assessment of the Wagnild and Young's Resilience Scale in Kano, Nigeria. *BMC Research Notes*, 4, 509-513. Retrieved from <https://www.biomedcentral.com/journals>
- Amato, P. (2005). The impact of family formation change on the cognitive, social and emotional well being of the next generation. *The Future of Children*, 15, 75-96. Retrieved from <https://futureofchildren.princeton.edu/>
- American Academy of Pediatrics. (2004). Retrieved from Caring for Your School Age Child: Ages 5 to 12. Retrieved from <http://www.healthychildren.org/English/family-life/family-dynamics/Pages/Parenting-School-Age-Children.aspx>
- American Psychological Association. (2014a). *The road to resilience: What is resilience?* Retrieved from <http://www.apa.org/helpcenter/road-resilience.aspx>
- American Psychological Association. (2014b). *The road to resilience: Factors in resilience*. Retrieved from <http://www.apa.org/helpcenter/road-resilience.aspx>
- Anderson, K. (2014). The number of U.S. children living in single parent homes has nearly doubled in 50 years: Census Data. Retrieved from <http://www.lifesitenews.com/news/the-number-of-children-living-in-single-parent-homes-has-nearly-doubled-in>
- Annie E. Casie Foundation. (2013). KidsCount 2013. Retrieved from <http://www.aecf.org/resources/the-2013-kids-count-data-book/>

- Barajas, M. (2011). Academic achievement of children in single parent homes: Critical review. *The Hilltop Review*, 5(1), 12-21. Retrieved from <http://scholarworks.wmich.edu/hilltopreview/vol5/iss1/4>
- Barber, B., & Eccles, J. (1992). Long time influence of divorce and single parenting on adolescent family and work related values, behaviors, and aspirations. *Psychological Bulletin*, 111, 108-126. Retrieved from <http://www.apa.org/pubs/journals/bul/index.aspx>
- Barrera, M., Sandler, I. M., & Ramsay, T. B. (1981). Preliminary development of a scale of social support: Studies on college students. *American Journal of Community Psychology*, 9, 435-446.
- Brody, G., Flor, D., & Gibson, N. (1999). Linking maternal efficacy, beliefs developmental goals, parenting practices, and child competence in rural single parent African American families. *Child Development*, 70, 1197-1208. Retrieved from <https://www.srcd.org/>
- Brown, O., & Robinson, J. (2012). Resilience in remarried families. *South African Journal of Psychology*, 42(1), 114-126. Retrieved from <https://doi.org/10.1177/008124631204200112>
- Brown, S. L. (2004). Family structure and child well-being: The significance of parental cohabitation. *Journal of Marriage and the Family*, 66, 351-367. Retrieved from <https://www.ncfr.org/jmf>

- Carpenter, M. (2011, April 28). *Facts about single parenting and mental health*. Retrieved from <http://www.examiner.com/article/facts-about-single-parenting-and-mental-health>
- Center for Disease Control and Prevention. (2015). Retrieved from <https://www.cdc.gov/>
- Center for the Study of Social Policy. (2016) Retrieved from <https://www.cssp.org/>
- Coate, E. F., Phares, V., & Dedrick, R. F. (2013). Psychometric properties of the Connor-Davidson Resiliency Scale among low income African American men. *Psychological Assessment, 25*(4), 1349-1354. Retrieved from <http://www.apa.org/pubs/journals/pas/index.aspx>
- Connor, K. & Davidson, J. R. T.(2003). Development of a new resilience scale: The Connor Davidson Resilience Scale. *Depression and Anxiety, 18*, 76-82.
- Copeland D., & Harbaugh B. L. (2005). Differences in parenting stress between married and single first time mothers at six to eight weeks after birth. *Issues in Comprehensive Pediatric Nursing, 28*, 139–152.
- Creswell, J. (2009). *Research design: Qualitative, quantitative and mixed methods approaches*. Thousand Oaks, CA: Sage Publications.
- Crosier, T., Butterworth, P., & Rodgers, B. (2007). Mental health problems among single and partnered mothers. The role of financial hardship and social support. *Social Psychiatry and Psychiatric Epidemiology, 42*(1), 6-13. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/17203237>
- DePaula, B. (2006). *Singled out*. New York, NY: St. Martin Griffin.

DeVellis, R. (2012). *Scale development: Theory and applications*. Los Angeles, CA:

Sage.

Doll, B., Jones, K., Osborn, A., Dooley, K., & Turner, A. (2011). The promise and the caution of resilience models for schools. *Psychology in the Schools, 48*, 652-659.

Ellingsen, B., Baker, B. L., Blacher, J., & Crnic, K. (2014). Resilient parenting of preschool children at developmental risk. *Journal of Intellectual Disability Research, 58*, 664-678.

Epstein, M. H., Hertzog, M. A., & Reid, R. (2001). The behavioral and emotional rating scale: Long-term test-retest reliability. *Behavioral Disorders, 26*, 314-320.

Fahlman, S., Mercer, K., Gaskovski, P., Eastwood, A., & Eastwood, J. (2009). Does a lack of meaning cause boredom? Results from psychometric, longitudinal, and experimental analyses. *Journal of Social and Clinical Psychology, 5*, 307-340.

Fairbrother, N. (2011). Social support. *Visions Journal, 6*(4), 7. Retrieved from <https://us.sagepub.com/en-us/nam/journal/vision#description>

Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods, 39*, 175-191. Retrieved from <https://link.springer.com/journal/13428>

Forthun, L.F., Carannante, S., & Diehl, D. (2011). Strengthening families: Parental resilience. *University of Florida IFAS Extension*. Retrieved from <http://edis.ifas.ufl.edu>

- Garnezy, N. (1991). Resilience in children's adaption to negative live events and stressed environments. *Pediatric Annals*, 20, 459-466.
- George, D., & Mallery, P. (2010). *SPSS for Windows step by step: A simple guide and reference 17.0 update* (10th ed.). Boston, MA: Pearson.
- Golasfshani, N. (2003). Understanding reliability and validty in qualitative research. *The Qualitiative Report*, 8(4), 597-607. Retrieved from <http://www.nova.edu/ssss/QR/QR8-4/golafshani.pdf>
- Gonzalez, M., Jones, D., & Parent, J. (2014). Co-parenting experiences in African American families: An examination of single mothers and their non-marital co-parents. *Family Process*, 53(1), 33-54. Retrieved from <https://onlinelibrary.wiley.com/journal/15455300>
- Greeff, A., & Fillis, A. J. (2018). Resiliency in poor single-parent families. *The Journal of Contemporary Social Services*, 90, 279-285.
- Greeff, A., & Nolting, C. (2013). Resilience in families of children with developmental disabilities. families, systems & health. *The Journal of Collaborative Family Healthcare*, 31, 396-405.
- Greeff, A., & Ritman, I. (2005). Individual characteristics associated with resilience in single-parent families. *Psychological Report*, 96, 36-42.
- Griffin, K., Botvin, G., Scheier, L., Diaz, T., & Miller, N. (2000). Parenting practices as predicators of substance use, delinquency, and aggression among urban minority youth: Moderating effects of family structure and gender. *Psycho Addict Behavior*, 14, 174-184.

- Harknett, K. (2006). The relationship between private safety nets and economic outcomes among single mothers. *Journal of Marriage and Family*, 68, 172-191.
- Henderson, N. (2003). Hard-wired to bounce back. *Prevention Researcher*, 10(1), 5-7.
Retrieved from <http://www.preventionresearch.org/prevention-science-journal/>
- Hsieh, M., & Shek, D. T. (2008). Personal and family correlates of resilience among adolescents living in Single parent households in Taiwan. *Journal of Divorce & Remarriage*, 49, 330-348. Retrieved from <https://www.tandfonline.com/loi/wjdr20>
- Jones, L. (2017). Resilience isn't the same for all: Comparing subjective and objective approaches to resilience measurement. *Wires Climate Change*, 552, 1-49.
Retrieved from <https://doi.org/10.1002/wcc.552>
- Kaplan, H. (1999). Toward an understanding of resilience: A critical review of definitions and models. In M. Glantz & J. Johnson (Eds.), *Resilience and development: Positive life adaptations (17-83)*. New York: Plenum Press.
- Kaplan, C. P., Turner, S., Norman, E., & Stillson, K. (1996). Promoting resilience strategies: A modified consultation model. *Social Work in Education*, 18, 158-168.
- Keith, T. Z. (2005). *Multiple regression and beyond*. Boston, MA: Allyn & Bacon.
- Khan, M. J., Hanif, R., & Tariq, N. (2013). Relationship of parental mental health with children's behavioral problems: Roles of social support and resilience. *Journal of Behavioral Sciences*, 24, 105-109.

- Kim, Y., Chiu, C., Peng, S., Cai, H., & Tov, W. (2010). Explaining East-West Differences in the Likelihood of Making Favorable Self-Evaluations: The Role of Evaluation Apprehension and Directness of Expression. *Journal of Cross-Cultural Psychology*, 41(1), 62–75. doi:10.1177/0022022109348921
- Kjellstrand, E., & Harper, M. (2012). Yes, she can: An examination of resiliency factors in middle and upper-income single mothers. *Journal of Divorce & Remarriage*, 53, 311-327. Retrieved from <https://www.tandfonline.com/loi/wjdr20>
- Langford, C. P., Bowsher, J., Maloney, J., & Lillis, P. (1997). Social support: A conceptual analysis. *Journal of Advanced Nursing*, 25, 95-100.
- Laursen, B. (2005). Conflict between mothers and adolescents in single mothers, blended and two-biological- parent families. *Parenting: Science and Practice*, 5(4), 347-370. Retrieved from <https://www.tandfonline.com/toc/hpar20/current>
- Laursen, E. K. (2003). Frontiers in strength based treatment. *Journal of Strength-based Interventions*, 12, 12-17.
- LeBuffe, P.A., & Shapiro, V.B. (2004). Lending “strength” to the assessment of preschool social-emotional health. *California School Psychologist*, 9, 51-61.
- Lee, J. H., Nam, S. K., Kim, A. R., Kim, B., Lee, M. Y., & Lee, S. M. (2013). Resilience: A meta-analytic approach. *Journal of Counseling & Development*, 91, 269-279.
- Levine, J., Emery, C., & Pollack, H. (2007). The well-being of children born to teen mothers. *Journal of Marriage and Family*, 69, 105-122.
- Levine, K. (2009). Against all odds: Resilience in single mothers of children with disabilities. *Social Work in Health Care*, 48, 402-419.

- Lindblad-Goldberg, M., Dukes, J. L., & Lasley, J. H. (1988). Stress in black, low-income, single-parent families: Normative and dysfunctional patterns, *American Journal of Orthopsychiatry*, *58*, 104-120.
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, *71*, 543-562.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, *56*, 227-238.
- Masten, A. S., & Obradovic, J. (2006). Competence and resilience development. *New York Academy of Science*, *1094*, 13-27.
- McCashen, W. (2005). *The strengths approach*. Bendigo, VIC, Australia: St. Luke's Innovative Resources.
- McCreary, L. & Dancy, B. (2004). Dimensions of family functioning: Perspectives of low-income African American single-parent families. *Journal of Marriage and Family*, *66*, 690 - 701.
- McLanahan, S., & Sandefur, G. (1994). *Growing up with a single parent: What hurts, what helps*. Cambridge, MA: Harvard University Press.
- McHenry, P., & Fine, M. (1993). Parenting following divorce: A comparison of black and white single mothers. *Journal of Comparative Family Studies*, *25*, 99-111.
- McLanahan, S. & Garfinkel, I. (1989). Single mother the underclass and social policy. *The Annals of the American Academy of Political and Social Science*, *501*(1), 92-104.

- Medical Dictionary (2009). Retrieved from <http://medical-dictionary.thefreedictionary.com/>
- Meikle, J. (2003, January 24). Lone-parent children at higher risk of suicide. *The Guardian*. p. 10.
- Mitchell, M. L., Jolley, J. M., & O'Shea, R. P. (2004). *Writing for psychology*. Pacific Grove, CA: Wadsworth.
- Misericordia University. (2018). *Ruth matthews bourger women with children program*. Retrieved from <https://www.misericordia.edu/page.cfm?p=583>.
- Moynihan, D. (1965). *The Negro family: The case for national action*. Washington, D.C.: Office of Policy Planning and Research, U.S. Department of Labor.
- Murry, V. M., Bynum, M. S., Brody, G. H., Willert, A., & Stephens, D. (2001). African American single mothers and children in context: A review of studies on risk and resilience. *Clinical Child and Family Psychology Review*, 4, 133-155.
- National Assembly of School Base Healthcare. (2016). *Risk and resilience in school-based health care*. Retrieved from http://ww2.nasbhc.org/web_policy.html
- Naval Center for Combat and Operational Stress Control. (2010). *Resilience what is it?* (28th ed.). Washington, DC: U.S. Retrieved from <http://www.med.navy.mil/sites/nmcsd/nccosc/publications/mindlines/2016/spring/mindlines-2016-spring>.
- Nickerson, A. & Fishman, C. E. (2013). Promoting mental health and resilience through strength-based assessment in US schools. *Educational and Child Psychology*, 30, 7-17.

- Olson, M. R., & Haynes, J. A. (1993). Successful single parents. *Families in Society*, 74, 259-267.
- Orthner, D., Jones-Sanpel, H., & Williamson, S. (2004). The resilience and strength of low-income families. *Family Relations*, 53, 159-167.
- O'Sullivan, E., Rassel, G., & Berner, M. (2002). *Research methods for public administrators*. New York, NY: Longman.
- Pardon, Y. N., Waxman, H. C., & Huang, S. Y. (1999). Classroom behavior and learning environment differences between resilient and nonresilient elementary school students. *Journal of Education for Students Placed at Risk*, 4, 65-82.
- Parekh, G., Killoran, I., & Crawford, C. (2011). The Toronto connection: Poverty, perceived ability and access to education equality. *Canadian Journal of Education*, 34, 249-279.
- Patton, M. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage .
- Peters, H. E. & Kamp-Dush, C. (2009). *Marriage and family perspectives and complexities*. New York: Columbia University Press.
- Pew Research Center. (2013). *Parenting in America*. Retrieved from <http://www.pewresearch.org/>
- Pinderhughes, E. E. Dodge, K. A., Zelli, A., Bates, J. E., & Pettit, G. E. (2000). Discipline responses: Influences of parents' socioeconomic status, ethnicity, beliefs about parenting stress and cognitive-emotional process. *Journal of Family Psychology* 14, 380-400.

- Prevent Child Abuse America. (2016). *The resilience project*. Retrieved from <http://preventchildabuse.org/>
- Quinn, P., & Allen, K. R. (1989). Facing challenges and making compromises: How single mothers endure. *Family Relations*, 38, 390-395.
- Rak, C. & Patterson, L. (1996). Promoting resilience in at-risk children. *Journal of Counseling and Development*, 74, 368-373.
- Reiner Hess, C., Papas, M. A., & Black, M. M. (2002). Resilience among African American adolescent mothers: Predictors of positive parenting in early infancy, *Journal of Pediatric Psychology*, 27 (7): 619-629.
- Resnick, M. (2000). Protective factors, resiliency and healthy youth development. *Adolescent Medicine: State of the Art Review*, 2. Retrieved from <http://www.qualres.org/HomeCrit-3814.html>
- Richards, L., & Scmiego, C. (1993). Problems and strengths and single parent families. *Family Relations*, 42, 277-285. Retrieved from <https://www.ncfr.org/journals>
- Richardson, G., Neiger, B., Jensen, S. & Kumpfer, K. (1990). The resiliency model. *Health Education*, 21(6), 33-39
- Richards, L., & Scmiego, C. (1993). Problems and strengths and single parent families. *Family Relations*, 42, 277-285.
- Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, 58, 307-321.
- Richters, J., & Weintraub, S. (1990). Beyond diathesis: Toward an understanding of high-risk environments. In J. Rolf, A. Masten, D. Cicchetti, K. Nuechterlein, & S.

- Weintraub, (Eds.), *Risk and protective factors in the development of psychopathology* (pp. 67–96). Cambridge: Cambridge University Press.
- Rosenthal, R. (1998). Covert communication in classrooms, clinics, and courtrooms. *Eye on Psi Chi*, 3 (1), 18-22.
- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *Journal of Psychiatry*, 147, 598-611.
- Saleebey, D. (Ed.). (2009). *The strengths perspective in social work practice* (5th ed.). Boston, MA: Pearson.
- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 41, 296-305.
- Sarason, I. G., Sarason, B. R., Shearin, E. N., Pierce, G. R. (1987). A brief measure of social support: Practical and theoretical implications. *Journal of Social and Personal Relationships*, 4, 497-510.
- Selya, A. S., Rose, J. S., Dierker, L. C., Hedeker, D., & Mermelstein, R. J. (2012). A practical guide to calculating Cohen's f^2 , a measure of local effect size, from PROC MIXED. *Frontiers in Psychology*, 3, 111. Retrieved from <http://doi.org/10.3389/fpsyg.2012.00111>
- Shadish, W., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Belmont, CA : Wadsworth Cengage Learning.

- Sigle-Rushton, W., & McLanahan, S. (2004). Father absence and child well-being: A critical review. In D. P. Moynihan et al. (Eds.), *The future of the family* (pp. 116-155). New York: Russell Sage Foundation.
- Taylor, Z., Larsen-Rife, D., Conger, R., Widaman, K., & Cutrona, C. (2010). Life stress, maternal optimism, and adolescent competence in single mother, African American families. *Journal of Family Psychology* 24 (4), 468–477.
- Trochim, W. (2000). *The research methods knowledge base* (2nd ed.). Cincinnati, OH: Atomic Dog.
- U.S. Census Bureau. (2013) *Families and living arrangements*. Retrieved from <https://www.census.gov/hhes/families/data/marital.html>
- U. S. Census Bureau. (2016). *Marital status of people 15 years and over, by age, sex, and personal earnings: 2016*. Retrieved from <http://www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf>.
- U.S. Department of Human Services, (2016). Retrieved from <https://www.hhs.gov/>.
- University of Virginia National Marriage Institute (2011). *State of our unions*. Retrieved from <http://nationalmarriageproject.org/wp-content/uploads/2012/12/SOOU2012.pdf>
- The Urban Institute. (2006). Parents and children facing a world of risk: Next steps towards a working families' agenda. Retrieved from http://www.urban.org/UploadedPDF/311288_parents_and_children.pdf
- Unger, M. (2008). Resilience across cultures. *The British Journal of Social Work*, 38, 218-235.

- Van Brenda, A. D. (2014). *Resiliency theory: A literature review Pretoria , South Africa: South African military health service*. Retrieved from <http://www.vanbreda.org/adrian/resilience.htm>
- Vespa, J., Lewis, J. M., & Kreider, R. M. (2013). America's Families and Living Arrangements: 2012. Washington, DC: U.S. Census Bureau. Retrieved from <http://www.census.gov/prod/2013pubs/p20-570.pdf>.
- Wagnild, G. M. (2014). *Discovering your resilience core*. Retrieved from http://www.resiliencescale.com/papers/pdfs/Discovering_Your_Resilience_Core.pdf
- Wagnild, G. M. (2014). *Will resilience help you be more successful?* Retrieved from <http://www.resiliencescale.com/papers/pdfs/Sucess.pdf>
- Wagnild, G. M., & Young, H.M. (1993). Development of psychometric evaluation of the Resilience Scale. *Journal of Nursing, 1*(2), 165-178
- Waldfoegel, J., Craigie, T. A., & Brooks-Gunn, J. (2010). Fragile families and child wellbeing. *The Future of Children, 20*(2), 87-112.
- Weinraub, M., Horvath, D. L., & Gringlas, M. B. (2002). Single parenthood. In M. H. Bornstein (Ed.), *Handbook of parenting, Vol. 3: Being and becoming a parent* (pp. 109-140). Mahwah, NJ: Lawrence Erlbaum Associates
- What Do Single Parent Statistics Tell Us? Single Parent Center. 3 August 2011. Retrieved December 2011.
- Whitaker, I. P., Whitaker, M., & Jackson, K. (2014). Single parenting in the African American community: Implications for public policy and practice. *Journal of*

- Human Behavior in the Social Environment*, 24, 230–249. Retrieved from <https://www.scimagojr.com/journalsearch.php?q=12247&tip=sid>
- Williams, J. M., & Bryan, J. (2013). Overcoming adversity: High-achieving African American youth's perspectives on educational resilience. *Journal of Counseling & Development*, 91, 291-300. Retrieved from <https://onlinelibrary.wiley.com/journal/15566676>.
- Yabiku, S. T., & Schlabach, S. (2009). Social change and the relationships between education and employment. *Population Research and Policy Review*, 28, 533-549.
- Zainal, Z. (2007). Case study as a research method. *Journal Kemanusiaan*, 9, 1-6.
- Zalewski, M., Lengua, L.J., Fisher, P. A., Trancik, A., Bush, N. R., & Meltzoff, A. N. (2012). Poverty and single parenting: Relations with preschoolers' cortisol and effortful control. *Infant and Child Development*, 2, 537-554.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52, 30-41.

Appendix A: Demographic Questions

What is your age?

- 18 to 25
- 26 -35
- 36 - 45
- 46 or older

What is your gender?

- Female
- Male

What is the highest level of education you have completed?

- Less than High School
- High school or equivalent
- Some college completed college

What is your current household income in U.S. dollars?

- Under \$25, 000
- \$25,001 - \$50, 000
- \$50,001 - \$75,000
- \$75,001 - \$100,000
- \$100,001 +

How many children 17 or younger live in your household?

- 1
- 2
- 3
- 4+

Please specify your ethnicity.

- Hispanic or Latino
- Not Hispanic or Latino
- Rather not answer

Please specify your Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Rather not answer

Appendix B: Resiliency Scale-25

RESILIENCE SCALE™

Date _____

Please read each statement and circle the number to the right of each statement that best indicates your feelings about the statement. Respond to all statements. Circle the number in the appropriate column.

	Strongly Disagree						Strongly Agree
1. When I make plans, I follow through with them.	1	2	3	4	5	6	7
2. I usually manage one way or another.	1	2	3	4	5	6	7
3. I am able to depend on myself more than anyone else.	1	2	3	4	5	6	7
4. Keeping interested in things is important to me.	1	2	3	4	5	6	7
5. I can be on my own if I have to.	1	2	3	4	5	6	7
6. I feel proud that I have accomplished things in life.	1	2	3	4	5	6	7
7. I usually take things in stride.	1	2	3	4	5	6	7
8. I am friends with myself.	1	2	3	4	5	6	7
9. I feel that I can handle many things at a time.	1	2	3	4	5	6	7
10. I am determined.	1	2	3	4	5	6	7
11. I seldom wonder what the point of it all is.	1	2	3	4	5	6	7

12. I take things one day at a time.	1	2	3	4	5	6	7
13. I can get through difficult times because I've experienced difficulty before.	1	2	3	4	5	6	7
14. I have self-discipline.	1	2	3	4	5	6	7
15. I keep interested in things.	1	2	3	4	5	6	7
16. I can usually find something to laugh about.	1	2	3	4	5	6	7
17. My belief in myself gets me through hard times	1	2	3	4	5	6	7
18. In an emergency, I'm someone people can generally rely on.	1	2	3	4	5	6	7
19. I can usually look at a situation in a number of ways.	1	2	3	4	5	6	7
20. Sometimes I make myself do things whether I want to or not.	1	2	3	4	5	6	7
21. My life has meaning.	1	2	3	4	5	6	7
22. I do not dwell on things that I can't do anything about.	1	2	3	4	5	6	7
23. When I'm in a difficult situation, I can usually find my way out of it.	1	2	3	4	5	6	7
24. I have enough energy to do what I have to do.	1	2	3	4	5	6	7
25. It's okay if there are people who don't like me.	1	2	3	4	5	6	7

Appendix C: Resiliency Scale 25 Permission

INTELLECTUAL PROPERTY LICENSE AGREEMENT**Students & Residents of Developing Countries**

This Intellectual Property License Agreement ("Agreement") is made and effective this 21 March 2017 ("Effective Date") by and between The Resilience Center, PLLP ("Licensor") and ("Licensee").

Licensor has developed and licenses to users its Intellectual Property, marketed under the names "the Resilience Scale," "RS", "14-item Resilience Scale" and "RS14," and (the "Intellectual Property").

Licensee desires to use the Intellectual Property.

NOW, THEREFORE, in consideration of the mutual promises set forth herein, Licensor and Licensee agree as follows:

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9. Taxes. In addition to all other amounts due hereunder, Licensee shall also pay to Licensor, or reimburse Licensor as appropriate, all amounts due for tax on the Intellectual Property that are measured directly by payments made by Licensee to Licensor. In no event shall Licensee be obligated to pay any tax paid on the income of Licensor or paid for Licensor's privilege of doing business.
10. Warranty Disclaimer. LICENSOR'S WARRANTIES SET FORTH IN THIS AGREEMENT ARE EXCLUSIVE AND ARE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.
11. Limitation of Liability. Licensor shall not be responsible for, and shall not pay, any amount of incidental, consequential or other indirect damages, whether based on lost revenue or otherwise, regardless of whether Licensor was advised of the possibility of such losses in advance. In no event shall Licensor's liability hereunder exceed the amount of license fees paid by Licensee, regardless of whether Licensee's claim is based on contract, tort, strict liability, product liability, or otherwise.
12. Support. Licensor agrees to provide limited, e-mail-only support for issues and questions raised by the Licensee that are not answered in the current version of the *Resilience Scale User's Guide*, available on www.resiliencescale.com, limited to the Term of this Agreement. Licensor will determine which issues and questions are or are not answered in the current *User's Guide*.
13. Notice. **Any notice required by this Agreement or given in connection with it, shall be in writing and shall be given** to the appropriate party by personal delivery or by certified mail, postage prepaid, or recognized overnight delivery services. If to Licensor: The Resilience Center

PO Box 313 Worden, MT 59088-0313

If to Licensee: Name:

14. **Governing Law.** This Agreement shall be construed and enforced in accordance with the laws of the United States and the state of Montana. Licensee expressly consents to the exclusive forum, jurisdiction, and venue of the Courts of the State of Montana and the United States District Court for the District of Montana in any and all actions, disputes, or controversies relating to this Agreement.

15. **No Assignment.** Neither this Agreement nor any interest in this Agreement may be assigned by Licensee without the prior express written approval of Licensor.

16. **Final Agreement.** This Agreement terminates and supersedes all prior understandings or agreements on the subject matter hereof. This Agreement may be modified only by a further writing that is duly executed by both Parties.

17. **Severability.** If any term of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.

18. **Headings.** Headings used in this Agreement are provided for convenience only and shall not be used to construe meaning or intent.

IN WITNESS WHEREOF, the
Parties hereto have duly caused
this Agreement to be executed in
its name on its behalf, all as of the
day and year first above written.

Licensee

The Resilience Center

Signature:

Printed Name:

Title: Student

Date: 21 March 2017

Gail M. Wagnild, PhD

Owner and CEO

21 March 2017

Appendix D: Multidimensional Scale of Perceived Social Support

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the “1” if you **Very Strongly Disagree**

Circle the “2” if you **Strongly Disagree**

Circle the “3” if you **Mildly Disagree**

Circle the “4” if you are **Neutral**

Circle the “5” if you **Mildly Agree**

Circle the “6” if you **Strongly Agree**

Circle the “7” if you **Very Strongly Agree**

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. There is a special person who is around when I am in need. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. There is a special person with whom I can share joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. My family really tries to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. I get the emotional help & support I need from my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. I have a special person who is a real source of comfort to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. My friends really try to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. I can count on my friends when things go wrong. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. I can talk about my problems with my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. I have friends with whom I can share my joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. There is a special person in my life who cares about my feelings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. My family is willing to help me make decisions. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. I can talk about my problems with my friends. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Scale Reference:

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (2011). The Multidimensional Scale of Perceived Social Support.