Sustaining the S.P.A.R.K. (Supporting Parents Anticipating Resilient Kids): A study on program implementation during the transition to parenthood

by

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Abstract

The intent of this study was to obtain feedback on a new and innovative intervention designed to help romantic partners sustain fulfilling relationships throughout the transition to parenthood called Sustaining the SPARK (Supporting Parents Anticipating Resilient Kids). Four formative evaluation approaches were used to assess: (a) therapists' satisfaction with the program training, (b) the value propositions that would best motivate therapists to become trained in the program, (c) what parents of young children think is important for program effectiveness, and (d) the experiences of expectant parents going through the program.

First, graduate couple and family therapy student therapists ($n = 3$) reported after being trained in the curriculum they were the most comfortable with the values topic of the curriculum, followed by the topics of emotion regulation and finances/financial goals, which were tied. Finally, conflict resolution, expectations, and gender roles/labor division were ranked as topics therapists were least comfortable with. All three trained therapists reported they were satisfied or very satisfied with the quality of the training in a variety of areas, but rated engagement and interactive aspects of the training the lowest, which provides a clear focus for further training improvements. Second, the market testing to 22 therapists in the K-State Couple and Family Therapy Program explored which values would be most effective in motivating therapists to enroll for training and program dissemination. The statement that included an appeal to therapists' passion for helping couples was ranked as the most motivating. Additional qualitative feedback identified that therapists were motivated most by statements with positive language and emotional tone, and they were least motivated by statements that did not highlight their clinical interests or values (e.g., money-focused).

Third, our focus group of parents with children under 4 years-old (*n = 4*) provided qualitative feedback on Sustaining the SPARK. Feedback revealed themes related to factors that may help participants attend and remain engaged in the program, the importance of focusing on partners' values in the curriculum, as well as the importance of addressing real-life relationship challenges and practical applications within the curriculum. Only one couple transitioning to parenthood has enrolled in the program and data is currently being collected.

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Dedication

Dedicated to my loved ones who have provided an endless amount of support and encouragement throughout my life.

Chapter 1 - Introduction

1.1 Overview of Study

The transition to parenthood is influenced by a complex interplay of personal, cultural, and societal factors (Zabak et al., 2023). Further, almost everyone entering parenthood faces the challenge of co-occurring biological, psychological, and behavioral changes (Nomaguchi & Milkie, 2020). These rapid, wide-spread changes during the transition to parenthood can lead to a significant reduction in relationship satisfaction for partners (Bogdan et al., 2022). Further, Kuile et al. (2021) identified prenatal relational processes as a predictor of the stability of relationship satisfaction. Fortunately, there is evidence that these negative impacts can be mitigated by couple and relationship education programming that includes both information on parenting and strategies for strengthening romantic relationships to withstand these changes (e.g., Gottman et al., 2004). Unfortunately, previous transition to parenthood programs were primarily developed with married partners in mind, limiting their broad applicability to the almost 40% of US parents who are not married at the time of birth (Osterman et al., 2024). Additionally, although there are potential benefits to the group format most commonly used in existing transition to parenthood programs (such as feeling validated by a shared experience; Post, 2015), the challenges of finding a co-therapist and a common time for a group of couples to meet decrease ease of implementation in therapy practices and minimizes the ability to adapt to specific couples' needs.

Accordingly, this formative evaluation seeks to gather insight from both therapists and parents on the appeal and accessibility of the Sustaining the SPARK (Supporting Parents Anticipating Resilient Kids) program for couples transitioning to parenthood. This program is facilitated by individual therapists in dyadic sessions with couples to help romantic partners sustain fulfilling relationships throughout this transition. Specifically, this feasibility study

examines (a) what aspects of recruitment materials most effectively motivate therapists to become trained in the program, (b) therapists' perceptions of the quality of the training they received prior to delivering the program, (c) new parents' perceptions of how well the curriculum will meet the needs of couples transitioning to parenthood, and (d) feedback on ease and appropriateness of program implementation from therapists and couples who participate in it.

1.2 Challenges During the Transition to Parenthood that Impact Romantic Relationships

Research demonstrates how individuals and couples experience common challenges during the transition to parenthood. For example, Lévesque and a team of researchers (2020) identified three common challenges among parents during the transition to parenthood: loss of individuality, distribution of parenting responsibilities, and the influence of social norms on perceived self-development (Lévesque et al., 2020). Some of these impacts may be due to the estimated additional 40 hours of labor per week the transition to parenthood has been estimated to create for the family system (Lévesque et al., 2020), placing new parents at risk for sleep deprivation (Bayer et al., 2007), and resulting in mood and cognition disturbances, increased irritability, and decreased executive functioning (Medina et al., 2009).

At this time, hormonal changes are also impacting parents' bodies and brains. For example, Hoeksama et al., (2017) found that a significant reduction in gray matter occurs in women's brains during pregnancy, while Kim et al. (2010) found significant increases of gray matter in the regions of mothers' brains that process positive perceptions of their babies after giving birth (Kim et al., 2010), which has been linked to the quality of maternal attachment (Hoeksama et al., 2017). Additionally, the physical changes that take place in a woman's body

and the psychological impact of these changes can contribute to a decrease in desire for sex (Tavares et al., 2022). Hoekzema and colleagues (2017) also found that after the baby is born, the father's testosterone significantly decreases, which has been linked to higher levels of paternal caregiving and involvement in a previous study (Gettler et al., 2011).

All these changes can lower resources and increase relationship distress for new parents. Specifically, there is significant evidence of decreases in relationship satisfaction due to sleep deprivation (Medina et al., 2009), fatigue and exhaustion (Lévesque et al., 2020), and decreases in intimacy (Claxton & Perry-Jenkins, 2008) and competency (Petch & Halford, 2008). With the large increase in workload, it is not surprising that relational intimacy suffers, creating a significant decrease in sex for couples following the birth of a child (Claxton & Perry-Jenkins, 2008). One study found that parents had higher reports of positive sexual and intimate touch during pregnancy than post-birth (Tavares et al., 2023).

Beyond overall adjustments to the parental role, couples often encounter a range of specific challenges that can strain their relationship and individual well-being. For example, postpartum depression, which impacts between 10-20% of mothers, can disrupt both individual functioning and relationship dynamics (Saharoy et al., 2023). Another study noted that approximately 2-4% of mothers develop PTSD following childbirth, which can create a range of negative consequences for the women themselves and their families (Garthus-Niegel et al., 2018). Further specific challenges couples may face include whether the pregnancy was planned or not, as this may influence how prepared couples feel to navigate these early stressors (Barton et al., 2017). One study found that violated expectations (when reality of parenthood differs from what each partner had anticipated) accounted for 14% of the variance in relationship satisfaction for men and 30% for women (Belsky, 1985). The same study reported that as satisfaction

declined, partners reported fewer efforts to maintain the relationship, increasing relational ambivalence from late pregnancy to the early postpartum period (Belsky, 1985). Additionally, shifts in the division of labor and traditional gender roles can lead to perceptions of inequity, especially if the father's involvement in childcare is limited or less than anticipated culturally or by the individual family system (Simonelli et al., 2016). Collectively, these factors can contribute to heightened tension and decreased relationship satisfaction in the early months of parenthood.

1.3 Relationship Protective Factors During the Transition to Parenthood

"Relationship satisfaction across the transition to parenthood is positively affected by low conflict frequency (Kluwer & Johnson, 2007) and constructive communication" (Trillingsgaard et al., 2014, p. 1,239). Interestingly, Petch and Halford (2008) found a substantial link between effective parenting skills and maintaining relationship satisfaction such that couples transitioning to parenthood who report lower levels of conflict experienced a higher sense of social and parental competency. Additionally, relationship maintenance behaviors that occur before the baby is born, such as perceived responsiveness and accommodation, were significant factors in positive relational processes (Kuile et al., 2021). Relational maintenance can look many different ways and varies across cultures; however, some examples of this include positivity, openness, assurances, social networks, and sharing tasks (Canary & Yum, 2015). Relatedly, psychological and emotional support to the mother from extended family and the partner (i.e., offering housing and division of labor) can be helpful in this transition (Seyed Karimi et al., 2021).

Negativity in a couple's communication can also be highly impacted by levels of stress and financial strain (Williamson et al., 2013). Seyed Karimi and colleagues (2021) identified fears of failure in one's ability to financially support their child as a common challenge to

relationship satisfaction (Seyed Karimi, 2021), suggesting that financial literacy could serve as a protective factor for couples in the transition to parenthood. Further, promising results have been found in family-focused services that build both relationship and financial skills and there are increasing providers who specialize in couples work to enhance financial stability for families and children (Office of the Assistant Secretary for Planning and Evaluation, 2008).

Emotion regulation techniques, such as cognitive reappraisal, have also been found to positively impact mothers' perceptions of the co-parenting dynamic and both partners' perceived parenting self-efficacy levels (Calabrese & Schoppe-Sullivan, 2023). In contrast, expressive suppression was found to hinder the reported parenting confidence (i.e., self-efficacy levels; Calabrese & Schoppe-Sullivan, 2023). Additionally, mindfulness and sexual mindfulness were recently found to be important skills in supporting new parents' mental health, relational satisfaction, sexual satisfaction, and parenting satisfaction (Leavitt et al., 2022).

John Gottman had a student, Dan Yoshimoto, who studied the variables of trust and conflict escalation in relation to emotion regulation for romantic relationships (Gottman & Gottman, 2017). Together, they identified that if partners could connect emotionally about everyday feelings, conflicts would not escalate (Gottman & Gottman, 2017). This emotional connection was identified by many activities, such as calmly talking about feelings (i.e., anger and sadness); non-defensive listening; and empathy for one's partner's experience, even if directed towards self (Gottman & Gottman, 2017).

1.4 Review of Existing Transition to Parenthood Programs

Due to the many potential challenges people experience during the transition to parenthood, this is seen as an opportune time for prevention programming (Rafaeli et al., 2024). Similarly, the transition to marriage is often a target of programs aiming to prevent marital

distress and instability with the hope of positively influencing family development and reducing the need for many health, social, and correctional services (Carroll & Doherty, 2003). Although meta-analysis results indicate that premarital interventions have been found to be effective in achieving immediate improvements in communication and conflict management skills, along with overall relationship quality that persist for at least six months to three years (Carroll & Doherty, 2003), findings across transition to parenthood programs have not been as robust with small effects on communication and well-being (Pinquart & Teubert, 2010). This may be due to many transition to parenthood programs focusing primarily on increasing parental competency rather than sustaining overall relationship or marital satisfaction.

The earliest documented intervention for the transition to parenthood was done by Yarrow and Shereshefsky in 1973. This study acknowledged the struggle to sustain marital satisfaction throughout the transition yet targeted their focus toward mothers individually (Shereshefsky & Yarrow, 1973). The study found all women who participated in the individual counseling provided through the intervention reported sustaining their baseline for marital satisfaction at six months post-partum, whereas women in the control group with no individual counseling reported declines in marital satisfaction at six months post-partum (Shereshefsky & Yarrow, 1973).

Next, Carolyn and Philip Cowan are often considered pioneers in transition to parenthood research who paved the path for other couple-focused transition to parenthood interventions. In their early intervention work, they teamed up with Marc Shulz to conduct one of the first longitudinal studies, Promoting Healthy Beginnings, which followed couples from pregnancy until the child's first year of elementary school (Schulz et al., 2006). Promoting Healthy Beginnings began with an initial 2.5-hour session to gain background information on the unique

dynamics of each relationship and then met in groups for 2.5 hours each week for 24 weeks, beginning before and ending after the birth (Schulz et al., 2006). The groups were led by married couples with clinical psychology backgrounds and consisted of four participant couples (Schulz et al., 2006). Topics of the group sessions included, but were not limited to, self and relationship views, parenting beliefs and expectations, support system access, and intergenerational reflection discussions (Schulz et al., 2006). The study did check-ins following the completion of sessions at 18 months, 3.5 years, and 5.5 years post-partum and found that all couples who participated in the group sessions remained together by the 18-month follow-up, whereas 12.5% of the control couples were either separated or divorced by this time (Schulz et al., 2006). As time progressed, the participant couples showed a slight decline in relationship satisfaction, having a 4% divorce and separation rate by the 3.5-year check-in and a 25% divorce and separation rate by the 5.5-year follow-up. The 5.5-year follow-up results were consistent with those of the control group (Schulz et al., 2006). Thus, the treatment effect for preparing couples for parenthood may deteriorate across time, especially up to 3.5 years following the intervention.

Family Foundations is another group-based transition to parenthood program focused on psychoeducation and goal-building for co-parenting relationships (Feinberg & Kan, 2008). Family Foundation's primary focus was placed on emotional regulation, conflict resolution, communication, and mutual support strategies between co-parents rather than the marital relationship itself (Feinberg & Kan, 2008). The intervention was conducted in eight sessions, four before birth and four following (Feinberg & Kan, 2008). The study reported moderately high retention rates, reporting that 66% of mothers and 63% of fathers attended five or more sessions (Feinberg & Kan, 2008). Results showed significant positive effects on co-parenting support for fathers, maternal mental health, and parent-child relational distress (Feinberg & Kan,

2008). The study demonstrated consistent levels of co-parental support both immediately post-study and at the one-year follow-up (Feinberg & Kan, 2008).

Another research team developed both a relationship strengthening intervention and a co-parenting intervention, but ran them as separate programs. A study that assigned 90 couples who individually saw PhD student therapists in a clinical psychology program to three groups: the information control group (a single 90-minute session that provided information on infant development and a list of items related to the transition to parenthood for couples to discuss), the relationship intervention (four dyadic 90-minute sessions spanning the transition to parenthood that centered around developing a theme for the relationship, communication, strengths, anticipate struggle areas, and how they want to overcome anticipated struggles), and the co-parenting intervention (four dyadic 90-minute sessions focused on expectations for life post-partum and development of a behavioral co-parenting plan that included roles and responsibilities, limits, mental health impacts on the dynamic, and obstacles that might interfere with plan implementation), found that both the relationship intervention and co-parenting intervention were more effective than the control in preventing a decline in women's perceived relationship quality (Doss et al., 2014). They found neither intervention to be more effective than the other (Doss et al., 2014). The study notes that these gains were found to be sustained throughout the duration of the research (i.e., two years post-birth; Doss et al., 2014).

Whereas the previously mentioned interventions were motivated by the desire to help adult life satisfaction by sustaining or increasing relationship satisfaction throughout the transition to parenthood, the Bringing Baby Home program appears to be primarily focused on preventing harm to the baby's development (Gottman et al., 2004). Bringing Baby Home is a 16-hour group-based intervention for parental development and co-parenting planning developed in

the early 2000s. The goals of Brining Baby Home include strengthening the couple's relationship, facilitating and encouraging father as well as mother involvement in this parenthood transition, and giving expectant and new parents basic information about infant psychological development accompanied with relevant parenting tips (Gottman et al., 2004). The workshop involves demonstration and lecture format, along with role-plays, communication exercises, and opportunities to practice emotion-regulation skills. Outcome research found that there was an increase in husbands' marital quality from three months to one year after birth for program participants, whereas marital quality significantly decreased for husbands in the control group (Gottman et al., 2004). Similarly, wives in the workshop group reported little to no change in marital quality; however, marital quality steadily decreased for those in the control group (Gottman et al., 2004). Additionally, when compared to the control group, marital hostility was found to be significantly lower in the workshop group after 12 months post-partum (Gottman et al., 2004).

1.5 Limitations to Current Parenting Preparation Programs

With the exception of the Yarrow and Shereshefky study mentioned above, most transition to parenthood prevention programs take place in a group format and are facilitated by heterosexual co-therapist teams, like those seen in Family Foundations (Feinberg & Kan, 2008), instead of individual clinicians with individual couples. Post (2015) hypothesized that group formats might be more common because the group experience offers parents a shared level of understanding and support and that group-formatted sessions are typically more affordable than individual sessions. When thinking of hypotheses for the lack of individual, same-sex, or non-married therapists leading this type of treatment, cultural and/or religious norms about coupling and parenting may influence the idea that programs are more effective when conducted by

heterosexual co-therapist teams. It may also be an effort to increase credibility and participant comfort by having therapists who have been through the transition to parenthood, and specifically been through the transition together.

Another notable gap in the research is the exclusion of non-married couples in these studies. This could be due to the studies being conducted in predominantly Western cultures where cultural norms might still hold marriage as the ideal structure for families (Young, 2011). There might be widespread assumptions about general lack of longevity and satisfaction for non-married couples. One study found that 16% of mothers who were unmarried at the birth of their child became married to the father of their baby within the next five years (Fragile Family Research Brief, 2007). Additionally, the findings also noted that about 40% of mothers reported still being romantically involved with the father of their baby five years post-birth (i.e., married, cohabitating, or dating; Fragile Family Research Brief, 2007). Another possible reason for exclusion of this group in research might be the difficulty scheduling times for them to come together, for counseling or parenting needs if they are living separately. Despite the reasons for the omission of this group, non-married couples make up about 40% of US couples experiencing the transition to parenthood (Osterman et al., 2024), making it critical to consider their needs when designing interventions.

Chapter 2 - Sustaining the S.P.A.R.K. Program

2.1 Sustaining the SPARK Program

The Sustaining the SPARK program was inspired by the author's clinical experiences delivering curriculum-based interventions, such as premarital counseling. The program consists of five to six 50-minute sessions facilitated by mental health professionals who are either trained or in training to provide systemic treatment of couples and families. The present curriculum was intended to be facilitated by master's and PhD students in the couple and family therapy program at Kansas State University. Based on the previously reviewed literature, the curriculum covers the topics of values, emotion regulation, conflict resolution, expectations, and financial planning. Expectant parent couples complete at-home worksheets to prepare for each facilitated session with their therapist. The at-home activities should take no more than one hour to complete, and participants receive a copy of the upcoming at-home activity at each session (i.e., paper copy for in-person participants and virtual copy for telehealth). While we continue to test the curriculum, clients and therapists complete a short survey following each session where they provide feedback on the previous session and reflect on their preparedness for the topic of the upcoming session. This program is designed as a proactive approach to preventing maladaptive coping and behavioral patterns among couples navigating a major life transition. Sustaining the SPARK also aims to foster healthy, open communication between parents as an early intervention to disrupt potential intergenerational patterns of maladaptive interaction and relational dynamics.

2.2 Sustaining the SPARK Guiding Theoretical Frameworks

Several theories guide the development and implementation of the Sustaining the SPARK program for couples in transition to parenthood: *family systems theory* (Bowen, 1978)*, family stress and resilience theory* (Hill, 1958; McCubbin & Patterson, 1983)*, social cognitive theory*

(Bandura, 1977), and the transtheoretical approach of *socioculturally attuned family therapy* (SAFT; McDowell et al., 2018). Additionally, *common factors* are effective components of therapy that cut across theoretical models. Important to implementing the Sustaining the SPARK program are the common factors of establishing and sustaining a strong therapeutic alliance between the therapist and both parents as equally as possible, and the therapists' confidence in their abilities to effectively implement the therapeutic model (Bartle-Haring et al., 2022), which in this case is the Sustaining the SPARK program model.

First, family systems theory conceptualizes families as units made up of all different subsystems (i.e., the family as a whole the parents, parent one and child, parent two and child, etc.; Watson, 2012), which is key to parents being the foundational target of the program. From a systems theory lens, helping parents take early action on distinguishing their roles as co-parents versus partners will help them improve or sustain the quality of their dynamic, as well as support the child's socioemotional development (Frosch et al., 2019). For example, a key concept in family systems theory is *triangulation* (Bowen, 1973; Gale & Muruthi, 2017), which refers to instances when a third party is used to alleviate tension between two parties. This can represent itself as a child being triangulated in parental conflict (McCauley et al., 2021). This shows the importance of improving connection and communication when working with various levels of a system. Family systems theory helps orient the program goals towards supporting parental preparation for the substantial shift in roles, responsibilities, and interactional patterns that occur during the transition to parenthood (Holmes et al., 2013).

The goals and content of the curriculum are influenced by family stress and resilience theory (Henry et al., 2015; McGoldrick & Shibusawa, 2012) and social cognitive theory (Bandura, 1986). Within a family resilience perspective, transitions and structural changes are

typically classified as *horizontal stressors* that create acute hardships (Henry et al., 2015). Without proper coping and healthy functioning, families risk this transition becoming a *vertical stressor*, described as a chronic strain and maladaptive family emotional systems (McGoldrick & Shibusawa, 2012). Family stress and resilience theory also emphasizes the importance of highlighting the protective factors that the family systems already holds and expanding resources to meet what is needed during times of strain (Patterson, 1998, 2002).Specifically, the family adjustment and adaptation response model (FAAR) highlights a balancing act between *family demands* (i.e., stressors, strains, daily hassles) and *family capabilities* (i.e., psychosocial resources and coping behaviors) with *family meanings* weaved into both constructs. This interaction establishes a baseline for *family adjustment* (Patterson, 1998, 2002). This model will be used to shape and define family adaptation to crisis and structure balance.

Additionally, social cognitive theory (Bandura, 1986) offers guidance on creating effective processes for helping people learn by including opportunities for observational learning, building self-efficacy by scaffolded practice of new behaviors, and increasing self-regulatory capacity. Social cognitive theory also highlights the importance of attuning to the interplay of environmental factors, personal factors, and behavior during the change process (Bandura, 1986). Accordingly, in the development of the Sustaining the SPARK curriculum, considerations were made for promoting thoughtful conversations on expectations, efficacy, interactional patterns, and regulation. Social cognitive theory further explains that when trying to build agency (or the ability to act with intention), it is essential to recognize that most human actions involve other people and "require commitment to a shared intention and coordination of interdependent plans of action. The challenge in collaborative activities is to meld diverse self-interests in the service of common goals and intentions collectively pursued in concert"

(Bandura, 2001, p. 7). Accordingly, in the curriculum for Sustaining the SPARK, couples define individual and system goals. The first step to this can be to provide hope and build a sense of self-efficacy needed to achieve said goals and step into roles and expectations, which are discussed throughout the curriculum as well.

Socioculturally attuned family therapy applies to the overarching framework guiding therapists' implementation of the program by intentionally incorporating couples' cultural, social, and historical contexts. Accordingly, the curriculum will provide explicit opportunities for therapists to incorporate values, beliefs, practices, and identities of the parents involved. Framing the implementation of the program within a SAFT lens prioritizes inclusivity and relevance so that the content, delivery methods, and goals of the program resonate with diverse participants, fostering a sense of belonging and engagement. As a prevention program, Sustaining the SPARK is designed for promoting awareness rather than creating immediate change in the given family system; however, McDowell and colleagues (2017) conceptualize awareness as a necessary precedent for change. *Contextual sensitivity* refers to the understanding that family dynamics are influenced by cultural, socioeconomic, and historical factors (McDowell et al., 2017). Further, the context in which the family operates shapes the interactions, values, and behaviors within the system. *Intersectionality* expands on this idea by representing the multi-layered make-up of an individual, understanding the interactions and internal power dynamics between their identities (McDowell et al., 2017). In SPARK, this concept can be applied to further understand dynamics in a multi-person family system (i.e., parent 1, parent 2, and infant). Lastly, *circularity* is a concept that is commonly used in brief approaches to therapy (e.g., solution-focused brief therapy; De Shazer et al., 2007). This concept refers to the idea that discovery of where a problem started is not necessary for solution development. Sustaining the SPARK operates from

this belief and focuses on strategies to promote resilience in the face of potentially unknown stressors to come (McCubbin & Patterson, 1983).

2.3 Program Structure & Content

Couples are asked to participate in dyadic sessions with their mental health professional on a weekly basis and complete activities at home in preparation for each meeting. During sessions, therapists process the at-home activities with the couple to engage in discussions that clarify expectations and plans for the future (See Appendix A - Sustaining the SPARK At-Home Activity Example). For example, before the first session, clients are asked to identify their personal values (a set of beliefs, ethics, morals, or guiding principles that motivate decision-making; Mintz, 2018). The identified values prompt further discussion on support and alignment in the romantic partnership. During the first session (Week 1), the couple is encouraged to share details about their relationship history with the therapist to foster a therapeutic alliance and cover basic knowledge of each partner's life. Following the initial introduction, the therapist initiates a discussion on values, reviewing the worksheet and facilitating discussion on the clients' experiences with values. Further discussion will take place on co-creating family values, which helps the therapist to normalize *permeability* (Minuchin, 1974). Following each session, clients will receive an email from their assigned therapist with the next week's at-home activity. Clients are expected to complete each exercise prior to session time and are given written instructions for completion. Some assignments ask clients not to share their answers prior to the session. The curriculum explores the following topics in the same format as listed above: (1) values, (2) emotions and regulation, (3) conflict resolution, (4) expectations and roles, and (5) financial literacy and planning. Throughout the program, clients receive foundational psychoeducation, participate in communication and grounding exercises to build skills, and engage in brief craft

activities. The purpose of these craft activities is to offer participants a tangible takeaway that reinforces program concepts and may encourage continued reflection and action after program completion. After each session, clients will be sent a survey to complete on session quality and therapeutic alliance.

2.4 Program Delivery

The delivery site for this formative evaluation of the Sustaining the SPARK is The Family Center on Kansas State University's campus, with the curriculum delivered by master's and doctoral students in pursuit of a license in marriage and family therapy (LMFT). These students participated in a single two-hour in-person training session at the K-State Family Center led by the author. The training provided an in-depth overview of the curriculum, detailed session outlines, and clear expectations for both therapist and participant roles. Further, this round of training included detailed instructions on data collection (i.e., their feedback on perceived preparedness and the clients' feedback on both the curriculum and delivery). All information covered in the training was provided in a physical guidebook for each therapist to take home and personalize. The therapist guide also came with extra physical copies of each worksheet that couples were expected to complete. Two training sessions were held to accommodate therapists' schedules, taking place in August 2025. Due to the stress and time constraints of early parenthood, sessions were designed to be as accessible as possible. With the help of Poresky funding, couples were able to attend the program for free through the K-State Family Center. Sustaining the SPARK sessions could be delivered either in-person or via Zoom, depending on the availability of the couple and therapist.

2.5 Formative Evaluation

When building the curriculum for SPARK, it is important to think about what resources, activities, outputs, and outcomes are desired for successful implementation (See Appendix B - Sustaining the SPARK logic model). In order to accomplish this formative evaluation, our resources consist of a physical location to facilitate the therapist training sessions (i.e., K-State campus); a training guide for therapist participants; a physical and confidential location to facilitate the intervention sessions with couples and feedback from the focus group with current parents (i.e., K-State Family Center or Zoom); virtual and physical recruitment resources and platforms (e.g., paper flyers at local clinics and public spaces or virtual flyers in public or private Facebook groups); therapist, couple, and parent participants; AAMFT approved supervisors to supervise the therapist interns; an online platform to create and distribute the surveys for data collection (i.e., Qualtrics); compensation for focus group participants; and physical and virtual copies of the training guide, worksheets, and curriculum.

To accomplish the objectives of this formative evaluation of Sustaining the SPARK, our activities will include: (a) in-person training sessions for the therapist interns; (b) six hours of programming, where therapists and clients can collaboratively determine the timing of sessions (e.g., one hour per week, two hours per week), ideally taking no more than six weeks to complete curriculum; (c) a two-hour focus group meeting that reviews the curriculum and interviews participants for feedback; (d) surveys for therapists and participants (i.e., therapist interest survey, therapist training survey, client pre-program survey, client post-session and preparation, therapist post-session and preparation, client post-program, feedback group entrance, focus group payment distribution, therapist flyer feedback survey, and therapist post-program survey); and (e) weekly worksheets related to the curriculum topics. The final activity in this pilot test is a

30-minute feedback interview with couples who complete the program after their final session to gather qualitative feedback and data related to their experience with the Sustaining the SPARK curriculum. Outputs for this study include receiving feedback from at least 10 therapists on the marketing materials recruiting therapists to become trained in the program, having at least four therapists complete the training for the course, conducting at least one focus group with parents who recently went through the transition to parenthood to provide feedback on appropriateness of program design and content, recruiting at least four expectant couples to attend all sessions and engage in the curriculum until completion, and complete data collection from therapists and couples.

The desired short-term outcomes related to the program's feasibility, appropriateness, and acceptability (Kidder et al., 2024) will be collected through feedback surveys and interviews with therapists, clients, and existing parents. Specifically, to inform further development of the program, I will be collecting data on the following: usefulness and clarity of curriculum and worksheets (i.e., clients ability to attend sessions and complete worksheets without excessive adjustment to personal routines, and therapists' ability to provide clear descriptions of expectations for the assigned worksheet interventions); relevancy and accessibility (i.e., the client's ability to relate with the curriculum, interventions, and therapists' approaches, as well as the program's ability to meet couples' individual and relational needs and desires for the program); competency and effectiveness of the program (i.e., increase or improvement of clients' knowledge and self-efficacy each session on the intervention topics); humaneness and empathy (i.e., clients are treated with respect and dignity, and therapists are understanding to individual and relational needs and circumstances; Royse et al., 2010); responsiveness and assurance (i.e., the time from request or question asked in session to an answer or resource is short, and the

therapists are facilitative throughout the duration of program; Royse et al., 2010); and perceived change in efficacy (i.e., client's perceived ability to effectively discuss each topic with partner and implement skills or tools developed in sessions). Furthermore, I expect the feedback provided by therapists on our recruitment materials will be thoughtfully integrated into future marketing efforts, helping to refine our messaging and reach a broader audience of potential facilitators.

Additionally, through the worksheets and conversations in sessions, I aim for couples participating in the sessions to have increased knowledge of relational skills and increased positive perception of self-efficacy in relation to their roles as romantic partners in preparation for the transition to parenthood. The worksheets and in-session conversations should also contribute to increased perceived support and give clients therapeutic experiences which could contribute to increased support-seeking behaviors (e.g., family, friends, community, therapy, etc.). For therapists, a short-term outcome is to receive reports of improvement in understanding key concepts and dissemination of curriculum-focused therapeutic interventions. From the therapist's perspective, I would want to know whether they viewed the program to be realistically implemented within the constraints of time (i.e., feasibility). This would relate to both the length of time between training and implementation and whether they viewed the sessions to be long enough to cover the curriculum. I would also want feedback on how they viewed the accessibility of materials and the training needed to implement the program effectively. Lastly, I would collect feedback on therapists' perceptions of whether the curriculum can align with their individual clinical approaches and is appropriate for the population served (appropriateness). For example, I would want to know how long it took to get trained and deliver the curriculum effectively, whether the curriculum accommodates general differences in

therapeutic styles and modalities, and whether the curriculum is designed with cultural responsiveness and flexibility in mind.

For long-term outcomes beyond the scope of this study, I hope to contribute to widening the literature on protective factors for relationship dynamics in the transition to parenthood. Through multiple rounds of feedback, I hope to attune my program curriculum and the training guide based on participants' (i.e., therapists and clients) reported needs so that the training for this program is accessible to therapists and dissemination reaches populations and settings that are overlooked in the current literature. For participants, long-term desired outcomes include decreasing the risk for maladaptive behaviors throughout life transitions and stress of parenthood while improving relationship quality and attachment security (Bowen, 1978) to potentially promote child development and healthy intergenerational patterns of relationship dynamics.

2.6 Present Study

Due to the many potential challenges people experience during the transition to parenthood, this is seen as an opportune time for prevention programming (Rafaeli et al., 2024) aiming to decrease marital distress and instability with the hope of positively influencing family development and reducing the need for many health, social, and correctional services (Carroll & Doherty, 2003). From literature, we know that couples in the transition to parenthood are impacted by a multitude of stressors including additional labor (Lévesque et al., 2020); sleep deprivation (Bayer et al., 2007); hormonal and physiological changes (Hoeksama et al, 2017; Kim et al., 2010); and decreases in sex and other forms of intimacy (Claxton & Perry-Jenkins, 2008;Tavares et al., 2022). Many efforts have been made to understand risks that these couples may face, which has led research to identify some protective factors such as social and parental competency (Petch & Halford, 2008); high levels of relational maintenance behaviors (Kuile et

al., 2021); mindfulness and sexual mindfulness (Leavitt et al., 2013); social and familial support (Seyed Karimi et al., 2021); and financial literacy (Office of the Assistant Secretary for Planning and Evaluation, 2016). Although meta-analysis results indicate that premarital interventions have been found to be effective in achieving immediate improvements in communication and conflict management skills, along with overall relationship quality that persist for at least six months to three years (Carroll & Doherty, 2003), there is minimal existing data on long-term effects of premarital counseling on communication and well-being.

Additionally, existing transition to parenthood programs primarily focus on married couples, are delivered through group sessions, and focus on baby development rather than placing focus on the parent-relationship quality (e.g., Bringing Baby Home; Gottman et al., 2004). Accordingly, the purpose of this pilot study is to explore the appropriateness and feasibility of Sustaining the SPARK as a support for couples transitioning to parenthood who are seeking to improve or maintain their relationship quality. By including non-married couples and promoting focus on partner involvement through dyadic sessions, Sustaining the SPARK will be contributing to decreasing the existing gap in literature around relationship quality over the transition to parenthood. Specifically, the research questions include:

RQ1: How do therapists who are trained in and deliver the program perceive its feasibility, appropriateness, and acceptability in their clinical work?

RQ2: What components of transition to parenthood programs do pregnant couples and existing parents find the most feasible, appropriate, and engaging?

RQ3: What factors influence therapists' interest in being trained to deliver the curriculum?

Chapter 3 - Methods

3.1 Participants and Procedures

This formative evaluation of the Sustaining the SPARK program involves collecting feedback from couple and family therapy students on what would motivate them to be trained in the program, therapists who attended a training, pregnant couples, and parents of children under four years of age. All components of this study were approved by the Kansas State Institutional Review Board.

Couples Transitioning to Parenthood

This initial version of the program implemented in the pilot study specifically targeted couples where both partners were entering parenthood for the first time due to the pregnancy of one partner and living together. With this, parenthood by surrogacy or adoption, the transition to parenthood in polyamorous and blended families, or when one parent is not able to be fully engaged due to separation or serious health challenges (mental or physical) was exclusion criteria for this study due to unique features and distinct stressors that may be present for parents in these contexts (Agee, 2022; Chorão et al., 2022; Golombok et al., 2005; & Santos et al., 2024). Further inclusion criteria, beyond expectant couples, would require that couples have been together for at least one year to ensure that the relationship has a foundational level of stability and development suitable for consistent evaluation. Recruitment attempts for couples transitioning to parenthood were done through printed fliers at local prenatal clinics in Manhattan, partnerships with local OB/GYNs and doulas, and through online platforms such as local Facebook groups. Recruitment was also done through word of mouth, asking participants to share with others who may be interested. If interested, couples were asked to contact me privately for a brief screening session and then connected with the K-State Family Center for

next steps on therapist assignment and starting the clinical paperwork. So far, only one couple has been recruited to participate in the program and has recently begun sessions. The participating couple identified as heterosexual, cisgender, and White/European American, with both partners employed across a combined total of five or more jobs. Both participants (100%) identified each other as a source of support. One participant (50%; $n = 1$) additionally reported support from family, friends, and a mental health professional.

All participant surveys are administered electronically and completed individually by each partner of a couple. First, a program pre-test collects demographics, baseline measures of relationship satisfaction and perceived preparedness for the transition to parenthood, along with previous experience and perceived preparedness for the curriculum topics. Additionally, before each session, participants provide information via electronic survey on their current levels of relational strain, and perceived confidence when managing the topic of the upcoming session in their relationship. After each session, couples complete a short post-survey about their in-session experience and were given the opportunity to provide feedback on what they think would be helpful to cover in that section for future sessions. These post-session responses are shared with their therapist, and the therapist can address any specific concerns or provide specific resources for each couple in a later session. Finally, at the end of the program, participants complete a short survey reflecting on any gains in confidence or knowledge they received from participating in the program and a feedback interview as a couple where they provide information on their perceptions of the curriculum and the delivery.

Couple and Family Therapists

The criteria for therapists who deliver the program include that they must be student interns at the K-State Family Center who receive supervision by AAMFT-approved supervisors

through the K-State Couple and Family Therapy program. Therapists were recruited through an online survey to which they indicated interest and reported clinic-related demographics (i.e., clinical experience). Although recruitment efforts yielded four therapist participants, one withdrew after completing the interest survey and was unable to finish the required training. As part of the initial interest survey, therapists were asked about their clinical experience and their comfort level with each session topic. All four therapists responded that "yes" they had prior clinical experience working with couples and "yes" that they had experience implementing curricula (e.g., premarital counseling) and averaged a 4.5 (out of 5) for both interest and comfortability in working with couples. Following the training session, therapists completed a feedback survey to provide information on their experiences, opinions, and satisfaction with the training sessions.

As therapists implement each session, they report: perceived efficacy of training related to their ability to deliver the curriculum effectively; fidelity to the assigned intervention; perceived confidence in effectively discussing the topic with clients; and feedback on whether the length of session was appropriate for the curriculum. In the post-program survey, trained therapists provide feedback on the process of implementation and dissemination of the Sustaining the SPARK curriculum. The survey provides prompts related to the therapists' perceptions of the quality of the program, perceived preparation, along with conformity, efficiency, and perceived performance of the program. Therapists are also asked to provide feedback for program improvement. All data were collected from an online survey platform, Qualtrics.

Additionally, 22 therapists from the K-State Couple and Family Therapy program provided feedback on potential marketing materials during an All Program Meeting and through

email distributed to the program listserv. Therapists who provided feedback on the recruitment materials were asked to complete a brief survey ranking several advertising statements that each highlighted different value propositions therapists may prioritize when selecting programs to become trained in and provide short explanations for their rankings. Market testing differs from traditional research in that it is designed to quickly enhance evidence-based decision-making when developing a product to increase the chances that the product will succeed with the identified market (in this case therapists; Bland & Osterwalder, 2019). Accordingly, a generalizable sample is not needed, and ease and speed are prioritized (Bland & Osterwalder, 2019).

Parents who Recently Transitioned to Parenthood

For our focus group, we recruited parents with children under the age of four years old to participate in an evaluation of our curriculum. These parents were recruited via online platforms and local Facebook groups. Participants indicated interest through a brief survey that included informed consent, demographics (age of their oldest child, number of total children, relationship status at the transition to parenthood, current relationship status, age, ethnicity/race, sex, gender, and sexual orientation), and a list of available interview times to choose from. Participants were contacted shortly after to confirm participation in the online focus group. The focus group was scheduled for two full hours and provided an overview of the curriculum and a qualitative feedback interview. Following their participation, participants received $20 in compensation for their contribution to the study. Initially, five participants were recruited; however, one participant's data was excluded due to inconsistencies between their entrance survey information and observed participation during the session. The participants whose feedback remains in our analysis all identified as women with children between the ages of one and three years. Of the

four remaining participants, three identified as Black or African American, while one identified as White or European American. Half of the participants identified as 24-28 years old, while the other half identified as 29-35 years old. The number of children varied between participants, as one mother reported having three children, another reported having two children, and the other two mothers reported having one child each. Two of the mothers identified as Straight or Heterosexual, while the other half of the participants identified as Bisexual.

3.2 Measures

Couples Participating in Sustaining the SPARK

Sustaining the SPARK Demographics Pre-Survey

In order to inform the feasibility, appropriateness, and accessibility of this study, partners individually provide initial demographic information (i.e., age, ethnicity/race, sex, gender, sexual orientation, highest level of school completed or highest degree received, whether they are a student, employment status, religious or spiritual identities, and perceived social support), and basic information about their relationship: length of relationship (i.e., less than a year, 1-3 years, 3-5 years, 5-10 years, over 10 years); relationship status (i.e., dating, cohabitating, in a civil union/domestic partnership, married, divorced, prefer not to answer, in a monogamous relationship, consensual nonmonogamy, non-consensual nonmonogamy); and household income (i.e., $0 - $200,000+ with $20,000 intervals, and prefer not to answer).

Then, partners were prompted to provide information regarding their confidence, self-efficacy, and stress related to each of the topics in the curriculum. This information provides a nice baseline of couples' needs, which can then be shared with the assigned therapist to further attune the in-session experience to specific needs. Partners individually rated the strain they experience in their relationship due to each topic covered in the curriculum (conflict resolution,

communication patterns, finances, division of responsibilities, expectations for self and partner – related to the transition to parenthood, emotion regulation, and values) on a scale ranging from 1 (*no strain*) to 4 (*I experience a lot of strain*). They were then asked to identify how comfortable they are exploring each curriculum topic with their partner and their assigned therapist on a scale from 1 (*extremely uncomfortable)* to 5 (*extremely comfortable*) as well as how excited and prepared they felt to explore each topic with their partner (both on a scale from 1 [*not excited* or *not* prepared] to 5 [*extremely excited* or *extremely prepared*]).

The last section of the client program pre-survey allowed for specific data to be collected about clients' perceptions of the first session topic (i.e., values). Clients completed a matrix table to indicate their agreement with the following prompts on a scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*): "*We often experience conflict around this topic."; "I feel confident we can effectively discuss this topic"; "Thinking about this topic causes me discomfort or stress."; "I know a lot about this topic."* Clients were then given two open-ended questions asking if they would like to explore anything specific in the upcoming session on this topic and what they hoped to get out of the first session.

Client Post-Session and Preparation Survey

Following each session, clients received a survey on their in-session experience, which addresses both the therapeutic alliance and session feedback. Further, clients were asked a series of questions related to preparing for the next session. Therapeutic alliance was measured with three questions asking to what degree they felt their therapist "*was knowledgeable about the topic", "was responsive to our specific concerns and questions",* and "*checked our understanding"* on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Clients then rated their agreement on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*) that "*the content*

covered in this past session was delivered in a way that": (a) *"was easy to understand";* (b) *"was relevant to my current situation";* (c) *"helped me learn new skills or strategies";* (d) *"was respectful of my needs, values, and context";* (e) *"provided information that increased my knowledge on this topic";* and (f) *"improved my confidence in discussing this topic effectively with my partner"*. Clients then rated another set of statements on the relevance and appropriateness of the past lesson with the same scale: (a) "*I found the in-session discussions to be engaging and useful throughout the entirety of the program.";* (b) *"I found the assigned worksheets to be useful and engaging throughout the entirety of the program.";* (c)*"I found each of the topics to be equally useful in preparing my relationship for the transition to parenthood.";* (d) *"My therapist was able to point me in the direction of useful resources for any topic that we saw fit.";* and (e) *"I feel the length of sessions was appropriate for meeting my needs with each topic."* Clients were then given two open-ended questions asking what worked well about the session that should be kept as the program evolves, and what they think would make the session feel more effective and/or improve the quality of the session.

To prepare for the next session, clients then indicated their agreement with the following prompts referring to the topic of the upcoming session on a five-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*): "*We often experience conflict around this topic."; "I feel confident we can effectively discuss this topic"; "Thinking about this topic causes me discomfort or stress.";* and *"I know a lot about this topic."* This was followed by two open-ended questions asking if they would like the therapist to be aware of anything specific in the upcoming session and what they hope to gain from the next session.

Client Post-Program Survey and Interview

Following the final session, clients were asked to stay for an extra 30 minutes to complete a survey and interview about their overall experience with the Sustaining the SPARK program. The survey took place individually, whereas the interview was conducted dyadically. In the survey, clients rate their perceived level of improvement on a scale ranging from 1 (*none at all*) to 5 (*a great deal*) in the following areas: 1) knowledge about each curriculum topic; 2) confidence in effectively discussing each topic with partner; 3) comfort continuing discussions on this topic at home; and 4) knowledge of how to access resources and support related to each topic. Clients also provided their agreement on a scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*) with the following statements about their experience in the program: (a) *"Overall, I felt this program improved my ability to keep our relationship strong through the transition to parenthood."*; (b) *"I would recommend this program to other first-time expecting parents."*; and (c) *"Overall, I feel satisfied with the tools, knowledge, and care this program provided me ."* Once the survey is completed, clients are asked to engage in a dyadic interview with the following open-ended questions: *"Overall, what do you think worked well for you and your relationship about the SPARK program?"; "What helped, or could be done to help reduce barriers to attending the program?"; "Sometimes, the topics in this program can be challenging for couples to discuss. What about the program may make talking about these topics easier and/or more challenging?"; "What could be improved to make the homework in between sessions more effective."; "How has participating in the Sustaining the SPARK program affected the way you and your partner communicate or connect with each other?"; "What recommendations do you have for improving the program in the future?";* and *"Is there anything else that I haven't asked which you think is important to share about your experience in the program?"*

Therapists Implementing Sustaining the SPARK

Therapist Training Survey

Following the completion of the therapist training in Sustaining the SPARK, the newly trained therapists were asked to complete a survey about their experience in the training. Therapists were prompted to rate the following aspects of the training on a scale of 1 (*extremely unsatisfactory*) to 5 (*extremely satisfactory*): overall quality; location; duration; duration of time spent on each session topic; engagement and interactive aspects; quality of resources and information provided; clear and explicit expectations of the therapist role; content and curriculum were easy to understand. The participants were also asked a open-ended question to share feedback on the training: "*Did you think the content in the training material was sufficient? What could be added or improved?"*

Therapist Post-Session and Preparation Survey

Following each session, therapists receive a survey on their in-session experience and perceived preparedness to conduct the session. To assess therapists' perceived preparedness, therapists rated their agreement on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*) with the following prompts: (a) "*I had enough time in between sessions to prepare, understand, and attune my understanding of this topic to my client's needs.*"; (b) "*My SPARK training and training guide were helpful in preparing me for this session.*"; (c) "*I felt knowledgeable about this topic and was able to answer my client's questions effectively*."; (d) "*If a client asked a question that I was unsure how to answer, I was able to refer them to a helpful resource provided by my training guide.*"; (e) "*I feel my training session on X date was helpful in preparing me for my most recent session.*"; and (f) "*I was able to deliver this lesson in alignment with the required standards and as intended by the SPARK curriculum.*" Therapists are also asked for their feedback using three open-ended questions: "*What went well about the most*

recent session?"; "Is there anything that would be helpful to add to our training session on X topic?"; and *"Is there anything that would be helpful to add to our training guide on X topic?".* To gauge therapists' preparedness for the upcoming topic, therapists rated their agreement on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*) with the following prompts: (a) "*I feel the SPARK training guide provides strong, well-rounded resources that I can give my assigned clients on the upcoming topic.*"; and (b) "*I feel my SPARK training and training guide have prepared me to explore the upcoming topic with my assigned couple.*" Therapists are were also asked an open-ended question on whether there is anything specific that would be helpful to discuss with me, the content creator, to better prepare them for the upcoming session.

Therapist Post-Program Survey

Following the delivery of all sessions and content, therapists received a survey that includes the opportunity for reflection on perceived preparedness and effectiveness of training on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*) with the following prompts: (a) *The training prepared me to deliver the program confidently;* (b) *The training addressed the challenges I encountered during implementation;* (c) *The goals and objectives of the program were made clear to me;* (d) *The structure of the program was clear and easy to follow;* (e) *The materials provided (e.g., handouts, visuals, guide) were accessible, useful, and well-designed;* (f) *I was able to implement the program with fidelity to the intended delivery;* (g) *I had to make significant adaptations to fit mine or my clients' context;* (h) *I would feel confident delivering this program again;* and (i) *I feel the program was effective for the clients/students I worked with.* Therapists were also asked two open-ended questions related to program improvement: "*Please share at least one statement about what you feel could be important to know for therapists interested in delivering the SPARK curriculum before applying."* and *"Please share what you*

feel would make this program appealing to other interested therapists when advertising in the future."

Market Testing: Therapist Flyer Feedback

To gain a better sense of what appeals to therapists when marketing a program like Sustaining the SPARK, we created four advertising statements for therapists to rank, each highlighting a different value proposition that may motivate therapists to become trained in the program. The rank-order question prompted participants to answer the following: "*Imagine you are a therapist in a community practice. Please order the advertising flyer statements below from most (#1) to least (#4) likely to entice you to obtain training for the Sustaining the S.P.A.R.K curriculum.*" The advertising statements being ranked were: (a) "*For therapists passionate about supporting couples and families, this program provides meaningful work with expectant parents at a pivotal moment in their journey."*; (b) "*Your role in this program helps disrupt intergenerational patterns of struggle, offering couples healthier models for communication, connection, and care*."; (c)*"Imagine the impact of stepping in early to support couples before adversity takes hold, and strengthening their foundation for the journey ahead."*; and (d) "*By participating, you'll diversify your revenue stream with a curriculum-driven service that meets a growing need for early relational support."* The ranking was followed by open-ended questions that asked respondents to explain their ranking for each statement: "*Please provide a brief explanation of why you ranked Statement X as you did: (each statement was repeated here)."*

Market Testing: Focus Group

Focus group participants were provided a link to the at-home activities from the Sustaining the SPARK curriculum and asked to review them prior to the focus group session.

After introducing the purpose of the program and reviewing the main topic areas and structure of the sessions and at-home activities, participants were asked to provide feedback about: (a) program feasibility, (b) appropriateness and relevance, (c) clarity and accessibility, (d) usefulness and applicability, and (e) open reflection. Each of these categories included two to three questions designed to assess parents' perceptions of the curriculum's content, structure, and delivery, as well as provide feedback for improvement.

The focus group warm-up questions included: "*What three words would you use to describe the transition to parenthood?*" and "*What do you wish someone would have told you about protecting or preparing your relationship for the transition to parenthood?*" Then, to assess feasibility of the program, participants were asked the following two questions: "*What barriers might make it difficult for parents to participate in this program (i.e., time, cost, etc.)?*" and "*What would make it easier for parents to attend the sessions?*" To assess appropriateness and relevancy of the program and designed curriculum, participants were asked the following three questions: "*How well do the topics reflect the challenges parents face when transitioning to parenthood?*"; "*Do you feel there are topics that would better suit the transition to parenthood and relationship struggles that can appear?*"; and "*Were there any topics in the program that you felt would need more time or attention than others?*" To assess clarity and accessibility of the designed curriculum and program, participants were asked the following three questions: "*In reviewing the at home activities, how clear did you find the explanation of concepts and instructions?*"; "*Can you share a time when looking over the program materials when you felt like, 'This really speaks to me'?*"; and "*Were there any moments where you felt like the curriculum wasn't really meant for someone like you? What made you feel that way?*" To assess how useful parents found the program, participants were asked the following three questions:

"*Thinking about the transition to parenthood, what kinds of experiences or supports do you wish a program like this offered?*" and "*What would make you want to recommend a program like this to your friends and family?"* In an open reflection to end the focus group, participants were asked, "*Is there anything that I haven't asked about that you think would be important for me to know as I continue to develop this program?*".

3.3 Analysis Plan

The analysis for this feasibility study was descriptive. Scaling questions were averaged across participants using Excel. Open-ended questions and interviews (recorded on zoom, transcribed, and deidentified) were analyzed using LiGRE, an online qualitative coding program. Before uploading into LiGRE, all qualitative data for each participant (online and in-person qualitative responses) were compiled into one document and deidentified for analysis. The qualitative data were analyzed using basic content analysis, a method that involves systematically categorizing textual data into meaningful groups based on recurring topics or patterns. This approach emphasizes descriptive coding, which assigns labels to segments of text that summarize the basic topic and stay close to the data without interpreting deeper meaning (Villamin et al., 2024). The coding process was guided by the study's research questions, which focused on participants' perceptions of the intervention's relevance, usability, and potential barriers to implementation. This approach is appropriate for early-stage program development, where the goal is to gather actionable feedback rather than generate theory and aligns with the nimble nature of market testing and early-stage program evaluation in implementation science where large sample sizes and exhaustive interpretation are not always feasible or necessary when the focus is on identifying recurring topics or concerns that can guide next steps in program development or messaging (Bland & Osterwalder, 2019; Kowalski et al., 2024).

Chapter 4 - Results

4.1 RQ1: Therapist SPARK Training Feedback

Prior to being trained in the Sustaining the SPARK curriculum, therapists were asked about their comfort working with couples for each session topic. Overall, therapists felt most comfortable discussing values with expecting couples and least comfortable, on average, leading sessions on conflict resolution, labor division and gender roles, and expectations (see Table 1).

Table 1. Therapists' Comfort with Session Topics

Session Topic	Average	*SD*
Values	4.0	1.73
Conflict Resolution	3.5	1.50
Emotion Regulation	3.75	1.64
Labor Division and Gender Roles	3.5	1.50
Expectations partners hold of self and one another	3.5	1.50
Finances and Financial Goals	3.75	1.64
Total Comfortability	3.67	1.42

Post-training, the three therapists reported high satisfaction with all aspects of the training except the engagement and interactive aspects of the training, which were rated at only moderate levels of satisfaction on average (see Table 2.2).

Table 2.2 Therapists' Satisfaction with Training

Overall Experience	Average	*SD*
Quality of Training	5.0	0.0
Location of Training	4.67	0.47
Total Duration	5.0	0.0
Duration of time dedicated to each session topic	4.67	0.47
Engagement and interactive aspects of training	3.67	0.47
Quality of resources and information provided	4.67	0.47
Clear and explicit expectations for therapists' roles	4.67	0.47
Content and curriculum was easy to understand	5.0	0.0
Total Comfortability	4.67	0.55

Participants were also asked open-ended questions about whether the training materials were sufficient and to share any suggestions for improvement. One participant's response

highlighted that the content felt "*sufficient and thorough*," while another participant reported that the materials were "*organized and helpful*." A third participant recommended providing more detailed information during the recruitment process so that therapists could better familiarize themselves with the curriculum and arrive prepared with questions prior to the training.

4.2 RQ2: Expectant and Current Parents' Perceptions

Expectant Couples Participating in Sustaining the SPARK

Recruitment efforts yielded one expectant couple, who is currently enrolled in the program and actively completing the at-home activities and feedback surveys alongside their assigned trained therapist, who is also completing corresponding feedback surveys. Pre-participation in the program, the couple reported experiencing the greatest strain in areas related to communication patterns, followed by finances and conflict resolution, then division of responsibilities and emotion regulation. They indicated experiencing the least strain in values and expectations for self and partner in relation to the transition to parenthood. Regarding comfort with the proposed session topics, the couple reported feeling most comfortable discussing values, finances, and financial goals, followed by conflict resolution, division of labor and gender roles, and expectations for self and partner. Emotions and emotion regulation were identified as the least comfortable topics to discuss. The couple reported a consistent level of comfort in discussing each session topic with the assigned therapist (50% *somewhat comfortable*; 50% *extremely comfortable*).

Before beginning their first session on Values, the couple reported divergent perceptions regarding conflict around values in their relationship–one partner indicated *somewhat disagree*, while the other selected *somewhat agree*. This split pattern was also reflected in their reported confidence in effectively discussing values. In response to the prompt assessing whether *thinking*

about values causes discomfort or distress, one partner responded *somewhat disagree*, and the other *neither agree nor disagree*. Lastly, both partners reported *somewhat agree* to knowing their own and their partner's values. The participants and therapist participant data will continue to be monitored as sessions move forward.

Current Parent Focus Group

The 2-hour focus group of parents who have transitioned to parenthood within the past three years. Participant responses were coded by research question and organized into themes as described below.

Reducing Barriers to Participation

When asked what barriers might make it difficult for parents to participate in this program, participants' responses included *cost*, *setting* (i.e., in-person versus online), *privacy*, and *lack of availability*. When asked what might make it easier for parents to attend sessions, participants identified a few key factors. Several participants emphasized the importance of *motivation and awareness*, noting that attendance might increase if parents understood the benefits of the program or knew more about the specific topics covered. Another participant suggested that sessions could feel less intimidating if held in group settings with other parents rather than solely with a therapist, implying that this format might create a more relaxed and *less clinical atmosphere*.

Appropriateness of Curriculum Topics

When asked how well the topics reflect the challenges parents face when transitioning to parenthood, many mothers agreed that the topics in Sustaining the SPARK "reflect[ed] the challenges of transitioning to parenthood quite well." Two mothers touched specifically on the theme of *emotional and psychological adjustment to parenthood*, noting that the table of

emotions would be helpful as it "gives more words and more understanding to [a] situation." Another participant furthered this theme by touching on how these topics "address emotional adjustments such as coping with identity shifts and managing stress."

Another identified theme from participants' reflections was *relationship and communication dynamics*. One participant specifically highlighted how the topics "explore relationship dynamics," touching on how to navigate changes in interactions and connection. Two other participants emphasized that discussing these topics would be particularly helpful when preparing for parenthood, as partners often come from different backgrounds and may approach parenting differently. One participant reflected more broadly that "we're all raised differently," while another drew from personal experience, noting that she and her partner "came from a different background." A couple of participants spoke on *structural adjustment*s during the transition to parenthood, highlighting finances and budgeting, as well as shared responsibilities to be large changes that take place in this transition and are important to address.

When responding to what was missing that could be added to the program, participants expressed appreciation for the current program, specifically based on previous (a) *programming experience* and how they aligned with (b) *real-life application,* but noted the importance of addressing (c) *relational and labor equity* within a cultural context to make it most effective. Specifically, a participant noted, "Even in just these six sessions, [she felt] like everything that you need to know in parenting is covered," and discussed the lack of depth in alternative programming experiences (i.e., birth class through the parents' hospital). Additionally, participants pulled from personal experiences to discuss how the current topics have applied to their own journeys during the transition to parenthood. One participant suggested revising to the

‘Expectations’ at-home activity, noting that some of the language could be interpreted as biased and may limit parents’ understanding of the intended parenting tasks.

Finally, when asked if there were any topics in the program participants felt would need more time or attention than others, all four participants reported feeling as though no extra time was needed for each topic; however, one participant suggested rearranging the session topics, as ‘Expectations’ encompasses something discussed in every other session and the length of the at-home activity may feel better for a wrap-up session.

At-home Activity Clarity and Relevance

When asked about the clarity of the at-home activity instructions and description of concepts, all participants who answered this prompt reported that the materials and concepts were easy to understand, with one participant noting that the use of different font styles provides extra clarity on unique instructions for at-home activities (i.e., whether to complete the exercise with a partner or alone). Further, the same participant reported the use of QR codes makes the sheets more accessible and easy.

Additionally, all four participants reported feeling that specific *session topics* spoke to their individual and relational journeys through the transition to parenthood. Each mother identified a different session topic as most resonant, including financial aspects, conflict resolution, values, and a general theme of communication work. Together, these topics appeared to create a supportive and reflective environment that encouraged participants to connect the material to their personal experiences and relationship dynamics. One participant reflected on how engaging in conversations like these had strengthened her relationship during the transition to parenthood, while another noted that such discussions “would have made things a lot easier.”

The other theme that was pulled from participants' responses that speaks to the importance of a program focused on couples was the *effort of partners to unite despite differing backgrounds and styles*. Each participant shared how they and their partners had to put a lot of effort in, when trying to meet in the middle on certain aspects of parenting, whether coming from different backgrounds (n = 2), identifying financial adjustments that were needed (n = 1), or learning how to talk openly about their struggles (n = 1).

No participants identified moments in which they felt disconnected from the curriculum or that it did not relate to them. Several participants expressed that the topics meaningfully reflected their own challenges during the transition to parenthood or resonated with their personal experiences. One participant's response was excluded from analysis due to a lack of clarity in their statement.

Program Supports

When asked about the kinds of experiences or supports participants wished a program like this offered, they all agreed that incorporating practical knowledge and application would strengthen programs designed for couples in the transition to parenthood. Suggestions for specific topics included guidance on what to expect during early parenthood, information on newborn developmental stages, and strategies for proactively managing the stresses associated with parenting toddlers. One participant suggested incorporating an occasional *group component* into transition-to-parenthood programs, allowing expectant parents to connect either with peers who are also preparing for parenthood or with parents of young children who can share insights about their experiences.

Recommending the Program to Others

Three themes emerged from participants' responses to what would make them want to recommend a program like this to their friends and family. One participant's response was not

coded due to lack of clarity. One participant shared that her *own experiences* if she were to complete the program would make her recommend it to other expectant parents, as well as knowing it "will help couples to improve in their relationships and values." Another participant noted that the *time commitment* would make her recommend to others, along with the *unique relationship-based perspective of the program*. She noted, "There's birth classes through your hospital, but not a lot of things are focused on your relationship with your partner." She later added, "Sometimes your relationship really falls to the wayside and [others] aren't really thinking about that... At the end of the day, your kid is going to grow up and move out of the house, and you still have your relationship with your spouse or partner."

Additional Considerations

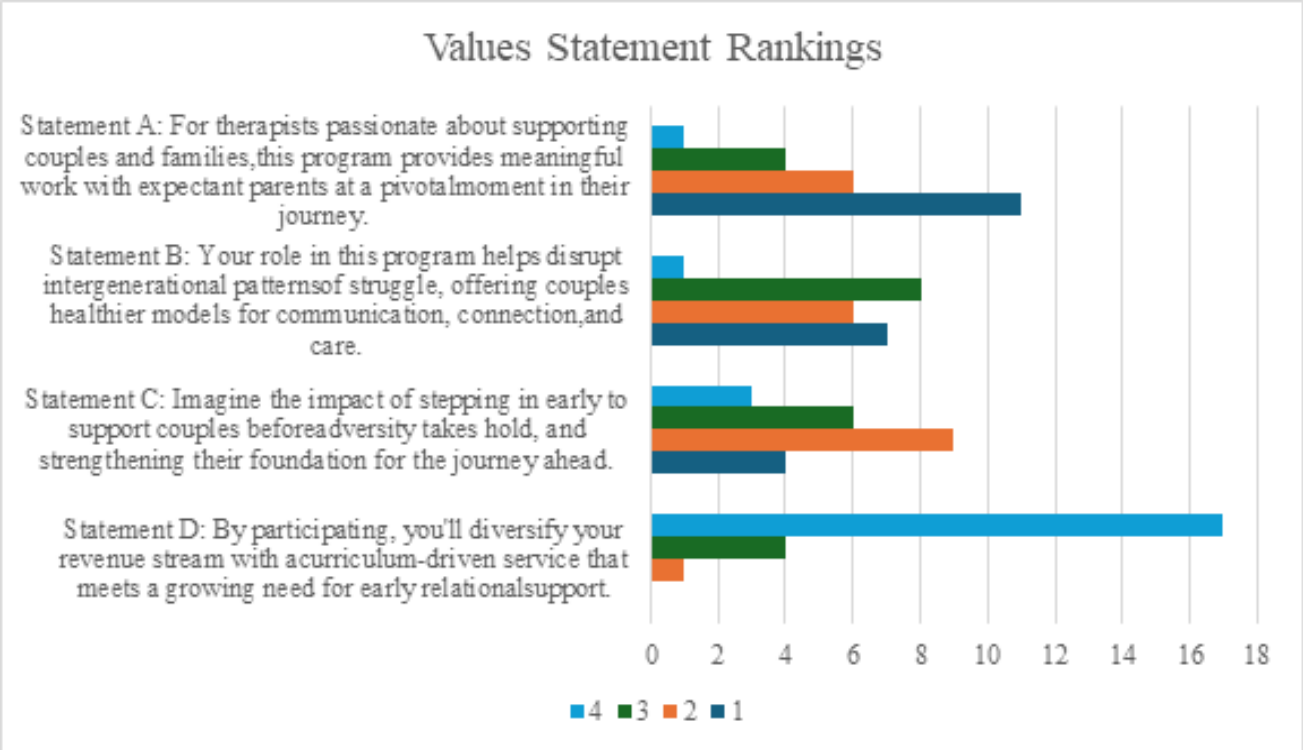
Asking participants what they wish someone had told them about the transition to parenthood and anything else they think would be important to consider, participants raised several important points. A central theme across responses was *giving oneself grace* during the transition to parenthood which was reflected through six distinct ideas expressed by the four participants. Participants discussed the idea of "learning and unlearning things every day," describing the transition to parenthood as, "a trial by fire." One stated wishing someone shared with her that "asking for help doesn't make you weak." One participant's response identified another theme of wishing there were *more openness about others' experiences* through the transition, stating she "wished [others] shared their experiences so [she] could learn more and add to [her] knowledge." Similarly, two mothers talked about the *realities of parenthood,* which related to the reality of loss in pregnancy, noting that facilitators should keep in mind that couples who go through the program might not be first-time pregnancies, and to make room for

acknowledging that possibility. The other response in this theme observed that discussions could better highlight the joy and beauty of parenthood, not only its challenges.

4.3 RQ3: Therapist Recruitment Flyer Feedback

To better understand what therapists may value about becoming trained in the Sustaining the SPARK program, 22 therapists ranked four value statements intended for recruitment materials to therapists from most to least likely to entice them to enroll. Overall, Statement A received the highest average ranking ($M = 1.77$, $SD = 0$), indicating it was viewed as the most compelling motivator for participation. Next came statements B ($M = 2.14$, $SD = 0.71$) and C ($M = 2.36$, $SD = 1.41$), while Statement D ($M = 3.73$, $SD = 0.71$) consistently received the lowest rankings, suggesting it was the least persuasive among participants (see **Error! Reference source not found.**).

Figure 1. Therapists' Ranking of Recruitment Flyer Statements



Basic content analysis of therapists' open-ended explanations for their rankings revealed four overarching themes: (1) brevity, (2) alignment with clinical interests and therapeutic values, (3) the importance of providing context and clarity, and (4) the language and emotional tone of the statements. One participant provided a quote that touched on each of these themes, noting that they ranked a certain statement as their favorite "because it was brief but packed a punch. It gave [them] a clearer idea of the purpose of the program and spoke to [their] area of work as a couple's therapist." (Statement B).

Many therapists explained that their preferences for certain value statements were influenced by the feeling each statement evoked. One participant wrote a statement A "feels important and motivating", while another therapist explained that statement A "indicates aspirational hope for clients". Several participants expressed appreciation for statements that provided a sense of hope for both the therapist and the couples they could work with through this program. For example, participants highlighted that effective statements give a "hopeful picture" (Statement C), "highlights on hope for the therapist's role" (Statement A), and feel "very hopeful" (Statement C).

Participants noted they ranked certain statements lower because they felt some were more "impersonal" or "vague" than others. Several participants specifically identified Statement D as the least compelling or motivating, explaining that finances were not central to their clinical focus or professional purpose. One participant summarized this sentiment by stating that it "feels like money before service."

Chapter 5 - Conclusion

5.1 Discussion

Although efforts to recruit pregnant couples fell shorter than expected, I collected a lot of good data to inform the continued development of Sustaining the SPARK as a relationship-strengthening program designed for the transition to parenthood. Feedback from our trained therapists indicated an overall positive response to the training session. While no qualitative comments directly addressed the assessed domains of overall experience, the lowest-rated area was engagement and interactivity within the training session. With this feedback, we can explore a range of evidence-based strategies to enhance adult engagement. Research indicates that adults benefit most when they have opportunities to actively apply concepts as they learn, such as through group discussions, role plays, or reflective writing exercises (Centers for Disease Control and Prevention [CDC], 2018). To further support therapist participants' engagement, the training could also be made more personally relevant by incorporating moments for participants to reflect on how they might integrate the material within their own therapeutic style or lens of change.

In my focus group, I received positive feedback on the curriculum's feasibility, the program's appropriateness and relevance, the clarity and accessibility of programming materials, and usefulness and applicability of the discussion topics. Three primary themes emerged regarding the program's current strengths and areas for improvement: practical knowledge, programming experience, and accuracy of topics. Building on existing literature, effective parenting skills have been shown to contribute to greater relationship satisfaction, while couples who report a stronger sense of parental competence tend to experience lower levels of conflict (Patch & Halford, 2008). Existing transition to parenthood programs often incorporate some

‘practical knowledge’ components, helping parents know what to expect in terms of children’s emotional and physical development; however, Sustaining the SPARK is designed to primarily focus on the romantic partnership of parents. With this feedback from our participants, we are better able to understand that real-life application of parenting may draw more expectant couples in for enrollment, as this is a main point of anxiety and motivation for participation. Further, this type of information might strengthen their view of the program as a valuable experience in their parenting journey together. In light of this, incorporating practical parenting skill-building components into the program may enhance participants’ perceptions of its relevance and usefulness, promote a greater sense of parental efficacy, and potentially reduce the risk of future relationship conflict.

Participants frequently connected session content from Sustaining the SPARK to their own lived experiences, suggesting that the selected topics were relevant and accurately addressed. Several participants also offered suggestions for restructuring the program to make it more engaging and less intimidating for future couples. In future iterations of the transition to parenthood program, it may be beneficial to incorporate psychoeducation that highlights the diversity of paths to parenthood. For example, facilitating open discussions about infertility risk and rates can promote greater inclusivity and help set more realistic expectations around family-building. Normalizing the increasing prevalence of infertility (an estimated 84% increase since 1990; Liu et al., 2025), while also creating space to acknowledge the associated grief and systemic oversight of this concern, may foster a more compassionate and less intimidating environment for participants.

Additionally, existing literature indicates that group-based transition-to-parenthood programs (i.e., Promoting Healthy Beginnings and Family Foundations) have shown promising

results in improving relationship satisfaction among parents. Although these outcomes are not explicitly linked to a clinical versus non-clinical atmosphere, it is important to consider that many individuals within the target demographic may have limited experience with couples therapy. With this, perceived comfort with the setting could influence couples' motivation to engage with the program and shape their perceptions of the program's potential benefits. Future implementation efforts could incorporate group components for select session topics or include other forms of group-based support integrated into the curriculum.

Hubbard and Anderson (2022) identified six key factors that often deter couples from seeking help: cost, logistics, scheduling, modality of treatment, trustworthiness, relational factors, and the clarity of the therapeutic process. Their study revealed that many couples desire more accessible and efficient pathways to couples therapy, with one participant expressing interest in a "trial run" of the process (Hubbard & Anderson, 2022). These findings suggest that couples may be more inclined to engage in a prevention-based program if they understand that it involves a shorter time commitment and offers opportunities to become familiar with the structure of couples therapy. Such exposure could help reduce barriers to future help-seeking for couples and promote earlier intervention if relationship challenges arise.

To address cost as a common barrier to help-seeking, one potential approach is to implement group-format sessions (Ginsberg, 2006). This strategy also aligns with several themes identified in participant feedback, which reflected interest in more accessible and collaborative learning environments. However, incorporating an initial assessment or screening process is essential to ensure that participants are placed in settings appropriate for their needs and to reduce the risk of exposure to potentially harmful discussions.

Lieberman and Lieberman (1986) highlighted the benefits of relational enrichment groups and noted the frequent use of group formats in premarital counseling. Their findings suggest that group sessions may also provide value for couples navigating the transition to parenthood by fostering connection among those sharing similar experiences. However, their work also cautions against combining participants with markedly different life circumstances (e.g., parents and non-parents) and considering that couples experiencing issues such as violence, substance abuse, low commitment, or infidelity, as these dynamics may not be conducive to a group setting. When considering the integration of group sessions, it is therefore important to establish clear parameters that promote safety and respect among participants (e.g., maintaining confidentiality and respectful communication). We must also identify the intention for our group, whether it be a group-based therapy or an educational workshop. The difference between these two settings lies in that workshops focus on providing knowledge, developing and strengthening skills, and community connection; whereas, group therapy provides emotional support and strengthens coping strategies (Room to Breathe, 2023). Additionally, facilitators must remain attuned to group dynamics and exercise sensitivity when responding to the variety of needs and concerns.

An overarching theme that emerged from both therapists who attended a training session and existing parents who participated in our focus group was the importance of practical experience. This feedback aligns with the theoretical foundation of the program, social cognitive theory (Bandura, 1986) which emphasizes learning through observation, modeling, and practice. Participants from both of these parts of our study expressed a desire for more concrete examples and opportunities to apply skills throughout the implementation process, highlighting the value

of experiential learning in reinforcing key concepts and increasing a sense of self-efficacy for all individuals involved.

Our findings from the therapist recruitment flyer feedback highlight a need for future marketing efforts towards therapists interested in becoming trained in the curriculum and delivering it to pregnant couples to encompass more person-centered language, hope for clients, and clarity around the therapist's role and the need for a program like Sustaining the SPARK. Although we identified Statement D as the least compelling for our sample of therapists, this may be different for therapists running a group or private practice. Although there is limited clear data on where the wider mental health workforce is employed, available estimates indicate that about 45% of psychologists, a subgroup within this field, work in private practice settings. The remaining 55% are distributed across a variety of contexts, including government agencies, hospitals, and academic institutions. Future studies will need to be tested with different groups of therapists to better understand which value propositions are the most effective at recruiting different populations of therapists.

5.2 Limitations

Limitations of this study include the small sample size across all components. Data from both the therapist training and recruitment flyer feedback sections were collected from a limited pool of therapists with similar clinical contexts, primarily student and early-career clinicians. This homogeneity may have biased the findings and limited the generalizability to therapists from other backgrounds (e.g., different geographical regions, licensures, or years of experience). Additionally, the focus group consisted entirely of mothers, a demographic often overburdened in Westernized parenthood contexts (Dush et al., 2017). Our participants shared gender

identities, and the associated cultural expectations of women may have further shaped their perspectives, contributing to potential bias in the qualitative data.

5.3 Future Research

As for future work, I think the various components of this study can reach a wider population. For the marketing aspect of Sustaining the SPARK, I can expand the study to collect data from therapists outside of the K-State CFT program using online market testing strategies and can do similar types of market testing targeting pregnant couples or parents that may provide us with more details in what appeals to these populations. Additionally, continued research is needed with pregnant participants to assess the accessibility, feasibility, and appropriateness of the Sustaining the SPARK program for couples in the transition to parenthood. Further evaluation studies for the Sustaining the SPARK program could include a control group and various setting changes (e.g., asynchronous or group). If I were to conduct more focus groups to receive feedback from current parents, it would be important to include various backgrounds and identities, to get more inclusive feedback to a wider population. Sustaining the SPARK's curriculum could also be expanded or adapted in the future to reach couples experiencing various parenting and cultural contexts (e.g., adoption, LGBTQIA+ parents, or blended families).

5.4 Conclusion

In summary, this project collected both qualitative and quantitative feedback across various stages of program implementation for Sustaining the SPARK. Feedback from our sample of therapists highlighted brevity, clarity, clinical interest, and evocative response as key themes that may serve as motivators for future recruitment efforts. Existing parents within our sample viewed the program as particularly well-suited for couples in the transition to parenthood, emphasizing its ability to facilitate meaningful discussions around realistic challenges that

emerge during this period. Among therapists who participated in the training, we identified potential areas for enhancing engagement, though the overall feedback on the quality of training materials was positive. Similarly, the materials designed for couples received favorable evaluations from both existing parents and trained therapists, suggesting that the program content is viewed as relevant, engaging, and applicable across audiences.

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Appendix A - Sustaining the SPARK At-Home Activity Example

Financial Planning and Goals

Managing finances can be stressful for anyone, but the pressure can feel especially intense for new parents who are adjusting to the many changes that come with welcoming a child. In addition to caring for your growing family, you may be navigating shifts in income, increased expenses, or new financial priorities. That's why it is so important to have open, honest conversations that set you and your family up for success, especially when facing tough financial decisions.

This worksheet is designed to help you begin reflecting on your financial needs, values, and goals, while also providing guidance and prompts to support these important conversations with your partner. By approaching the topic together, you can build a shared understanding and create a plan that works for both of you—and for the future you're building as a family.

For this worksheet, take some time to reflect individually on the following questions. We will then discuss all together in session!

1. What savings goals would you like to set as a parent (emergency fund, college fund, home, retirement)?

_____

_____

_____

2. Are there areas of your spending you'd like to cut back on or adjust to make room for baby expenses?

_____

_____

3. How do you feel about how financial responsibilities are currently divided (earning, bill-paying, tracking expenses)? In your eyes, what could make this feel smoother?

_____

4. Reflect on the following page, Examples of Expected Expenses, and make adjustments as necessary to what you feel is important to have or not have on this list.

5. As you reflect on the Examples of Expected Expenses page, write down your reactions to the list of possible expenses. What do you feel prepared for, or what might you feel unsure of or stressed about?

_____

_____

_____

Examples of Expected Expenses

Sustaining the SPARK
Supporting parents anticipating resilient kids.

Items bought more than once:

- Clothes
- Formula/Food
- Day Care/Babysitters
- Diapers
- Wipes
- Doctor's Visits
- Pacifiers
- Soaps
- Medications/Ointments
- Bottle Brushes
- Diaper Pail Bags
- Milk Storage Bags
- Sleep Sacks and Swaddles
- Bottle Nipples
- Dental Hygiene Supplies
- Toys
- Books

Long Term Expenses

- Education Tuition
  - Contributions to a 529 Plan
- Insurances
- Vehicles
- Electronics
- Extracurricular Activities and Sports

One-Time Expenses:

- Crib
  - Mattress/Bedding
- Stroller
- Infant Car Seat
- Convertible Car Seat
- Baby Carrier
- Medical Costs for Birth
- Changing Table
  - Portable Changing Pad
- Diaper Bag
- Diaper Pail
- Baby Wipe Warmer
- Playpen
- Playmat or other equipment
- Infant Swing
- Highchair
- Sound Machine
- Plates, bowls, cups, utensils, bibs
- Bottles
- Burp cloths
- Nursing Pillows
- Nursing Bras
- Breast Pump
- Baby Towels and Washcloths
- Baby bathtub
- Nail Clippers/File, Brush, Comb
- Humidifier
- Thermometer
- Nasal Aspirator
- Safety latches/locks
- Safety gates
- Doorknob covers
- Anti-scald Faucet Devices
- Window Guards/Netting
- Furniture Bumpers
- Outlet Covers
- Rocking Chair
- Dresser
- Lamp/Decor
- Baby Monitor
- Nightlight
- Hamper
- Co-Sleeper
- Breast Milk Storage

Resources

- Prenatal: mommy.labornurse
- Postpartum: karrie_locher
- Local Health Departments
  - Riley County Becoming a Mom Classes
  - Some departments provide incentives for attendance
- Ultimate First Year Baby Budget
  - https://wealthkeel.com/blog/first-year-baby-budget/

Appendix B - Sustaining the SPARK Logic Model