BALANCED PARENTING

WITH YOUNG CHILDREN:

Relationship Focused Parent Training

Within a Dialectical Framework

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ABSTRACT

While traditional behavioural parent training programmes have assisted families with concerns of child behaviour problems, they have not kept abreast with recent conceptualisations of the development of problematic behaviours in the parent-child relationship. Research has indicated that understanding of this relationship needs to go beyond bidirectional explanations and that a dialectical framework better describes the complexity of this relationship, which, in turn, should be reflected in the parent training programmes offered.

Therefore, this study provided a parent training programme focused on balance in the parent-child relationship, which encapsulated the complex, dialectical nature of this intimate relationship. A central implication when adopting this notion of balance was that all aspects of the programme were addressed at the parent and child level. In addition, multiple factors were addressed that included mindfulness and acceptance, dealing with emotions, understanding development, and addressing parental attributions. It was only within this overarching concept of balance and relationship factors that behavioural skills were introduced. Mechanisms of change were identified by investigating parental emotional schemas through their narratives about themselves, their child, and the programme.

This research involved 23 parents with their 3-4 year-old children in a parent training programme where both the parent and child met weekly with a therapist in group parent training. The groups involved 2-hourly sessions for 5 weeks, modelled on a "coffee morning" where parents met and discussed issues and the children played alongside in the same room. A research assistant was available to play with and tend to basic needs of the children. Measures at pre-, post-treatment, and at follow-up targeted child behaviour problems, how much of a problem these were for the parents, parents' sense of competence, parental attributions, and what was useful for parents in the programme.

Results indicated that at post-treatment parents were able to address and maintain balance in their parent-child relationship and this reflected multiple dimensions of a dialectical understanding that had not been evident prior to the intervention. There was an increased mindfulness of both parent and child's needs with a strong emphasis on an increased understanding of the child as an individual in their own right. Parents reported an increased recognition of the importance of

dealing with emotions, with improved skills to be able to do this, an increased understanding of accommodating development, and an appreciation of needing to address parental attributions.

In addition, there was a decrease in parent-reported intensity of child behaviour problems and how problematic these were for the parents, which were corroborated with parental verbal reports of improved child behaviour. Mechanisms of change that were identified included changes in parental attributions, parents being able to share with other parents, accessing "expert" knowledge from the programme facilitator, and gaining parental strategies. Implications for practice were discussed with suggestions for behavioural parent training programmes. In conclusion, limitations of the research and directions for future research were indicated.

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FOREWORD

Parent training is a fascinating field and there are numerous research studies to testify to this. Yet still, there are unanswered questions because the relationship between a parent and a child is complex, affected by multiple factors both between the two individuals and by wider contextual factors. My interest in this field has grown over time and I wish to explain some of my background that brought me to this particular research study.

My undergraduate degree which I gained after leaving school was a Bachelor of Science in Chemistry and I worked in this field for a few years. I had started this degree with an interest in psychology and chemistry but dropped the psychology when course requirements clashed. While I did not continue on the psychology route at that stage, I did spend two years doing youth work with tertiary students in between laboratory work. At this stage I took a break from the paid workforce and parented my four boys while being involved voluntarily with the Playcentre movement. It was here that I spent ten years studying and learning, at a practical level, about early childhood development and education, while dealing with families from a wide variety of cultures and socio-economic groups. In addition, I completed the New Zealand Playcentre Federation Certificate, which is a nationally recognised, field-based Early Childhood Education qualification. It was through both formal and informal involvement at Playcentre that my interest was fostered in child and parent education.

In addition, through this participation I saw that there were many issues beyond educational needs that required attention and therefore, chose to extend my work with children and families by working in the mental health sector. I returned to studying psychology, completed a Bachelor of Arts (Honours) in psychology at Massey University and entered into the Doctor of Clinical Psychology training programme. While this training is comprehensive my particular interest continued to be with children and their families, so when the opportunity arose to do research, it was in this field that I chose to study.

When reading the literature I was interested that, while behavioural parent training had been popular, there were other factors that needed addressing and traditional programmes did not seem to address the complexity of the relationship between the parent and the child. It became apparent that parents could

simultaneously hold quite conflicting views of their child – at one level they could love their child and a certain characteristic, but then also find that characteristic frustrating. It was also a concern that these programmes did not address parents' needs, emotions, and development when dealing with their children. I became aware that while these current programmes taught strategies for dealing with incidents of misbehaviour, it did not address the way that the parent perceived the child, or what their schema were about their child.

It became apparent to me that there were many answered questions and my interest was further raised to discover how parent-training programmes could be delivered more effectively for parents who have common concerns about their young child's behaviour. It was from this base that I began the route of this current research study.

CHAPTER 1: PARENTING YOUNG CHILDREN – THE CHALLENGES

> Robyn[1] (B3) reported an incident when she was sitting up in bed with a hot cup of tea and Oliver (her 3-year-old son) hit her, which sent the tea flying across her and the bed. She reported to the group: "I'll get arrested for this. I smacked him and I just said that is really naughty and I smacked him on the bottom and then I put him in time out". She then asked the other parents: "Do other people get angry like that? Do other people have this? I know it's wrong. I was just so angry....I don't get the opportunity to talk to other parents about these kinds of things".

Bringing up young children is a challenging business and it does not always come naturally to parents. It can raise doubts and concerns for parents whether they are doing the right thing for their child and the presence of children in a marriage or partnership can place substantial strain on each of the parents and on that relationship. However, in spite of all this hard work parents often report that they derive considerable satisfaction and happiness in that role (Martin, 1987). Some parents seem to have an easier task than others, but, regardless, parenting young children is not easy and places many demands on the parent. This is even more so if the child has behavioural problems and parents of such children have a particularly difficult time.

Parents, such as Robyn (above) often seek information and advice that can help them in this testing, yet important work. Behavioural parent training programmes have provided useful information for families to help them in this role and many families have been assisted in this way. However, these programmes do not work for all families and there is a need to address some of the limitations in the behavioural parent training approach. This introduction will discuss some of the limitations of the current parent training that is offered for families and will present research that addresses some of these concerns. It will be shown that while there have been some attempts to provide a more interactional approach there has

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[1] All names used are pseudonyms and any identifying information has been removed, in theoretically inconsequential ways. In addition, each parent was assigned an alpha numeric code – the letter refers to the group they attended and the number refers to the participant number within that group. This code is referenced to Appendix A which contains a summary of each participant family.

continued to be a failure to appropriately incorporate the parent-child relationship in the actual training programmes.

This introduction outlines research about the development of relationships and this was applied to the parent-child relationship, especially when there were behavioural concerns with the child. It will be shown that bidirectional models of the parent-child relationship have been conceptualized that have increased the understanding of the origin of child behaviour problems. However, the established parent training programmes have not kept abreast with this new research. Adopting a dialectical approach to understanding parenting provides a theory that more realistically captures the lived experience of parents and their children. Current parent-training programmes do not capture this and this study attempts to do so through using the concept of balance in the parent-child relationship. In addition, attention will be drawn to mechanisms of change within the process of parent training, which have not been well researched and this study aimed to provide new information about them.

This introduction will demonstrate that this study integrated learning from various research areas to provide a programme that dealt with the parent-child relationship across multiple dimensions, such as, being more mindful of the parent and child's needs, providing an emotional component, understanding development, and understanding parents' attributions for their children's behaviour. While these factors have, previously, all been discussed in the parenting literature, they have not been brought together under one umbrella and a more complex understanding of the parent-child relationship was necessary which embraced these important strands.

The balance in the parent-child relationship is ever-changing as both parent and child are changing and there are multiple needs that are being simultaneously managed. The process of the study will be discussed, whereby, working within a framework of balance, parents were introduced to living with and accepting the ongoing balancing task. They were encouraged to see themselves and their child as unique individuals in the relationship, with needs of their own that must be valued and attended to. Through this increased awareness of themselves and their child they could form the basis for a more accepting relationship with their child and with this foundation they were then more equipped to use the strategies that are taught on the programme.

This chapter, Chapter 1, is the first of three that will outline the introduction for this research study. It will describe how child behaviour problems are common, and while behavioural parent training has helped some families, it has limitations, and therefore a more complex framework to describe the parent-child relationship was required. Research indicated that a dialectical framework answered many of the questions raised about traditional behavioural parent training. In addition it will be highlighted that mechanisms of change in these programmes was little understood.

Chapter 2 will discuss important elements of parenting young children which affect the parent-child relationship and therefore must be included in parent training programmes. And in the final section of the introduction Chapter 3 discusses the rationale for the present study. It will describe the need for balance in the parent-child relationship, multiple dimensions that must be addressed in a parent training programme, and how mechanisms of change can be assessed.

A Behavioural Approach to Parent Training

Child Behaviour Problems: An Overview

> "I think we all enjoyed, um, venting our feelings a bit about the difficulties and challenges of parenthood and talking through all the issues that we face as parents, together" (Andrea - A4).

> "So, yeah, it's always helpful for me to talk to other women, particularly other parents, and, um, to hear other people's examples and frustrations and day to day struggles" (Miriama - C8).

Comments such as these indicate the common experience of parents in the challenge of raising children in their early childhood years. This section will begin with highlighting common parenting difficulties and how child behaviour problems can escalate into bigger concerns for families. Then it will be shown that behavioural parenting programmes have provided some useful skills for parents to better manage their children, however, there are limitations to these programmes. There will be a discussion of the attempts that have been made to broaden the understanding of the parent-child relationship, therefore, leading to improvements in parent-training programmes.

Parenting can prove a daunting task for some people and there are certainly many developmental changes in children that can complicate it for parents. A search

for "parenting" in the catalogue of a small local public library yielded over 220 entries and the titles of some reveal the difficulties several parents face, e.g., "The baffled parents guide to stopping bad behaviour"; "Before your kids drive you crazy, read this!"; "Sibling rivalry, sibling love: What every brother and sister needs their parents to know"; "Toddler taming tips: A parent's guide to the first four years"; "XYZ: The new rules of generational warfare"; and "The madness of modern parenting". Obviously there were book titles that had a more positive tone but the above list does indicate that parenting can be a difficult mission.

It is not a new phenomenon that there are multiple aspects of parenting young children that are challenging. Dr. Benjamin Spock (1945/1966) was a prolific writer and advisor to parents who commented on many ordinary parental concerns including: aggression in children; the whining child; dealing with the fussy eater; managing discipline; and handling children's worries and fears.

There are many developmental tasks during early childhood that a growing child has to master and while parents might support this development with joy (e.g., when the child says his or her first words or walks their first steps), there are also many occasions which can create tension and stress for parents. Some research has investigated the effects of sibling relationships, which continue for a lifetime and have the opportunity for increased warmth and intimacy, but are often characterised by conflict (e.g., Howe, Rinaldi, Jennings, & Petrakos, 2002). Family relationships are involuntary and thus conflict resolution within them differs from those in more voluntary relationships such as friendships. Conflict between siblings is commonly reported in families and can significantly disrupt the harmony of the whole household (Ross, Ross, Stein, & Trabasso, 2006).

Interpersonal conflict, however, is not confined to the sibling relationship and is commonly observed in relationships with peers. This is not necessarily a negative problem, as constructive resolution of conflict is a valuable socialisation skill and one that most children manage in normal development (Duncan, 1991). Some parents may be concerned that this conflict could escalate into aggressive behaviour, but this is not necessarily so and it is common for young children to exhibit aggression as part of normal development (Cairns, Cairns, Neckerman, Ferguson, & Gariepy, 1989; Owens & Shaw, 2003).

Another challenging parenting task is when a young child learns to manage emotions. A crucial developmental task for young children is to be able to integrate

their thinking and feeling, as they have come to recognise them in limited ways, with newly developing language skills (Greenberg, 2007). Of course, young children cannot do this immediately and a source of frustration for parents can be dealing with the high intensity of emotions that children display alongside the child not being able to articulate these emotions (or maybe articulating them in socially inappropriate ways).

All children can present with difficult behaviours at one time or another (Ambert, 1997) and many parents voice concerns over their child's lack of compliance and their disruptive behaviours. Some advise that displaying disruptive behaviours is normal for young children (Tremblay, 2005), and consequently, an essential part of socialization is for them to learn to control these tendencies so that they can behave in more socially acceptable ways. Research has shown that children in their early childhood are more likely than older children to engage in oppositional, overt behaviour and boys often start earlier than girls in these kinds of behaviours (McMahon & Kotler, 2004). It is likely that this is difficult behaviour for parents to manage and can be highly emotionally charged. Many parents could benefit from information that can improve the family situation by helping them feel less stressed and more relaxed with their child as well as gaining strategies for better interactions with their child.

One way that parents can gain this information is through parent training and this will be discussed shortly, but before this, attention is drawn to possible negative consequences if this behaviour is not addressed while the child is still young. Multiple influences contribute to the development and maintenance of behaviour problems in children, and these include child, parent, and contextual factors and each will now be discussed.

Possible Implications of Child Behaviour Problems. Child factors include temperament, cognitive and social skills deficits, and academic deficits. A child's temperament can show as early as in the first year of life (Patterson, 2002) and if child characteristics, such as infant difficultness, lack of adaptability, and negative affect, conflict with parent management strategies, problems can occur (Webster-Stratton, 1993). These characteristics can negatively affect the parent and subsequent interactions between the parent and the child.

Learning to play alongside peers is an essential developmental task for children in their early years and there are links between lack of social skills and later

behaviour problems. Older children with behaviour problems often display cognitive and social skills deficits, which can be manifested by their frequent hostile attributions towards their peers and their overestimation their own social competence. They report less extreme feelings of loneliness and have fewer problem-solving strategies and positive social skills (Webster-Stratton & Lindsay, 1999). This can lead to an increase in negative conflict management strategies and delayed play skills with peers compared to peers without behaviour problems. These characteristics are often associated with peer rejections and further behaviour problems (Webster-Stratton & Lindsay, 1999). Once children have established such interactions with their peers it is difficult to change these patterns, both for the child and for the peers who have a particular perception of the child. Therefore, the sooner this style of relating is addressed the less likely it is that these children will develop negative patterns of interactions with peers, as peer rejection by non-deviant peers, along with the development of friendships with other children also displaying behaviour problems, contributes to the development of antisocial behaviours (Miller-Johnson, Coie, Maumary-Gremaud, & Bierman, 2002; Van Lier, Vuijk, & Crijnen, 2005).

Academic deficits are also linked to the development of behaviour problems in children, particularly in the areas of reading difficulties, language delays and attention problems. The relationship between child behaviour problems and academic deficits is bi-directional and both influence the other (Webster-Stratton, 1993).

In the longer term, the prognosis for adolescents who have a late onset of behaviour problems seems to be more favourable than for adolescents who had early onset in their early childhood (McMahon & Kotler, 2004; Patterson & Yoerger, 2002). In fact, children with an early onset of disruptive behaviours can have a two- to three-fold risk of becoming tomorrow's serious violent and chronic juvenile offenders (Webster-Stratton & Reid, 2003). It appears that the primary developmental pathway for serious conduct problems in adulthood and adolescence might be established in early childhood (Kazdin, 2003; Patterson, Capaldi, & Bank, 1991).

Contextual Factors. There are a number of parental factors that are linked with child disruptive behaviour, although direction of causality is difficult to determine. Parents who display deficits in parenting skills have more behavioural

problems with their children. These parents tend to be more permissive, erratic and inconsistent; more violent and critical in their use of discipline; less likely to monitor their child's behaviour; and more likely to reinforce inappropriate behaviours and ignore pro-social behaviours (Patterson & Yoerger, 2002; Wicks-Nelson & Israel, 2006). One study found that in families where the mothers had depressed mood and more punitive parenting practices, the children had higher levels of physical aggression and lower levels of pro-social behaviour compared to children in other families (Romano, Tremblay, Boulerice, & Swisher, 2005). Other research has shown that parents who are depressed and with high levels of stressful events and negative emotions are more likely to have children with behaviour problems (Capaldi, DeGarmo, Patterson, & Forgatch, 2002; Wahler & Dumas, 1989), and that parental depression predicted more negative parental perceptions of the child's adjustment (Webster-Stratton & Hammond, 1990). Other parental factors thought to contribute to child conduct problems include marital discord or single parent status, number of family transitions (with the parents in different adult relationships) and low socioeconomic status (Capaldi et al., 2002; Webster-Stratton & Hammond, 1990).

Wider contextual factors also contribute to child conduct problems, which include crowded living conditions, extra-familial functioning and illness (McMahon & Kotler, 2004), the influence of peer and teacher interactions at school, and the connections between school and home (Patterson & Yoerger, 2002, 1993).

When taking these factors into consideration, it is imperative to begin interventions as early as possible once behavioural problems have emerged in a child's life (Patterson & Yoerger, 2002; Webster-Stratton & Hammond, 1990). But it is also important to remember that not all children with disruptive and challenging behaviours in their early years will develop behavioural problems of the dimension that has just been discussed.

In addition, even when children do not display serious behavioural problems, parenting generally, is a challenging task for most (if not all) parents. All parents are faced with situations which can create stress and uncertainty for them and providing information, strategies for improved relationships with their children, and support is important for the healthy development of their children.

One method that has shown some effectiveness in helping parents is through parent training programmes. In one study parents reported that their desire to be a

better parent was their motivation for attending a parent training group (Gross, Julion, & Fogg, 2001), despite others reporting that merely attending such a group can engender feelings of incompetency in parents and can act as a possible barrier to attending (Coyne & Wilson, 2004). Some of these behavioural parent training programmes will now be discussed in terms of how helpful they have been in reducing the stressors of parenting. However, these programmes have a number of limitations that need to be addressed.

Behavioural Parent Training Programmes

> "It would have been good to get a bit more tips 'cause I was thinking, uh, I'm not, I don't really like the reward and time out system. Um, I mean I still do it but I don't really like it" (Karen – C2 at beginning of course).

There are a number of parent training programmes that are based on behavioural or social learning theory derived from the pioneering work of people such as Patterson (e.g., Patterson & Gullion, 1968). Specifically, this approach assumes that (a) the child learns disruptive behaviours and that these are sustained by reinforcement from various social agents; (b) positive behaviours can be learned and will be useful for the child and for the family; and (c) that these behaviours can be maintained by positive reinforcement (Patterson & Gullion, 1968; Wahler & Dumas, 1989). Therefore, rewarding desired behaviour increases the likelihood of that behaviour in the child. Conversely, ignoring undesired behaviour, or modelling desired behaviour that is incompatible with the undesired behaviour, decreases the likelihood of unwanted or undesired behaviour.

Research has shown that these principles can be effective for families when dealing with children with behavioural difficulties (for an analysis see Brestan & Eyberg, 1998) and programmes have been developed based on these principles. One example of this, The Triple P – Positive Parenting Programme, has shown decreases in levels of parent-reported disruptive child behaviour, decreases in levels of dysfunctional parenting, greater parental competence, and higher consumer satisfaction than the wait list comparison group (Sanders, Markie-Dadds, Tully, & Bor, 2000). This parent-training programme is also part of a wider multilevel system aimed at preventing behaviour problems in children and adolescents (Sanders,

Markie-Dadds, Turner, & Ralph, 2004) and, overall, the programme has been supported in a number of efficacy and effectiveness trials (Prinz & Dumas, 2004).

Another example, The Incredible Years programme, uses video-modelling of everyday situations as a means for parent training (Webster-Stratton & Reid, 2003). This multi-levelled programme includes a parent training series, a child training series, and a teacher training series. Parent training using this approach has shown a larger reduction in antisocial behaviour in children in the treatment group compared to the control group. Parents in the treatment group gave more praise to encourage desirable behaviour and more effective commands to obtain compliance than parents in the control group and results have also been shown to be effective in real life conditions (Scott, Spender, Doolan, Jacobs, & Aspland, 2001).

These are a few of the numerous interventions that have dealt with addressing disruptive behaviour in children in their early childhood (Tremblay, Pagani-Kurtz, Masse, Vitaro, & Pihl, 1995; Vitaro & Tremblay, 1994; Webster-Stratton, 1990), with some longitudinal studies indicating long-term beneficial results (Webster-Stratton, Hollinsworth, & Kolpacoff, 1989), even into adolescence (Patterson & Forgatch, 1995; Tremblay et al., 1995). Young children are surrounded by many people in their lives and assessment and interventions should be multi-modal, which can include child, parents and teachers (McMahon & Kotler, 2004). Based on this, parent training has a function in dealing with behavioural problems in young children.

When dealing with children with behavioural problems some approaches include working individually with the child in a cognitive-behavioural model such as Problem Solving Skills Training (PSST; Kazdin, 2003) and the Dinosaur Programme in the Incredible Years programme (Webster-Stratton & Reid, 2003). However, research reveals that programmes are more effective when they include a parent-training component (Webster-Stratton & Hammond, 1997). Webster–Stratton and Hammond (1997) found that the combined child training and parent training was superior to child training, alone, in improvements in parenting beliefs and child behaviour problems and superior to parent training, alone, in increasing children's problem solving skills. In fact, for children younger than 6 years, Kazdin has found it to be most effective to use only parent management training, whereas for children aged 7 years and older a combination of parent training and problem solving skills

training is used (Kazdin, 2003). This is due to the cognitive complexity of problem solving skills training for young children.

Research has confirmed that when the child is young, parent training is particularly useful for dealing with children's problem behaviours (Brestan & Eyberg, 1998; Patterson & Forgatch, 1995; Sanders et al., 2000; Scott et al, 2001; Webster-Stratton & Reid, 2003). While some interventions have included a treatment package that parents can use individually in their own time (Sanders et al., 2004; Webster-Stratton et al, 1989), greater improvements are reported when parents are actively working with a professional to guide them in their learning (Sanders et al., 2000; Webster-Stratton, 1990). In addition, using a group format has been reported to be valuable for parent training programmes (Sanders et al., 2004; Scott et al, 2001), especially when the children are young.

Concerns about Behavioural Parenting Programmes. In spite of this evidence, there are still a meaningful percentage of families that do not benefit from these programmes and either do not fully comply with the behavioural programme or drop out of therapy before the end of treatment (Greene, Ablon, Goring, Fazio, & Morse, 2004; White, McNally, & Cartwright-Hatton, 2003), and others advocate for greater consideration be given to models that are more broadly-based (Miller & Prinz, 1990). Strictly applied behavioural principles might not reflect the intricacy of the human relationship. A 10-year-old child recently observed, upon watching two different television programmes (one with a behavioural psychologist dealing with disruptive behaviour in children, and another with a dog instructor training badly behaved dogs) that the two instructors used the same techniques. Both utilised standard behavioural principles but this comment raises doubts over whether conventional behavioural parent-training programmes are adequately addressing the unique nature of the parent-child relationship.

A number of studies from a research group, headed by Professor Ian Evans, have questioned aspects of traditional behavioural programmes and some examples will now be described. Herbert (2001) questioned the cultural adaptiveness of behavioural parent training, and integrated standard parent training principles with cultural validation of whanau concepts that were relevant to parenting with Māori. The two programmes that she compared included a standard parent training

programme, and a culturally adapted programme, which was conducted on the Marae[2] and included Māori concepts and skills alongside the parenting skills that were learnt. While she reported improvements in both the standard parent training programme and in the culturally adapted programme, parents reported an increased enjoyment in the Marae setting. She concluded that by culturally adapting the programme this contributed to greater accessibility for parents, i.e., they were more likely to attend a course they enjoyed.

In an early study from Evans' research group, Malins (1997) compared the effectiveness of a relationship based parent-training programme to a standard parent-training programme in dealing with disruptive behaviours in children. She found that in the relationship-based parent training there was a favourable effect of treatment on reported intensity of behavioural problems and maternal perception of behaviour problems. Mothers also reported an increased quality of relationship with the children. These findings were not found in the standard parenting programme. She therefore concluded that the quality of relationship between parent and child might predict treatment success.

In another study from this research group, Heriot, Evans and Foster (2008) compared different factors that affected treatment responses in young children with ADHD. In this series of case studies families were randomly assigned to four different treatment groups: 1) medication and parent training; 2) medication and parent support; 3) placebo and parent training; and 4) placebo and parent support. They found that if families were involved in at least one active component (medication or parent training) they were more likely to improve than families who did not receive this. However, a significant finding was that there was great variability in participants' responses to treatment, highlighting limitations to the concept that there was a 'best treatment' that was generally applicable to all families. They questioned the lack of information about what aspects of the parent-training programme worked for whom and called for further research that focused on the interactive processes during the treatment.

In an early study Wahler (1980) described "insular" mothers who were so stressed by contextual factors they were not able to maintain the treatment gains

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[2] See Appendix B for a list of Maori language terms.

observed at the end of treatment through to follow up. Wahler indicated that these severely troubled mothers avoided many social interactions and therefore did not have positive social support from friends. Rather, their regular interactions, which were deemed to be negative by nature, were with their immediate families and social agencies. He suggested that it was the nature of the contacts rather than the frequency that predicted their social isolation and that this remoteness might have indirect effects on their child rearing behaviours. Wahler questioned the enduring success of behaviour parent training, since it was one thing to be able to get mothers to attend a programme, but quite a different matter if they could not implement anything meaningful that would change the way that they related to their child in the long-term.

Kohn (1999) has questioned the value of a strong focus on reinforcement contingent on specific behaviours, which is a central concept of behavioural parent training, suggesting that this does not foster a productive way for the child to learn, nor for the relationship to develop between the parent and the child. Instead, he proffers that that parents adopt a strategy of the 3 C's: *content*, good parenting is not defined so much by the decisions that are made but more by a willingness to think about these decisions; *collaboration*, which involves collaborating or working with the child and not just explaining to the child, as this is the lowest form of collaboration; and *choice*, which involves letting the child feel a part of the process.

Another concern with behavioural parent training programmes is that the behavioural change is not always consistent over time (Kent & Pepler, 2003). The behaviour systems that are so readily amenable to change in these programmes, are the ones most likely to revert back when the parent is no longer in the supportive therapeutic environment. It could be that behavioural interventions that are aimed at one point in time or a single point in development are not that useful in the long term development of the child and the parent-child relationship (Cairns & Cairns, 1994).

Behaviourally based parenting programmes tend to target noncompliance in children and they teach parents strategies for improving their child's compliance. Developmental psychologists have long held that noncompliance is a part of healthy development in children as they begin to show some signs of autonomy (Ambert, 1997; Cavell, 2001; Wahler, 1997; Wahler & Dumas, 1989). Kuczynski and Kochanska (1990) showed that from toddlerhood to age five years children develop different strategies for noncompliance. Obviously noncompliance becomes a larger

issue for families with children displaying disruptive behaviours, but noncompliance is too common an occurrence for it to be conceptualized exclusively as childhood dysfunction.

> "I sort of thought maybe I need to do more, more discipline and what not, but I suppose I don't really need to because, yeah, I kind of get them to do what I want, even though sometimes they don't do it the way that I want them to" (Maria - C7).

In addition, if parenting programmes teach strategies for overcoming noncompliance in the absence of addressing relationship factors they run the risk of merely giving parents the tools to form harsher parenting with their children (Cavell & Strand, 2003). Parents are then more equipped to control their children but without consideration of the quality of the interaction between them and their child. And, in fact, targeting noncompliance too much with aggressive children is often to the detriment of the parent-child relationship (Cavell, 2001), thus raising doubts whether Parent Management Training works effectively with overly harsh or punitive parents (Cavell, 2001). Even in terms of child abuse, parents do not strike their children in random isolated occurrences but, rather, as part of larger interactions, e.g., abusive incidents with children often develop from disciplinary actions taken by parents or other caregivers (Wilson & Whipple, 2001).

Coercive Traps. While behavioural parent training has attempted to offer assistance to distressed families there have been developments in understanding the origins of children's behaviour problems. Early thoughts on disruptive behaviours in children considered that the causal influence was unidirectional and was due to ineffective parenting. However Patterson (1982) described the 'coercive traps' that parents and children get into in dysfunctional families. In these situations both the parent and the child affect each other and they have learned to control each other's behaviour by exchanging high rates of aversive responses. It is impossible to identify the discrete influence of one partner on the other at any point in time. Rather, it is a complex interaction between them that maintains and perpetuates the problems. This model proposed by Patterson (1982) made a significant difference in professional understanding of the parent child relationship and this greatly influenced the approach taken when dealing with families of children displaying disruptive behaviours.

This changed the focus from it merely being a problem with the child to recognising the relationship between the parent and the child. Rather than simply focusing on what the child did, or what the parent alone was doing the relationship between them came under more scrutiny. The bi-directional nature of the parent-child relationship was accepted and the focus shifted to addressing the interactions between the parent and the child. This meant that the problem often lay in how the parent and the child related to each other, rather than in inherent difficulties within the child or parent alone. Furthermore, parents were usually unaware that they were being influenced by their child within the interactions (Patterson, 1982).

However, while research has continued to explore further the complexity of the parent–child relationship and considered the circular and transactional influences between the parent and the child, there is still a lack of a coherent conceptual framework to integrate these new insights (Granic, 2000). Parent training interventions to deal with disruptive behaviour in children have not kept abreast with developments in the understanding of the development of aggression and behaviour problems and are in need of an update (Cavell & Strand, 2003; Strand, 2000a). There are new understandings that have come from other research fields that need to be incorporated into the current thinking about dealing with young children with behavioural problems and these concepts will now be investigated.

Recent Conceptualisations of Child Problem Behaviours

Behavioural Perspectives. While bi-directionality in the parent-child relationship has been described widely (e.g., Patterson, 1982; Wahler & Dumas, 1987), there have been attempts to explain in more detail the complexity of this relationship. Wahler and his colleagues have continued to explore this and one study indicated that environmental stressors and parenting responses are linked through a mother's response class repertoire (Wahler & Dumas, 1989). Their inter-behavioural model suggested that it is the context in which the mother functions, as well as her idiosyncratic, stylistic patterns of behaviour - defined as her response class - which affect her interactions with her child. Wahler (1997) has also demonstrated that the interaction between parent and child needs to be understood within the context of responsive parenting. He argues that responsive parenting involves parents consistently and appropriately reacting to the full range of the child's activities and responses. Compliance is developed by parents who are responsive to their child's

needs (or in interactional synchrony) through consistent and appropriate reactions to a child's response repertoire. This is in contrast to parents who are not responsive (or in interactional asynchrony) to their child and this generates oppositional behaviour.

In a single case, intra-subject replication design study, Wahler and Bellamy (1997) reported that training in contingency management of noncompliance and responsive parenting were both effective for two mothers with their conduct problem boys. However, in the post treatment period, when the mothers could choose whichever strategy they preferred, they both chose the responsive parenting. The authors contended that parent training therefore needed to include a focus on responsive parenting. These mothers preferred to be more responsive to their sons rather than simply targeting non-compliance and since mothers are more negatively affected (compared to fathers) by their child's problem behaviour (Ambert, 2001), an approach that improved the relationship with their sons might have been the preferred option.

In their study Dumas, LaFreniere, and Serketich (1995) confirmed that children in their early childhood years are active agents who influence and are influenced in their relationship with their mothers. This study demonstrated that socially competent, aggressive, and anxious children showed different levels of control within the relationship and therefore difficulties could not solely focused on the individual characteristics of the child, but rather, attention needed to be given to assessing and modifying the relationship between the parent and the child.

One modern behavioural perspective on child conduct disorder aims to integrate behavioural momentum with matching theory (Strand, 2000b). This conceptualisation draws on behavioural principles of reinforcement but with the addition of considering the context in which behavioural exchanges occur. Matching theory predicts that child behaviour is responsive to non-contingent events or consequences of responses as well as to reinforcement of the target behaviour. This supports the model that behaviour problems develop in the context of multiple transactions between the child and the environment. Behavioural momentum suggests that when parents engage children in positive reciprocal interaction and reinforce this they are providing momentum for that positive interaction to continue in other settings and on other occasions (Strand, 2000b). The concept of behavioural momentum suggests that once positive behaviour is established and reinforced it will persist.

Relationship Focused Parent Training. These findings suggest that in a parent training programme the target should not solely focus on specific behaviours and associated reinforcement contingencies. Some parent training interventions have previously aimed to address the parent-child relationship and these have been effective for families. In the Malins (1997) study, mentioned earlier, parents in the relationship focused parent training reported an increase in the quality of the parent-child relationship, an effect which was not reported by parents in the standard parent training programme. Two other published studies have also demonstrated that change in parental monitoring of their children was more predictive of child outcomes than changes in parental discipline. These interventions were focused on enhancing the interpersonal aspects of the parent-child relationship by promoting more responsive parenting, which was reflected in the parents being more aware of and monitoring the children's activities (Martinez & Forgatch, 2001; Forgatch & De Garmo, 1999).

Coufal and Brock (1984) conducted a parent training programme that focused on the parent and the child relationship and involved children and parents together for a short time within the programme. They found that compared to the parent-only group, the parent-child group produced superior results in self reports and behavioural measures of parental communication and interactions with their children.

Research is ongoing in clinical psychology regarding the best way to offer interventions for families with children displaying behavioural problems. However, developmental psychologists are studying the complexities of relationships and sociologists also have an interest in the socialisation of children, both within normal development. These perspectives, which will now be discussed, provide insight into the parent-child relationship that can be applied to parent training programmes for families of children with behavioural problems.

Understanding Relationships - Beyond Bidirectionality

There is a growing field of interest that attempts to understand the complexity of the parent-child relationship and a number of these approaches explain the bidirectional nature of this relationship: transactional models; circular causality; fit and co-evolution; systemic causality; and dialectical causality (Kuczynski, 2003). Bidirectional models will be first discussed but then it will be shown that these are

only the first step in understanding a more complex formulation of parent-child relationships (Granic, 2000).

Bidirectionality in the Parent-Child Relationship

Developmental psychologists have proposed a bilateral model of the parent-child relationship which has four main assumptions: 1) equal agency – emphasizes that both the parent and the child have strategic, intentional and goal oriented characteristics; 2) bilateral causality – the parent and the child change one another as they interact together in a reciprocal, continual process over time; 3) interdependent power – the parent and the child are able to draw on their own resources depending on their individual development, the quality of the parent-child relationship and the prevailing culture; and 4) relationship as context –both the parent and the child have an interest in maintaining the relationship as well as the context, and the relationship both constrains and supports that child's development and action (Kuczynski, 2003; Kuczynski, Harach, & Bernardini, 1999).

Kuczynski's model reiterates the bidirectionality that Patterson (1982) observed in the 'coercive traps' that the parent and child find themselves when children were displaying disruptive behaviours. However, it also confirms that bidirectionality occurs in all parent-child relationships, not only those where dysfunctional behaviour is occurring, and it provides a powerful way to consider the parent-child relationship across multiple domains. This bidirectionality has been demonstrated in studies that have focused on the parent-child relationship.

In a recent study investigating the child's influence on the parent and therefore the full partnership of the child in the parent-child relationship, parents and their children (aged 11-15 years) were interviewed about their understanding of the child's agency in the parent-child relationship. Parents emphasized that children had an influence on their own personal feelings and personal cognitions and the burden on parenting that such influence entails. Children recognized their effectiveness as agents in the relationship came from parents' sensitivity and responsiveness to their needs. Therefore, both parents and children recognized that agency was both enabled and constrained in the reciprocal nature of the parent-child relationship (De Mol & Buysse, 2008). The benefit of this study with these older children is that they were able to articulate their experiences in their relationship with their parents, which reflected the bidirectional nature of the relationship. Obviously children in their early

childhood years are not developmentally able to do this, and yet there are similar themes that are evident in studies with young children.

In one such study, parents of younger children (4 -7 years) reported on factors that constructed and maintained the parent-child relationship. Parents reported that their own behaviours and their children's behaviours contributed to the ongoing process of relationship construction and they placed similar emphasis on elements of authority, companionship and intimacy. Parents reported that when they overused authority (vertical power) and underused attachment behaviour (e.g., nonresponsive) this contributed to tension in the relationship. When parents attended more to companionship and intimacy (horizontal power) this contributed to maintaining the parent-child relationship. An overriding implication of this study was that parents and children interacted within a dynamic and complex relationship context which required frequent balancing of vertical and horizontal powers (Harach & Kuczynski, 2005).

Another study, this time longitudinal, found that responsive parenting or taking a relationship approach in toddlerhood had a direct effect on future conscience for children into early school age. Responsive parenting (assessed as shared cooperation and shared positive affect between mother and child) predicted the child's willingness and eagerness to accept rules and norms of behaviour when assessed several years later (Kochanska & Murray, 2000).

While these studies demonstrate the interactional influences in the parent-child relationship, others have attempted to build a theory to understand how the relationship develops. Granic (2000) provides a self-organisational model to describe the development of the parent-child system that does not rely on linear causal influences but rather, suggests that auto-organisation or emergent order is established in a complex adaptive system. This emergent order is established through non-equilibrium – necessary for the spontaneous emergence of new forms; stabilization – parent and child are both attractors to each other and build the relationship over time; feedback processes – interplay between positive and negative feedback which provide insight to the mechanisms of the parent-child relationship; nonlinear change – originating from within or outside the parent-child relationship; and interdependent time scales – prior experience determines how parent and child interact in particular ways in the present and the future.

Granic's model reflects the complexity of the parent-child relationship which is constantly shifting in the interactions between both individuals. The exchanges between parent and child can be understood as circular processes where it is impossible to isolate the discreet influence of one person on the other at any given moment in time. While it is a demanding task for both the parent and child to always adapt to the changes in their relationship, somehow this process occurs within normal healthy development. Parent and child are continually adjusting to the multiple dimensions in their mutual relationship through everyday interactions.

Summary. It has been demonstrated that bidirectionality has been identified in numerous dimensions in the parent-child relationship. However, when considering this relationship there are limitations with applying only a bidirectional framework. As suggested by Granic (2000), there are multiple dimensions that interplay with one another in the parent-child relationship and a more complex framework is required to be able to fully capture the multifaceted dynamics of the lived experience of parents and young children. As well, in the previous section the modern behavioural theories provided an agenda for understanding and improving the parent-child relationship that focused on more than just specific behaviours (Strand 2000a). These theories suggest that multiple dimensions such as cognition, affect and interpersonal relationships are involved and that a framework that can encapsulate these multiple dynamics is required for parent training. It is proposed that a dialectical framework could be suitable and the following discussion will provide a definition of dialectics, investigate why dialectics is a useful concept, and offer examples of how it relates to the parent-child relationship.

A Dialectical Approach

Dialectical concepts are well known through the work of Linehan (1993) working with people with Borderline Personality Disorder (BPD). Linehan found that when working with this population, while some benefited from conventional behaviour therapy, there were others that did not. There were issues that were outside the unidirectional concepts of behaviourism and Linehan developed a broader integrative framework with dialectics as the foundation – Dialectical Behaviour Therapy (DBT). As demonstrated, a dialectical approach could provide a more comprehensive model for parent training, therefore a description of dialectics, with

four central concepts, is now provided, and examples relating to the parent-child relationship are included.

Defining Dialectics in the Parent-Child Relationship. A dialectical framework considers reality as continuous, dynamic and holistic; simultaneously both whole and consisting of bipolar opposites. An important dialectical idea is that all propositions contain within them their own oppositions (Miller, Rathus, & Linehan, 2007). There are many approaches to dialectics with different theorists drawing on different aspects of the concept (e.g., see Baxter & Montgomery, 1998) but there are a number of central concepts and four are mentioned here: contradiction, continuous change, totality, and praxis (Kuczynski & Parkin, 2006).

Firstly, dialectics emphasises the inherent contradiction that exists within individuals and between individuals and in various contexts. There is a constant tension between these opposing forces ("thesis" and "antithesis") and this produces both cumulative and qualitative change (Linehan, 1993). These tensions might manifest as acceptance of a child's personality and needing to change; fostering a child's independence and requiring them to comply with parental demands; or meeting parent's needs and children's needs. Dialectical truth emerges from a combination ("synthesis") of elements from both the opposing positions. It is the tension between the contradictions and their subsequent integration that produces change (Miller et al., 2007). An assumption of a dialectical framework in a parent-child relationship is that apparent opposites relate to each other in an inclusive rather than an exclusive way (Fogel & Branco, 1997).

Secondly, it is in the ongoing interactions between these opposing forces, and in the context of the relationship, that continuous interaction and continuous change occur. Holden and Ritchie (1988) suggest that a dialectical framework is most useful for considering the socialisation of children in the parent-child relationship because:

> "The task of parents is, by definition, to rear a rapidly changing organism; change rather than stability is the *modus operandi*. As a result, parental behaviour must be adaptive. Parents must modify their behaviour in response to their offspring; the process of adaptation is inherent in the task of parenting" (p. 41).

According to a dialectical framework, balance and equilibrium occur when a developmental or historical task is completed. However these tasks are never completed and as soon as one task is completed new questions and doubts arise in

the individual (or society). Development can be seen as continuing changes along several dimensions and all happening at the same time (Riegel, 1976). This dialectical concept of continuous change allows for a better understanding of the range of positive or negative trajectories in socialisation (Kuczynski & Parkin, 2006). An important note is that dialectics is not some dynamic balance or state of homeostasis but rather is about a complex interplay of opposing forces. There is no final destination and the stability in it is found in the continual interplay of competing forces (Robins, Schmidt, & Linehan, 2004).

Thirdly, totality (or "unity of opposites") refers to the inseparability of phenomena and that individual elements must be understood as interrelated parts of a whole system (Baxter & Montgomery, 1998; Kuczynski & Parkin, 2006). Therefore, a fundamental understanding is that any system or thing can only be adequately understood with reference to the whole system of which it is a part, and the pattern of relationships is essential (Robins et al., 2004). In a dialectical framework the meaning of the whole system is complex, because all of the contradictory elements are continuously embedded in the context of the system and are constantly interacting. For example, in the parent-child relationship there is tension due to differing needs for autonomy but parent and child are joined together in the mutual intimacy of their relationship. A healthy relationship is one where each party can satisfy both oppositional demands (or synthesise them) to develop a "both/and" status (Kuczynski & Parkin, 2006; Miller et al., 2007).

And finally, praxis emphasises both the subject and the object of human experience, and therefore individuals both act on other people and are acted upon by other people. People's actions in the present are constrained and enabled by prior actions and simultaneously, novel actions can be developed, therefore providing a constant source of rejuvenation. Hence developmental change arises in the relationship from the process of communication between the partners or through their co-action – understanding and prediction of the world are, in fact, measured through activity (Baxter & Montgomery, 1998; Fogel & Branco, 1997; Robins et al., 2004). For example, when a parent and child relate the interaction does not exist in a vacuum. Actions and consequences of previous experiences set the stage for how the parent and child will react to a certain situation. This is similar to the behavioural concept of social learning, as in coercive traps, where behavioural patterns might be

established from prior experiences that constrain the way that the parent and the child will react to the current situation (Patterson, 1982).

To summarise thus far, it has been demonstrated that dialectics offers a rich way of conceptualizing the parent-child relationship and emphasizes the inherent contradictions that exist within individuals and between individuals in various contexts, especially in the child's early childhood when parenting involves raising a rapidly developing person. Adaptation is important for the parent and the child who are constantly trying to balance their own needs with the needs of the other individual, and his/her own will with the will of other. From a dialectical perspective developmental change in a relationship arises from the process of communication between participants, or through their coactions. The relationship is inherently dynamic and is not just a circle of repetition, but is a spiral, in any direction, evolving over time – each action is related to the past in the history of past actions and words and connected to the future, especially in the mind of the parent when concerning the future for their child.

The Dialectical Approach and Contextual Issues. In addition, a dialectical framework has been used in various disciplines and with various populations. Dialectical Behaviour Therapy (DBT) has strong evidence to support its success working effectively with people with Borderline Personality Disorder (Linehan, 1993; Robins et al., 2004) and this approach has also been successfully adapted to work with suicidal adolescents (Miller et al., 2007). Dialectical models of causality have also been successfully applied to conduct of closeness/distance in long-distance relationships (Sahlstein, 2004); the study of adult–adult relationships (Duck, 2007); management of marital conflict (Erbert, 2000); managing 'ambiguous loss' or grief associated with premature birth (Golish & Powell, 2003); and family skills training for families of people with borderline personality disorder (Hoffman, Fruzzetti, & Swenson, 1999).

While this discussion has emphasised that the interactions between the parent and the child must be understood within the context of their mutual relationship, this relationship does not exist in isolation, but rather is embedded and must be understood within wider contextual issues and in particular, multiple influences on parents might affect their relationship with their child. It is uncertain whether it is the internal forces in the parent or the external stressors that cause more disturbances for parents and children. In effect, over time these forces probably loosely interact to

create a network of constraints and regulatory guides for living (Cairns & Cairns, 1994). These constraints include: the impact of parental stressors (Calzada, Eyberg, Rich, & Querido, 2004; Wahler & Dumas, 1989); the impact of parents' private events in their interactions with their children (Coyne & Wilson, 2004); the degree of parental sense of competence (Landy & Menna, 2006); and parents' perceptions, emotional experience of the relationship, and behavioural engagement (Menna & Landy, 2001).

An example in the present New Zealand climate might be the effects of the Crimes (substituted Section 59) Amendment Act (2007) being accepted into New Zealand law, which meant that parents who assault children no longer had the defence of "reasonable force". There has been wide public debate over this issue and much confusion as the law was mistakenly coined the "anti-smacking law", and this might have raised doubts in parents' minds of their rights when disciplining their children. This uncertainty was reflected in the opening comments to this chapter made by Robyn (B3) as she was uncertain about the way to deal with her son's behaviour. Given the wide discussion over the introduction of this law it is likely that other parents have similar concerns and therefore, parents need appropriate alternative methods of interacting with their children.

In behavioural training programmes the parent's involvement is dominantly focused on correcting the child's misbehaviour, to the exclusion of other family and adult concerns, and this can drive people out of therapy. In fact, Prinz and Miller (1994) reported that a focus in treatment of fostering discussion about wider life concerns can significantly lower the drop-out compared to standard family treatment.

Others have supported the necessity for wider contextual factors to be incorporated into parent training programmes (e.g., Ambert, 1997; Cairns & Cairns, 1994; Calzada et al., 2004; Kent & Pepler, 2003; Orrell-Valente, Pinderhughes, Valente, & Laird, 1999; Wahler & Dumas, 1987), and some have suggested that while there might be a skills deficit at the core of impaired parenting, what is required is a more comprehensive model of parenting that includes context as an important factor (Coyne & Wilson, 2004; Kotchick & Forehand, 2002). These authors have anticipated that this will increase the intervention effects when dealing with problem behaviours in families.

In addition to these important features, there is one more facet of parent training programmes that has not been addressed, and that is the mechanisms by

which the individuals change. Through discussion of this aspect it will become evident that there is also a need for more research in this area.

Mechanisms of Change in Parent Training Programmes

While there is a need for an increased understanding of the interactional nature of the parent-child relationship and modifications to current parent training programmes are required to properly accommodate these theoretical understandings, there is limited understanding of the mechanisms of change in behavioural parent training programmes.

Why Address Mechanisms of Change?

Kazdin and Nock define mechanisms as "those processes or events that lead to and cause therapeutic change" (2003, p. 1117), and they claim that an increased understanding of mechanisms of therapy is probably the best way to improve the services offered to clients. They state that there are four main reasons why understanding mechanisms of change are important: 1) this understanding could bring some order to the numerous interventions that are currently offered; 2) an improved understanding of what makes therapy work should lead to enhanced gains for clients; 3) understanding mechanisms can help identify what variables moderate the treatment; and 4) this understanding could have benefits beyond the professional therapeutic relationship as it could also help understanding general interpersonal relationships.

Heriot, Evans, and Foster's (2001) research supported the need to clarify mechanisms of change and indicated that identifying 'nonspecific' influences in therapy could improve the quality of the treatment delivered. They presented a general model for intervention with children diagnosed with ADHD, which focused on the interactional nature of the relationship between parent and child. They asserted that the focus in treatment should not be on providing a set protocol, but rather, on allowing for flexibility in the delivery. They suggest that this flexibility could only be delivered when there is a clear understanding of the variables that influence the treatment outcome. These authors have continued to call for more attention to be given to how different individuals respond to different therapies (Heriot et al., 2008).

There has been a growing emphasis on the mechanisms of change. While an earlier review indicated that only 3% of treatment outcome studies focused on this important dimension (Kazdin, Bass, Ayers, & Rodgers, 1990), a more recent review of child and adolescent therapy reported that 63% of studies evaluated possible mediators of change (Weersing & Weisz, 2002). The authors commented that this improvement was laudable, but in addition, they lamented that the results had been underutilised in treatment planning.

However, Weersing and Weisz's review focused heavily on studies that could provide statistical evidence for mediators in the mechanisms of change, but testing for statistical change is not the only method by which change in process variables can be understood in parent training. Rather, the more interesting questions might be what are the person's schema and how might they have changed? It will be shown that these concerns have not been given much attention in the parent training literature. More specifically, it will be illustrated that some researchers have suggested that a focus on parents' schema should be included in parent training. However, this has only been from a cognitive perspective and has ignored the role that emotions play.

Accessing Parents' Schema about their Children

The concept of schema comes from cognitive therapy and thus it is not surprising that there is a focus on incorporating a cognitive restructuring element to therapy. For example, Dattilio (2005) discussed how addressing schema had been useful in bringing change for couples and therefore, might also aid change in family schema through family therapy. In addition, Azar, Nix, and Makin-Byrd (2005) identified that cognitive science could improve treatment effectiveness by addressing parenting schemas to adjust maladaptive parenting practices. Their research recommended that if parents were verbally able to access their maladaptive schema they should, therefore be more able to accept new information.

Others, however, have sought to expand the cognitive model to address emotions as well. In a study with adult psychotherapy clients, Leahy (2002) identified fourteen dimensions of emotional schemas, thereby providing strong theoretical support for a cognitive model of emotional processing. However, little research in the parent training literature has attempted to access parents' emotive schema and the way that they express these in their narratives about their children

(Dunsmore & Karn, 2001). Schemas are deeply held beliefs which parents may not always be able to access (Azar et al., 2005). Accordingly, innovative methods of addressing them are required. It is proposed that one way to access parents' emotional schema about their children and themselves is through investigating their narratives.

Some studies have explored ways to creatively investigate adults' narratives. One study addressed the concept of therapist-client 'struggle' in couples' therapy. They defined 'struggle' as a relationally focused term for the more traditional term 'resistance', which is more linear and has overtones of blame. These researchers reported that allowing the couples to talk about their problems in narrative form provided a flexibility that overcame this 'struggle'. This provided a relationship where a client-driven dialogue assumed that the clients were competent to come to solutions with the aid of the therapist (Butler & Bird, 2000). In a sense the Azar et al. (2005) study was allowing parents to access their parental schema through their narratives and as they were more able to do this they were therefore, able to adjust the way that they interacted with their child.

One study involved parents and teachers working together by using narrative recording procedures, in conjunction with Social Skills Training, to improve the play behaviour of boys with ADHD (Colton & Sheridan, 1998). Parents and teachers recorded anecdotal data about the boys in a narrative form and this was then analysed with the therapist to identify skills to be targeted in the social skills training.

Schwartzman and Wahler (2006) explored how they could enhance the impact of parent training by using narrative restructuring. In this pilot investigation ten mothers were involved in a behavioural parent training programme, but in addition, the experimental group of five mothers engaged in narrative restructuring as an adjunctive treatment to the standard programme. This narrative restructuring involved mothers in sharing personal narratives about their parenting with their children and they were prompted to restructure these stories. Mothers in the experimental group reported an improvement in maternal responsiveness (i.e., appropriate maternal reactions to child responses) and a decrease in child disruptive behaviours. This was not observed in the control group.

In this method the authors demonstrated an innovative way of adjusting parents' interactions with their children and used the parents' narratives as therapeutic tools. By focusing on parents' own parenting experiences the clinicians

could enhance the mother's receptiveness to the other elements of the programme. In addition, it utilised the concept of adjusting parents' perceptions of their children which will be further discussed in the next chapter.

Summary

This chapter has demonstrated that raising normal, healthy young children is a challenge for all parents and parents often seek information to help them in this task. Behavioural parent training programmes have offered assistance to some families but there are limitations with these and, while recent understandings of the bidirectional nature of the parent-child relationship have influenced parent-training programmes somewhat, these still fail to fully address the issues with sufficient complexity. However, bidirectional models are insufficient and dialectics were proposed to provide a foundation to encapsulate the multiple dimensions of the parent-child relationship. The section ended with a critique of understanding the mechanisms of change in parent training. Of the little research that has investigated these variables in the parent training programmes, the results have either been underutilised or too heavily oriented toward statistical verification. It was demonstrated that while a few studies have investigated the use of narratives, it has not been widely applied within the parent training research.

CHAPTER 2: IMPORTANT FACTORS IN PARENT TRAINING

"So I suppose the bit on time out didn't help me as much because, I don't know, I don't really believe in time out. Um, ok, they can have time away to calm down, but I think some people might take it a bit too far" (Maria - C7).

The previous chapter indicated that there are numerous dynamics to parenting that are important, which can only serve to complicate the task for parents, and parent training programmes have helped some families. While there are useful principles in conventional behavioural parent training programmes, on their own they fail to meet the needs of many families. This chapter will discuss other elements that parents need when raising young children, which include: mindfulness and acceptance of the parent and the child as unique individuals in the relationship; appropriately managing emotions; understanding developmental stages; and understanding the effect of parental attributions of child misbehaviour. While there have been attempts to include these in parent training programmes, it has not been in a synthesised manner and this piecemeal approach has failed to adequately deal with the multiple dimensions and relationship factors between the parent and the child (Granic, 2000).

The example from Maria (above) indicates her unease with using behavioural skills and was a feeling echoed by other parents in the current study. The previous discussion indicated that conventional behaviour therapy has focused on contingency management, such as reinforcement, planned ignoring, and time-out, but there is other research that emphasises contextual factors. It will now be demonstrated that while mindfulness and acceptance are increasingly being used in conjunction with numerous psychological interventions, behavioural parent training has failed to adopt them.

Mindfulness and Acceptance

Defining Mindfulness

To be mindfully aware of one's surroundings and interactions with others requires more attention than people generally give to them. It will be illustrated that mindfulness has been a part of the Buddhist tradition for a long time, and in recent

times it has increasingly being incorporated into interventions for psychology and medicine where it has showed promising results, including for families. But one limitation is that teaching mindfulness is a lengthy process and requires more time and focus than many interventions could allow. Other treatments have incorporated aspects of it within a broader framework and this is also what is needed in parent training.

Mindfulness involves becoming more aware of one's surroundings and is often taught through an assortment of meditation exercises. A working definition of mindfulness is: "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment" (Kabat-Zinn, 2003, p. 145). Traditionally, mindfulness is a core practice in Buddhism but it has increasingly been adopted in psychological and medical settings without the religious implications. Langer (1997) indicates that people often report that a job or the work that they are doing is boring. However, Langer proposes that with mindful engagement (i.e., paying more attention to the details and becoming more involved in the activity) the task will appear more attractive and enjoyable for people.

A number of studies have demonstrated that practising mindfulness lead to improvements for participants: Mindfulness-based stress reduction (MBSR) has especially helped people with chronic pain to better manage their pain (Kabat-Zinn, 2003; Siegel, 2005); Mindfulness-Based Cognitive Therapy emphasises focusing not on the content of thoughts, but instead on the changing awareness of the relationship of thoughts to feelings and bodily sensations, and has helped reduce relapse in recurrent major depression (Segal, Teasdale, & Williams, 2004); when caregivers were trained in mindfulness their charges (individuals with profound multiple disabilities) displayed increased levels of happiness compared to individuals with control caregivers (Singh et al., 2004); and there was an increase in the reduction of aggressive behaviour in adults with developmental disabilities when their home group staff members completed mindfulness training and behavioural training compared to staff that only completed behavioural training (Singh, Lancioni, Winton, Curtis et al., 2006). One review of mindfulness-based interventions found that these might be helpful in the treatment of several disorders (Baer, 2003).

Furthermore, Singh and his colleagues have demonstrated positive results for parents and children after mindfulness training. They taught mindfulness skills to

three parents of children with autism and results indicated that there was a reduction in children's aggression, self-injury, and non-compliance, as well as an increase in mother's satisfaction with their interactions with their children and parenting skills (Singh, Lancioni, Winton, Fisher et al., 2006). In a replication and extension of this study with four children, again they reported a reduction in child aggression and increased maternal satisfaction with parenting. In addition, they found increased child social skills, decreased negative social interactions with siblings, and lowered parental stress (Singh et al., 2007).

Incorporating Mindfulness within Therapy

However, teaching the techniques and principles of mindfulness can be quite lengthy and this may require more time than is available in many therapeutic settings. In addition, some advocates of mindfulness suggest that in order for the clinician to properly deliver the intervention they must practise mindfulness in their own life (Kabat-Zinn, 2003; Linehan, 1993), but this is not always probable. Over time it has developed that some interventions have adopted the principles of mindfulness and incorporated them into a broader integrative framework. One such example is DBT for people with Personality Disorder (Linehan, 1993), which was discussed earlier so will not be mentioned in detail here. Suffice it to say that in DBT participants are encouraged to practice mindfulness exercises regularly and the central dialectic is the relationship between acceptance and change.

Another intervention that utilises mindfulness techniques and principles is Acceptance and Commitment Therapy (ACT). There is a so-called "third wave" of behavioural and cognitive therapies, of which ACT is a part, which emphasises contextual and experiential change strategies (Hayes & Wilson, 2003; Twohig, Pierson, & Hayes, 2007). This does not mean that they have discarded educational or direct change strategies but now focus on wider concepts such as mindfulness, relationships, values and emotional processing (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). ACT uses acceptance and mindfulness strategies alongside commitment and behaviour strategies, with the overall aim to produce more psychological flexibility. Clients are encouraged to dispose of psychologically rigid self perceptions, as these can trap them into fixed patterns of behaviour, despite their belief that these patterns provide a small degree of temporary relief. Rather than

trying to avoid pain or suffering and seek only pleasantness, ACT focuses on accepting that pleasantness and suffering are both normal parts of life (Hayes, 2004).

ACT is a clinical approach that focuses on processes by using multiple techniques. There are six core processes which are grouped under two main types: commitment and behaviour change processes (which include - contact with the present moment, values, and committed action); and mindfulness and acceptance processes (which include – acceptance, defusion, and self as context) (Hayes, 2004; Hayes et al., 2006; Wilson & Murrell, 2004). ACT has shown promising correlational results across a range of problems but, since it is a relatively new therapy, there are not enough well-controlled studies to indicate that it is more efficacious than other active treatments (Hayes et al., 2006). What ACT does offer is an over arching process by which therapy can be conducted and it is at this level that ACT offers valuable information to parent training.

The principle of acceptance that is prevalent in ACT offers an important focus for the parent-child relationship too, since both the parent and the child, have unique needs that must be met for a healthy relationship. In addition, there are multiple dimensions across which this principle applies and a discussion of this will now continue.

It is imperative that behavioural parent training programmes address the dynamic relationship between the parent and the child. One parent training programme that has attempted to include behavioural techniques and principles with relationship issues is Parent-Child Interaction Theory (PCIT) (Brinkmeyer & Eyberg, 2003). The treatment is conducted with individual families, involving both the parents and the child, while emphasizing the need to first, have child-directed interactions such as praise, reflecting the child's talk, imitating play and describing the child's behaviour, which is then followed by parent-directed interactions. This approach aims to actively coach the parent in relationship and behavioural change skills.

Behavioural programmes are incomplete since they do not have a strong emphasis on the parent-child relationship and they offer little, if any, focus on dealing with the emotions that are very prevalent in the parent-child relationship. PCIT does include this aspect, however, there are other dimensions that PCIT fails to include (such as development and attributions) and these will be described later. The next section will investigate the importance of appropriately dealing with emotions

in the parent-child relationship. Research will be presented outlining the benefits of emotion coaching for the parent and the child and this needs to be an integral part of a parent training programme.

Managing Emotions in the Parent-Child Relationship

> "We've been struggling a lot with anger in our house. Larry, our 3-year-old has got, seems to have had quite a short temper and I've had a short temper since our baby was born 9 months ago. Before that it was never really an issue. So it was really good to talk about anger and find out how other parents enforce the boundaries with their children aside from using time outs" (Andrea - A4).

Parenting can be stressful and demanding for anyone and even more so when a child is displaying disruptive behaviour. Parents report that before they deal with the misbehaviour of their children they must first deal with the emotions that quickly well up for them, for example, in the Evans, Yamaguchi, Raskauskas, and Harvey (2007) study parents reported that they would first need to calm down and deal with their anger before they could reasonably plan a response to their child's misbehaviour. Therefore, before being able to implement behavioural skills parents must first deal with their own emotions that are related to their child's behaviour. These emotions can be positive or they can be negative but there is one thing that parents often report, and that is that their emotions are very intense when they are dealing with their children. In fact, many parents are surprised with the intensity of their emotions.

Heightened Emotions in the Parent-Child Relationship

Feelings often experienced by parents, such as frustration, anger, disappointment, and embarrassment, well up quickly and, if not attended to, affect the relationship between the children and the adult. This was indicated in a study when, compared to emotionally-neutral mothers, angry mothers were more likely to expect their children to act negatively and judged children's current problems as more serious (Dix, Reinhold, & Zambarano, 1990). Another study compared parents at high risk of child physical abuse to low risk parents, which found that high risk parents reported higher levels of hostile feelings after they had watched a video of a crying infant. Moreover, not only were increases in self-reported feelings of hostility reported, but hostile priming was modestly related to excessive force in a hand grip

exercise for high risk parents (Crouch, Skowronski, Milner, Harris, 2008). This could be an indication of negative behavioural implications when parents are experiencing heightened emotions, which could be detrimental to the parent-child relationship.

Parents might also have another unhelpful behavioural response to high negative emotions by using harsh discipline strategies. There is an ongoing research demonstrating an association between harsh physical discipline and child aggression (Deater-Deckard & Dodge, 1997), and one study revealed that harsh parenting had both a direct and an indirect effect on child aggression, mediated by child emotion regulation (Chang, Schwartz, Dodge, & McBride-Chang, 2003). This last study found that harsh parenting could be viewed not only as a form of behaviour modelling but also as a form of affect communication. Therefore, the effect on the children is both direct – through behaviour that the parents are modelling, and indirect - through emotion dysregulation. These parental responses need to be understood within the context that strong negative emotions are common in parenting young children. This was demonstrated in a study, which showed that 83% of parents who had children aged 24-36 months reported one or more episodes of frustration everyday (Wissow, 2002).

> "I get really frazzled because I'm up and down and constantly intervening when he's fighting with children that I've invited around to play with him. Um, I can get a bit fraught, and then I get frustrated because I expect him just to play nicely alongside our visitors and to share" (Robyn - B3).

Behavioural parenting programmes have been criticised because they do not, generally, deal with emotions and, if they do, it is only a small component of the training programme. For example, Gottman and DeClaire (1998) criticised these programmes for tending to address misbehaviour but without attending to the feelings that are underlying that misbehaviour. There needs to be more emphasis on how emotions, cognitions and action affect each other reciprocally when designing interventions aimed at preventing the emergence of behaviour problems in children (Izard, 2002).

Havighurst (2003) claimed that despite research showing an association between children's emotional competencies and emotion coaching, parenting interventions have been slow to incorporate these features. Orbio de Castro, Koops, and Meerum Terwogt (2004) criticised that while it is acknowledged that children

with behavioural problems often struggle to interpret others emotions correctly or to appropriately manage their own emotions, scant attention is given to emotional factors in behavioural parenting programmes.

One study has indicated that childhood aggression in children in their early childhood years is linked with the affective relationship they have with their parents. This study indicated that conflict in the parent-child relationship predicted a significant amount of variance in teacher-reported relational aggression with peers for children in early childhood (Ostrov & Bishop, 2008). This research claims, therefore that the nature of the relationship between the parent and the child, rather than only parenting practices, influences the degree of relational aggression with peers for children in this age group.

Havighurst (2003) has carried out an intervention programme for parents of children with behavioural problems that places an emphasis on increasing children's ability to regulate emotions, express emotions, and to understand emotions and how they function. The exercises involved in the programme focus on teaching the five skills of emotion coaching that has been shown to be important for training children to manage their emotions effectively (Gottman, Katz, & Hooven, 1997). In more serious cases of child behaviour problems Katz and Windecker-Nelson (2004) found the parents of these children were less aware of their own emotions and the emotions of their children, and therefore an implicit component to any intervention programme for disruptive behaviour in children would be to focus on parent's awareness of emotion.

Emotions are Essential

However, it is imperative for all families to learn to manage emotions as emotions are an important and essential part of being human. Denham and Burton (2003) have revealed that being emotionally competent is closely related to social competence and mental health and, as with many aspects of development, children are reliant on their parents to learn about emotions and how to manage them appropriately. Denham and Burton further state that the sort of socialisation that contributes to overall social competence in children includes warm, empathic care giving, affection, and the modelling of nurturance. This social competence comes from children's understanding of emotions and his/her expression and regulation of emotions. These factors are, in turn, affected by parental socialisation about

modelling emotions, reactions to emotions and coaching about emotions as well as the child's own temperament, cognitions and goals. Denham and Burton found that there was a generally positive picture for 'emotion coaching' that assisted children in developing these skills.

Gottman and Mettetal (1986) also support these statements as they indicate that emotional control affects the child's growing friendships with peers, as it is critical for conflict management and for engaging in co-ordinated play. They emphasise that involvement in cooperative play, which is an essential developmental stage for children (Piaget, 1951/1962), especially requires children to be able to control negative affect.

A primary developmental task for children in early childhood is to form friendships and to learn to engage in cooperative play with peers (Piaget, 1951/1962), which can require a lot of attention, involvement, and coordination that has the potential for solidarity but, in addition, provides an increased chance for conflict and disagreement. Unless a child is able to control negative emotions this will negatively affect the interactions with peers. Research indicates that children are attracted to children who are similar in age, sex and race and who have the same preferences for leisure activities and similar attitudes to learning (Parker, 1986). Ginsberg, Gottman, & Parker (1986) claim that there are six functions of friendship in children: companionship; stimulation; physical support; ego support/enhancement; social comparison; and intimacy/affection. In addition, they assert that it is generally important, in several dimensions of life, for children to be well accepted by their peers, and general peer interactions have a positive influence on children's current and long-term adjustment.

Gottman (2001) warns that there are significant risks to children who do not learn to regulate their emotions, because if children are not able to succeed at these social tasks of social interactions, or are rejected by peers and can't make friends, then they are at risk of later problems. These research findings emphasize the importance of teaching children to manage their emotions and therefore, include an emotional component in parent training programmes. A large body of research has been conducted by John Gottman and his colleagues in this field and these principles can offer another perspective to behavioural parent training.

Emotion Coaching

Gottman et al. (1997) introduced the notion of meta-emotion (emotion about emotion) which is a structured and organised set of emotions and cognition about one's own emotions and the emotions of others. These researchers demonstrated that the quality of the parent's marriage, parent-child interaction, and the emotional and social development of the child are linked by the development of the emotional regulation of the child.

There are a number of steps that Gottman et al. (1997) recommend are important for parents as they coach their children in managing their emotions. These include: the parent is aware of the child's emotion; the parent sees the child's emotion as an opportunity for intimacy or teaching; the parent helps the child to verbally label the emotions that the child is having; the parent empathises with or validates the child's emotion; and the parent helps the child to problem solve. Their research has revealed that children in early childhood who have been emotionally coached are better able to regulate emotions, to self-soothe, to focus attention when they need to, and to inhibit negative affect. These effects were still evident three years later when these children were doing better at school, their peer relationships were better, they were more socially skilful with fewer behavioural problems, they showed greater positive affect and less negative affect, and they had increased physical health.

According to Gottman it is important for parents to avoid judgment of the child's emotions, to validate the child's experience and that words of understanding must precede words of advice. Parents often have an agenda of needing to teach their child a moral lesson in situations. Gottman asserts that this has to be put on hold and the first task for parents is to address the child's experience of the emotion (Gottman, 2001). This is not to say that a parent cannot be emotional when dealing with their child's misbehaviour for these emotions can be used to tell the child how the parent is feeling, but these emotions need to be used in a non-insulting manner. For a parent to tell a child that he/she is disappointed or angry is a very powerful discipline tool (Gottman, 2001). Emotion coaching parents can accept all feelings but not all behaviours. It is important to note that it is not the feeling that is the problem but the child's misbehaviour (Gottman & DeClaire, 1998).

A major tenet of Gottman's model is that in the area of emotions, process is everything. Parents can only teach their child about emotions by expressing emotions themselves and accepting emotions. Children cannot learn by merely accepting a family rule, but rather they learn by the example of their parents. They learn respect when parents act respectfully, and compassion when parents are compassionate (Gottman, 2001; Gottman et al., 1997).

Addressing Parental Emotions

Since the previous chapter has highlighted the interactional nature of the parent-child relationship the role of the parents, too, must be considered when managing emotions. Obviously both parents and children experience emotions, and in order for parents to be able to coach their children they must be aware of their own emotions. Greenberg (2002) states that emotions are not only based in the present, but they are also influenced by the past, and they influence the future. The parent and child are affected by what has transpired in their relationship in the past and this affects the emotions that are felt in the present. These, in turn, affect the future relationship between the parent and the child.

Parental emotional states directly affect the way that they relate to their children. Evans et al., (2007) demonstrated that when parents are feeling emotional their judgments are clouded and this can negatively affect interactions with their children. Furthermore, Dix et al., (1990) found that parental anger can activate anger-consistent cognitions and induce negative parental judgment and therefore negatively bias parental reactions.

In addition, research in the educational field has investigated the way that emotions are important in transactions within relationships. By focusing on the emotional climate of primary school classrooms, initial studies concluded that a central feature of this climate was the emotional relationship between the teacher and the pupil (Harvey & Evans, 2003). These authors described the emotional climate as being made up of transactions between the teacher and the pupil, where the teacher could determine the feelings of the students and respond accordingly in a planned way. This required some emotional awareness from the teacher.

There is ongoing research that is investigating these principles and some argue for more attention to be given to the emotional climate of the classroom. Evans, Harvey, Buckley, and Yan (unpublished) propose that this distinct aspect of

the classroom climate requires attention as much as the more conventional academic and management elements to create effective learning environments.

> "So emotions are a hard one for me to talk about because a lot of times I'm feeling like I've completely failed Isaac with that. Um, I don't have a good control over my emotions most of the time. It's something that I struggle with and, ah, sometimes I feel like Isaac is more capable of *(laughs)* controlling himself, which is scary" (Charlotte - C10).

*Addressing Emotions in Parent-Training.*One parental role is to teach their child how to regulate emotions and one fundamental method that parents can use is to model emotion regulation when managing their own emotions. According to Gottman et al. (1997) this is best done in low intensity situations in which skills can be learnt to deal with emotions. Furthermore, parents must be aware of the situations that increase their susceptibility to negative emotions such as stress, tiredness, etc. These affect the parents' ability to deal with emotions and, likewise, they affect the child's ability to deal with emotions. Therefore, these are useful tools that ought to be included in a parenting programme and will help to enhance the parent-child relationship.

Furthermore, it is crucial that interventions focus on parental warmth, responsivity, and expression and discussion of emotions, as this has been shown to be beneficial for children. Eisenberg et al. (2001) found that the extent to which parents had warm and positive interaction with their children and discussed emotions with them was related to the child's regulation of emotions and expression of emotional and problem behaviour. Another study showed that when parents were more aware of their own emotions and taught their child to self-soothe, these children had better relationships with their peers and engaged in a more sophisticated level of play. This was shown to occur for both aggressive and non-aggressive children (Katz & Windecker-Nelson, 2004).

These research findings demonstrate that the emotion-related behaviour of the parents is related to the child's regulation of expressing emotion externalising problem behaviours. Important aspects are parental warmth when interacting with a child and parents discussing the nature of emotions and how other situations are similar to those experienced by the child (Eisenberg et al., 2001; Greenberg, 2002). The major influence on how parents' handle their children's feelings is the parent's

own emotions and thoughts about their feelings (Greenberg, 2002). In fact, an effective vehicle by which parents might become more aware of their child's emotions is for parents to become more aware of their own emotions (Gottman et al., 1997).

Benefits of Improved Emotional Competence. Gottman advocates that with an emotion coaching style of parenting children also learn to trust their feelings, regulate their emotions and to solve problems. They also have high self-esteem, learn well, get along well with others, they experience emotions for shorter durations, resolve their feelings more effectively and experience emotions less intensely (Gottman & DeClaire, 1998; Gottman et al., 1997). Consequently, these are essential skills that aid healthy development for children and it is imperative that parents are given these skills when attending a parent training programme.

Katz and Windecker-Nelson (2004) found that both aggressive and non-aggressive children showed better peer relations when their mothers were more aware of coaching emotions. As well, these children displayed a more sophisticated level of play that involved more fantasy play, which required greater intellectual and social skills from the children. The authors concluded that the children needed a high level of maternal emotional awareness to reach these high levels of cooperative play. Gottman (2001) claims that the skills children learn in emotion coaching are not a set of specific skills but involve a level of emotional intelligence. Other research has confirmed this and has demonstrated that the benefits for these children are not limited to early childhood but have been verified in middle childhood and adolescence where the children comfortably use their emotional skills to manage and master the developmental emotional needs of each stage (Ginsberg et al., 1986; Greenberg, 2002).

Gottman and his colleagues found that parents who engaged in emotion coaching displayed increased parental warmth, non-derogatory parenting, and teaching styles that structured, shaped and praised that child's emotional learning. In the end, both parents and children achieve strength and emotional competence, not from the control of emotion, per se, but rather from the integration of reason and emotion (Greenberg, 2002).

As a result, the benefits of improving emotional competence are not limited to only the children, since the parents profit from this progress as well. Moreover, research has indicated that when parents reconsider emotions in their relationship

with their children, it provides an alternative way of viewing emotions in their own life, which influences their marriages and relationships with partners as well (Gottman, 2001).

Developmental Differences in Emotions

However, while parents and children both experience emotions they do not necessarily deal with them in the same way. This was evident in a study by Stegge, Meerum Terwogt, Reijntjies, and van Tijen (2004) that explored children's and adult's concepts about the non-expression of emotion. Children younger than six years could not distinguish between the inner experience of the emotion and the outer expression. As a result, they thought that in order to feel better from negative emotion the first requirement was to stop expressing that negative emotion. Adults, on the other hand, considered the expression of an emotion to be a separate part of the emotional process. Thus, adults often argued that to not express an emotion did not actually diminish the emotion but might, in fact, intensify it. Adults often reported that expressing an emotion served a purpose in its own right.

A large factor for these differences is the developmental level of the adult and child. Gottman et al. (1997) suggest that a basic principle is that parents must have an awareness of the child's developmental level when dealing with emotions. However, this understanding cannot be confined to only emotional development, but rather, a holistic consideration of the child is imperative and parent training must deal with development in all aspects, since an understanding of the child's developmental level is an important factor when interacting with children. An initial step is that emotions are recognised and acknowledged, and then understanding the developmental context of the child's experience equips the parent to interact more appropriately with the child.

Understanding Development

"Learning, sort of, the life span development that we looked at just sort of gives you the idea that it's not just kids that go through all the developmental stages. Even as adults we're doing that too" (Emma - E4).

This section will address developmental issues in the parent-child relationship and discuss that while parents can develop an understanding of child development as

the child grows, this can also be a difficult task for parents. Moreover, it is not only the child who is developing, but the parent too, is developing as an individual and in their role as a parent.

Child Development

Childhood is a period of large developmental changes, and more studies are required that discuss the role of child development in behavioural parent training. Attention has been drawn to the need for a strong understanding of child development when planning interventions for children with disruptive behaviour (Forehand & Wierson, 1993), as a distinction has to be made between normal development and psychopathology in children. Others support this attention to child development, so that the best intervention can be offered to the child at their developmental level, e.g., in early childhood years parental involvement in these interventions is essential (Eyberg, Schumann, & Rey, 1998; Holmbeck, Greenley, & Franks, 2003). However, this does not actually address the importance of parents learning more about their child's development and implications of this for their relationship development.

Throughout pregnancy and in the child's early years parents witness the rapid growth of the child and through organisations, such as midwives, doctors, and Plunket, pre- and post-natal checkups help parents to understand how the child is developing. The focus is usually on physical growth, sleeping, feeding, and abilities such as crawling, walking. Consequently, parents might learn to appreciate that it is necessary to accommodate the ever changing developmental abilities of their child. However, this is a difficult task for parents, as all children develop at different rates and therefore there is no means of defining a particular age at which a child develops a particular skill. Rather than children having reached a particular age when a developmental task is achieved, developmental stages, and 'normal' development happens over a range of ages for any particular skill (Papalia, Olds, & Feldman, 2007).

It has been demonstrated that cultural differences play a large part in parents' differing beliefs of developmental ability at certain ages (e.g., Savage & Gauvain 1998). While accepting these cultural differences, it has also been indicated that parents' beliefs about their children and about what they are developmentally capable of doing, influences how parents interpret the child's behaviour and the way

in which parents' relate to their child (Goodnow & Collins, 1990). Therefore, parent training must attend to increasing parents' understanding of their child's development in order for them to have realistic expectations of the child's behaviour.

One example where an increased parental understanding of development could be helpful is parents' difficulty to understand noncompliance in their child, as this is often a source of tension. Children's noncompliance strategies develop from toddlerhood to age five and their overt resistance to control does not change, nor are they exclusive to the traditionally thought of "terrible twos". Rather the motive to resist does not change but the skill with which children can express this becomes more sophisticated (Kuczynski & Kochanska, 1990). Unless parents have an understanding that this is normal early childhood development they might consider their child's behaviour a problem as their child's noncompliance persisted. This accentuates the need for an increased understanding of child development to be an important part in a parent training programme.

The development of the child goes beyond simply measuring the intrinsic characteristics of the child, e.g., cognitive, social, physical, and emotional development, and is actually a complex interaction between these constitutional aspects of the child and the environmental system in which the child lives (Eyberg et al., 1998). Complex models of development, which are not solely focused on heredity or environment alone, are needed to guide parents in their parenting role and also for psychologists planning interventions for children (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000). One aspect of development that goes beyond mere descriptions of the physical, cognitive, emotional, social, or language development of the child is the development of self-regulation. Knowledge about this important developmental area will better equip parents to improve their interactions with their children.

Understanding Development of a "Hot"/ "Cool" System

Another developmental aspect that plays an important part in parenting is the development of self-regulation through either a "hot" focus or a "cool" focus. This would be a useful for inclusion in a behavioural parenting training programme, especially to help parents understand difficult behaviour in children. According to Metcalfe and Mischel (1999), babies first develop a hot focus, which is a "go" system, and as they mature they develop a "cool" system, which is a "know" system.

It is important for the young child to learn the cool system but they have to develop the abilities to do this. Therefore, distraction or hiding or putting things away can be useful, for example, when two children are fighting over a toy – the adult can divert attention from the toy to a cooler focus (or another toy which would be a new hot focus), or by taking the toy away the hot focus is gone. The adult's help is required for the child to do this because children in their early childhood years have not yet developed the skills to change to a cooler focus. Without adult intervention the child will only focus on the hot elements of the situation.

Studies indicate that young children who can utilise a cool focus have greater ability to delay gratification for a small reward in anticipation of a larger reward at a later time. Longitudinal studies have shown that for children aged less than five years there is a significant correlation between the their ability to delay gratification and their later self-regulatory competencies. In one study that illustrated this, toddlers who used distraction strategies to deal with maternal separation had better self-regulation at age five years (evidenced through their greater ability to delay immediate gratification for valued rewards) than toddlers who had not used distraction strategies (Sethi, Mischel, Aber, Shoda, & Rodriguez, 2000). This ability has also been linked to long-term developmental outcomes such as increased cognitive and academic competence and increased ability to cope with frustration and stress in adolescence (Shoda, Mischel, & Peake, 1990).

While this information is a helpful skill for children to learn, in addition, parents can benefit from hot/cool strategies to regulate their own emotions in their parenting role. Ayduk, Mischel and Downey (2002) reported that a useful adaptive skill for adults was to adopt a cooling strategy when in hot, arousing conditions that otherwise elicit automatic, hot-system responses. The previous section outlined the high intensity of emotions that parents report when raising young children, therefore introducing some training about self-regulation skills into a parent training programme will aid both the parent and the child.

The Effect of Parenting on Adult Development

Yet, development is not confined to childhood and adolescence, but is rather, a life-long process that has been the subject of much academic research. While developmental change occurs rapidly during childhood and adolescence, life-span developmental psychology researches the constancy and change of behaviour over

the whole life course (Baltes, 1987). Erikson (1959/1980) was influential in this field and he proposed that a person progresses through a series of stages (total of 8 stages) from infancy to old age and each stage consists of a unique task, or psychosocial crisis, that confronts the individual. According to Erikson's model, each psychosocial crisis has a syntonic potential which leads to healthy development and a dystonic potential which leads to unhealthy development. During each stage the psychosocial crisis is such that the development of the specific syntonic potential of that stage must outbalance that of its dystonic antithesis. This crisis is not a catastrophe, as such, but more of a turning point and the more successful a person is in resolving the crisis, the healthier the development will be and then the basic strength (or ego quality) will be gained.

According to Erikson, one stage in adulthood is generativity (defined as procreativity, productivity, and creativity) versus self-absorption and stagnation. The basic ego strength is the ability to care. Some have indicated that parenting is the most common route to generativity as there are numerous occasions and requirements for personal reorganisation and maturation (Palkovitz, 2002). However, no research was found in which parental developmental changes were attended to in traditional behavioural parent training programmes.

Research indicates that the influence of parenting on adult development begins before the baby's birth. Even before the baby is born there can be changes in lifestyle and relationships as adults approach parenthood, such as eating more healthily, curtailing or stopping intake of alcohol, cigarettes or other substances that could affect the baby, and changing friendships. Once the baby is born changes in paid employment can change the networks in which parents engage and friendships are often formed through the parents of their child's peers (Palkovitz, Marks, Appleby, & Holmes, 2003).

Some variables that have been shown to be more common in parents than in adults without children include: they have increased levels of dialectical thinking; they have increased allocentrism and perspective taking; they have increased levels of self-awareness; they have increased levels of self-competence; and they have increased levels of responsibility (Palkovitz et al., 2003).

Parenting involves many unpredictable factors in both positive and negative ways. Parents have a more expansive range of emotions from intense joy to intense rage and learning to manage these can provide the opportunity for greater personal

development (Palkovitz et al., 2003). These emotional changes can affect the relationship between the parents and it is common that parents experience more shifts and emotional intensity in their relationship with their partner than couples without children (Palkovitz et al., 2003). These findings confirm the reciprocal nature of the parent-child relationship and highlight that it is not only the parent who affects the child but also parents are affected by the child.

These findings have been confirmed by parent reports in research by Palkovitz et al. (2003) which reveals that adult development for both men and women is influenced by their role as a parent. For a long time women often identified strongly with motherhood and claimed that parenting was central to their development as a person. In spite of there being an increase in women participating in paid employment and other activities outside of the home, many women still identify more strongly with being a mother than with being a wife, or partner, or their occupational role. Moreover, Palkovitz (2002) found that an increased number of men were seeing parenting as a foundational force in shaping their adult development. In this qualitative study fathers reported that their involvement in fathering had helped their developmental maturity in different areas of their lives including social, family, personal and career. This indicated the powerful impact that being a parent played in parents' perceptions of themselves and of their development.

The Parent-Child Relationship Developing

The preceding discussion has revealed that both the parent and the child are developing individually, and parents are in fact, developing as a person in their own right, as well as developing in their role as a parent. Collins and Madsen (2003) have articulated that both the parent and the child are mutually adjusting to the developmental changes in each other. Parents adapt to signs of maturity in their child and change the way that they relate to the child accordingly, e.g., supporting a child when first beginning to walk and offering less support as the child masters the skill. These authors concluded that changes in the parent-child relationship were not a result of unilateral developmental changes in the child, alone. Rather, the continual and mutual developmental changes in both the parent and the child affected the complex interplay of interactions within this relationship.

One final aspect that is important in parenting young children is the perceptions parents have of their child and how these affect the parent-child relationship. As the following discussion will demonstrate, while there have been some attempts to include cognitive dimensions in conventional behavioural parent training, they have not been a part of an overall relationship focused intervention for the parent and the child.

The Role of Attributions in the Parent-Child Relationship

To deal with behaviour without addressing the attributions that parents have for the child's misbehaviour is limiting and is less likely to produce enduring changes for the family (White et al., 2003).This section will address what attributions are, why they are important in the parent-child relationship, and how behavioural parent training has attempted to incorporate them in programmes.

Defining Attributions

Attribution theory is concerned with the processes that people use to understand, control and predict everyday circumstances (Forsterling, 2001). Attributions are the 'rules', though not usually articulated, that a parent uses to understand the causes of a child's behaviour. Attributions can have an internal locus of control (belief that events are typically caused by one's own responding) or an external locus of control (belief that events are caused not by one's own responding, but by luck, chance, or fate) (Rotter, 1966). Attributions can be stable (long-lived or recurrent) or unstable (short-lived or intermittent), as well as global (affecting a wide variety of outcomes) or specific (affecting only the specific situation) (Abramson, Seligman, & Teasdale, 1978). People are motivated to understand behaviour to find meaning and to manage social interactions (Malle, 2004), and they use attributions to find that meaning.

Parents try to understand a child's misbehaviour by attributing a cause or causes to the events that are happening. But parents can sometimes make an "attribution error", or an error in judgement, by underestimating the effect of situational factors (e.g., the child is hungry or tired) and over-estimating the importance of dispositional or child-centred factors (e.g., the child is naughty by nature) (Gupta & Theus, 2006; Ross, 1977).

According to attribution theory, when people make attributions about their own, or others' behaviour, these attributions determine emotions, behaviours, and subsequent thoughts that are directed to that individual. The factors of locus of control, stability or globality have a large influence on resulting emotions, thoughts and behaviours. Consequently, concepts of judgement, and who controls or is responsible for events, all come into play (Forsterling, 2001). Joiner and Wagner (1996) conducted a review of eight empirical studies and examined the link between parental attributions, parental satisfaction and child adjustment. They found that for parents' child-centred attributions for child problems the attributional styles of stability and globality were most likely to correlate to parental satisfaction and/or children's adjustment.

Parental Attributions and Child Misbehaviour

The link between negative parental attributions for children's misbehaviour and child disruptive behaviour has been well established. There is a relationship between negative parental attributions and child conduct problems, although it is unclear about the causal direction of this relationship (Wilson, Gardner, Burton, & Leung, 2006a). Mother's with lower positive and higher negative perceptions of their child rated their child as experiencing higher levels of externalising and internalising behaviour problems (Renk, Roddenberry, Oliveros, & Sieger, 2007). In another study, mothers who provided more prosocial appraisals had children who showed less anger biases at school around that time. However, mothers with more hostile than prosocial appraisals had children who showed higher anger biases at school (Root & Jenkins, 2005). In addition, negative attributions (such as a maternal perception that a child is nonresponsive to the mother) can begin as early as toddlerhood and can consistently predict later externalising problems (Olson, Bates, Sandy, & Lanthier, 2000).

In a longitudinal study Gomez and Gomez (2002) tested the associations between 9 - 13 year old children's perceptions of maternal control and support of the child with the children's hostile social information processing (measured by hostile attribution and response selection). Results showed that children's perceived maternal control was positively associated with child oppositional behaviour and perceived maternal support was negatively associated with oppositional behaviour. These findings are consistent with research indicating that negative family

interactions and parenting styles are related to child disruptive behaviour. Two other studies are now mentioned as examples of this interconnectedness of parental attributions and child behaviours.

Hassall, Rose, and McDonald (2005) found that mothers of children with an intellectual disability who attributed more control to their children for negative behaviours were more likely to experience angry feelings toward the children and to use overly assertive disciplinary practices. And in another study, experimentally induced differences in maternal attributions produced differences in the mothers discipline style and subjective anger as well as child negative affect, highlighting how parental attributions for the child's misbehaviour can determine the harshness of their discipline (Slep & O'Leary, 1998). Specifically, mothers who were told that their child's misbehaviour was deliberate, voluntary, and with negative intent rated as significantly more over-reactive in their discipline and felt angrier than mothers who were told that their child was not to blame for the misbehaviour. The children from the first group of mothers also showed higher rates of negative affect.

While it is not clear what the mechanisms are by which parental attributions effect child's disruptive behaviour (Dix, Ruble, & Zambarano, 1989; Wilson et al., 2006a; Wilson & White, 2006), it could be that harsh discipline strategies may act as mediators to parental attributions and child disruptive behaviours (Hassall et al., 2005; Nix et al., 1999). On the other hand it could be that parental negative attributions might mediate the relationship between harsh parenting strategies and child disruptive behaviours (Gomez & Gomez, 2002; Wilson, Gardner, Burton, & Leung, 2006b). Of concern, is that it is estimated that 63% of child abuse incidents grew out of disciplinary actions taken by the parents or caregivers (Wilson & Whipple, 2001) and negative attributions could be playing an important role in this.

Addressing Attributions in Parent Training

This discussion has shown that there is considerable evidence that parental attributions are linked to disruptive behaviours in children. Therefore many have suggested a need to include a cognitive component to parent-training programmes for parents of children with disruptive behaviours (Bugental & Johnston, 2000; Hassall et al, 2005; Nix et al., 1999; Reimers, Wacker, Derby, & Cooper, 1995; Renk et al., 2007; Wilson et al., 2006b) which should include the assessment and modification of parental attributions (Root & Jenkins, 2005; Slep & O'Leary, 1998).

In one study, Sanders and his colleagues (2004) compared the Standard Behavioural Family Intervention program (Triple-P) with an Enhanced Behavioural Family Intervention that also included attributional retraining and anger management. While both groups showed positive results for both parents and children in many areas, the Enhanced program showed greater change in negative parental attributions both in the short-term and at follow up. Sanders and his colleagues suggested that the Enhanced program could be used as an extra for people with particular problems in the family.

However, why would addressing attributions only be a component of an enhanced programme for families with especially difficult problems? The above research indicates that parental perceptions of their children have a large influence on the child's behaviour and throughout the preceding discussions it has been argued that parenting is a challenge for *all* parents and not only those with significant child behaviour problems. Therefore, tackling parents' attributions for their child needs to be an integral element of any parent training programme. Two other studies were found that attempted to address attributions at different levels in parent training programmes.

In preliminary findings from one study parents reported that including a "thoughts, feelings, behaviour" cycle in a parenting programme was very useful and allowed them to implement the programme more effectively (White et al., 2003). Inclusion of this cycle throughout the parent training was proposed as a tool for challenging parental uptake of the behavioural strategies that were being taught. Bugental et al. (2002) found that including a cognitive retraining component within a programme designed to prevent child maltreatment produced superior results compared to a control group and the unenhanced groups. This study involved high-risk families in one year of home visits and there were reduced levels of harsh parenting in the enhanced group. The percentage of mothers who were abusive in this year was lower in the families receiving cognitive training (26% control, 23% unenhanced, 4% enhanced). There was also a linear relationship between the more enhanced features in the programme and benefits for child health.

Attributions in the Interactional Parent-Child Relationship

These studies confirm the benefit of including a component addressing parental attributions in a parent training programme. However, the mechanisms by

which parents are more or less likely to adopt these principles from the programme are unclear. As previously discussed, the parent-child relationship is multifaceted and there are many factors that influence the way that each individual relates to the other. It is, in fact the complexity of this relationship and the reciprocal nature of it that can make it difficult to know the best way to influence parental attributions of their children. It could be that reciprocal parent-child effects are moderated by parental attributions. Bugental and Shennum (1984) have reported that child behaviours influence parent behaviours, which subsequently influence the child's behaviour and there are constant feedback loops determining the relationship between the parent and the child. Negative attributions from the parent may adversely affect this interaction between parent and child; however, it may not be this simple as wider contextual issues also need to be considered within the dialectical nature of the parent-child relationship.

There is an elaborate interaction that is occurring between parents' attributions, family stressors, and child conduct problems, and consideration of shared influences of parent's and child's cognitions is needed (Bugental & Johnston, 2000; Calam, Bolton, & Roberts, 2002; Dix, 1993; Gomez & Gomez, 2002; Nix et al., 1999, Wilson et al., 2006b). One longitudinal study interviewed mothers when the child was 3 years old and then again when the child was 4 years old. Mothers with children with higher conduct problems attributed these problems to factors within the child (internal locus of control) and factors affecting many aspects of the child's life (globality). However this study also showed that, while mothers with difficult children at 3 years were more likely to have global and internal attributions about the child's misbehaviour at 4 years, there was no evidence to suggest that early maternal attributions predicted later conduct problems. Therefore negative attribution might be a result of a difficult child rather than a cause (Wilson et al., 2006a).

In one study with 266 children (average age 5.5 years) ineffective parenting discipline and the interaction of hostile attributions with this discipline style predicted parent reports of growth in child behaviour problems. Also maternal reports of child behaviour problems were related to parents' subsequent hostile attributions and ineffective discipline strategies. This highlights an interactive relationship between parent and child and indicates that interventions must address the multiple processes that are at play as the parent and child affect one another in the relationship (Snyder, Cramer, Afrank, & Patterson, 2005). These findings

confirm that discipline encounters are co-constructed by the parent and child and therefore both need to be addressed in a parenting intervention.

Since the inadequacy of behavioural parent training programmes to fully grasp the interactional nature of the parent-child relationship has been demonstrated, it is unlikely that attributions can be appropriately dealt with in the traditional programmes. What is required is a greater focus on the relationship aspects between parent and child and in this context, understanding of the role of attributions will become more apparent.

Summary

Chapter 1 began with a commentary on how parenting young children is difficult for all parents and everyday situations can be stressful and challenging. Behavioural parent training programmes have provided some useful strategies but there are some limitations that need to be addressed. It was shown that the field of behavioural parent training has appreciated the reciprocal and interactional nature of the parent-child relationship and while some of these theories describe the bidirectional nature of this relationship, even this understanding is limited. It was suggested that a dialectical approach could more fully explain the complexity of the parent-child relationship. In addition, mechanisms of change in parent training programmes were an important aspect that has not been adequately addressed and the chapter finished with a review of the literature regarding people's schema and described some research that has addressed parents' emotional schema.

Chapter 2 reviewed the literature highlighting important aspects that are required for parenting young children and this review highlighted aspects could improve conventional behavioural parent training. Firstly, it was indicated that behavioural parent training programmes lacked a sufficient emphasis on recognising relationship factors between the parent and the child. Secondly, it was demonstrated that while there is a large body of evidence pointing to the benefits for both parent and child when they learn to manage emotions, conventional behavioural parent training has been slow to implement them into their protocol. Thirdly, it was shown that parents need to understand development - both the child's and their own - as this guides them to have appropriate expectations, and the development of both the parent and the child affect the way that they relate to one another. The final aspect

proposed was that parental attributions affect the way parents relate to their child and that child behaviour problems are also linked to negative parental attributions.

Based on this review the following chapter will outline the rationale for the new parent training programme to be trialled in the current study. This programme was intended to address the limitations of conventional programmes, use a dialectical framework to capture the multiple dimensions that are important in parenting, and have at its base the core principle of maintaining a balance between the parent and the child.

CHAPTER 3: PROGRAMME RATIONALE - THE CURRENT STUDY

Eddie (E3) commented that having a programme to talk about parenting was great because he found that, while women seemed to talk a lot about parenting issues and what it means to be a mother/parent, men were less likely to engage in such conversations (Case Notes).

The preceding chapters have outlined how behavioural parent training programmes have offered assistance to families with concerns about their child's behaviour, but limitations to these programmes have also been identified. In particular, they have failed to adapt in parallel with developments in the theoretical understanding of the interactional nature of the parent-child relationship. While behavioural understanding of the parent-child relationship has considered the mutual interactions of the members of that dyad, adopting a dialectical framework to parent training was required to pull together various dimensions of the relationship.

This chapter will explain how the previous review of literature guided the direction for the current research and how a parent training model was developed based on the interactional nature of the parent-child relationship, which the concept of balance encapsulated. While dialectical principles guided this, multiple dimensions needed to be included, such as: acceptance; dealing with emotions; understanding development; and parental attributions of their children's behaviour. It will be shown that it was within the over arching principle of this relationship focus that behavioural skills could then be taught. In addition, there will be an explanation of how mechanisms of change could be accessed through listening to parents' narratives about the programme and about their children.

Balance in the Parent-Child Relationship

From the prior discussions it has become evident that current parent training programmes do not meet the needs of all families, and have failed to adopt the contemporary understandings of the complexity of the parent-child relationship. Therefore new innovations were required and the present study aimed to address some of these concerns. This study was a trial, or a pilot of a novel approach to providing parent training that placed the relationship between the parent and child at the core.

Specifically, this study aimed to provide a parent training programme to parents of 3-4 year old children and a group format was adopted since group parent training has been demonstrated to work well for children this young (Kazdin, 2003; Scott et al., 2001). Since the relationship between the parent and the child is interactive and difficulties arise within the mutual interactions between each member of the dyad (Strand, 2000b; Wahler & Dumas, 1989), the target of a parent training programme should not solely focus on specific behaviours and reinforcement contingencies surrounding this. Consequently, the parent training programme offered in this study adopted a broader conceptualisation of what was needed in the parent-child relationship, and an over-arching focus on the relationship between the parent and the child formed the basis of the parent training programme.

However, research, especially from developmental psychologists and sociologists, has revealed that these bidirectional models of the parent-child relationship still do not fully realize the intricacies of the parent-child relationship. Granic (2000) suggested that the multiple exchanges between the parent and the child are constantly changing and various factors influence them. Based on these ideas, a parent-training programme with a core principle of balance in the parent-child relationship was advocated, as it reflected a dialectical model that captured the complexity of everyday interactions in the parent-child dyad.

Conventional parent-training programmes address behaviours that need changing in either the adult or in the child, and the focus is on the child. Little attention is given to the needs and processes that are occurring for the parent. The concept of balance suggested that both parent and child have needs, wants, and roles to fulfil and it was contended that the parent training programme must reflect this by addressing concerns of both members of the dyad throughout the programme.

But the balance in the parent-child relationship was not like that within an adult-adult relationship in which there are two partners that receive equitable portions in the relationship. There are inequitable amounts of give and take in the parent-child relationship, but still, a balance was required that was beneficial for the parent and the child. A metaphor of a "See-saw" was useful for understanding the parent-child relationship. If the parent sat on one end of the see-saw and the young child on the other end, then the parent outweighed the child and the see-saw was unbalanced. The weight on each end was akin to the skills and abilities of each person. Naturally, the child, being younger and more vulnerable than the adult, had

more needs than the adult, and there would need to be multiple equivalent weights of the child at one end of the see-saw to equal the weight of the adult on the other end. It was within this context that an appropriate balance could be maintained.

Dialectical Dimensions in the Concept of Balance

Contradiction. These differing parent and child needs may appear to have contradicted one another, e.g., the parent's need for quiet time and the child's need for physical activity. This reflected the central dialectical concept of tension between the contradictions that produced ongoing change. According to dialectical thinking, finding a "both/and" status for these tensions, or creating a balance between those needs, is where "truth" is found (Fogel & Branco, 1997). When a balance was struck, by meeting parent's and child's needs in an inclusive rather than an exclusive way, harmony would occur in the relationship.

Totality. The concept of balance in the parent-child relationship also mirrored the dialectical notion of totality, as the parent and the child could not be considered in isolation, but were integral parts of the whole relationship, connected by their interactions with one another (Kuczynski & Parkin, 2006). The parent-child relationship was complex and many contradictions, or opposing forces made up the nature of their interactions within the context of their family. Totality, and balance too, referred to the whole relationship between the parent and the child, connected, embedded in their context, and constantly interacting.

This idea was consistent with the behavioural theories that emphasised the bidirectional nature of the parent-child relationship, as these also accentuated the interactions between both individuals (Patterson, 1982; Wahler & Dumas, 1989). However, these bidirectional theories were limited as they only addressed some elements of the dialectical framework and did not fully grasp the overall intricacy of the parent-child relationship and, therefore traditional behavioural parent training programmes have not reflected them in their practice.

Praxis. The "see-saw" metaphor helped to understand how balance captured a third central dialectical concept, praxis, which emphasised that people both act on, and are acted upon (Baxter & Montgomery, 1998; Fogel & Branco, 1997). The nature of the balance (or not) within the parent-child relationship was affected by the amount of balance in the past and, this in turn, affected the way in which they will be able to balance multiple requirements in the future, e.g., if the parent has not

addressed the child's needs in the past it affects the way in which they will act toward the child in the present situations (maybe by ignoring the child's needs). This concept, too, was similar to behavioural theory's notion of social learning, such as coercive traps, which are developed from ongoing mutual interactions between parent and child (Patterson, 1982).

Continuous Change. A final core dialectical concept was continuous change and the notion of balance easily embraced this. A dialectical framework implied that development was never really completed because once one task was finished another one began, and therefore continual change was normal (Robins et al., 2004). Therefore again, understanding balance in the parent-child relationship echoed this idea because the mutual relationship between the parent and the child is never really static, but is continually changing. The balance shifts as parent and child change and the task for individuals is to rebalance constantly.

Results from one qualitative study which asked fathers about their role as a father and being involved with their children, supported the concept of balance in the parent-child domain. Sixty percent of the 40 fathers reported that there had been important changes in their external behaviours or commitment to religion due to their role as a father; 80% reported changes in their basic values; and friendships were formed around their children's activities. One central overarching theme that permeated every domain which the fathers talked about was "balance", and was expressed by all fathers (Palkovitz, 2002). Palkovitz coined the term 'provisional balances' to describe the variable and transitory nature of maintaining equilibrium under dynamic conditions in the parenting role.

Balance was, therefore, a necessary concept to have at the core of a parent training programme, and captured the multiplicity of the parent child relationship. This discussion will now proceed to explain how the elements of the parent training programme in the present study were confirmed as important aspects in the parent-child relationship.

Multiple Dimensions in Parent Training Focused on Balance

It has been proposed that in order for parent training programmes to truly grasp the dialectical nature of the parent-child relationship the spotlight needed to shift from a single focus on the child to a more holistic approach of emphasising both

the parent and the child. While an overall prominence on balance in the relationship between the parent and the child as a core concept was emphasised, this would have been difficult to maintain if parents did not have an understanding and an acceptance of the individual status of them and the child within the relationship.

Acceptance and Mindfulness

Therefore, it was suggested that a primary step in parent training was for parents to have an increased awareness of the unique status of each individual in the parent-child relationship. While this might have appeared to be common sense, parents could unwittingly operate with their child at a level where they didn't have this acceptance. It was proposed that in the busy activity of family life parents did not always consider the child in their own right, or at other times parents might forego their own needs (to a level that was unhealthy) in order to meet the needs of the child, i.e., when parents neglect their own needs to the extent that they get physically or psychologically unwell.

However, it was contended that it was not always easy for people to adequately monitor these dynamics in the busy activity of everyday life or to be aware of their surroundings. Since the research into mindfulness and acceptance had demonstrated the benefits of these techniques in multiple situations (Kabat-Zinn, 2003; Segal et al., 2004; Siegel, 2005; Singh, Lancioni, Winton, Fisher, et al., 2006) it was proposed that these techniques would provide a valuable component to a parent training programme.

Two studies were found that supported the use of mindfulness techniques to increase parental understanding of their child as a person in their own right. One study indicated that mothers who increased their 'maternal mind-mindedness' (defined as the tendency to treat an infant as an individual with a mind rather than an entity with needs to be met) toward their 4-year-old children demonstrated less hostility in their interactions with their child than mothers who showed no change in 'maternal mind-mindedness' (Lok & McMahon, 2006). These authors postulated that since the mothers considered their child as a unique individual, they were then less likely to show disrespectful behaviour to the child.

In another study Reynolds (2003) involved mothers and their infants/toddlers in group work that focused on parents observing their children and using the techniques of Mindful Parenting (defined as observing the child, and reacting to the

child initiated cues in play or activity). This programme aimed to integrate theoretical understandings from research in various disciplines: contemporary psychoanalysis; infant observation; attachment theory; affect regulation; and infant brain research. Anecdotal evidence indicated that enhancing mindful contacts between the parent and the child (through unhurried, focused attention to the mind and body, in self and the other) had a positive impact on the thinking and affective relationship between the mother and the infant.

These two studies made an interesting preliminary step to understanding the child as an individual, and acceptance of this individual status was crucial, however, they failed to capture the multiple dimensions of the parent-child relationship. It has been demonstrated that when mindfulness was incorporated with an acceptance of the self within the context of the situation, such as in ACT therapy, motivation for change within that situation was increased (Hayes, 2004; Hayes et al., 2006; Wilson & Murrell, 2004). Therefore, a vital element in the parent-child relationship was recognition of both the parent and the child as unique individuals, by being more mindful of the everyday situation and accepting that this could influence the mutual interaction between the parent and the child.

Addressing Parent and Child Needs. Thus, within the concept of balance, the implication of an increased understanding of the individual status of the parent and child laid the foundation that both parents' and child's desires and necessities required ongoing attention. Hence, throughout the parent training programme in this study, each topic was addressed at the level of the child and at the level of the parent. As the child and parent were interrelated parts of the whole system (this was the dialectical concept of totality), attention could not be given to only the child's emotions, for example, without also addressing the parent's emotions. Once this foundational awareness of the mutual interaction of two individual people was acknowledged, it had to permeate the whole parent training approach.

Addressing Emotions

Since, research had identified that problems in the parent-child relationship occurred not so much in the individuals but in the mutual interaction between them (e.g., De Mol & Buysse, 2008; Harach & Kuczynski, 2005; Patterson, 1982; Wahler & Dumas, 1987), dealing with emotions was an integral component that had to be addressed early in a parent training programme. This was supported by research that

identified that emotions have a significant impact on the way that parents and children interrelate (e.g., Dix et al., 1990; Gottman et al., 1997). Given that research indicated that parents often need to calm down before dealing with a child's behaviour (Evans et al., 2007), and that children's strong negative emotions were common in early childhood (Wissow, 2002) dealing with emotions had to be addressed before learning other parenting skills.

To be consistent with the concept of balance (and therefore dialectical principles) in the parent-child relationship, emotions from both the parent and the child influenced this relationship, and therefore both required attention. However, it had to be acknowledged that these emotional needs were different for the parent and the child – the parent was required to teach and coach the child in learning about emotions, and yet both parent and child had needs to be met in order for balance to be established.

Research indicated that the child needed to learn to regulate emotions in order to develop emotional competence (Gottman, 2001) and parents required learning emotional regulation to manage their own emotions when dealing with their children and everyday stressors (Greenberg, 2002). Therefore, as the parent and child were both learning strategies with which to regulate their emotions, within the concept of creating a balance in their relationship, they both received the wide-reaching benefits that research had shown came through gaining emotional competence (Gottman et al., 1997; Katz & Windecker-Nelson, 2004). This competence would go beyond the documented positive effect on the parent-child relationship (Gottman et al., 1997) but could also improve interactions with peers (Ostrov & Bishop, 2008).

So, as parents gained knowledge of their child's emotional capabilities and coached them in emotion regulation skills, they were gaining a perspective of the child as an individual, which was necessary in order to have balance in their relationship. It was not only in emotions that parents needed to appreciate the child's abilities, but in addition, they required an understanding of the child's overall developmental abilities.

Gaining Developmental Understanding

In order to gain this knowledge parents might often compare their child with other children (maybe through discussions with other parents whose children were at a similar age), but since parents often did not have a wide range of children with

which to compare, they might fall short of being able to make an accurate assessment of their child. In spite of these difficulties, it was proposed that it was essential that parents gained some understanding of their child's developmental level so that they could have realistic expectations of what behaviour was appropriate for their child. Hill (2005) asserted that that it was imperative that recognition be given to children having their own experiences and should not be portrayed as deficient adults but, rather, as competent human beings in their own right. Tudge and Hogan (2005) also stated that the child's perspective needed to be considered in research studies and when trying to understand a child then observation of the child in as natural a setting as was able would provide the most ecological findings about their interactions. Thus, unless parents had some understanding of what was developmentally appropriate at the stage that their child was at they would not be able to appreciate the child's individual experience.

While some research indicated that development continues over the lifespan (Erikson, 1959/1980), moreover there were findings that indicated that parenting, itself, could contribute to increased development in adults, and in addition, that parents actually developed in their role as a parent (Palkovitz, 2002). Thus, development of the parent and the child had to be understood in their mutual relationship in order to achieve a balanced relationship, and therefore these topics were an essential element of a parent training programme.

Once again, it was crucial to maintain the dialectical, ongoing relationship focus between the parent and the child in all dimensions of that relationship and learning. To merely focus on the development of one member of the dyad would not address the complexity of this relationship. Consequently in this discussion about understanding development it was crucial to discuss the development of parents alongside the development of the child, for it was not only the child that was developing but also the parents, and the family as a whole, who were developing as well (Collins & Madsen, 2003).

Therefore, it was proposed that parent training had to include developmental factors for both the parent and the child. The challenge of both the parent and the child simultaneously developing (Erikson, 1959/1980; Papalia et al., 2007) reflected the dialectical dilemma of continuous change (Robins et al., 2004). Finding the balance within this ever changing vibrant system, therefore, was an ongoing task, and not one that was ever complete. However, if parents were unaware of these

interactional developmental factors, then it would be impossible for them to recognise that a balanced relationship with their child required a constant balancing and rebalancing, as parent and child each developed. Therefore, understanding development for both the parent and the child was a vital aspect that needed to be included in a parent training programme.

Dealing with Attributions

This section began with advocating that the parent needed to recognise the individual status of both the parent and the child. At one level this required the parent to have a different perception of the child, which was obtained through the experiential method of mindfulness of both the parent and the child with different necessities. However, there was another level at which a change in parental perceptions of their child would benefit the parent-child relationship. Clear evidence had indicated that negative parental attributions for children's misbehaviour are linked to disruptive behaviour in children (Renk et al., 2007; Wilson et al., 2006a), and in addition, these parental attributions could lead to more harsh discipline (Slep & O'Leary, 1998).

In response to this, some behavioural programmes had included a cognitive component to their parent training (Sanders et al., 2004; White et al., 2003), however, traditional behaviour parent training had failed to capture the complexity of the reciprocal interaction effects of the parent-child relationship. Many had raised questions about the causal effect of attributions in the complexity of the mutual parent-child relationship (Bugental & Shennum, 1984; Calam et al., 2003; Wilson et al., 2006a), and therefore it was unlikely that attributions could be adequately dealt with within the traditional programmes.

Since there had been a call for interventions that addressed multiple processes that were at play between the parent and the child (Snyder et al., 2005), it was submitted that addressing parental attributions within the parent-child relationship had to be done within the context of a model that effectively emphasised these complex processes. Conventional behavioural parent training programmes failed to adequately address this interactional nature of the parent-child relationship, and consequently, the necessary foundation upon which to address the parental attributions of the child had not been prepared. On the other hand, the current study was able to address the complexity of this relationship through the overarching

emphasis on balance between the parent and the child, which reflected important dialectical concepts. By delivering this information to parents in this context it provided an understanding of how changing parental attributions related to changes in child behaviour problems.

While the first focus of the current study was to investigate the viability of a parent training programme with a relationship focus on balance between the parent and the child, another intention was to investigate the mechanisms that most influenced parents' change throughout the programme.

Mechanisms of Change

The relationship between the parent and the child is not simple and, therefore it stood to reason that any changes in that relationship due to a parent training intervention would also not be simple. So, in order to gain a meaningful insight to what was changing for parents an approach that identified this complexity was required. The lack of knowledge around the mechanisms of change in parent-training programmes was concerning, as increased understanding of these elements should lead to improved therapies being offered (Kazdin & Nock, 2003). It was identified that while statistical testing of mediators of therapy could offer some insight, another avenue would be to access parents' internal schema about them and their child through parental narratives.

Mixed Methods Designs

Increasingly attention has been drawn to using mixed methods designs (i.e., qualitative and quantitative) to investigate the full complexity of phenomena and it has been suggested that using only one of these approaches can fail to adequately answer research questions (Ercikan & Roth, 2006). The term "triangulation", which has been used when using multiple methods, has been accepted in the social sciences (Johnson & Onwuegbuzie, 2004) and Kelle (2001) has identified three different meanings of it: 1) triangulation as a cumulative validation of results obtained by different methods, 2) triangulation as a means of obtaining a more complete picture of phenomena, and 3) that triangulation is necessary and methods have to be combined in order to get an accurate picture of the relevant phenomena.

In an education setting Ercikan and Roth (2006) have indicated that the research questions of a study should drive the choice of design and not a

preconceived notion of a quantitative versus a qualitative approach. They proposed that rather than polarising qualitative or quantitative designs it would be more useful to consider a continuum of the inferences that are made about the research data as the better way to approach situations when using multiple methods. In addition, when investigating motivation and learning in an education setting Jarvela and Volet (2004) found that using mixed methods provided better access to students' perceptions as well as contextual factors that influenced those perceptions.

Therefore, for the current study a mixed methods approach was adopted in order to understand in more depth the changes that occurred for children and their parents and to better access parent attributions. It was advocated that qualitative reports from parents during the parent training programme could offer valuable insight into their schema about their children. This qualitative data, which would provide a far richer description of parental experience than reliance on statistical significance alone, could expand the understanding of the mechanisms of change in therapy.

Using Narratives to Access Schema

Research, of the like conducted by Schwartzman and Wahler (2006) had used parental narratives to improve their adoption of behavioural parent training skills. This research was an indication of the value of using parents' narratives about their children and indicated that as parents talked about their child they revealed their emotional schema about them, their parenting, and about their child. Therefore, it was suggested that any adjustments occurring through the parent training programme could be visible in the parents' narratives and could be a valuable tool to monitor mechanisms of change. Moreover, this was consistent with the interactional nature of the parent-child relationship. The way that the parent related to the child was influenced by parental emotional schema and was therefore, an appropriate way to document change over the course of a parent training programme.

Some research had indicated that increasing competence in parents could lead to more positive parenting practices (Landy & Menna, 2006) and therefore might be a mediator of change between the knowledge that parents had and actually changing their actions. Others had demonstrated that there was a strong connection between parent satisfaction and many elements of child behaviour, parent wellbeing, and parenting style (Rogers & Matthews, 2004), and that parental self-efficacy was

linked to better outcomes for the parent and the child (Coleman & Karraker, 2000). Therefore, a measure of parenting competence was included, broken into two subscales of satisfaction and efficacy, to investigate the impact on these factors when addressing the parent-child relationship.

Research Focus

Based on the limitations in traditional behavioural parent training programmes that have been outlined, the current study aimed to provide a parent training programme for parents or 3-4 year-old children with behavioural concerns. Moreover, this study aimed to investigate what aspects were integral in bringing about change for the parents, that is, what were the mechanisms of change in the therapeutic process. It was argued that obtaining parental narratives about them, their children, and about the programme could offer such information.

The core concept of the parent training programme in the current study was balance in the parent-child relationship. It was proposed that the focus on 'balance', which reflected dialectical principles, could appropriately tackle the complexity of the parent-child relationship and provide the necessary platform from which to address parental concerns about their child, improve their mutual relationship, and contribute to improvements in child behaviour problems. With balance as the central feature, both parent and child factors required attention in multiple dimensions to properly encapsulate the dialectical nature of the parent-child relationship. It was proffered that when parents recognised the need for balance in their relationship with their child, while acknowledging the individual status of both members of the dyad, this would lead to improvements in that relationship.

Therefore, this thesis was designed to answer the question: Could a parent training programme based on these principles contribute to an increase in the quality of relationship factors, which in turn, would improve child behaviours?

CHAPTER 4: METHOD

"It was really good having Sandra there to help with the kids so we could focus on what Clare was talking about, really useful, and Clare was really helpful in the specific situation (with the children) as well" (Andrea – A4).

This chapter will illustrate that in this study a 5-week parent training programme was conducted with 31 parent starters (32 children) in five different groups (one of which was the pilot study). The two-hour, weekly sessions included both parents and children, with the assistance of a research assistant, and involved discussions among parents, activities involving parents (or researcher) and children together, play activities for the children conducted by the research assistant, and parental video reports. These groups were styled around a relaxed "coffee morning" which allowed for parent and child interactions as well as behaviour observation and modelling. Figure 1 provides an overview of the research process from the initial advertising to the follow up 2-3 months after the end of the programme.

The research design was a pre-/post-treatment comparison study with a quasi-experimental design. It was a repeated measures design within subjects and was essentially a group series of case studies which offered an in-depth understanding of individual clients as well as offering some aggregated group analysis. As this was the first time that the concepts of this parent training programme have been formulated it was considered that a feasibility study was first required to test the viability of the programme and the concepts within it. Since research has indicated that the design of a study should generate from the research question (Ercikan & Roth, 2006), a mixed methods design (i.e., both quantitative and qualitative) was required to adequately assess the phenomena of interest in the current study.

The notion of balance in the parent-child relationship was complex due to its multiple dimensions which were interrelated and constantly changing, which, in turn, reflected the dialectical view. In order to understand this complexity at a meaningful level it was important that the data gathered reflected this complexity by providing a rich description of the changes and processes that were occurring. Furthermore, this research intended to gauge parents' attributions and emotional schema about them

Figure 1. Overview of the field research process with participants.

and their children, and these have been shown to be not easily accessible by simple means (Azar et al., 2005). Therefore, qualitative reports of the parents' narratives were aimed at being able to gather this information.

In addition, there was an aim to gauge whether this programme was able to help reduce the incidents of child disruptive behaviour and the degree that it was a problem for the parents. Therefore, the pre-/post- comparison was necessary and with sufficient numbers of participants to be able to see some change across the group of participants. Initially it was expected to have 20 parent-child dyads, which meant that four treatment groups would be run and each group would have five parent-child dyads. Each parent-child dyad was used as their own control, obtaining rich qualitative data and not just quantitative comparisons. Since a major part of the study was to understand the processes of change in the parent-training programme, rather than only noting specific changes in behaviour, 23 parent-child dyads were sufficient numbers to show the impact of the study (Campbell & Stanley, 1966).

Participants

Participants self-referred to the programme from advertising that was circulated through early childhood education services in the Greater Wellington Region (see Appendix C & Appendix D). Inclusion criteria were for parents and their child (aged 3-4 years old) who had mild or moderate problem behaviours (as determined by scores on the Eyberg Child Behaviour Inventory). Examples were provided for parents, e.g., the child was not listening to parents, being too physical with others, or parents not feeling like they could control their child's behaviour. Verbal explanations to parents about this criteria explained that this was the kind of 'normal' behaviour that most, if not all, 3-4 year old children might display. Families were excluded if the child had severe behaviour problems (according to the scores on the Eyberg Child Behaviour Inventory), and/or they were receiving help from other services for these problems. This study also required parents who had a basic command of English and who were not involved in a custody dispute at the time.

Three of the five participants from the pilot study were included in the final data analysis, as all of these parents reported that they were concerned about their child's behaviour. They were all aware that it was a pilot of research study and were happy to be a part of the research as a whole. As a result of the pilot study any changes made to the programme were theoretically inconsequential to the content or

delivery of the programme, therefore participants from the pilot study could be included in final results. Information from the other two parents were not included as they only attended to support the research process and were not concerned with their child's behaviour.

While 31 parents began in the research study, 6 of these attended the initial interview and completed baseline data but chose to not attend the programme. Reasons included being too busy in the family, health concerns of wider family members, and not wanting to be a part of a research project. Of these six parents, three reported their child's disruptive behaviour in the clinically significant range. The remaining 25 parents began the parent training programme but two parents (each with a girl) attended only the first one or two sessions and then dropped out. Both cited family circumstances as the reason for not attending with one of the children having a pre-arranged tonsillectomy at week 3 which excluded her from attending the rest of the programme. The other was having family legal concerns and court appearances, and said that this, with the related pressure, was too much to deal with and could not commit to the programme. Therefore 23 parents started the programme and completed all questionnaires and the data from these were used in the analysis.

One of the mothers attended with her 3 ½-year-old son and her 4-year-old mokopuna (grand-daughter), for both of whom she was the primary caregiver. Both of the children were included in the analyses of measures of child behaviour, therefore totalling 24 children in the study. However, in the measures of parental attitudes her results were taken as one and so there were 23 parents involved. PSOC results from one of the participants were excluded because English was her second language and the numerical results on this measure (which showed a dramatic drop in satisfaction in parenting – more than double than anyone else reported) did not reflect her verbal reports of her progress in the study. The items on the measure were read to her and her verbal answers recorded, however the PSOC had a number of items that contained double negatives, which could be quite confusing. Therefore the total sample size for the PSOC was 22.

Twenty three parents (21 mothers, 2 fathers) completed the programme with their children, 16 boys and 8 girls, aged between 37 and 57 months (Mean age = 45.42 months). Of these 23 families (Mean age: mothers = 36.17 years, fathers = 39.37 years) most families lived in partnered relationships (76%), were middle to

high income (i.e., 60% >$60,000 per annum), above average parent education level (above average number of participants with tertiary level training), with fathers in full-time employment (85%), and mothers in part-time employment (20%). While 88% of the mothers were Caucasian, this was the case for only 58% of the children due to a greater diversity in ethnicity in the fathers (only 65% Caucasian). For three families both parents attended between 1 and 3 sessions. Table 1 provides a summary of the demographic details of the 23 research participants who completed the programme. Figure 2 shows the five different groups that were conducted and the makeup of parents who started, those who completed, and the number of children in each group.

Appendix A contains a short case summary of each of the 25 starter participants including background information about the family, reported changes over the programme in their psychometric results, self-reported comments and changes, and observed changes for the parent and child. All names used are pseudonyms and any information that might otherwise help to identify the participant has been changed in ways that are theoretically inconsequential, to protect the confidentiality of participants.

Each participant was assigned an alpha numeric code according to the group that they attended. Appendix A is structured with group order first, followed by numerical order (e.g., A3, A4... B1, B2...etc.).

Parents presented with numerous concerns about their children but there were some common problems, which included:

- *Lack of compliance,* e.g., "She likes to get her own way and always wants to get her own way, and when she doesn't get her own way that's when she starts

  having lots of crying and carrying on, if she doesn't get her own way" (Kirsten - C1).

- *Sibling rivalry,* e.g., "Larry will deliberately not listen, particularly when he's rough, very rough with his baby sister, which can be quite often. Just quite random accidents, which seem violent, where he'll just go up and jab her" (Andrea - A4).

Table 1

Demographic Information for Research Participants

Participant	Mean or %	Std Dev
Child age (months, at start of study)	45.42	6.64
Child gender (% male)	62	
Child ethnicity (% Caucasian)	58	
% with family income (recorded) < $20,000	4	
$21,000 - $40,000	20	
$41,000 - $60,000	8	
$61,000 - $80,000	12	
> $81,000	48	
Marital status (% partnered)	76	
Mother age (years)	36.17	5.88
Mother education	3.43	0.95
Mother ethnicity (% Caucasian)	88	
Mother employment (% full: part time)	8: 20	
Father age (years)	39.37	5.38
Father education	3.21	0.92
Father ethnicity (% Caucasian)	65	
Father employment (% full: part time)	85: 10	

Note.   For the Education scale, 1 = postgraduate study; 2 = 4 years of tertiary study; 3 = 1-3 years of tertiary study; 4 = completed 7th form; 5 = partial high school.
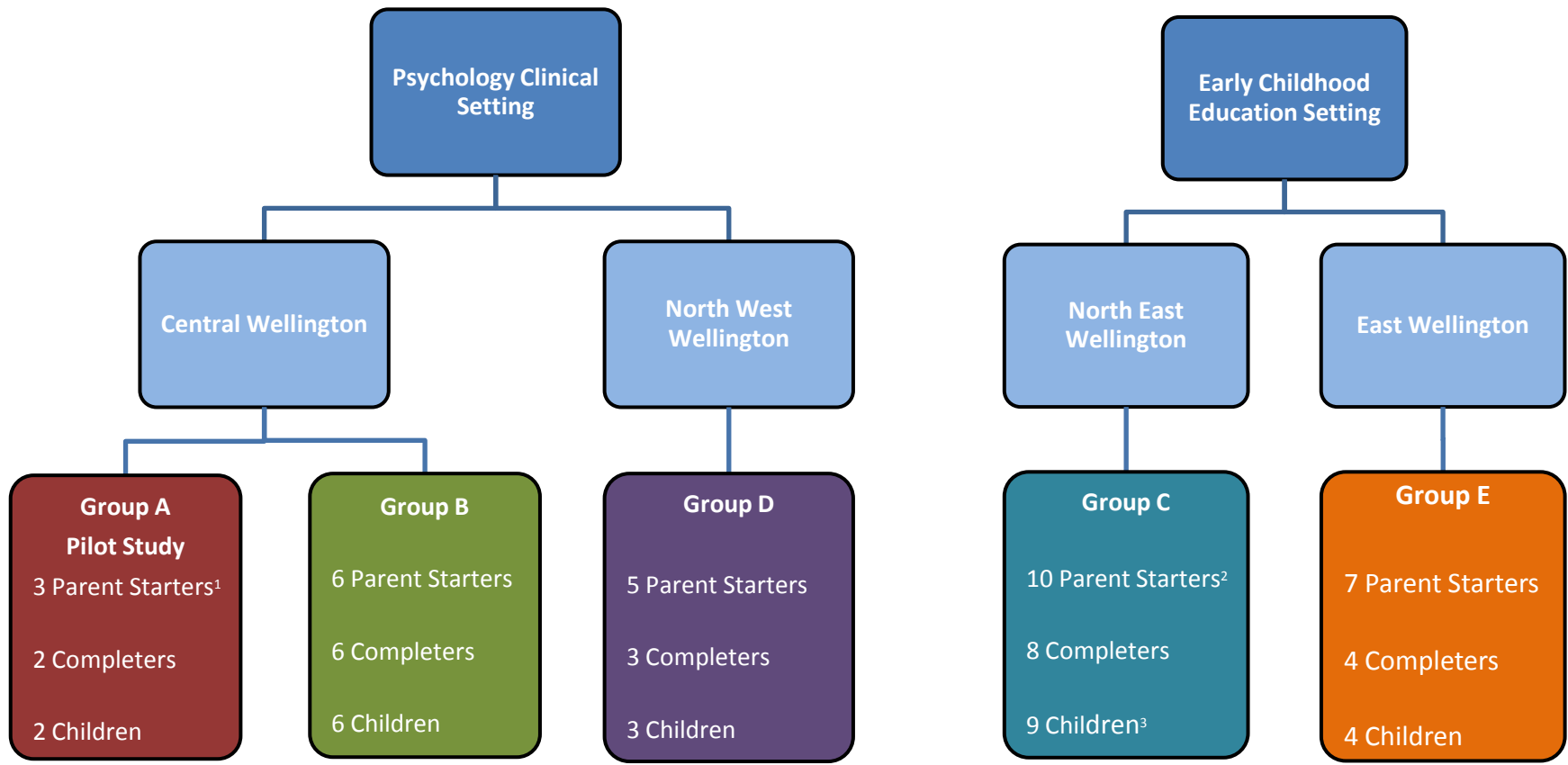
Notes:
1. While 5 parents started this group, 2 parents attended only to assist with the pilot study process and did not have concerns with child behaviour or their parenting. Their results were therefore not included in the results.
2. Coding for Group C includes C1 to C11. However, there were only 10 parents as participant A1 and C5 are the same parent (Aroha), who attempted to participate in the programme twice (see Appendix A).
3. One parent (Miriama – C8) attended with her son and her mokopuna, for both of whom she was the primary caregiver.

Figure 2: Overview of group settings and participants.

- *Aggressiveness and high physicality with parents and/or other children,* e.g., "He will just be a horrible child, which means that he doesn't want anyone to play with him, or touch what he's doing and he then will actually lash out and be quite physical. Or if he's having an argument with someone it can end up physical" (Carmen - C4).

- *Attachment issues,* e.g., "She can be quite possessive of me; she really doesn't like it when I play with babies. And sometimes with the older children she seems to feel like I should be there just for her, when she wants me, and when she needs me that I'm solely hers" (Zoe - A3).

Measures

Multiple methods of assessment were utilised in the study since research has indicated that multimodal assessment of children and parents provides a broader understanding of them and their relationship (Cavell & Stand, 2003; McMahon & Kotler, 2004) and to improve the internal validity of the study. In addition, both quantitative and qualitative data were gathered and concurrently compared in order to obtain a rich and detailed understanding of the phenomena being studied (Ercikan & Roth, 2006). These assessments were completed at pre-treatment, post-treatment and follow up and included:

The **Eyberg Child Behaviour Inventory (ECBI)** consists of 36 items that assess typical problem behaviours for children aged between 2 and 16 years. It was designed to be completed by parents as a measure of the frequency of disruptive behaviours occurring in the home. Each behaviour was rated on two scales: a 7-point Intensity Scale that indicated how often the behaviours occurred and a Yes-No Problem Scale that identified whether or not the child's behaviour was a problem for the parent. It has been found to have internal consistency coefficients of .95 for the Intensity Scale and .93 for the Problem Scale and a 3-week interval test-retest reliability of .86 and .88 on the Intensity and Problem Scales respectively (Eyberg & Pincus, 1999).

The **Parenting Sense of Competence Scale (PSOC)** (Appendix E) is a 17-item self-report questionnaire designed to measure parenting sense of competence and there were two subscales: Parental Satisfaction and Efficacy (Johnston & Mash, 1989). Items are rated on a 6-point Likert scale. Parental self-efficacy beliefs have

been linked to better ability to implement positive parenting strategies and behaviours and this measure has also been shown to be appropriate for use with Australasian parents (Rogers & Matthews, 2004). Ohan, Leung, and Johnston (2000) reported internal consistency alpha coefficients of .80 for the Satisfaction and Efficiency factors for mothers. One item from the original measure was excluded for the current study as it did not relate to the construct of competency. There was a separate mother's and father's version of this measure.

The **Attributions Questionnaire** (Appendix F) was adapted from a previous study (Evans & Scarduia, unpublished) and assessed parental attributions about their child's behaviour. In this context, attributions were the thoughts or judgments that parents made regarding the causes of the child's actions. Parents were asked to read five hypothetical scenarios describing simple incidents of child misbehaviour and, for each scenario they were asked to judge four possible causes of this behaviour. Two items essentially excused the behaviour (it was an accident, the child was too young to know any better), and reflected more positive attributions for the behaviour, whereas the other two items attributed negative characteristics to the child (being naughty, trying to annoy the parent). The response format of the questionnaire required parents to respond on a 4-point scale (very unlikely, somewhat unlikely, somewhat likely, and very likely) how likely their child's behaviour was due to the above reasons, and this was maintained from the Evans and Scarduia study. However four of the five scenarios were adopted from another study (Wilson et al., 2006a) as they were more appropriate for 3- and 4-year-old children than the original scenarios. There was a different gender appropriate version for parents of boys and parents of girls.

Session Video Recordings: All sessions were videotaped, which offered information about the way that interactions occurred between the parents and their child and also between the children. The video recordings were also used to review what parents had reported in the sessions.

Parental Video Reports: Parents were invited to regularly report to a video camera, as in a video diary, and to try to be as honest as possible in all reports. When parents completed all video reports they went individually, and alone, to an adjoining room where a video camera was set up ready to record in front of a chair, and they could sit and talk to the camera (in one venue no adjoining room was available but instead, the camera was set up at a distance from others in the large room at the

kindergarten, out of earshot, and off to the side). Since parents' schema are not easy to access (Azar et al., 2005) and some have reported the utility of parents' narratives (Butler & Bird, 2000) this method was adopted to allow the parents an opportunity to freely express their narrative about them, themselves, and the programme. The aim was to allow parents to talk candidly, and it was trialled as a method of accessing parents' thoughts and emotional schema without the influence of the researcher or another person being present. A small stuffed toy called "Ellie the Elephant" was placed on top of the camera and parents were given the option of 'talking' to her if this helped to personalise the experience for them. Some parents chose to use this option regularly, some "spoke" to Ellie sometimes, and others did not address Ellie at all. There were two types of video reports that were completed:

1. *Reports about their child:* Completed at the initial interview (pre-treatment), at Session 5 (post-treatment), and at follow-up. Parents were invited to talk about their child for five minutes. As the first few parents found it difficult to know what to talk about it was decided to provide parents with a prompt sheet that they could choose to use if it helped them (Appendix G). All parents used the prompt sheet and some added extra comments as well. The prompt sheet asked parents to talk about: their child; their child's personality; what their child was really good at/was capable of doing; what their child was not so good at/struggled to do; the child's favourite and least favourite activities; what they liked best about their child; and what they liked least about their child. At follow up the questions were similar, but with inclusion of some extra questions that asked parents: what aspects of the programme had helped; to describe their child's behaviour lately; and to describe their relationship with their child. The questions that asked what were the child's favourite and least favourite activities were excluded at this time. It was deemed that the remaining questions would be still able to access schema in the same way as the previous reporting times and the changed format was introduced to increase the response from the parents (they had already answered the questions about the child's interests/lack of interest on two occasions and this was not aimed to access schema as much as to allow parents a less difficult question to answer).

2. *Reports about useful aspects of programme:* Completed at the end of
    Sessions 1 to 4. Parents were invited to talk for two minutes about: what they
    thought was the main message of the day; their feelings and thoughts
    throughout the session; and what was helpful or not helpful. A prompt sheet
    was provided for these questions (Appendix H). The first item aimed to check
    that the main course material that was presented was, in fact, received by
    course participants, and the remaining questions aimed to identify important
    mechanisms of change throughout the study.

Procedure

Pilot Study

A pilot study was conducted with five families who were recruited through
initial contacts in early childhood education. Two mothers reported at the beginning
of the research that they were not concerned with their child's behaviour of their
parenting and their participation was in order to support the pilot study process. The
three remaining mothers reported that they were concerned with their child's
behaviour.

The programme was conducted at the Massey University Psychology Clinic,
Wellington and the seminar room was converted to a play space for the children as
well as a meeting area for the parents to have morning tea and discussions. This
group ran very successfully and allowed a trial of: the use of the physical space;
having both parents and children in the same room; the use of video cameras both in
the main sessions and for parents' video reports; and the implementation of the
programme. As a result of this pilot study some small amendments were made to the
programme or its implementation: signs were placed on the outside of the doors to
the seminar room so that if children went to the toilet they could tell which door led
back to the parent training group; more time was allocated at the beginning of each
session to allow time for parents to settle their children at the play activities before
discussions began; and the format for Session 3 on Development was adjusted
slightly to spend less time on child development, in order to allow more time to be
spent on adult development.

One mother (Aroha, A1) attended only the initial interview and the first
session. While she reported that her interest for the programme was still high, her

reasons for not continuing to attend the remainder of the sessions included: too many other events happening in her extended family that preoccupied her; distance to the programme was too difficult to manage with other family affairs; and not having sufficient available time.

Recruitment Processes

Advertising was distributed through early childhood education services in the Greater Wellington Area for parents to volunteer themselves and their 3 or 4-year-old children to be involved in the research trials of the study. In particular, information was sent out to all kindergartens and playcentres in the form of a Covering Letter to the head teachers asking them to advertise the programme (Appendix I), Advertising Posters (Appendix C), and Information Brochures (Appendix D). As this yielded insufficient numbers of participants for the study, personal visits were made to various kindergartens in the Wellington Region with copies of the Advertising Posters and Information Brochures. In addition, after a search through the Yellow Pages, some early childhood childcare centres were phoned or visited, the research was discussed with the head teacher, and brochures were then posted or e-mailed out again. Visiting centres allowed for a personal introduction and brief explanation of the research to the head teachers, and then a request for them to advertise the programme to parents in their centres. This process yielded a much larger number of participants than the initial process of only sending information by mail. Furthermore, as a result of this personal contact two centres (one playcentre and one kindergarten) asked that the course be run at their centre for their parents to attend. This was catered for and the parents and teachers at these centres recruited participants. (See Figure 1 for an overview of the research process).

Interested parents were instructed to make phone contact when more information about the programme could be provided verbally. In addition, contact details were obtained, and a more detailed Information Sheet (Appendix J) was posted out. For convenience, an initial interview time was arranged at this time although parents were informed that they could withdraw from the research, if they so wished, after reading the Information Sheet or at any time in the research process.

An initial semi-structured clinical interview (for a schedule see Appendix K) was conducted individually with each parent to gather background information about the family as well as concerns about the child's behaviour. Each parent also

completed a Consent Form (Appendix L), the questionnaire package (ECBI, PSOC, and Attributions Questionnaire) and a 5-minute video report describing their child. This information assessed whether the parent and child met the inclusion criteria for the study. These interviews were conducted either at the Massey University Psychology Clinic, the playcentre, or participants' homes.

In the kindergarten group (Group E) the teacher recruited the parents but could not provide names for the participants prior to the first session, as she was unable to gain firm commitment from parents beforehand. Unfortunately this did not allow for the initial interview to be conducted individually with parents, therefore in the first session these parents were introduced to the research and completed a questionnaire to gather the family information (Appendix M). This process was not ideal as filling out numerous questionnaires was not welcoming for parents at the first session, there was less chance to build an alliance with the participants as there had been with individual initial interviews, and the information gathered about the child behaviour problems was not well detailed. These factors probably contributed to three parents not returning after the first session.

Context

The context of this parent training programme was important at two levels. At the first level there was the task of getting participants in and keeping them involved, and at the second level there was the dynamics of the group process and parents learning from each other.

Increasing and Maintaining Participation. Herbert (2001) reported that the context of her parent training programme was crucial to recruiting mothers and keeping them involved. The parents in her study might be described as 'difficult to reach' and Herbert reported that the Marae setting and the Māori concepts and practices that were interwoven throughout her programme were integral to retaining these mothers. It was only within this context that mothers actually continued to attend the programme and therefore behavioural parenting skills could be learnt. Based on this, much consideration was given to the context of the current study. It appeared the familiarity of the Marae setting to the participants was a contributing factor in Herbert's study, therefore this study aimed to provide a familiar setting to parents in the parent training programme.

Many parents engage in coffee mornings with other parents, especially when they are at home with young children. It was decided that this relaxed forum for discussion, while tending to the needs of the children could be mimicked in the current research study, as parents could meet and talk over issues with a therapist, while children played alongside this. Since the parent-child relationship is interactional and dynamic and needs to be understood within the context (Kuczynski, 2003; Patterson, 1982; Wahler & Dumas, 1987), it was also important that the programme offered reflected this. The model proposed that there needed to be a balance between the parent and the child and this was markedly visible in the interactions in the group between the adults and the children. This balance was required in social time, in time playing together, and in time playing apart.

Involving both parents and children in the parenting programme provided the opportunity to observe interactions between the parent and the child, and in addition, provided a readymade context in which concepts in the programme could be discussed. This was supported by research that recommended that observation was vital in understanding the mechanisms of social interactions (Cone, 1999).

As reported earlier the Reynolds (2003) study, in which parents and their infant/toddler engaged in group therapy with a therapist to increase mindful parenting, also supported the use of a combined parent-child format. Anecdotal evidence from this study indicated that as parents learnt to observe their children more with the help of a therapist, there were positive results for the parent-child dyad. Thus, it was proposed that having the children present and involved in the sessions could generate increased opportunities for learning for the parents.

It was also indicated that Coufal and Brock (1984) pointed out the usefulness of involving both parents and children in parent skills training, leading to increased parental communication and interactions with their children. However, in their study the children only joined with the parents in a combined activity for 15-20 minutes of the two hour session and, otherwise the parents and children were separated. While their study illustrated the benefit of parents and children together, it was limited and would not have provided the degree of interaction between the parent and the child that was anticipated or required for the current study.

In addition, since one aim of the current study was to access and discuss parents' attributions for their child, parent report about their child, alone, was limited

as it only offered a one perspective of the parent-child relationship. Having the children involved in the sessions could provide the opportunity to observe parent-child relations and therefore gain a deeper understanding of that relationship and to model appropriate interactions to parents. In addition, parent-child interactions and peer interactions among the children were real examples which could generate further discussion. This is consistent with others who suggest that having live interactions between a parent and a child generates both cognitions and behaviours, and therefore these are more accessible for therapeutic intervention (Azar et al., 2005).

Other research has indicated that wider contextual factors need to be incorporated into parent training programmes since it is not only the internal forces within the parent, but also external stressors that contribute to difficulties within the parent-child relationship (Cairns & Cairns, 1994). One such consideration was that parents who are at home with their children did not always have a ready means for alternative carers for their children. Parenting programmes often require parents (sometimes both of them) to attend and therefore they need to make other arrangements for childcare. It was proposed that this was not always practical for parents and the combined parent-child format of this study avoided the need for it. It was anticipated that this format could increase participation and lower the potential attrition throughout the programme since research suggests that addressing wider family concerns can significantly lower the drop-out in a parent training programme (Prinz & Miller, 1994). Moreover, providing a brief programme (five sessions) was aimed to make the programme more accessible for people. It was deemed that ten therapeutic hours would be sufficient without it being too long and too difficult for parents to sustain within a busy family schedule.

Group Therapy Dynamics. The second level at which context was important was the impact of parents learning alongside one another through the group process. A group therapy context was utilised since research has indicated that parent training within groups of parents has been effective (Scott et al., 2001). It was anticipated that the overall learning for parents would be greater than what they were receiving from the therapist, but would also include the learning from other parents and their experiences. This is consistent with research that suggests that even as parents share together their beliefs and practises of parenting they are often articulating their parenting schema and behaviours, and therefore, might make adjustments to their

own way of practising (Azar et al., 2005). It was anticipated that this would also be an important element for parents within this study.

In addition, by having the parents and children together the children had peers with which to interact, and parents could get support from hearing the experiences of the other parents. By observing interactions as they occurred, rich details were obtained, which was more than would be achieved by parent report alone. The value of seeing these parent-child interactions on session was that a realistic picture of the interaction was observed rather than a retrospective report, and intervention could occur at the point in time that it happened through modelling and advice. This was consistent with behavioural understanding of contingency reinforcement – the sooner the reinforcement occurs after the desired behaviour the more reinforcing that it is and the more likely that the desired behaviour will occur again (Patterson & Gullion, 1968).

Four different venues were used in this study with two types of settings – two groups were conducted in a psychology clinic setting, and two were in early childhood centres. The reason for using different venues was to increase participation for parents, and while travel reimbursement was provided for all parents, it appeared that the convenience of having venues within their neighbourhoods was the greater draw card for parents. The first setting, and how the programme was originally conceived, was based in a psychology clinic setting where the adults and children met in one large room and there was a play-space for the children within the same room. This was conducted in two different venues – one was in central Wellington and the other was a 20 minute drive north-west of the city. The second setting was based in an early childhood education centre. One was in a kindergarten in a Wellington central kindergarten and the other was in a playcentre 30 minutes north-east of Wellington (see Figure 2 for an overview of group settings).

The parenting programme consisted of five 2-hour sessions conducted around a relaxed 'coffee morning' styled group which involved both parents and children. The size of each group ranged from 3 to 9 parents, together with their children. Refreshments were provided for adults and children. The parents met in a group for discussion with the main researcher, and there was a play space with play equipment in another area of the same room where children could play under the supervision of an experienced research assistant.

While it was important to involve both parent and child in the sessions for the above stated reasons, it was equally important to cater for the needs of the children within the sessions. Understanding the developmental needs of 3-4 year old children meant that they would require an adult to play with them and tend to basic needs of food, drink and toileting over the two hour period. Having a research assistant available to focus solely on the children meant that someone other than the parent could meet these needs (although most toileting requirements for the child were met by their parent), and therefore the parent was released from this, somewhat, to engage in the adult discussion. However, having the children and parent activities within the same room still allowed for children to freely seek out their parent when they needed them, the children could be involved in certain activities, and observations between parent and child could still be observed. The play space that was provided had age appropriate toys and the research assistant was essential for engaging the children in play activities. (In two of the groups the children also had access to the outside play equipment as the groups were conducted at early childhood education centres).

Some have criticised research that merely uses children as objects of investigation (Tudge & Hogan, 2005). Observing the child engaging in as natural a way as possible as could be arranged in the activities involved, was one way to let the children be active participants in the study. In this way the children were able to be involved in activities and to choose what, when, and with whom they did these activities.

Cultural Inclusiveness. It was considered that meeting over a 'coffee morning' was a cultural notion, in itself, or in other words, the way in which this group was formed would reflect certain cultural ways of interacting. Therefore, while maintaining the 'coffee morning' format, aspects within the programme were included with the attempt to increase the cultural diversity or experience within it. While Māori were not the primary focus of this research, it was anticipated that some of the families involved might be Māori and they would included in the project in the same manner that other families would be. Some processes in this research were selected so that Māori families in the study might feel comfortable in the group (e.g., reflection to begin and end each session, sharing of food, and the collaborative nature of sessions), with the aim to encourage ongoing participation of Māori in the programme. The element of partnership was considered when consultation was

sought through a Māori senior psychologist and the Kaumatua of the School of Psychology, both of whom approved the programme as appropriate to deliver to Māori whanau, and through reading relevant parenting research with Māori families (e.g., Herbert, 2001). This programme also had a core understanding of respecting individuals' needs and this would include respect for Māori parents, their whanau, and their cultural needs.

In addition, the intention of this study was to be inclusive and it was hoped that the families who elected to participate in this study would reflect the cultural and ethnic diversity of the larger population from which participants were being recruited. It was anticipated that should cultural issues arise over and above those that were discussed with regard to Māori participants then consideration would be given to different cultural needs in the families of the participants. This would be achieved by inviting the parents to talk about their cultural experience in their family, accepting and validating these experiences, and including these thoughts throughout the programme.

Programme Format

For a more detailed description of the programme curriculum see Appendix N.

The format of each session was similar across each week:

- While using a group format is not uncommon in traditional parent training, the present study included elements that offered more than the conventional programmes have been able to. In particular, having parents and children both present and involved at all sessions provided many opportunities to observe parent-child and child-child interactions. In addition, the therapist could model appropriate ways to interact with the children and could coach parents in their interactions with their children.

- Introductions were completed for the first couple of weeks and name tags were used for every session to aid parents getting to know each other better. This was often done informally as parents and their children gathered and parent got cups of tea and coffee but also included formal introductions at the beginning of the session.

- A reflection, thought, or whakatauki, or prayer was read out to begin each session.

- Icebreaker breaker exercises encouraged everyone to share something in the group, were fun, and enhanced the group building and trust among parents;

- Regular use of homework exercises has been shown to improve therapeutic outcome (Kazantzis, Deane, & Ronan, 2000) and therefore, were a regular part of the programme, with review of the last week's homework at the beginning and setting new homework at the end of each session;

- Discussion among adults with facilitation offered by me;

- Distributing Session Handouts (Appendix O), which contained more detailed information about the topic of the day, and Homework Sheets (Appendix P), which reminded parents what their homework activities were for the week ahead. If parents missed a session a Missed Session Follow-Up Note (Appendix Q) was posted to them as well as the Handouts and Homework Sheets of the day.

- Parents' completing individual video reports, which were conducted in an adjoining room.

Sometimes there would be activities conducted with the children but this was not at every session. The following description will outline the five sessions and what the main treatment goals were for each session.

Session 1:   Keeping the balance. An initial preliminary step for this session was for parents to meet one another, the main researcher, and the research assistant, and for them to be able to have shared their concerns about their child. Group rules or principles were established, with guidance, within the group.

The concept of balance in the parent-child relationship was introduced and parents were encouraged to recognise their own and their child's needs within the mutual relationship. By the end of the session it was aimed that parents could demonstrate the importance of balancing their own needs with their child's needs, which would reflect the dialectical understanding of their relationship. In addition, one aim was that parents and children enjoyed the session and would come back next time. Homework for this session instructed parents to observe their child, without judgement, for regular intervals during the day. In addition, they were to focus on recognising their needs and their child's needs and to note times when these might have clashed. This was based on the principles of mindfulness, and provided parents with the opportunity to become more accepting of their child as an individual in their

own right, which has been suggested is an important element in the parent-child relationship (Lok & McMahon, 2006). Moreover, they were encouraged to recognise their own needs as it was important to find an appropriate balance between theirs and their child's needs. All topics and discussions were addressed at the level of the parent and the child and this continued throughout the programme as a whole.

Session 2:   Emotions. This session was devoted solely to parents and children learning about emotions. Since research has identified that emotions well up quickly (Evans et al., 2007) and affect the interactions between the parent and the child (e.g., Crouch et al., 2008), it was essential to deal with this topic very early in the parent training programme. By the end of the session it was anticipated that parents would have skills to be able to label their own and their child's emotions. In addition, parents could be able to recognise the need to balance their own emotional needs with their child's emotional needs in the parent-child relationship. Other aims included that parents would recognise that their emotions clouded their judgments, and that parents were able to acknowledge their own emotions before dealing with incidents of misbehaviour in their child.

*Session 3:   Developmental Issues.*Within the core concept of balance in the parent-child relationship and understanding that emotional regulation was important, it was emphasised that parents needed an increased understanding of their child's development. By the end of the session it was anticipated that parents would be more able to accommodate their child's developmental level when assessing their abilities and that they would also recognise their own development as an adult and as a parent. It was aimed that the parents could have an understanding that the changing development of the child and the parent contributed to the ever-changing dialectical nature of their relationship with their child and that they could work to create a balance in that relationship.

Session 4:   Behavioural skills. Behavioural skills were taught because these have been shown to be effective in dealing with young children (Brestan & Eyberg, 1998), but they were introduced after the previous topics as these initial topics provided the necessary backdrop for understanding the context in which these skills were used. A dialectical tension was that these other skills (recognizing needs, dealing with emotions, and understanding development) are continually being learnt and incorporated into the parent-child relationship while parents were also trying to

implement behavioural strategies to change children's behaviour. By the end of the session the aim was for parents to be able to use positive reinforcement, planned ignoring, and time out strategies to help them deal with situations with their children.

Session 5: Perceptions, attributions, and understanding the relationship. A final aspect was to increase awareness of the dialectical nature of the parent-child relationship and that how one person thinks or reacts in the relationship affects the other person. Therefore, it was important to address the parent's perceptions of the child and their attributions of the child's misbehaviour. The aim of this session was for parents to name some of the attributions that they had for their child's behaviour. It was intended that the parents would be able to have more forgiving and less blaming attributions for their child's behaviour. It was anticipated that the parent could integrate learning form the programme as a whole, and recognise the individual status of each person in the parent-child relationship, recognise and name emotions, and accommodate developmental issues before implementing behavioural skills. It was intended that parents would have an increased understanding of the balance in the parent-child relationship, and that there would be a decrease in intensity of child behaviour problems and the degree that it was problematic for the parent, and an increased sense of competency in the parent.

At the end of the fifth session the parents completed the questionnaire package, a 5-minute video report describing her child, and an evaluation form (Appendix R) for the overall programme.

Follow – Up. One to two months later the parents and the researcher met again in their groups to gather follow-up data, which was assessed through informal observation and discussion, the questionnaire package (ECBI, PSOC, and the Attributions Questionnaire), and a 5-minute report describing their child and how things had been lately.

Ethics

There were a number of ethical issues that arose in the study that needed to be addressed. As this research was being conducted in a health setting (Massey University Psychology Clinic), ethical approval was sought and approved from the Central Region Health and Disabilities Ethics Committee. Clinical staff at the Clinic agreed that the programme and initial interviews could be conducted at the clinic and

that they would provide clinical supervision over the duration of programme delivery.

This project involved working with clients in treatment and it was necessary to have supervision from a senior psychologist who had an Annual Practising Certificate (APC) so that in the unlikely event of a complaint from a client, the University and the Clinic would be legally protected by the status of that clinician. This supervision was only a small portion of the supervision received (for each group a total of only 2 hours was required), as the major supervision was provided by the research supervisor, Professor Ian Evans.

Another chief ethical concern was protecting the children within the combined group format. Since the children were sharing the same physical space where adults were discussing it was considered important that this adult discussion about a particular child not involve negative stories about him/her while that child was listening. It was deemed that this could be damaging to the child, and also doing this would not be offering the child the respect that one should give to another individual with their own rights. Therefore, to minimise this risk the children's play space was set up at the other end of the room from the adults' discussion, the research assistant occupied the children in other activities, and group rules within the group established that discussion of this nature was inappropriate and, if need be, would be redirected until the child moved away from close proximity of the discussion and on to a different play activity.

Explanations were provided to participants about the research study, the position of the main researcher as a psychology student, that the research was completely voluntary and that they had the right to: decline to answer any particular question; withdraw from the study at any time; ask questions about the research at any time during participation; provide information on the understanding that their name would not be used unless they gave permission; and to have a summary of the research findings when it was concluded. Furthermore, it was explained that all discussions within the group were confidential (to those who were involved in the study), but with the limit that if there was a concern about their safety or someone else's safety then confidentiality would be breached and steps would be taken to ensure the safety of everybody.

Ecological Validity

Participants reported varying degrees of child behaviour problems and their level of concern about this. A mixed presentation of participants was used as this mimicked more everyday situations rather than only involving parents who reported child behaviour problems in the clinically significant range. All parents reported that they greatly valued hearing from other parents what their strategies and thoughts were around caring for the children and this was aided by having parents who were more competent/ confident in their parenting, those with more than one child, or those with older siblings (e.g., Bob (B6) praised Rhonda (B4) for managing well with her son and said it was useful to hear some of her strategies).

This study differed from traditional parent training programmes by offering parent discussion and learning alongside a play-space for the children. This contributed to good ecological validity (it provided a natural environment that parents and children would often be found and so could be a good reflection of their relationship and interactions) as it mimicked how many parents would meet for a coffee morning while the children played alongside them.

Delivery of the Programme

Video reports were completed by the parents at the end of sessions 1 to 4 and they reported what was the main message they took from the session, what were their thoughts and feelings throughout the session, what was helpful, and what was not as helpful. This provided some feedback on whether the main message of the session was heard and received by the parents and also provided some insight to important therapy process variables.

In all, five groups were conducted for the present study and each, as would be expected, had different characteristics due to the diverse participants. However, overall the groups went very well and it was very promising to observe the progress that parents made. In terms of group dynamics, as the weeks progressed in the programme parents displayed genuine interest in other parents and their children and would spontaneously ask about progress other parents had made from the previous week.

Not only was there a sense of comradery among the parents but they also began to integrate the information that they had been learning through the previous weeks. Parents were independently drawing together the different aspects of the programme and were talking about gaining balance in their relationship. All parents

reported that the programme had been helpful for them and that they had learnt something from it (this was in spite of there being a diversity of levels of severity of child behaviour problems and the degree to which this was a problem for parents).

Summary

This chapter has outlined the method of the current study by describing the selection of participants and measures, design, and procedures that were used. It ended with discussions on ethics, ecological validity, treatment integrity, and a summary of how that programme went. Chapter 5 will continue by describing the findings of the study, and outlining both the qualitative and quantitative results. In the final section Chapter 6 will discuss these findings and the implications of them in the field of parent training.

CHAPTER 5: RESULTS

"This course had actually really helped me and I didn't actually think it would. I just thought, oh it's going to be the same old crap that I always know, but um, I don't know, maybe just having it more in depth and having it for like 4 weeks in a row, almost type thing, um, maybe that really helped. Because I've done Guiding Children's Behaviour courses and they're good except, and you learn lots of strategies, but then you forget to use them. But with this, I think, that's gone into my head and repeated and repeated it and then I'm just, you know learning to put on my glasses and look through new eyes now, and um, it just gives me so much pride and power when we can do that because I just look around and see, you know, way more calmer children and children with their own self-esteem because I'm not just like, coming in here and chopping them down" (Carmen - C4).

Data Analytic Methods

This chapter commences with a description of the data analytic methods and describes the approach to both the quantitative and qualitative data. Analysis of child behaviour measures and parental measures (including parental attributions of child behaviour problems) are then presented. In order to integrate information within the mixed methods design quantitative and qualitative data will be jointly considered within each of these sections. The themes and sub-themes in the qualitative data are then presented in the over-arching themes related to balance in the parent-child relationship, mechanisms of change in the programme.

Approach to Quantitative Analysis

Missing values were replaced with the means of corresponding items (Meng, 2002). Mean T scores and standard deviations were calculated for each measure. One-way repeated measures ANOVA were conducted to compare scores on each of the measures at Time 1 (prior to intervention), Time 2 (following the intervention), and at Time 3 (at follow up). Further analysis using t tests were conducted to evaluate the impact of the intervention and these analyses consisted of three sets of paired comparisons using repeated measures (t tests) of the different stages of the intervention: pre- to post-treatment; post-treatment to follow up; and pre-treatment to follow up.

Since one focus in this research was to identify mechanisms of change t tests were employed because these paired comparisons could identify what change

occurred at each of the three stages of the research process outlined above, i.e., was there a significant change from pre-intervention to post-intervention, whether these effects were maintained at follow up, and finally, whether or not there was a general effect from before intervention to follow up (Coolican, 1999). These investigations were based on a priori comparisons of expected change of decreased child behaviour problems and how much it was a problem for the parents, increased parenting sense of competence, decreased attributions of blame and increased attributions of excusing, and therefore *t* tests were justifiable (Coolican, 1999). Since the participant numbers were not large in this study it was decided to not correct the significance cutoffs for the three repeated *t* tests on each measure as this would further reduce the power of the sample, and in addition, strong inferences are not being made from these statistical results. Therefore, significance levels are reported as uncorrected values of $p = <.05$. Interestingly, if corrected values had been calculated using a Bonferroni calculation ($p = <.02$) many of the significant results would have still met this cutoff.

Approach to Qualitative Analysis

A short summary for each participant was written collating their quantitative and qualitative data (see Appendix A). These are essentially a series of case reports which demonstrates the progress of participants in the study.

Video self-reports were transcribed verbatim and collated for each participant, and in addition, the transcriptions were compared twice to the videos to check for accuracy. These transcripts were analysed using thematic analysis, a process to encode qualitative material in a systematic manner in order to identify, analyse, and report patterns (or themes) within data. Thereby, it increases the accuracy or sensitivity of the interpreter to the observations about people, places or events. It is frequently used in qualitative analysis across different qualitative methods, often in the initial phases (Boyatzis, 1998); although for the current study this was the principal level of analysis. The process described by Braun and Clarke (2006) was followed in the current study.

According to Braun and Clarke (2006) there are six phases of thematic analysis: familiarising yourself with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and producing the report. In a sense, the first phase, of familiarisation with the data, began as parental video

reports were collected and listened to. This was an ongoing process over the weeks that the groups were meeting because it was important to listen to parents' video reports before the subsequent sessions so that, if necessary, accommodations could be made to the programme. In addition, all video reports were transcribed by me, which was invaluable (rather than asking a research assistant to do this), because this process ensured thorough familiarisation with reports from each of the participants and provided a clear understanding of important issues for each participant.

Phase 2 involved generating initial codes for the data, which were established by addressing the aspects of parenting that had been targeted for change in the training programme. These codes were, therefore, driven by the theory. Some other codes were also generated from general themes that had been evident in the parents' reports and were, therefore, more data-driven. These codes were the basic segments of data that were meaningful with regard to parenting or the process of therapy (Boyatzis, 1998) and were established by having main codes and subsets of each of these using the procedures demonstrated by Miles and Huberman (1994). These codes were generated by: working systematically through the entire data set; ensuring that all data were coded; giving equal attention to each data item; coding as many themes as possible in order to be inclusive; and being aware of data that differed from what was expected (see Appendix S for Initial Codes for Qualitative Analysis).

Phase 3 required thinking about the relationship between the codes and looking for main over-arching themes and sub-themes within them. While this was happening the transcripts were being rescanned to check, again, for initial codes that might have been missed during the initial coding procedure. It became apparent that there were five overall themes, with associated sub-themes within the parents' reports, as outlined below (see Appendix T for a description of these themes).

1) *Describing the child's behaviour:* These were simply descriptive statements from parents about a) their child's behaviour; b) positive changes for the parents and children; and c) their child's abilities or interests.

2) *Parental perceptions:* These excerpts indicated parents' opinions to explain their relationship with their child: a) parents judgments of why they were having difficulties; and b) comments that reflected parental attributions for child behaviours.

3) *Relationship focused:* These excerpts reflected a focus on relationship issues and parents commented on a) dialectical dilemmas; b) the need to balance parental and child needs; c) increased understanding of ways to maintain balance in the parent-child relationship; d) understanding development when balancing needs; e) addressing balance in the way they relate to their child; and f) recognition that their expectations of their child affects the way they relate to their child

4) *Programme dynamics:* Parents directly referred to aspects of the programme they found instrumental to change in understanding or behaviours, such as: a) dealing with emotions, b) learning new strategies, sharing with other parents, c) learning from the facilitator, d) reminder of things they already knew, and e) using homework activities.

5) *Evaluative statements about the programme:* Parents made direct reference to the programme delivery, such as: a) asking for more the programme to be longer; and b) advantages and disadvantages of including children on session.

Phase 4 entailed reviewing and refining the candidate themes by going back over all the collated extracts for each theme and ensuring that they fitted a coherent pattern under that theme. At the same time these themes were reviewed to make certain that they fitted in relation to the overall emphasis of the data set as a whole. As a result of these analyses, subcategories with the initial codes were reviewed and the themes were re-formed under these. Theme 1 (Describing the child's behaviour) was analysed to be qualitative measures of child behaviour and were, therefore, analysed alongside the quantitative data in the Child Behaviour Measures section to follow. Theme 2 (Parental perceptions) reflected the qualitative data of parental attributions and were, also, analysed alongside the quantitative data on parental attributions in the Parental Attributions section to follow. Theme 3 (Relationship focused) was further analysed and all excerpts were analysed by two other postgraduate students who assessed themes for fit. Of the material that was reviewed there was an 86% agreement between raters that these excerpts reflected this theme. As a result of this analysis the subthemes within the themes of 'Relationship focused' were redefined as: a) dialectical dilemmas; b) balancing child development and child needs; c) recognition of need for emotional balance between the parent and the child; d) recognition of a balancing relationship (interpersonal dynamics); and e)

validation and acceptance of emotional experiences (interpersonal dynamics). It was decided that Themes 4 and 5 were not separate themes, but both reflected comments about programme factors.

Phase 5 required defining and naming the themes and some of this was carried out in the previous phase as the other postgraduate students had helped in this process. This process involved defining what the themes actually were and what they were not. There were two main themes that were evident. In particular, the relationship focused theme was named Balance in the Parent-Child Relationship and the theme of programme factors was named as Mechanisms of Change. Finally, Phase 6 entailed writing up the results of the thematic analysis in the final thesis, ensuring that sufficient data extracts were provided to demonstrate the theme. These final two themes ('Balance in the Parent-Child Relationship' and 'Mechanisms of Change') are discussed in more detail in sections to follow.

Child Behaviour Measures

Intensity and Frequency of Child Behaviour Problems (ECBI)

Both quantitative and qualitative data were available for this measure. Before treatment ten (42%) participants reported their child's behaviour in the clinically significant range of the intensity of disruptive behaviours (ECBI). Also, ten (42%) participants (not the same ten who reported clinically significant intensity of behaviours) reported in the clinically significant range that they viewed their child's behaviour as a problem (ECBI).

For the intensity of child behaviour problems there was a significant effect for time, F (2, 22) = 8.37, $p < 0.01$. When compared to pre-treatment ($M = 59.00$, $SD = 7.54$), parents reported a significant decrease in the intensity of child behaviour problems post treatment ($M = 57.04$, $SD = 6.63$), ($t = 2.11$, $p = 0.04$) and this was further increased at follow up ($M = 54.88$, $SD = 8.37$), ($t = 4.18$, $p = 0.01$).

Effect sizes were calculated for: pre- to post-treatment; pre-treatment to follow up; and post-treatment to follow up and these are reported in Table 2. As this study is a repeated measures design and the correlation between some measures was quite high the effect size was calculated using the means and standard deviations rather than the t values (Dunlap, Cortina, Vaslow, & Burke, 1996). This indicates that there was a medium effect size from pre-treatment to post-treatment ($ES = 0.43$)

and from post-treatment to follow up ($ES = 0.47$), and overall from pre- to post-treatment there was a large effect size ($ES = 0.85$) (Cohen, 1992).

Table 2

Effect Size and t Values on the ECBI Scores Pre- to Post Treatment, Pre- to Follow up, and Pre-Treatment to Follow up

		Pre to post			Pre to follow up			Post to follow up		
		t	P value (< than)	Effect size	*t*	P value (< than)	Effect size	*t*	P value (< than)	Effect size
ECBI	Intensity	2.11	0.04	0.43	4.18	0.01	0.85	2.29	0.03	0.47
	Problem	3.09	0.01	0.63	3.51	0.01	0.72	0.53	0.60	0.11

In the analysis of how much of a problem this behaviour was for parents there was a significant effect across time, $F (2, 22) = 6.50$, $p < 0.01$, with a significant decrease from pre-treatment ($M = 55.96$, $SD = 9.17$) to post-treatment ($M = 50.63$, $SD = 8.67$), ($t = 3.09$, $p = 0.01$) and further decrease at follow up ($M = 49.83$, $SD = 9.27$), ($t = 3.51$, $p = 0.01$). There was a medium effect size from pre- to post-treatment ($ES = 0.63$), only a small effect size from post-treatment to follow up ($ES = 0.11$), but an overall large effect size from pre-treatment to follow up ($ES = 0.72$). These results were supported by numerous reports from parents of improvements in their child's behaviour, e.g.,

> "We've had a lot of really, really good weeks lately, and so I was really happy about that. And Isaac's just come to some sort of point where something just clicked and he's doing a lot better. We're having a lot less eruptions in the house and all of that" (Charlotte - C10).

> "I'd like to keep on with the recognising and naming emotions because I think I'm seeing a little bit of a..., not a change in him, but..., it would be a bit soon for that to be happening, but more that he's learning about the different emotions that he's going through" (Emma - E4).

> "Matiu's behaviour lately has been really good. He's, since we've started the course he's slowed down a lot more and he has more concentration, um, more independence. Ah, yeah he's just overall easier to manage, ah, fewer tantrums, it's just about having more trust in him and giving him more independence, like getting from A

to B, letting him climb in the car instead of putting him in the car" (Dorothy - D3).

The report of decreased problems/intensity at follow up suggested that parents were able to implement the learning that they gained while on the course and apply these to the everyday situations with their children, leading to increased gains over time. For example, reports at follow up included:

> "Since the course has finished, well the last, three weeks Larry seems to have been happier somehow inside himself. And I don't know what it is. And I'm hoping that it's some of the things that we are doing differently. Like the difference in him now is quite marked in terms of how he operates socially. I mean, he's still having, you know, he has the odd bash with other kids, but it's a lot less" (Andrea - A4).

> "Now I like to be with Sesi, to play with Sesi, talk with Sesi, and she listens to me now and I listen to her, sometimes she comes to talk to me and I listen. And before it was hard to tell Sesi to go to bed but now it's easy to put Sesi to bed and that is through the course. Yeah now we have good communication, yeah, and good love, and lots of love" (Ameena - C3).

> "Directly after the course I did notice the more time I spent with the boys and the more we did the naming emotions, just the whole lot happier as little people they became and they started to use my strategies, like um, Mikey *(older brother)* would turn around to Jimmy and would say "I'm feeling really angry", you know, instead of the usual lash out type thing. So all the strategies are starting to roll off onto them and Jimmy's getting better at saying sorry about things" (Carmen - C4).

One parent (Kirsten – C1) did not record any change for her daughter, continuing to report well into the clinically significant range for both intensity of child behaviour problems and perceived degree that this was a problem. Although she reported an increase in satisfaction and efficacy in her parenting, she consistently reported a greater likelihood to blame rather than excuse her daughter for misbehaviour. In her evaluation she wrote "Would have liked to spend more time on disciplining and different strategies, plans, ideas, what works for people and what doesn't". Kirsten consistently reported that sharing with the other parents was the most worthwhile aspect of the programme for her.

While the statistically significant results were promising it was important to assess whether these changes equated to meaningful (i.e., clinically significant) changes for the participants.

Clinical Significance of Change in Children's Problem Behaviour

Two primary criteria were used to assess the clinical significance of change: 1) the reliable change index[3] (RCI: Jacobson & Truax, 1991); and 2) Eyberg and Pincus (1999) have identified a ECBI *T* score of 60 or less as the cut-off point for clinical significance for parent reports of child disruptive behaviour. The RCI was used for parent's scores on the ECBI Intensity and Problem scales, which identified that on the Intensity Scale there was a reliable change for 33% of participants at post treatment which increased to 42% at follow up. On the Problem Scale there was a reliable change for 38% of participants which increased to 42% at follow up. These changes are not likely to be due to measurement error alone.

The second measure of clinical significance was parents' *T* scores being below the clinically significant cut-off of 60 established by Eyberg and Pincus (1999). Using this indicator with the Intensity Scale showed that while 42% of participants were in the clinically significant range at pre-treatment, only 25% were in this range at post-treatment and this was maintained at follow up (25%). On the Problem Scale 42% of participants were in the clinically significant range pre-treatment but this dropped to only 13% at post-treatment and 17% at follow up.

Figure 3a reports the frequency distribution of *T* scores for all participants on the Intensity Scale at the different stages of the study. This indicates that at both post treatment and follow up the distribution of scores is lower than it was at pre-treatment. There is a marked difference in the amount of participants in the clinically significant range. Figure 3b shows the frequency distribution of *T* scores for all participants on the Problem Scale at pre-, post-treatment and follow up. This demonstrates an even clearer pattern of a decrease in parents' reporting of their child's behaviour being a problem from pre-treatment to post-treatment and this is further increased at follow up.

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[3] Reliable change is the change from pre- to post treatment or follow-up greater than 1.96 SEMs and is about whether people changed sufficiently that the change is unlikely to be due to simple measurement unreliability.

Parental Measures

Parenting Sense of Competence (PSOC)

A one-way repeated measures ANOVA was conducted to compare scores on the PSOC at pre-intervention, post-intervention, and at follow up. There was a non-significant effect for time in both the subscales of satisfaction, F (2, 20) = 0.51, ns, and efficacy, F (2, 20) = 2.36, ns, as well as in the overall measure of competence, F (2, 20) = 1.61, ns. These results indicate that as a group of parents there was no overall reported improvement in sense of satisfaction, efficacy or competence in their parenting.

Therefore, on the parental satisfaction scale the change from pre-treatment (M = 33.95, SD = 7.25) to post-treatment (M = 35.00, SD = 6.09) and at follow up (M = 35.05, SD = 7.60) could have been due to chance. Likewise, the changes seen in parental sense of efficacy from pre-treatment (M = 27.09, SD = 4.98) to post-treatment (M = 28.91, SD = 4.65) and at follow up (M = 28.77, SD = 5.02) could not be attributed to more than chance. This is the same for the overall parenting sense of competence from pre-treatment (M = 61.05, SD = 10.96) to post-treatment (M = 63.91, SD = 9.55) and follow up (M = 63.82, SD = 11.64).

These results were at odds with parental video reports, in which more than half the parents reported that there had been beneficial outcomes for them ranging from using different strategies, improved dealing with their own emotions, enhanced communication skills with their children, and changing parental perceptions of their children. These anomalies will be discussed later. The first examples are of reported increases in parents using strategies such as being more observant of their children and using modelling.
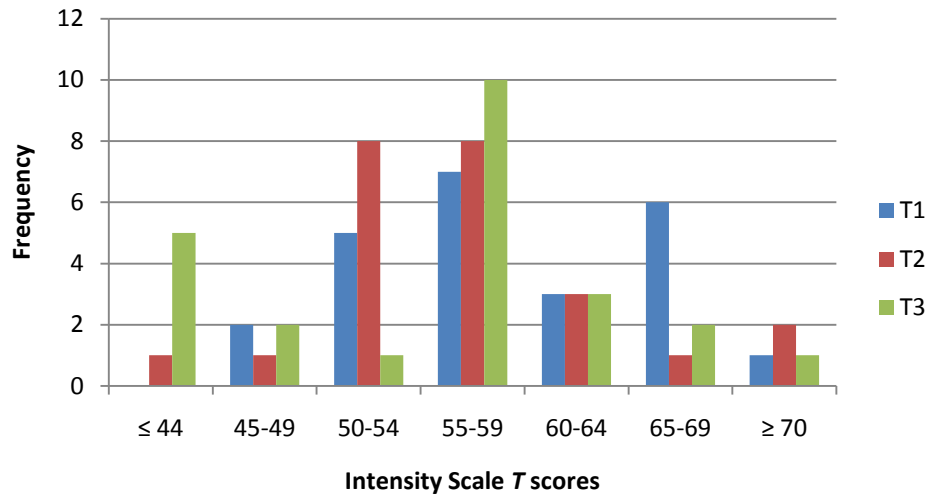
a. Intensity Scale
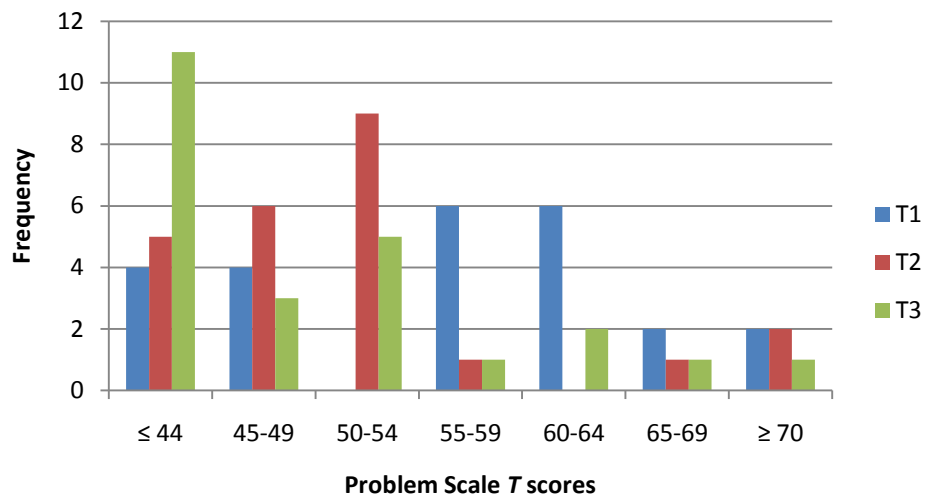
b. Problem Scale

Figure 3. Frequency distribution of ECBI (a) Intensity and (b) Problem scale scores for all participants across pre-, post-treatment, and follow up.

Benefits for Parents

"I particularly enjoy watching my children a lot more and trying to tune into them as people. That really makes a huge difference with, especially with slowing myself down" (Susan - B2).

"I found that observing my child was really good too and I think I've been a lot calmer with him. I'm learning to do things a lot differently and really to just, sort of, stand back and look at the whole picture and not sort of race in there (Dorothy - D3).

"We're finding a lot of good things very useful that we've learnt. We do a lot of the behaviour modelling to him - it's been a big learning curve for us as parents. And focusing on us and being aware of stopping and pausing with alternatives rather than just telling him off. So it's been quite good for us as well, I think, but we've got a, still a long way to go, as parents, on that one because we, sort of, got into a bit of a habit of telling him off a lot" (Andrea - A4).

Some parents reported an increase in their ability to manage emotions, both their children's emotions and their own too.

"The most useful thing for me was remembering to name emotions for children" (Bonnie - B5).

"I learnt how to control my temper. I learnt how to talk with my children with a nice voice. I know how to relax and talk with them" (Ameena - C3).

"It's been, for me, it's definitely been a real eye opener and really, really helpful with just keeping my own emotions in check" (Diane - D2).

Other parents reported that their communication with their children had improved and this included working more collaboratively with their children.

"I use a lot more communication with the children instead of just telling them to do something, sort of, give them some options. Yeah and just, I don't know, we're just bypassing a lot of fights lately, which is making things a lot better" (Carmen - C4).

"If I make the effort to really connect, talk to him so that he, make sure that one or two things are going in, he does act on that response. Yeah, he's doing really well, he's progressing, and we're progressing" (Andrea - A4).

Several parents reported that their perceptions of their children had changed (regardless of change in child behaviour) and they viewed the parent-child relationship differently.

> "His behaviour, to me, seems to be about the same but it's, I think what's changed is my perceptions of it. Um, and maybe it's, to me it's more what was annoying me or what was upsetting me before, I've learnt different ways of handling it and while his behaviour is still the same I'm, I'm not (Emma - E4).
> "The course has really helped me and motivated me to, um, work towards the parent that I want to be and work towards that parent who parents the way I want to parent as opposed to parenting the way that I know how to parent from what I saw as a child. I'm feeling *way* more confident with my son in the sense of our, um, being his emotional support for him" (Miriama - C8).

> "...for me, I think one of the things that I've discovered from being involved in this programme is that a lot of the things that I like best about Hayden are, I think, inherent in his character and in his personality and the things that I like least are all, um, changeable, transient things" (Bob - B6).

> "And trying to avoid what he's actually intending to do might be not...he might be intending to do a real positive thing, for example, and not assuming the worst" (Andrea - A4).

Parental Attributions

The Attributions Questionnaire assessed parent's attributions for their child's misbehaviour across a number of hypothetical scenarios. For ease of interpretation, results are presented according to the two broad categories of positive and negative attributions, and then will be analysed across the four different attributions that were assessed. There were two broad categories in the questionnaire: one which essentially excused the child for their misbehaviour, i.e., a positive attribution; and another that essentially blamed the child for the misbehaviour, i.e., a negative attribution. Table 3 shows that Means and *T* scores on the Attributions Questionnaire at pre-, post-treatment, and follow up.

There was a significant effect for time in parents' attributions of excuse F (2, 21) = 3.88, p = 0.04, i.e., compared to pre-treatment (M = 20.70, SD = 5.66) there was an increase in parent's attributions of excuse post-treatment (M = 24.11, SD =

4.92), which was maintained at follow up ($M = 22.70$, $SD = 6.65$). However, there was a non significant effect for time in parents' attributions of blame $F_{(2, 21)} = 2.35$, *ns.* That is, the change observed for parent's attributions of blame from pre-treatment ($M = 21.17$, $SD = 6.83$) to post-treatment ($M = 19.04$, $SD = 5.61$) and at follow up ($M = 19.65$, $SD = 6.71$) could not be attributed to anything more than chance. In addition, Table 3 shows the differences in the *T* scores for each of the categories on the Attributions Questionnaire.

Table 3

Pre-, Post-treatment, and Follow-Up T Scores for the Attributions Questionnaire

		N	Pre M (SD)	Post M (SD)	Follow up M (SD)
Attributions	**Excuse**	23	20.70 (5.66)	24.11 (4.92)	22.70 (6.65)
	Blame	23	21.17 (6.83)	19.04 (5.61)	19.65 (6.71)
	Naughty	23	11.02 (4.29)	9.11 (3.24)	9.26 (3.49)
	Accident	23	9.52 (3.06)	11.15 (2.51)	10.74 (3.49)
	Annoy	23	10.15 (3.69)	9.93 (3.12)	10.39 (4.01)
	Not Know	23	11.17 (3.54)	12.96 (3.11)	11.96 (4.04)

Table 4 shows the effect sizes and *t* values for the Attributions Questionnaire across three stages: pre- to post-treatment; pre-treatment to follow up; and post-treatment to follow up. Analysis with *t* tests revealed that there was a significant reduction in parents' attributions of blame for the child's behaviour (e.g., child is naughty or trying to annoy parent) after treatment ($t = 2.18$, $p = 0.04$) and a significant increase in parent's attributions for excusing the child for the misbehaviour (e.g., child too young to understand or it was an accident) ($t = 2.80$, $p = 0.01$). However, these changes were not maintained at follow up when there was a non significant difference in excusing the child ($t = 1.58$, $p = 0.13$) or in blaming the child ($t = 1.22$, $p = 0.24$).

For the individual attributional items there was an overall significant effect for time only for the attribution that the child was naughty, $F_{(2, 21)} = 4.58$, $p = 0.02$. There was no significant difference reported for the attributions that the child not knowing what they were doing, $F_{(2, 21)} = 2.81$, $p = 0.08$, the child was trying to

Table 4

Effect Size and t Values for the Attributions Questionnaire for Pre- to Post Treatment, Pre- to Follow up, and Pre-Treatment to Follow up

		Pre to post			Pre to follow up			Post to follow up		
		t	P value (< than)	Effect size	*t*	P value (< than)	Effect size	*t*	P value (< than)	Effect size
Attributions	**Excuse**	-2.80	0.01	0.58	-1.58	0.13	0.33	1.03	0.32	-0.21
	Blame	2.18	0.04	0.45	1.22	0.24	0.25	-0.67	0.51	-0.14
	Naughty	3.09	0.01	0.64	2.36	0.03	0.49	-0.33	0.74	-0.07
	Accident	-2.30	0.03	-0.48	-1.52	0.14	-0.32	0.52	0.61	0.11
	Annoy	0.39	0.69	0.08	-0.25	0.81	-0.05	-0.58	0.57	-0.12
	Not Know	-2.42	0.02	-0.51	-1.06	-0.22	0.30	1.36	0.19	0.28

annoy the parent, $F (2, 21) = 0.26$, $p = 0.78$, or that it was an accident, $F (2, 21) = 2.65$, $p = 0.09$. From pre- to post-treatment, for the individual attributional items, there was a significant reduction in the parents' likelihood to attribute the child's misbehaviour to he/she being naughty ($t = 3.09$, $p = 0.01$), and a significant increase in the likelihood that the parents would attribute the misbehaviour to it being an accident ($t = 2.30$, $p = 0.03$) or that he/she did not know what they were doing ($t = 2.42$, $p = 0.02$). With regard to the attribution that the child was naughty, this significant effect was maintained at follow up ($t = 2.36$, $p = 0.03$), but it was not maintained for the attributions that it was an accident ($t = 1.52$, $p = 0.14$) or that the child did not know what they were doing ($t = 1.06$, $p = 0.22$). There was a non-significant difference in the attribution that the child was annoying the parent from pre- to post-treatment ($t = 0.39$, $p = 0.69$).

Qualitative reports from parents, which were collected as a means to access parents' emotional schema about their children and their parenting, provided valuable information about changes in parents' beliefs. The way that parents spoke about their children yielded an insight into parent's thinking and over the course of the programme differences in the parents' narratives indicated a change in their attributions for their child's behaviour. A few examples illustrate this when comparisons are made between parents' reports from before pre-treatment to post-treatment.

Before the programme Andrea's (A4) description of Larry contained negative attributions of blame for his behaviour, for example:

"He's extremely, extremely defiant, strong willed and stubborn and, um, will not accept no for an answer, and it's been very difficult parenting, um, since having the baby. He definitely enjoys attention seeking, I think, trying to get attention from me, often through naughty behaviour, and almost enjoys provoking a reaction" (Andrea - A4 initial interview).

However, at post-treatment Andrea was more able to notice her son's strengths and to excuse his behaviour:

"Larry's a very energetic 3 ½-year-old, stubborn, strong-willed but very loving and clever and funny. Yes, we've had a lot of problems with him since we've had Hazel *(younger sister)*. Partly because we've been very tired and busy as parents, and he's reacted to, you know, particularly having a bit of competition in the family. At the moment what I like least about him is the fact that he just constantly harasses his sister and it's just – but *that* is getting better. He is also being quite loving to her as well as harassing her (Andrea - A4 post-treatment).

Another example was before treatment Robyn (B3) reported that she thought that Oliver was "not so good at sharing yet. And he's quite physical with older children. He'll drop his shoulder and bump some kids. Um, he has no qualms about doing it to older, bigger children than him. He can be quite defiant and definitely can challenge me". Throughout the programme Robyn reported similar concerns about his behaviour, e.g., "I'm just hoping he's not going to turn into a bully, because what I like least about his is that he, um, bullies smaller, sort of, not weaker children" and, in fact, by the end of the programme she reported that his behaviour was particularly bad and she struggled to name any strengths.

At follow up, however, Robyn reported that she had gone back over the homework sheets (she had repeatedly commented that homework had been useful) and was implementing some of the learning. She reported at this time "I'm trying to be, um, more of an Oliver champion and stopping thinking, you know, "What am I doing wrong? Why is he being so naughty? Um, I've started thinking more positively about the way I parent and about the way Oliver is". This showed an increase in her likelihood to excuse rather than blame Oliver even though her responding on the Attributions Questionnaire continued to show a greater likelihood to blame than excuse him for misbehaviour.

Another parent, Zoe (A3), reported that she had come to the programme concerned that Alice was a problem child and that she would have problems adjusting into a well-developed child. Zoe left at the end of the programme thinking that Alice was not a problem but, rather, that she was "just going through a phase" and that some of her behaviours were difficult. On the final evaluation form Zoe was asked whether or not she thought her child's behaviour was still problematic and she responded, "Not really, I just need to control the way I deal with her. She's just normal".

These parental reports served to augment the information that was gained from the information on statistical significance. In addition measures of parental attributions indicated change for the parents, both statistically and in their narrative reports.

Parental Attributions and Child Problem Behaviours

There was a significant positive correlation between initial scores on the Intensity Scale and a decrease in parental attributions of blame both from pre- to post-treatment ($r = 0.52$, $p < 0.05$) and also from pre-treatment to follow up ($r = 0.51$, $p < 0.05$). Therefore, parents who scored highly on the Intensity Scale (ECBI) were likely to show a decrease in the degree to which they blamed their child for their misbehaviour. There was a non-significant negative correlation between initial scores on the Intensity Scale and change in parental attributions of excusing the child from pre- to at post-treatment ($r = -0.23$, *ns*) and pre-treatment to follow up ($r = -0.17$, *ns*).

There was a significant positive correlation between initial scores on the Problem Scale (ECBI) and a decrease in parental attributions of blame from pre- to post-treatment ($r = 0.46$, $p < 0.05$). At follow up this positive effect was still maintained ($r = 0.02$, *ns*) however this result was not significant. There was a non-significant negative correlation between initial scores on the Problem Scale and change in parental attributions of excusing the child from pre- to post-treatment ($r = -0.11$, *ns*) and from pre-treatment to follow up ($r = -0.27$, *ns*).

When analysing the parents' video reports it was evident that, overall, there was an increase in the number of parents who excused their children for misbehaviour post-treatment compared with the number who did this pre-treatment. Six parents showed examples of excusing their child before treatment e.g.,

"He's actually really nice natured, he just doesn't mean to do 99% of the things he does. None of it's malicious, he's just very inquisitive and he's fascinated with how things work. And he's just, in my view, a completely ordinary little boy. I don't think it's any different from normal people his age. We have to keep reminding ourselves he is only three" (Bonnie - B5).

However, by the end of the programme the number of parents who excused their children had doubled. This reflected an increase in parents making accommodations for their children. Even the parents who had initially excused their children for misbehaviour showed an increase in the amount that they reported this.

"I don't think he's deliberately naughty, I don't think of him as being manipulative in that way. I think he's just sort of testing the boundaries sometimes when he does things. Yeah, I really don't believe that, um, children are naughty. I think it's the behaviour that's associated with that, that's naughty. But I really don't like that term, naughty. I'm not comfortable with that" (Rhonda - B4).

"What I like least about him is the emotional upheaval that he goes through. But he's 4 and I don't think that that's something that he has the capability to control at the moment. And in no way that I would ever try to blame him for that. You know if there's anything that he, that he is capable of doing but he doesn't, for his own choices or own reasons, I don't really think it's something that he does on purpose. I think it's more of a reaction to something else and maybe just not having gotten the skills or been taught how to, how to respond in a more positive way" (Charlotte - C10).

Summary

The quantitative measures used in this study were of differing utility. The ECBI was simple for parents to complete and the changes reported in the intensity and problem scales were reflected in the qualitative reports from the parents. Therefore the quantitative and qualitative information provided appeared to be consistent. For the PSOC there was a non-significant increase in parental satisfaction and efficacy which contributed to an overall non-significant increase in parental sense of competency. This inconsistent result with parental video reports of improved relationships with their child and positive outcomes for parents and children, raises the question of whether this was the best quantitative measure for assessing parental change. These results suggest satisfaction, efficacy, or sense of competency are not the variables of change when parents report enhanced

relationships with their child and improved child behaviour. While parents struggled to understand the instructions for completing the Attributions Questionnaire, the scenarios appeared to have face validity for them. Moreover, the results from the qualitative and quantitative data coincide sufficiently to indicate that changes in parental attributions are related to changes in child problem behaviours.

Balance in the Parent-Child Relationship

Parents completed 5 minute individual video reports at pre-, post-treatment and follow-up where they were asked to talk about their child, what they liked best and least about their child, and about their relationship together. From the video transcripts, along with case notes of their and their child's participation on sessions, data was collected and subsequently collated and analysed. This following section describes the themes and subthemes that were identified though the qualitative data analysis of the parent video reports. The means by which these themes were developed were described in a previous section (Approach to Qualitative Data Analysis) and also in Appendix T.

The central concept to the parenting programme was for parents to focus on the balance between the parent and the child in the parent-child relationship. There were five sub-themes that provided examples that these concepts were adopted by the parents as they were reflected in their video reports: 1) At the end of the programme parents were more able to comfortably hold opposing dialectical views of their children than they had shown in the pre-treatment reports; 2) parents reported being more able to balance their understanding of the child's development and the child's needs; 3) parents could recognise a need for balance between theirs' and their child's emotions; 4) parents recognised the value of a balanced relationship between them and their child (an interpersonal dynamic) (within this they were also more able to have a balanced perception of daily experiences with their child and in their relationship with their child); and 5) parents had an increased sense of validation and acceptance of their own emotional experiences (an intrapersonal dynamic). Throughout, these parental reports reflected an increased likelihood of the parents to accommodate the child as an individual person in their own right, and to balance this with their own needs as a person.

Dialectical Dilemmas

At the beginning of treatment three parents could hold dialectical views about their child in that, the very things that they liked about their child were the things that they also liked least about them. This reflected the dialectical emphasis on the inherent tensions, or contradictions that exist both within and between individuals e.g.,

> Within the same report Zoe (A3) reported, "Alice can be quite possessive of me; she really doesn't like it when I play with babies. And sometimes with the older children she seems to feel like I should be there for just her when she wants me and when she needs me and that I'm solely hers". And Zoe also said, "She's extremely loving, she always gives me lovely cuddles and kisses and the fact that she really wants to be with me all the time is quite nice".

However, by the end of the programme when talking about their children twelve parents showed an ability to balance multiple views about their child. Some described their relationship with their child as a whole package, which they were able to embrace.

> "What do I like best about Pierre? I actually just really enjoy all of him. Even though it can be frustrating, but actually having this person with you, and learning together and having fun together and, you know, not having fun together is all, all part of the whole package, for me" (Rhonda - B4).

By the end of the programme there was an increase in the number of parents acknowledging that the thing they liked best about their child was often the thing they liked the least. Moreover, they appeared to accept these opposing dialectics. This reflected a synthesis or combination of the elements from the opposing positions. From a dialectical perspective this integration is where 'truth' is found.

> "And I like his energy; it's what I like best about him. I love his sense of fun and naughtiness. And I really love that he's got defiance and a strong will and all those things. I think they'll take him far. And he's a real personality. He's quite a force, I mean he's, we call him a pocket rocket because he's just a wee little fellow but he's such a powerful personality - very strong of mind. It's usually those things that I like least about him, as well, as a parent, but only because it's difficult. I still admire those qualities. We just have to try and channel them into positive expertise and, um, try and respond to them positively ourselves" (Andrea - A4).

"What do I like least about my child, the noise and the constant talking, but again that's just being a 3-year-old. It's good, it's part of what I like best about him, so that's just something to deal with" (Rachel - B1).

"I like that he's fiercely independent although it can be a problem when I'm in a hurry and he wants to do some things by himself" (Robyn - B3).

Not only were parents able to acknowledge the opposing dialectics but they were also able to acknowledge that this had an effect on them, as a parent, and on their relationship with their child. This was another example of an increased awareness of the different needs of each individual that were being balanced in the relationship. In addition, it indicated the dialectical concepts of totality, or that phenomena are inseparable and affect one another, and praxis, that parent and child are constantly affecting one another. This was also consistent with the behavioural understanding of the reciprocal nature of the parent-child relationship.

"I just like the fact that he is very strong and he's got a good spirit, um, although sometimes I wish he wasn't so spirited. But um, you know, just the fact that he's not, um, a wimpy kid, I'm sure *(shakes her head)* there are positive things about wimpy kids, but I'm sort of glad that he's not. But then he probably wouldn't bash other people if he was a wimpy kid *(chuckles)* so it would probably be easier" (Carmen - C4).

"I don't like it particularly *(chuckles)* when she's, um, when she can be so stubborn. But that's more annoying than anything really and it's something you don't really want to change because it's quite good if she knows what's right and wrong. Or can be stubborn about the bad things and not so much or, you know, *(chuckles)* do the good things" (Maria - C7).

"The least that I like with them is that they can, they are both, um, because they are quite independent they can be both quite stubborn and assertive. But, I mean, I'm pleased that they can have those because when they go to school or they are around other adults at least they won't be pushovers. So although they're things I probably don't like the most at home, when they're out in the big wide world they'll probably, um, be very useful and helpful for them" (Miriama - C8).

What is evident in many of these parental reports is a strong theme of independence being shown by the children. This is consistent with Erikson's (1959/1980) second developmental stage of Autonomy vs. Shame or Doubt, which he claims occurs in early childhood. However, not only did parents become more aware of their child's desire for independence but they recognised and accommodated other developmental stages for their children.

Balancing Child Development and Child Needs

Many parents (11) reported an increased understanding and appreciation of their child's needs. One main area that parents showed a more balanced approach was that when they gained a better understanding of the developmental level of their child, and used this as a basis for interacting with their child and their expectations of the child's behaviour also changed, e.g.,

> "I guess the main message that I took from the session today was that *(chuckles)* it's just a phase. Everything's just a phase. Um, and there are usually developmental reasons for Jordan's behaviour, slash, misbehaviour. And what he can control is possibly different from, um, what I'd like him to be able to control. Um, I do find that because he is so well spoken and generally, I think, quite clever, then I expect more from him emotionally and behaviourally than he can give sometimes" (Rachel - B1).

> "It made a difference to acknowledge, really, his age appropriate behaviour, you know, and not have too high expectations of him" (Dorothy - D3).

Some parents even took this understanding a step further in trying to understand their child better and reported trying to 'put themselves in the child's shoes'. This meant that some changed the way they interacted with their child to be more considerate of the child as a person in their own right, e.g.,

> "…and at the same time finding out what does a 4-year-old want so that I can, um, I'm still motivating her but she's not doing it as a reward. It's just me learning to think as a 4-year-old. So I can think if I'm a 4-year-old what would, um, how would I understand what Mum was saying?" (Karen - C2).

> "I think his emotions as well, just acknowledging that, you know, if we were put in the situation that he's often put in, in terms of, you know, finishing off a game, or wanting to watch more TV, or just any manner of things, you know, understanding that he, he is

obviously feeling frustrated that we want to do something else other than what he is enjoying at that moment and time. And being able to acknowledge that those emotions are going to manifest and, and you know, finding ways to distract him and make the other task as appealing as what he's already doing" (Diane - D2).

"I don't think Scott's behaviour's changed hugely since we've been doing the course, but my awareness and understanding and sort of re-reminding myself, because unfortunately he does tend to be tag-along number-three-child, no matter how much I think that I don't treat him like that, I've sort of realised that I slightly do" (Bonnie - B5).

Recognition of Need for Emotional Balance between Parent and Child

Eleven parents (but not the same eleven parents mentioned in the previous section) reported an increased understanding of emotions in their relationship with their child. Some reported a greater appreciation of their child's emotions and others reported appreciation (and relief) that it was OK to acknowledge their own emotions. These parent reports indicate an understanding that these effects are ongoing, or continuous, as in the dialectical concept of continuous change.

"The main message I got out of today was, ah, that it was OK to have emotions, um that actually the same way that I do, the children and my partner are going to be going through the same sort of, um, emotional dilemmas, if you will. And that's OK. You know, in the same way that I'll wake up in a bad mood one day, Hayden will as well. So, it's about recognizing that they're having those emotions in the same way I am" (Bob - B6).

"It's good to have the reinforcement that looking at it from my needs is not a horrible thing to do because, um, sometimes I deal with a lot of guilt with that and it's good to just have it reinforced that yes, you have to pay attention to your needs and, um, along with your children, that you're important too, as a parent" (Charlotte - C10).

Others expanded on this understanding of their own emotions to consider how the balance in the relationship is affected by both the parent's and the child's emotions. Again, this shows a dialectical concept of praxis, or that parent and child both affect, and are affected by the other person.

"Main message that I took from the session today – I think is really about, um, probably for me, the impact that my emotion has on being able to handle Pierre and actually being able to try and learn to take a step back from that" (Rhonda - B4).

"I think however you're feeling, whether you're tired, stressed, happy or sad, it affects the outcome of a situation that might happen" (Zoe - A3).
"You know at the end of the day our emotions affect our kids, which I knew. And that um, it's really about, you know, the balance, building ourselves up so that we can build up our tamaiti as well" (Karen - C2).

Parents were also realistic in their expectations of themselves and acknowledged that keeping the balance in emotions between them and their child was not always easy.

"Emotions are there and you have to, I guess, acknowledge them, work with them, try not to let them take over, help your kids learn to manage any of their emotions, which is quite, can be quite hard *(sigh)*, especially when you're feeling emotional at the same time" (Rachel - B1).

Recognition of a Balancing Relationship (Interpersonal Dynamics)

Seventeen parents reported that maintaining a balance in the way that they related to their child was an important learning and there was an appreciation that this was ever changing, depending on the needs of the parent and the child, thus echoing the dialectical principle of continuous change in the parent-child relationship.

"Yeah, that was really nice sharing of experiences and to talk about how emotions felt are so near to the surface in a house with young children. You know, things can change from one moment to the next. So, yeah, talking about how to deal with that for the parent and for the child, I found really relevant. With me trying to teach Larry how to deal with his emotions, we need to be able to deal with our anger and so on, especially under all the pressures, and stresses and tiredness of parenting (Andrea -A4).

"We don't always have the right way that we like to do it, because um, 'cause we're just too tired or whatever the day is, but not to beat yourself up about that. So it's actually good to hear that. To remind myself about, that's right, you know, you're not the perfect

>parent, and, you know, cut yourself some slack with that" (Karen - C2).

>"...Helped with parenting? Um, I think for me it's been an appreciation of getting perspective and balance, really, and that there is no such thing as a perfect child and a perfect, um perfect parent. And that's a really good take home message, and not to beat yourself up about it really, or give myself a hard time" (Rhonda - B4).

>"...that balance is important and most of the time I think I'm not too bad with having, having a balance, um, and that when the balance does slip it's not the end of the world" (Christine - C11).

Some parents were also able to articulate that both parent and child were individuals with different personalities that related with each other and the family as a whole.

>"They are people with their own ideas, emotions, and personalities and have just as much right to those as you" (Charlotte - C10 - evaluation).

>"I think I've been so focused on everything being about him and what he needs, and his behaviours and his needs, and that it is about both of us, and the whole family as a unit. My thoughts are more to do with, um, making the most of the time that I do have with Morgan, being a mum to Morgan, um, and balancing, balancing it all together" (Diane - D2).

Balancing Perception of Daily Experiences of Child and Relationship. Nine parents commented on having changed their perspective of their everyday interactions with their child. One aspect of balancing the interpersonal dynamics of the relationship between the parent and the child was that parents reported being more aware of their child's positive aspects.

>"He's a good kid, he really is and I think that's a part of this whole course that's really helped me... is that it's taught me other ways to look at him and to kind of understand where he is coming from. And it's really opened my eyes to, you know, yeah, maybe he does something that I don't care for but he does it for reasons that are amazingly sweet" (Charlotte - C10).

> "The aspects that I've found that have helped with my parenting are focusing, consciously focusing on the good things that Jordan is doing" (Rachel - B1).

More than this, some parents reported that, overall, they had gained a new way of looking at their relationship with their child. Consequently they were able to step back and look at things more holistically and enjoy their child more, thus reflecting the dialectical concept of unity of opposites or that phenomena in the parent-child relationship are inseparable, but rather are interrelated parts of the whole system.

> "Actually I think getting the perspective again, and rather than focusing on the days where we haven't had a great day and there have been a lot of negotiations and it felt like there's been sort of, you know, fighting almost to get things done, um, they're not, those days happen, so not to focus on those days and think that we have a terrible relationship because we've had a day like that. But actually no, we are getting through those days, and we're talking about them, and we're getting on with them" (Rhonda - B4).

> "I'm learning to do things a lot different and really to just, sort of, stand back and look at the whole picture and not sort of race in there. And if I do race in there I know what I've done isn't the correct way, and I'll get a totally different response than when I've actually sat back and tried to think through actually how he thinks for his age. You know, not expect too much from him. So, um, that has been a real learning curve for me" (Dorothy - D3).

Validation and Acceptance of Emotional Experiences (Intrapersonal Dynamics)

One factor that parents (8) reported as important for them was to recognise that they too had needs and emotions in the parent child relationship. In group discussions most parents discussed the difficulty of parenting when there were so many demands on them that could be very demanding and exhausting. Parents appreciated having the opportunity to talk about their needs and emotions as well as their child's needs and emotions.

> Most worthwhile aspect for me was – "Recognising that you have needs as well" (Susan - B2 -evaluation).

"The aspects that I've found that have helped with my parenting are, recognising that I have needs even if they can't always be met" (Rachel - B1).

At follow up Miriama (C8) reported that she had gone back to the handouts and had been focusing on balancing her needs with her children's needs. She had drawn up a list of things that she needed to keep her well and to be able to function better with her children. This included eating good food, exercising regularly, and getting quality time with her partner. This had helped her keep on track for herself and her relationship with the children, and their relationship had improved as a result (Case Notes).

Bonnie (B5) reported that that morning she was quickly changing before taking the children to school, when she heard a shriek from the children. She did not think anyone was hurt but flew out of the bedroom to see what had happened. After sorting the major problem the children then asked a series of small questions, e.g., where is my lunchbox? Bonnie was able to laugh at this time as she recognized that while the children had a number of small needs that they wanted her to attend to, right at that moment her need was more paramount (i.e., she was standing there "stark naked" and needed to get some clothes on!!) (Case Notes).

Mechanisms of Change

This study incorporated a number of features for investigating mechanisms of change throughout the programme. There were some unique features in the programme (e.g. meeting with parents and children together in a shared space over a coffee morning style gathering) as well as data gathering throughout the process to gain an insight to what were important stages or variables within the programme (e.g. regular video reports from parents). Programme features included the dynamics of having children involved in the sessions and venue type.

What parents found helpful

At the end of Sessions 1 to 4 parents completed video reports asking them what was the main message of the session, what their thoughts and feelings were, what was helpful and what was not as helpful. These generated a measure of important mechanisms of change, and five key elements were reflected in these reports, which included: sharing experiences with other parents; accessing "expert" knowledge from the facilitator; gaining specific parenting strategies; reminding them of things that they had heard before; and the use of homework exercises.

1. Sharing experiences with other parents. The one item that all parents had in common was that sharing and talking with other parents was very helpful, and within this, four subthemes emerged: feeling like they were not alone in their experiences; learning from other parents' strategies; reassuring or reinforcing what they were doing; and normalising their experience or gaining a wider perspective.

a. Being not alone.

Ten parents reported that by sharing together they felt encouraged that other parents had similar feelings and experiences when dealing with their children.

> "It made me realise that I am not the only one who feels this way - stressed, and vulnerable, and pressured - which was great" (Aroha - A1).

> "Everybody has much the same issues with getting their own needs met. Um, it's not just me, knowing that it's not just me having these issues with balance - which I knew anyway, but um, sort of, so relief with that" (Rachel - B1).

> "It's always good to get, get some input and just know that you're not alone in having some of these problems, that other people are struggling with trying to find a way that is effectively going to teach their child how to behave and how to succeed" (Charlotte - C10).

b. Learning from other parents' strategies.

Parents (14) reported that they found it helpful to get ideas of how to do things based on what other parents actually did with their children.

> "I think it's really good just sitting around and just talking about what things are happening with their children, what they've done to, um, what sort of ideas they've had to make things better, and how they're coping, and things like that" (Kirsten - C1).

> "Really interesting listening to people's stories and actually getting a few clues from other mums as well, like, oh, they've tried that. And, yeah, it was just good to hear other mum's thoughts as well" (Karen - C2).

> "The things other mums talk about, and I talk about some things, sometimes I struggle with, I don't know what to do but when we sit all together and we talk you can have some decisions on something that we can do" (Ameena - C3).

"I'm happy to take everything in and I'm learning through the others as well" (Dorothy - D3).

c. *Reassuring or reinforcing.*

Seven parents reported that they were reassured in what they were doing as a parent. This either came from programme content, feedback from me or the other parents, or from listening to other parents' experiences.

"I'm so grateful to be able to take part in this, and to hear other parents' suggestions and concerns, because it seems like even though we are all different people and all the children are all different, some common themes come up and some things that, children, other children do, you know, that Oliver does, I think, oh goodness, so he is normal. It's quite reassuring, and I'm normal" (Robyn - B3).

"I think we're all, pretty much, mums who are trying to do the best that we can anyway, and what I kind of get from coming to groups like this, especially on a day as like I'm feeling today, is that yeah, it's worth it to try and, you know, parent in a way that, we know is much better in the long term. So it's always helpful for me to be around other mums and hear their struggles, hear their ideas and just reinforce each other" (Miriama - C8).

d. *Normalising / Gaining perspective.*

Nine parents reported that being able to hear other parent's perspectives helped them to have a better understanding of their parenting and their children.

"Um, I thought that having everybody contributing and allowing each other time to talk was really helpful for me to put things into perspective. And it makes you feel, well it made me feel anyway, that um, actually, I'm quite lucky and I don't have such, I don't have such a bad life after all" (Robyn - B3).

"And it was good to listen to read your stuff, to be with the other women as well and hear them. Um, to be reminded that we're not perfect mums, to be reminded that we all lose the plot, which is quite funny, listening to us all. That was really good to hear, I think it kind of normalized the fact that we're not always perfect, we're not always having a good day" (Karen - C2).

"It was helpful seeing that other people are doing things very similarly to me and other children are doing similar things to my

kids. Um, I forget that my kids aren't awful, you know" (Christine - C11).

"It just gives you a different perspective sometimes, you know, you're probably talking in the group and then somebody will say something about what you're talking about, or give a point of view, don't know if it's a point of view, or just maybe it's their understanding of what's happening, and it's quite enlightening, I find" (Eddie - E3).

2. Accessing "expert" knowledge from the researcher. Eleven parents reported that a valuable process variable for them was to have "expert" advice from me and this emerged in three different ways. Sometimes parents received help about specific situations, e.g.,

"It's really great to have access to Clare and to ask her…to talk about specifics, um, things that have come up during the week and to ask some advice around that. So that's really awesome" (Robyn - B3).

At other times, the parents' feedback was more to do with facilitating the process, e.g.,

"I remember when I first, like, joined La Lèche and I thinking, oh my gosh, how do people facilitate in this chaos? And looking back at me now, 4 ½ years later, and it's just the norm. So I think, good skills for Clare to be able to facilitate in that" (Karen - C2).

"And just having Clare facilitating is really helpful, actually. Um, she steers us along to thinking about things in different ways" (Robyn - B3).

For other parents they valued the learning that they received on the programme, e.g.,

"I'm quite happy about the course Clare is giving us, and it really helps us a lot, learning how to do things with the kids, how they behave, and how we can act about how they behave" (Farah - E1).

"It's been good to learn different things while I've been here. So I hope I learn a couple more things before the rest of it's finished" (Donna - D5).

3. Gaining strategies. Parents' video reports confirmed that parents had learnt many strategies that were offered in the programme and some parents actually reported change in their children or within themselves due to these strategies. There were five main areas in which people reported that they had obtained more proficiency, which mirrored the main topics of each session. These included: being more observant of their child; skills to manage their own and their children's emotions; understanding developmental issues; behavioural skills; and changing their perspective of their child.

a. Observational skills.

Nine parents reported that they found that regularly observing their children had enabled them to be more aware of their child's interests and to notice the positive attributes of their child.

> "The aspects that I've found that have helped with my parenting are focusing, consciously focusing on the good things that Jordan is doing" (Rachel - B1).

> "I'm really looking forward to watching Lewis more often, just observing quietly, 'cause that really makes a huge difference with slowing myself down" (Susan - B2).

> "I have been practicing observing my child, observing Oliver. Um, when I take the time to watch him it is actually very positive" (Robyn - B3).

> "I think that's certainly been something that I've identified because I've been more observant of his behaviour. Um, from observation, ah, I would say 90% of the difficult situations we have with him come about because he's hungry, or he's eaten the wrong kind of food, or he's thirsty, or he's tired" (Bob - B6).

b. Emotion coaching skills.

Dealing with emotions was an area that parents spoke about regularly, with twenty one parents reporting that this was useful to learn and some had noticed improvements in their children as a result of using these skills.

> "Acknowledging his emotions has, um, made a difference" (Dorothy - D3).

"Today I sort of took away that you need to stop and think before you say things to your children, so you don't yell at them" (Donna - D5).

"I'd like to keep on with the recognising and naming emotions because I think I'm seeing a little bit of a, not a change in him, but um, it would be a bit soon for that to be happening, but more that he's learning about the different emotions that he's going through" (Emma - E4).

c. *Understanding development.*

Eleven parents reported that learning about development had helped them to gain a better understanding of their child. Many reported that this helped them to have more realistic expectations of their child.

"I think going through and learning the life span development that we looked at just, sort of, gives you the idea that it's not just kids that go through all the developmental stages. Even as adults we're doing that too" (Emma - E4).

"I think my awareness of where he's coming from and the stage he's at and things like that, and sort of, sort of re-reminding myself and re-focusing on some strategies for dealing with his behaviour has changed" (Bonnie - B5).

"What was helpful? Actually hearing about the stages, you know, talking about the development, where other kids were up to and, you know, what their needs were and what was happening, socially, and intellectually, and physically. Hayden's, our first child so, you know, a lot of that stuff we don't know, we're just used to our own conditions" (Bob - B6).

d. *Behavioural skills*.

While behavioural skills are presented in popular media to parents, there appeared to be a lack of understanding by some parents of how to implement these effectively. Eleven parents reported increased understanding of behavioural strategies from the course information.

"The thing that I did like was the reward system. We did the stars for toilet training and it worked really well, but I never actually associated it with anything else. So, some of the things that we are having difficulty with, you know, the time it takes to put the kids to bed, whether they get up, all those things - the reward system is

actually probably going to be a pretty good one to bring back in for some of the other things" (Bob - B6).

"The main message I took from this week was to focus on specific behaviours rather than the child, um, so I'm going to try and do that in the next week and hopefully that will help, and also to ignore some of the bad behaviour or inappropriate behaviour. And I'm going to try the time out again because that hasn't been working so well for us, although it has in the past, so I'm going to try and re-establish that" (Robyn - B3).

"Just try and reinforce more positive behaviours or maybe just doing more ignoring. I think I probably have a tendency to, kind of, always be saying don't do that, don't do that, and maybe I should just let it ride, sometimes" (Bonnie - B5).

"I think what I took from today is really to reward one behaviour, say for a whole week, instead of several" (Dorothy – D3).

   e. *Changing perception of the child.*

Four parents reported that from the course they had developed skills that helped them to view their child differently.

"Some of the aspects of the course have helped me, include looking for the positives, observing Oliver and praising him for good behaviour. Praising him when he's playing on his own nicely, or whenever he's doing something really good I give him positive feedback" (Robyn - B3).

"I've just decided to start calling her spirited instead of obstinate, stubborn, and a pain in the butt. So our new phrase for Hannah, or our new term to call her is 'spirited' 'cause that puts a positive spin on it when she's doing all these things that, I think, are just, like, doing my head in" (Kirsten - C1).

"I've been very, very conscious of, of praising him and making sure that, um, when he does do, when he does behave well, or is affectionate with his brother or anything like that, that he knows that that's good behaviour and that that's something that we would expect from him" (Diane - D2).

4. Reminder of things already known. Thirteen parents reported that the session had been useful because they reminded them of information that they already knew about what they should be doing (or about things that they had forgotten).

"I have heard a lot of this before but, you know, I'm not practicing what, well not so much practicing what I'm preaching, but I'm not, putting it into practice what I'm hearing and what I'm reading, and it's, you know, going through those things and doing them" (Diane - D2).

"cause I know it all, it's just I forget it, 'cause I've, been and I've done Guiding Children's Behaviour Workshop a few times now and, um, some of the stuff is in there, but overall I think the most important thing was just reiterating those strategies, for me, and putting it back in my brain" (Carmen - C4).

"One of the things I took from it is just a reminder, I did know about this but I've, sort of, probably forgotten, not to be saying no and don't all the time" (Bonnie – B5).

This programme catered for parents at different levels of feeling competent and for some parents the course helped by providing positive reinforcement that they were on the right track or doing ok.

"I guess it's good to, I discovered that I'm probably doing things mostly right. Um, it's just probably being consistent with them" (Rachel - B1).

"What I found helpful is having my parenting skills recognised, or at least, some of them" (Rhonda - B4).

"So yeah, it's nice to see that there, you know, I think I'm coping ok. There're some things I could do better but in general I'm not doing too badly. So that's good" (Christine - C11).

"The main message, I suppose for me, was probably, I was kind of trying to do the right thing with making sure I didn't get *too* emotional, that I still show my emotions and teach the kids about them but, yeah, to actually stop myself before I get too emotional and what not" (Maria - C7).

Some parents commented that they had become more aware of their child in relation to the other siblings. This had not been a new understanding but had helped to reinforce that particular child's needs, perhaps facilitated by an increased awareness of the child as an individual in their own right.

"I don't think Scott's behaviour's changed hugely since we've been doing the course, but my awareness and understanding and, sort of, re-reminding myself. Because unfortunately he does tend to be tag-along-number-three-child, no matter how much I think that I don't treat him like that, I've sort of realised that I slightly do. Um, I think my awareness of where he's coming from, and the stage he's at, and things like that, and sort of, re-reminding myself and re-focusing on some strategies for dealing with his behaviour has changed" (Bonnie - B5).

Miriama (C8) reported of the tension of simultaneously raising both her son, Pio, and her grandaughter, Airini. She said that sometimes with Pio she could 'lose herself in his eyes' for a while because he was her son and she had such a special attachment to him. As she said, 'he is mine'. However, she did not have this with her granddaughter and Miriama worried that Airini would grow up feeling sad that Miriama was not fair to her as a granddaughter and that Miriama favoured Pio more (Case Notes).

However, at follow up Miriama reported that she had a new understanding of her role as a grandmother:

"I think for the first time ever, I am seeing that my relationship with her is more of the grandmother. I am happy to be her grandmother and I can be her grandmother and share moments with her as well as be that daily, um, caregiver for her. And the beauty of her being my granddaughter is not being, um, diffused because we're together all the time. I am seeing more, more than not, the privilege I have of having her everyday and also dropping those seeds into her life now so that when she has grown up she'll know that she had a relationship with her nana, or with her grandmother and not just, I wasn't just, raising her, but I was raising her, yeah, as if - raising her and providing those special moments that she, she would, um, may have only got if she was with her mother and only with me every now and then" (Miriama – C8).

5. Homework. Most parents (20) reported in group feedback time how they used the homework activities to implement the skills that they were using on the course to improve things at home. However, Farah (E1) reported that she did not actually read the handouts or do the homework activities as set out in the written sheets. This could have been due to English being her second language and the handouts were too difficult for her. Farah reported that she was just happy to talk with and listen to the other parents at the sessions. Others, however, did respond positively to the homework.

"The homework was really quite helpful - looking at the emotions and practicing the redirection with Alice. It was quite beneficial to do it on the really low intensity stuff, like redirecting her" (Zoe - A3).

"I think for me, I enjoy the sessions, but I think about them a lot afterwards and put the homework into practice. I think having the homework is actually really helpful. It sort of, it cements what we've learnt and talked about in the sessions" (Robyn - B3).

Combined Group Format

The participation rate was excellent with 92% of parents who began the programme completing. This study aimed to cater to both parent and child needs by addressing how the parent was an equal agent in the parent-child relationship. This was different than traditional parent-training programmes where the emphasis has been dominantly on the child. In the current study parents' needs, emotions, development, and perceptions were actively discussed and parents responded that they had had beneficial outcomes for themselves as well as their children. This consideration of contextual factors for parents probably contributed to high retention rates in this programme.

In some groups there was a large diversity in socioeconomic background of the participants, which could have inhibited group cohesion. But this did not pose a problem and these parents still shared openly with each other throughout the programme. In fact, in one particularly diverse group, by the end of the programme one mother had made a string of fabric flags which could be hung as a decoration in the child's bedroom, to give to the other children in the group as a farewell gift.

There were many benefits to including both parents and children in the programme from a therapeutic perspective as opportunities arose to model appropriate behaviour with children, coach the parents in their interactions, observe on-the-spot examples of development, and observe the actual interactions with the children. When conducting this programme again it would be useful to include the children more with activities that involved parents and children together as this could be a valuable learning exercise with parents which could generate further material for group discussions. While feedback could be provided to parents on interactions between parents and children, this was less than expected.

There were mixed reactions from parents about having the children attending the sessions. Some parents found it difficult to hear over the noise of the children or to concentrate due to interruptions from children talking with them or needing them. However, they often thought that this was just something to be managed with young children:

> "I find it quite distracting 'because Oliver's around me quite a lot and I find it quite hard to block off the noise and hear what everybody's saying. But it's minor" (Robyn - B3).

> "I missed a little bit of the session today because Matiu was a little more active than normal, so I was sort of listening, and half not listening" (Dorothy - D3).

> "It was probably a bit hard to keep up to date with what was being said because of children interrupting, but that's just a natural part of having things with children around" (Margaret - C9).

Two parents criticised that the course did not include the children enough in the learning process.

> "I would have liked to have gotten the children more involved, maybe so we could apply some of the skills learnt in the course, e.g., role playing" (Diane – D3 - evaluation).

> "Least worthwhile was bringing the children along as we didn't spend any time with them trying to implement any of the things we were learning" (Kirsten - C1 - evaluation).

However, there were also comments about the benefits of having children attend the sessions as well. Some parents reported that they had not previously been able to find childcare for their children and this prohibited them from attending other parenting courses (Dorothy - D3), and another said that without involvement of the children she would have had to justify getting a caregiver for the child so that she could attend, and that would have prevented her involvement (Bonnie – B5). Comments included:

"I thought the session was run quite well in terms of having all the toys for the kids and Connie[4] to play with them, and the food and all the rest of it" (Bonnie – B5).

"I want to thank you again, Clare for taking the time to come out here, for providing someone to tautoko our tamariki so we can talk" (Karen - C2).

"The fact that Clare has made this possible for us to do this by having someone to have to look after the children, is a huge thing for us" (Dorothy - D3).

Wanting more sessions or follow up

Six parents reported that they would have liked to have had more from the programme and suggestions included having the programme contain more sessions, or for there to be a regular follow up and/or support groups in the months ahead. Some commented that they enjoyed the commitment of meeting regularly to talk about things and having the structure in the discussion about topics to discuss.

"Maybe you could do a refresher course at some stage next year? Just an idea?" (Carmen - C4 - evaluation).

"I have really enjoyed participating in the course – if anything I would liked it to have run on for longer" (Rhonda - B4 - evaluation).

Venue Type

It was valuable to take the programme out to different centres because this met the parents in their own environment and added to increased participation. Having the children in their familiar place added to the ecological validity of the study and also provided a valid environment in which to observe child and parent interactions. Parents and teachers appreciated that the research came out to the centres and this could point the way for Clinical Psychologists to be flexible when meeting clients. Clinical settings can be intimidating for parents and attendance at these centres might inhibit parents from seeking much needed assistance. This was

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[4] Connie was one of the research assistants.

reflected in this study when some parents reported that they almost did not attend the course at the clinic as it was daunting to come to there and merely attending might be an admission that their child was really awful or that they were an incompetent parent (Rhonda – B4).

However, both early childhood centres had an extensive outdoor play area in which the children spent a large portion of their time and therefore, interactions between parents and children were less visible. Again the research assistant was integral because this released the parents from needing to be outside to supervise the children. Therefore, a disadvantage of the early childhood education settings was that the children were often engaged in outdoor play, which provided fewer opportunities for therapeutic involvement in parent-child and child-child interactions.

The Clinic environment was the most useful because children were close to their parents, therefore providing more opportunities to view multiple interactions and to model appropriate behaviours to parents. In addition, the children often interacted more with me, which also provided additional opportunities to model appropriate behaviours to parents. In spite of there being advantages and disadvantages of both venue types, parents from all venues showed some improvement and this highlights the flexibility of the programme.

While the Clinic environment was unfamiliar, having children in the sessions and the parents sitting around for coffee was useful to improve the ecological validity of the study. This situation mirrored an everyday situation for parents and it did increase participation in the programme as intended (e.g., as already mentioned, parents not needing to find childcare or having to justify time spent away from the children), and this intervention was more acceptable since it involved both the parent and the child together. This exemplified meeting the needs of parents (learning about parenting) while also meeting the needs of the child (spending time with parents and having a play-space to enjoy as well). While some parents reported difficulty with dividing time or attention between the children and group discussion, no one dropped out because of it. The research assistant was integral to engaging the children in activities so they were settled in play and required their parents less for everyday needs of attention, play, food, and drink.

Coaching and Modelling as Therapeutic Tools

Having the children and the parents both participating in the programme provided many interactions between parent and child and between the child and peers, and as a result appropriate behaviours for parents with their children could be modelled by me, or parents could be coached in their interactions with their children that they were struggling with, for example:

> When Alice (*a child*) hit another child, in a dispute over toys, I was able to name the children's emotions and empathise with them, and then together with the children they could problem solve how to continue playing together appropriately (Case Notes - Group A). Amanda (A4) commented on this: "There was a good conflict there which Clare resolved. So we could see the labelling in action and then guiding back to the play that they were involved in. So yeah, very useful".

> While Donna (D5) had been playing with a slinky with Arapeta (*her son*) she accidentally flicked it into his face and he started to cry. Donna hesitated, as if not sure what to do next, but when encouraged to apologise to Arapeta and to give him a hug, she did this (Case Notes).

> The waiting room for Group D had a large play area with new toys and at the end of the first session it was discovered that it was difficult to get the children to move through to go home (i.e., they wanted to play with the new toys). It was suggested to the parents that the last ten minutes of the session be spent in the waiting room and parents could chat informally while other parents were completing the video reports and the children could play with the toys. The children were also given stickers when they left as it helped them refocus on leaving to go home. This modelled appreciating the children's needs and finding a workable compromise to accommodate these with parent's needs to leave (Case Notes).

> Matiu had taken his lunchbox out of the backpack and Dorothy (D3) (*his mother*) asked him to return it, as it was meant to be a treat that he would receive when he successfully got into the car without running away. He did not comply and Dorothy indicated that it would not matter. Upon checking with her whether she wanted it returned to the backpack, and with her assent, I asked Matiu to put the lunchbox back. It took about 5 minutes of quietly focusing on Matiu and encouraging him to return the lunchbox, before he eventually did it. This modelled to Dorothy the value of gently and respectfully persevering with a request to the child, until they complied (Case Notes).

Not only could modelling be provided for the parents but they could also be coached in their interactions with their own children so they were able to gain some measure of success. This was particularly highlighted when Dorothy (D3) was able to take the skills that she had learnt through modelling and use them herself, with the aid of some coaching.

> Matiu had climbed onto the table and Dorothy had asked him to sit on the chair beside the other children. I encouraged her to remain focused on him until he got down off the table. She persevered and he complied by sitting with the other children, and Dorothy reported that she was surprised that he had done as she had asked him to (Case Notes).

> Oliver had fallen asleep in the car on the way to the programme for the first session. When Robyn (B3) arrived with him he was clingy and buried his head in her chest and would not move off her to go and play. Robyn mouthed "Help" and was consequently coached through giving him something to eat and then one way to deal with it was modelled, which involved empathising with Oliver that it is difficult to wake up in a new place and that he could go and play with the toys and other children when he was ready. Robyn was encouraged to spend a couple of minutes playing with Oliver at an activity to settle him, which she did, and then he continued playing independently from then on (Case Notes).

> Andrea (A4) had told Larry that he was to have no more biscuits but a few minutes later he came back for another one. When he took another biscuit she asked him to put it back but he did not. Andrea quietly said "Help" to me and I quietly told her to persevere with the request. As a consequence of her gently staying focused on Larry and asking him again to put the biscuit back, he finally complied (Case Notes).

The value of these situations was not only being able to model or coach an interaction with the children but also, these were real world examples that generated rich and meaningful discussions to understand the principles of the programme. This was a more realistic method of learning than simply discussing abstract scenarios that the parents reported from home or past experiences. In addition, the interactions with the children also provided in vivo examples that highlighted the children's development.

> In Group B the most coveted toy was the pirate ship which the 3-4 year old children found difficult to share. This provided an example

of the children's social development in parallel play rather than cooperative play as they all wanted to play their own game with it rather than playing cooperatively (Case Notes).

Phoebe (18 months) had curled up on my *(Clare's)* knee with her favourite blanket during one of the earlier sessions while the parents were discussing in the group. On repeated sessions she approached me in the same manner with her blanket for a cuddle. This was a good example of how young children's memory for events or actions in certain places can quickly return to the last time that they were at a particular place and they repeat that event or action, thus highlighting how children can adopt patterns of behaviour, both positive and negative (Case Notes).

When Morgan said "My mummy's quite fat" to the group Diane (D2) was horrified and thought he was being hurtful and rude. This was an opportunity to discuss his lack of understanding of the emotional attachment to a topic that he had heard discussed at home. When it was modelled to him to say "sorry Mum I didn't mean to hurt your feelings" he repeated this immediately (Case Notes).

The children were engaged with me in a posting activity in which they tried to identify the emotions of people's faces on cards and then to post the cards in boxes with a different faces – happy, sad, tired, angry, and scared. This highlighted for parents that at this age the children could identify happy, sad, and angry, but they struggled with scared or tired (Case Notes).

Having the children involved also provided valuable opportunities to observe the parents and children in different interactions, thereby offering a better understanding their relationships. In addition, these real-life examples afforded topics for discussions and the chance to offer ideas for improvement or positive feedback to parents. These could be situations where parents struggled (e.g., Kirsten (C1) was angry and wanted Hannah to pick up some wet clothes that Hannah had just gotten changed out of. But when Hannah refused, Kirsten picked her up, carried her to the clothes and made her pick up the wet clothes and put them into the bag because "she needed to learn to pick up the clothes"), or when parents had positive interactions with their children (e.g., when Airini came running with paint-covered hands to proudly tell her grandmother that they had been painting Miriama (C8) was able to listen to her story and redirect her back to the painting without growling about the paint dripping). Another advantage was being able to see positive

interactions or reactions from the children (e.g., when Alice was accidentally hit on her head by another child she did not overreact, as she would have done before the programme, but was able to be consoled and then continue with the play with the other children).

Programme Feedback

Parents reported on what the main message of the session was (for Sessions 1 to 4) and from this it could be ascertained whether or not the information that was meant to be delivered on each session (according to the programme outline) was received by the participants. The selection of parents' quotes in the previous section indicates that parents reported on many aspects of the programme and, in fact, 86% of the reports from parents specifically named the content of the programme from the day's session. Of the 14% who did not specifically name the content of the session more than half of these focused, instead, on factors such as sharing ideas with other parents that had been useful.

Therapist Development

As the main researcher there were numerous opportunities for learning during the process of delivering this parent training programme. I discovered that parents responded more freely when I took a less educative role, and rather, employed a Socratic questioning style that encouraged them to find the answers to some of their questions. I still imparted the information that was integral to the programme, but as my approach was more collaborative with the parents, the information that I shared seemed to be more readily accepted. In addition, I developed skills of communicating with outside agencies regarding family concerns, e.g., speech therapist and a clinical psychologist at Child and Adolescent Family Service to determine a child's level of functioning and to discuss therapy that was going to be offered to the child in the future; Child Youth and Family Service Duty Social Worker to determine the level of risk in one parent report of an incident at their home and whether or not I should report it; and contacting local Community Support Services to determine what services were available so that I could recommend follow up services after the programme for one mother and her family.

CHAPTER 6: DISCUSSION

This research has demonstrated that as parents recognised the need for balance in the parent-child relationship, they reported increases across multiple domains in this mutual relationship. This discussion will illustrate that in their verbal reports parents reflected an increased understanding of establishing and maintaining balance, they accepted their child more as an individual in their own right, and they had an increased recognition of their own and their child's emotional needs and the need to maintain a balance between them. In addition, parents were able to make allowances for the child's behaviour based on a new understanding and appreciation of the child's developmental level, and to appreciate that the attributions that they had about their child affected their interactions with him/her. Moreover, there was an overall decrease in the intensity of child behaviour problems and the degree to which these were a problem for the parents. This discussion will also demonstrate key process variables that parents reported were useful in their learning, and limitations and implications of these findings will be addressed.

Parents' reports indicated that by the end of the programme they were addressing balance in their relationship with their child, and this had not been evident at pre-treatment. There was an increase in the number of parents that could name their needs and they provided examples of when they were able to acknowledge these. In addition, as parents increased their mindfulness of their child they were able to be more responsive to their child's needs. In this way they showed an ability to embrace the dynamic nature of this relationship by acknowledging the needs of both individuals, while maintaining a balance.

This increased mindfulness and acceptance of the child was also manifested by many parents reporting that regular, deliberate observation of their child had helped them to slow down and appreciate their child more. Parents indicated that they had increased their understanding of their child's developmental level, what the child's interests were, and how the child had more positive characteristics than the parent had previously realised. A strong theme was that parents' indicated a greater appreciation of the child as an individual with his/her own rights (e.g., recognizing that the youngest child was dragged along to fit in with the activities of the older children and needing to be more attentive to his needs) and, moreover, parents reported an increased awareness and acceptance of their own needs as an individual

in the relationship. Stemming from this they reported an increased understanding of the mutual effect that parent and child had upon one another, and therefore aimed for balance in that relationship.

After their involvement in this parent training programme parents were more able to embrace the totality of their child (articulated by one parent as viewing her child as a "whole package"), and could accept the child's characteristics that they enjoyed, as well as those that they liked least. This mirrored a dialectical tension in their relationship with their child, and moreover, parents were comfortable with this view, often reporting that even though they might not like their child's behaviour at times, it was to be expected with a young child. This understanding was less evident before the intervention and portrayed a synthesis and acceptance of dialectical tensions at the end of treatment.

In essence, parents demonstrated an acceptance of this tension or the contradictions in their relationship with their child, thus bringing about change. It was through their synthesis of these apparent opposites in an inclusive rather than exclusive way that contributed to improvements in the relationship (Fogel & Branco, 1997; Miller et al., 2007).

Importantly, not only did this research demonstrate an improved and changed understanding on the part of the parent, but changes were also reported in the child's behaviour. There was an overall significant decrease in intensity of child behaviour problems at post-treatment compared to pre-treatment, which was further decreased at follow-up. In addition, from pre- to post-treatment there was a significant decrease in how problematic this behaviour was for parents. Therefore, indicating that an emphasis on improving the parent-child relationship could lead to positive outcomes for the parent and the child.

The results of the current study were consistent with other research that has shown that parent training programmes are effective for decreasing child behaviour problems (Brestan & Eyberg, 1998). However, the current study differed from traditional behavioural parent training because the focus was on building the relationship between the parent and the child, and therefore emphasis in all elements of the programme was placed on both parent and child needs. The content of the programme was wider than simply dealing with issues of noncompliance as parent and child factors needed to be addressed and this was managed in the context of balancing those elements. It was within the over arching concept of balance that

parents gained an appreciation of the dynamic nature of the parent-child relationship, and only after they received this information that they were introduced to behavioural skills. Therefore, while others have theorised about the reciprocal nature of the parent-child relationship (e.g., Granic, 2000), this research study has demonstrated that using a programme that focuses on multiple dimensions in this relationship can be effective to bring about change for the parent and the child.

Dealing with emotions was an area in which parents consistently reported that they gained new knowledge to implement in their relationship with their child. They often reported that parenting was a difficult time and many reported that they regularly felt negative emotions when interacting with their children, as has been documented before (Wissow, 2002). Before the intervention some parents openly reported that they found it difficult to manage their own emotions and they, therefore, did not feel that they were able to offer their child much help in this area, thus confirming the need to include emotion coaching in an intervention programme.

By the end of the programme, parents reported an increased awareness of the need for emotional balance between them and their child, with a greater appreciation of their child's and their own emotions. Once again, they stated that they had a greater acceptance that these emotions affected the interactions between the parent and the child and this was ever changing as the parent and the child were developing, both personally and in their relationship. This reflected the dialectical principle of continuous change (Robins et al., 2004) and parents reported the ongoing task of balancing these needs in their relationship with their child. This balance indicated that they were more able to accept the positive and negative attributes of the child within the relationship, which reflected the dialectical principle of unity of opposites (Miller et al., 2007), or a synthesis, by the parents.

Parents stated that learning about child development was helpful because they were able to adjust their expectations of the child more readily. Many parents reported that after completing the programme they had a greater appreciation of their child being only 3 or 4 years old and that previously they might have been expecting too much from him/her. It was evident in some parent reports that their new knowledge about their child's development, alongside their own development, helped them to adjust their expectations of the child's behaviour so that it was more appropriate to the child's developmental stage.

These findings have indicated some of the benefits for both parents and children through their involvement in the programme. Another major aim in this research was to identify what factors were instrumental in bringing about these adjustments in the parent-child relationship, i.e., by what mechanisms did change occur.

Mechanisms of Change

Multiple methods were utilised to identify mechanisms of change at different levels in this research: at one level, there was information gathered through psychometrics and observations made by the main researcher; and at another level, there were parental video reports of what had been helpful for learning. Therapist and psychometric identified factors included parental attributions and concepts of balance in the parent-child relationship. Parent identified factors included sharing with other parents, accessing "expert" knowledge from the facilitator, gaining strategies, reminder of things already known, and completing the homework.

Overall, there were significant changes in parental attributions for their child's misbehaviour after this parent training programme compared to pre-treatment. Parents were less likely to attribute the behaviour to the child being naughty and more likely to attribute to it being an accident or that the child did not know what they were doing. Even at follow up there continued to be a decrease in parents' likelihood to attribute misbehaviour to the child being naughty. This was consistent with the parents increasingly recognising the child as a person in their own right, with their own needs, and therefore, it could be that parents were more accommodating of the child by accepting that there were valid reasons for the behaviour, rather than the child simply being naughty.

Change in parental attributions of their child was linked to changes in child behaviour, i.e., there was a significant positive correlation between parent reports of intensity of child disruptive behaviour and a decrease in parental attributions of blame both at post-treatment and at follow up. At the end of treatment there was also a significant positive correlation between how problematic this behaviour was for parents and a decrease in parental attributions of blame at post-treatment. Therefore, parents who began the programme reporting high levels of child behaviour problems, which were problematic for the parent, were less likely to blame their child for misbehavior by the end of the programme. This indicated a more forgiving approach

being adopted by these parents and therefore demonstrated the importance of addressing parental attributions of their child in parent training programmes (Root & Jenkins, 2005).

In contrast, one parent who reported no change in intensity of her child's behaviour or how problematic it was for her also reported very little change in her attributions for her child's misbehaviour. Before the programme she stated that discipline was the real issue for her and she wanted more ideas about how to do this. She seemed to be less focused on her relationship with her daughter, and in the evaluation form she continued to indicate that she would have liked to have learnt more discipline strategies. This seems to confirm that focusing strongly on the child's compliance without due attention being paid to the relationship between the parent and the child may hinder progress to improved behaviour or interactions within the parent-child relationship (Cavell, 2001).

There was huge variability in parental reports of competence, satisfaction and efficacy, and while there was no overall statistical significance found from pre- to post treatment, some parents reported large gains in their satisfaction and efficacy in their parenting. Video reports from most parents indicated that the programme had impacted their parenting positively and that they thought they had learn new skills to help them in their parenting. Interestingly, therefore, changes in child behaviour after the programme were not related to changes in parent competency, satisfaction or efficacy, but rather, were more associated with a change in parental attributions, especially in their attribution of the child's 'naughtiness'.

Parents' verbal reports of creating balance in their relationship and of accepting their child as an individual was a strong theme that ran through video reports. This could indicate that as parents appreciated more the unique status of their child their attributions of the child's behaviour (e.g., they were being naughty etc) might have become more forgiving and this change in perspective could have contributed to changes in the child's behaviour.

Parents reported that observing their child helped them to appreciate their child more and to notice more their positive characteristics, therefore contributing to a changed perspective of the child. This could be one mechanism by which change occurred in the parent-child relationship. As the parent viewed their child differently, this would have affected their behaviour to their child and their actions may have become more conciliatory. Maybe it was because the parents were behaving

differently toward their child that the child's behaviour changed in the positive direction. This is consistent with the reciprocal nature of the parent-child relationship, in which the actions of one person affects the other (Wahler & Dumas, 1987).

On other occasions as parents began to change the way they interacted with their child they observed an increase in negative behaviours which could have been a reaction to changes in reinforcement contingencies (Patterson & Gullion, 1968). However, it might also have been due to the changing balance or interrelationship between the parent and the child and when the equilibrium was disturbed this provided an impetus for change. Parents who were able to persevere with their new way of relating to their child did observe overall improvements in behaviour after this initial negative burst.

While these key factors in change were observed by psychometrics and therapist observations, there were many factors that parents reported were instrumental in their learning. The process of group therapy was invaluable as all parents spoke of the considerable benefit of sharing their experiences or listening to other parents' experiences. In this way parents felt less isolated in their role, they learnt from other parent's strategies, they were reassured or reinforced that what they were doing was ok, and they gained a new perspective when their own and their child's behaviour was normalised. These findings provide evidence of the therapeutic benefits of bringing parents and children together when learning parenting skills (Kazdin, 2003), which far exceeds what could be achieved in individual therapy. It appeared that parents had a strong sense of the expertise of other parents and, maybe the similarity of their everyday experiences gave some validity to the advice that they received.

This did not necessarily detract from the knowledge that they gained from the therapist, as some parents named this as an important aspect of the programme. For others, the benefit they received from the therapist was focused more on validating what they were already doing. Some stated that they had heard the programme material before (but they were not currently using it) and that this intervention had helped to bring it to the front of their mind again. However, the contention of this research is that while some of the programme skills might have been heard before, this intervention differed from previous information because the over arching emphasis of balance in the parent-child relationship provided the context in which

these skills could be learnt effectively. It was in this context that parents reported that it was useful to learn about and then implement these concepts and skills.

While parents learnt much about relationship factors it is not to say that the particular parenting skills that parents adopted were not instrumental to change as parents greatly appreciated the new skills that they gained. The skills that parents reported were useful for them matched the main topics of the programme and included observational skills, emotion coaching skills, understanding development, and behavioural skills. In addition parents reported that using the homework activities helped to consolidate the learning that had been introduced in the sessions. However, the relationship issues seem to have been paramount and the findings of this study indicate that the strength of learning those skills was effective only within the context of the overarching focus of balance in the parent-child relationship.

Implications

There are many challenges that affect the parenting role in Aotearoa/New Zealand and disturbingly, children are too often placed at risk by their caregivers, with numerous incidents of abusive behaviours toward children. Parenting is a demanding task that frequently raises questions and frustrations for even the most well-meaning of parents. The introduction of the Crimes (Substituted Section 59) Amendment Act (2007) is shrouded by misunderstanding by many parents and therefore, might have generated greater uncertainty for parents in their daily management and relationship with their children.

When assisting parents and children through parent training programmes, focusing on the parent-child relationship is paramount. This research demonstrated that when therapy placed the interactional nature of this mutual relationship at the centre of the intervention it provided the necessary foundation upon which to learn parenting skills. Furthermore, attending to parent and child needs could facilitate the adherence to these skills, leading to improved outcomes for parent and child. These findings indicated that a dialectical model that emphasised balance in the parent-child relationship could appropriately be adopted in a parent training programme and that this approach could improve outcomes for both the parent and the child.

This study has demonstrated that parents learn effectively alongside other parents, therefore supporting the use of group therapy in parent training. It has confirmed the reciprocal nature of the parent-child relationship and that by

addressing this it has validity for parents' everyday experiences and provides a context in which to learn better ways to interact with their child.

In addition, the context of parents and children together was invaluable for increasing participation among parents and also provided numerous opportunities for learning from real-life examples. This combined parent-child group, which had good ecological validity because it mirrored an everyday format for many parents, is one that could continue to be successfully used in the New Zealand context of parent training. There is large demand and need for quality parent training and, in particular, it is important that the programmes that are offered in New Zealand reflect the lived experiences of families in New Zealand (Herbert, 2001). To date, parent training programmes that are offered are based on overseas models and research. This current study has offered another model for parent training in New Zealand that incorporates many of the cultural features of families in New Zealand.

Limitations of Current Investigation and Future Research Needs

This research was a feasibility study to investigate the use of a parent training programme that accentuated balance and relationship factors between the parent and the child and has provided grounds for further research in this area. Findings indicate that this programme was effective in bringing about positive change for the parents and children involved. Some of the success of this programme could be attributed to my prior experience in early childhood education and as a parent above and beyond knowledge from clinical psychology. A limitation of this study was there was only one facilitator for all the programmes that were administered so treatment effects could be due to therapist variables or skills rather than the programme itself. Therefore, in order to test the versatility of this parent training programme the next step in its development would be to write a manual for the programme and have subsequent programmes facilitated by clinical psychologists from various backgrounds. In any case, it would still be advantageous for any clinical psychologist undertaking this research to have a particular interest in the field of young children and families.

Another limitation could be the lack of an independent measure of treatment integrity. While the parents video reports of what they had learnt in the session provided some indication that what was meant to be delivered in the programme was, in fact received by the parents, it falls short of a true test of treatment integrity.

This study has revealed that this dialectical approach was effective for the participants involved who were essentially a subclinical population, and there were positive outcomes for both the parents and the children. It would be useful for further research to investigate the programme with families where the children present with disruptive behaviours at a clinically significant level.

In addition, as this model for a parent-training programme was novel, it was first necessary for this research to test the feasibility of the programme, and the findings have indicated that it was effective for the families involved. It would be useful for future studies to compare this parent training programme with conventional programmes, in order to indicate the magnitude of effects compared to traditional behavioural parent training programmes.

The participants of this study were mostly white and middle class and while a number of the children were from different cultural groups the parents who attended were predominantly Caucasian. It would, therefore be useful for further research to investigate the use of a parent training programme focused on balance with participants from wider ethnic origins. Culture is an essential and basic element of the parent-child relationship, and it would be expected that this would be an interesting component of the relationship that affects their mutual interactions.

Conclusion

Traditional behavioural parenting programmes have many niggling concerns and this programme aimed to address some of these. While some behavioural theories for parenting have begun to embrace the reciprocal nature of the parent-child relationship, there has been a lack of implementation of this in parent-training programmes. This study developed a parent training programme, using a dialectical concept to synthesise findings in the parenting research. The overall emphasis was on finding and maintaining balance within the parent-child relationship and, throughout, emphasis was placed on both parent and child as unique individuals with their own particular needs, emotions, development and perceptions.

This approach differs from conventional behaviour parent training because of the solid emphasis on both the parent and the child throughout. A core principle involved focusing on both the members of the dyad and maintaining a balance between them. In addition, this programme was able to synthesise a number of important aspects of parenting under the umbrella of balancing, therefore reinforcing

the strong link between theoretical underpinnings and the content that was delivered. Traditional parent training has not been able to encapsulate these multiple dimensions within a relationship framework in this manner.

This focus on both parent and child contributed to improvements in both parents and children, with parents reporting an increased mindfulness and acceptance of their own and their child's needs. They reported an increase in their ability to deal with their own and their child's emotions, an increase in their understanding of their child's needs and development, and were more likely to be accepting of a dialectical view of their child rather than viewing the child in a more rigid dualistic fashion (e.g., seeing the child as either 'good' or 'bad'). As parents reported change in their schema about their child a decrease was also seen in the extent to which they perceived their child's behaviour as problematic. Overall, parents also reported a decrease in child behaviour problems and that children were more settled and cooperative. Results indicated that, when compared to pre-treatment there was a significant decrease in parent-reported intensity of child behaviour problems at post-treatment and at follow up.

This research also identified some key process variables that contributed to these improvements for parents and children throughout the programme. Previous research has struggled to identify what mechanisms of change are occurring for parents throughout a parenting programme and this research has provided new insights in this area. Parents reported that mutual sharing between parents of useful strategies was most helpful. It was proposed (and some parents also reported) that this was helpful because it was within the context of a facilitated programme and therefore the discussion was more than mere casual conversation between parents. Parents reported that they learnt from other parents' strategies, were reinforced in what they were doing well, they gained perspective about what behaviour was and was not 'normal', and were relieved to find others having similar concerns to their own.

Parents were keen to gain strategies that they could use with their children to help improve their relationship, and skills that they named as useful included: observation skills; managing emotions; understanding development; and behavioural skills. Therefore, this research indicated that as parents changed their perceptions of their child and recognised the child's needs, emotions and development, there was a decrease in reported child behaviour problems, a decrease in the degree that the

behaviour was problematic for the parents, and parents were more forgiving of the child and less likely to blame the child for misbehaviour. Those parents who struggled to change their perception of their child also did not report any changes in their child's behaviour or the degree to which it was problematic.

Therefore, parent training programmes need to address the overall relationship between the parent and the child and importance needs to be placed on the ever changing nature of this relationship for both individuals. As parents are more accepting of this and able to hold opposing views of their child, while acknowledging emotions and development, their perceptions of the child can become more forgiving. It is within this context that parents can then implement the skills for behaviour change.

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APPENDICES

APPENDIX A: Participant Summaries[5]

Aroha (Participant A1) was a 35-year-old Māori solo mother who attended with her daughter Huia (4 years 5 months) and there were also two older children (11 and 9 years) in the family. Aroha described Huia as: "incredibly intelligent" with a quick wit and a strong will; sometimes a 'bully' being too physical with others; clingy to Mum; whinged and whined a lot; would only share with her friends; and teased and taunted her siblings. Aroha reported clinically significant intensity of child problem behaviours and how problematic this was (ECBI). She reported below average satisfaction and average efficacy in her parenting (PSOC) and was more likely to blame rather than excuse Huia for misbehaviour in imagined scenarios (Attributions Questionnaire).

Aroha attended only the initial interview and the first session. She reported that the first session was helpful because she realised "I am not the only one who feels this way, and stressed, and vulnerable, and pressured". She expressed interest in seeing how the rest of the course went but did not attend further sessions because she "had too much on at the moment" with the children being unwell, the family involved in a court case, and the children being 'horrible". She expressed interest in attending the course at another time and in another venue (i.e., closer to home).

Six months later Group C was conducted in the Playcentre that Huia attended and while Aroha indicated interest in attending this group (and was assigned the code Participant C5), she did not attend any sessions, reporting that she was "not in a happy place at the moment", had taken too much on, and sometimes she could not even face getting out of bed in the morning to get the children to school.

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[5] Appendix A is structured according to the alpha numerical code, with group order first, followed by numerical order (e.g., A3, A4, B1, B2, B3, B4, etc.).

Zoe (**Participant A3)** was a 32-year-old NZ European married mother with her 4 years 8 month old daughter (Alice) and there was also an older girl in the family (aged 6 years). At the beginning of the programme Zoe described Alice as "an extremely strong willed and stubborn child". Zoe was concerned about Alice's stubbornness and how Alice would get 'stuck' on one idea, for example, Alice would repeatedly ask for something that she wanted or if she was upset she would stay upset for a long period of time. This could be very stressful for the family. Alice could also be possessive of her mother and would get upset if her mother was involved with younger children or babies. Zoe was concerned that Alice could be mean to these babies - once when asked what would happen if her parents had another baby Alice responded that she would not like it, she would hit it, she would kill it. Alice had reached developmental stages at appropriate times and had good health, however Zoe was concerned that there was something 'wrong' with Alice and that she would have problems adjusting into a well-developed child. She was keen to know from a professional person whether she should be concerned with Alice's behaviour.

At the pre-treatment assessment Zoe reported a high intensity of child behaviour problems and that these were a problem for her (clinically significant results in Intensity and Problem Scales of the ECBI) and she also reported average satisfaction and efficacy in her parenting (PSOC). Zoe was also more likely to excuse rather than blame Alice for misbehaviour in imagined scenarios (Attributions Questionnaire).

At the post-treatment assessment Zoe reported that she did not think that Alice's behaviour was a problem, but rather that Alice was going through a phase and that Zoe just needed to learn different ways to deal with the behaviour. Zoe reported that the intensity of Alice's behaviour was greatly reduced from the pre-treatment assessment, although just within the clinically significant range, but she no longer reported that Alice's behaviour was a problem (not clinically significant on the Problem Scale, ECBI). Zoe reported an increase (to above average) in both satisfaction and efficacy in her parenting (PSOC). Zoe was still more likely to excuse rather than blame Alice for misbehaviour in imagined scenarios (Attributions questionnaire). All of these changes were maintained at a one-month follow-up.

At the one-month follow-up Zoe reported that Alice's behaviour had improved greatly. She reported that using emotion-coaching skills had been beneficial for Alice, for herself and for her other daughter. She found it was easier to redirect Alice when she was emotionally upset. There was an observable example at the follow-up session when

another child hit Alice on the head. Alice did not respond by hitting the other child and while she was upset for a while, she could be consoled by Zoe and in a short time was able to continue playing with the other child. Zoe reported that this was a marked improvement on Alice's previous behaviour - prior to the programme she would have hit the other child and then would have been upset for much longer. Zoe reported that while she did not like Alice's stubbornness she also appreciated that this was a strength for Alice and that it could be a character strength as she grew up.

Andrea (**Participant A4**) was a 36-year-old NZ European mother living in a de facto relationship and with a son, Larry, (3 years, 5 months) and a daughter, Hazel (8 months). When Andrea initially presented she looked tense, troubled, and exhausted and when asked to describe Larry she began with a lengthy, 10 minute description of her difficulties with Larry – "extremely, extremely defiant, strong-willed and stubborn", not taking 'no' for an answer and having tantrums, pushing and being rough ("violent") with other children (especially with Hazel), shouting, talking rudely and being stubborn about having to do things his own way. She reported that everything seemed much easier for her when he got his own way and that she often gave in for the sake of peace. It was only after this long description that she was able to comment on Larry's positive aspects, but even then her discourse about Larry was strewn throughout with comments about his disruptive behaviour.

At pre-treatment assessment Andrea reported in the clinically significant range on the Intensity and Problem Scales (ECBI) for Larry's behaviour. She also reported below average scores on her sense of satisfaction and efficacy (PSOC) as a parent. She attributed Larry' misbehaviour to be somewhat likely to be due naughtiness or trying to annoy her, and very unlikely to be due to factors for which she could excuse him, such as he was too young or it was accidental (Attributions Questionnaire).

At the completion of the programme Andrea reported that the programme had had a positive impact on her parenting and that she had developed "a 'bigger picture' view of parenting". She reported that Larry's behaviour was still problematic, especially in his tendency to initially lash out and hit when he was angry and she still reported clinically significant scores in the Intensity and Problem scales of ECBI. However, she thought that this would improve, with time, as she was able to use the techniques that she had learnt on the programme. While she reported similar levels of satisfaction and efficacy as at pre-treatment on the PSOC, she verbally reported that before the programme she felt desperate and almost at the end of her limits but by the end she felt more relaxed and more in control. This was consistent with observed interactions between her and Larry. When asked about imagined scenarios A4 showed an increased tendency to excuse Larry for misbehaviour rather than to blame him (Attributions Questionnaire).

At the one-month follow up Andrea's reported levels of Intensity and Problem (ECBI) and Satisfaction and Efficacy (PSOC) did not change considerably from post-treatment, however her verbal reports of how things were in the family were much

improved. She reported that she thought that Larry was a lot happier and that other people had also noticed and had commented on this to her. She reported that she had focused on not assuming the worst in his intended behaviour as he might be intending to do something positive. She had noticed marked improvements in his social abilities with peers and she reported that she had not heard of problems continuing at kindergarten. Andrea had found it useful to not only learn skills from each session but to also integrate the information from the programme as a whole. Overall her description of Larry at the end of the programme was far more positive than at the beginning and Andrea acknowledged the positive learning that she and Larry had gained from the programme.

Rachel (Participant B1) was a 33-year-old married NZ European mother who attended with her son Jordan (3 years 7 months) but her younger son Kyle (1 year) only attended the follow up session. Rachel was concerned that Jordan was "almost casually violent with his younger brother". She wanted Jordan to grow up respectful and productive and she wanted to learn ways to make this happen. She reported that Jordan could sometimes be too physical with other children and he would have large tantrums if he didn't get his way. Rachel was shouting at him a lot and she wanted to change this. Sometimes she would grab him and say "stop it" and she felt scared when she did this. She had not done anything and would not do anything to hurt him. She reported that "by the end of the day I don't actually like my children" and that she sometimes found herself preferring Kyle over Jordan and she felt guilty about this, as she "should love them both equally". Rachel reported that Jordan was generally good and she almost didn't come on the course as she thought his behaviour was not too bad.

At pre-treatment assessment Rachel reported clinically significant scores for the Intensity Scale (ECBI) and Problem Scale (ECBI). She also reported an average sense of Efficacy and below average sense of Satisfaction (PSOC). Rachel was more likely to blame rather than excuse Jordan for misbehaviour in imagined scenarios (Attributions Questionnaire).

At the completion of the programme Rachel commented that the biggest impact on her parenting was that she noticed the good things about Jordan more. She reported an improvement in Jordan's behaviour, while still qualifying that he was not perfect. She was able to recognise when her needs and Jordan's needs were conflicted ("when he's tired and I'm tired...we clash"). Rachel reported no change in the Intensity of problem behaviour (i.e., still clinically significant) but she now reported that this was less of a problem for her (average range on the Problem Scale, ECBI). Rachel continued to report in the average range for satisfaction and efficacy in her parenting (PSOC) and she reported an increased likelihood to excuse Jordan's misbehaviour and a slight decrease in blaming him for this behaviour in imagined scenarios (Attributions Questionnaire).

At the follow up Rachel continued to report that she found "consciously focusing on the good things that Jordan is doing" was helpful and she acknowledged that recognising that she had needs ("even if they can't always be met") was beneficial. She reported Jordan's behaviour as frustrating although she recognised that this was probably because she "was in the mood to be frustrated", which showed her ability to

recognise the reciprocal effect that she and Jordan were having on each other. She appeared very tired and quite flat in affect on the follow up session (Kyle attended this session and was unwell and constantly wanting Rachel's attention). This, coupled with Rachel questioning what she was doing with her life generally, contributed to her being quite flat in affect. Rachel's report of Jordan's problem behaviour was less than before and was just on the cut-off for the clinically significant range for intensity and she maintained her reduced sense that this was a problem for her (i.e., average on the problem scale) (ECBI). She reported no change in her sense of efficacy but an extremely low sense of satisfaction (< 2 SD from mean) which is consistent with her reported lack of satisfaction in what she is doing, generally. She did not maintain her increased likelihood of excusing Jordan for his misbehaviour that was reported at follow up but she did maintain a reduced tendency to blame him for it (Attributions Questionnaire).

Susan (Participant B2) was a 43-year-old married NZ European mother who attended with her son, Lewis (4 years 9 months) and she also had an older daughter (7 years). Susan was concerned with Lewis' over enthusiasm with other people (sometimes hugging other children too tight or not giving them their physical space), getting him to stop some activities, his high energy ("he moves quickly and falls sometimes"), and his high pitch of voice. Susan was also concerned with Lewis' sensitivity to change and loud noises and his heightened emotions in certain situations. She reported that her mother had also been very anxious in some circumstances (e.g., flying) and both displayed and reported her own fears (of Lewis running and falling and dealing with his high emotions). At the beginning of treatment Susan reported within normal limits on the Intensity and Problem Scales (ECBI) as well as on the Efficacy and Problem Scales (PSOC). Susan's responding on the Attributions Questionnaire was uniform and she was just as likely to excuse or blame Lewis for misbehaviour in imagined scenarios.

At the end of treatment Susan reported that she had benefited greatly from learning skills to manage her own emotions and she valued recognising that she also had needs as a parent. She adopted many skills from the programme – behavioural and emotional and especially valued stopping and observing Lewis which helped her acknowledge his emotions, and to connect and nurture him more. She said this was the biggest learning for her on the course. She struggled hearing other people's difficulties and parenting styles in the group and struggled in the beginning with feeling comfortable with the other parents. By the end of the group she felt more comfortable and was ok to share with the other parents. She reported no change in the intensity of problem behaviour (still in normal range) and reported some decrease in how much it was a problem for her. She had a decreased sense of satisfaction and efficacy but this was still in the normal range. She showed a marked increase in excusing Lewis for misbehaviour and stayed the same for blaming for misbehaviour in imagined scenarios (Attributions Questionnaire).

At follow up Susan reported that she had found it interesting to hear other parents and reassuring to hear that other parents also had concerns and challenges with their children. She reported that she particularly enjoyed watching her children a lot more and "trying to tune into them as people" and therefore was more aware of some of the difficulties that Lewis was having. Susan still reported problems with Lewis' sensory difficulties and getting him to move to and different activity, however she

reported a greater appreciation of how difficult Lewis found some of these activities and she also had a heightened awareness of balancing her own needs when dealing with a difficult child. She reported a reduced intensity of problem behaviour and a slight increase in how much this was a problem for her but both were in the normal range (ECBI). She had a marked increase in satisfaction and efficacy in her parenting (both above average). She had a reduced likelihood of excusing Lewis' misbehaviour in imagined scenarios compared to post-treatment but it was still higher than before treatment. There was no difference in her degree of blaming for misbehaviour (Attributions Questionnaire).

Robyn (Participant B3) was a (45-year-old) South African married mother with her son Oliver (3 years 1 month) who was an only child. Robyn was concerned that Oliver could be physically rough and aggressive; he hit her and other children; he struggled to share his toys with his friends; he shouted at his mother; and could be "quite defiant". While Robyn said she would excuse his "bad behaviour" when he was tired, hungry, or bored, she lacked understanding for his difficulty with sharing or being physically rough. She reported that she had a high need to have time to herself and to socialise with adults without children's interruptions. She feared that Oliver might be spoilt as he was an only child and was envious of families with more than one child as the sibling companionship might release her from Oliver's constant demands to play with him. Robyn was emotionally reactive to Oliver's misbehaviour (e.g., smacking him when he spilt a cup of tea in the bed; and kicking and pulling Oliver's hair to show him that this behaviour, which he had just done to the cat, would be hurtful. She wanted to teach Oliver empathy, but recognised that this was not the best method). Robyn reported Oliver's misbehaviour was in the normal range for Intensity of problem behaviour, but this behaviour was a significant problem for her (clinically significant range for the Problem scale) (ECBI). She reported an average sense of efficacy in parenting but a lower than average sense of satisfaction (PSOC). Robyn was more likely to blame rather than excuse Oliver for misbehaviour in imagined scenarios (Attributions Questionnaire).

Throughout the programme Robyn reported significant gains in noticing Oliver's strengths by observing him regularly, understanding emotions, and having the opportunity to share with other parents and to understand that she and Oliver were, in fact, "normal". She repeatedly reported that the homework was most useful as she was able to reflect and put into practice what was learnt in the session. However, at the final session Robyn reported that in the last two weeks Oliver's behaviour had been "very aggressive" and "very defiant" and she had been at her "wit's end". She thought that they had just spiralled down and were just starting to come up again and she struggled to report any of Oliver's strengths. She reported no change in the intensity of the problem behaviour and showed a meaningful increase in the degree to which this was a problem for her (ECBI), which was consistent with her verbal reports. She reported an increase in her satisfaction (still below average) and efficacy (normal range) as a parent (PSOC). She reported a decreased likelihood to blame Oliver and an increased

likelihood to excuse him for misbehaviour in imagined scenarios (Attributions Questionnaire).

At follow up Robyn reported that she had reviewed the homework sheets and had been using the strategies she had learnt on the programme, which greatly improved her situation. She was focusing on having positive perceptions of Oliver and to excuse him rather than blame him in different scenarios. When describing situations she displayed balancing her needs and Oliver's needs and an increased understanding of Oliver's perspective. In contrast to the previous session when Robyn had struggled to name Oliver's strengths, this time Robyn struggled to report something she liked least about him. She reported a decrease in intensity of problem behaviour and a dramatic decrease in how much this was a problem for her (normal range) (ECBI). She reported an average sense of satisfaction and an above average sense of efficacy in her parenting (PSOC). While Robyn did still report a greater likelihood to blame rather than excuse misbehaviour in imagined scenarios (Attributions Questionnaire), this was in contrast to the examples that she gave in her verbal reports where she excused him more.

Rhonda (Participant B4) was a 35-year-old married English mother who attended with her son Pierre (3 years 8 months) who was an only child. Pierre's father was French-Chinese. Essentially Rhonda came to the programme to learn more skills as a parent. She reported having a bad relationship with her own mother who had a very disciplinarian style, at a physical level at least. Rhonda wanted to learn better skills than this. Rhonda found some of Pierre's behaviours challenging – getting him to let go of a task if he hadn't finished it and his slowness in getting dressed, especially when she was in a hurry, but generally Rhonda was not too concerned with this behaviour. Rhonda showed a very optimistic attitude to her son and commented "there isn't really anything that I dislike about my child...overall my child has brought only positive things into my life". This was reflected in her scores on the ECBI where she reported average scores on the Intensity and Problem Scales. On the PSOC she reported in the average range for Efficacy and above average on Satisfaction in her parenting. She was more likely to excuse Pierre for misbehaviour than to blame him in imagined scenarios (Attributions Questionnaire).

Rhonda reported that the most worthwhile aspect of the programme was "being able to meet and talk with other parents to come up with practical solutions and to know what is 'normal'". While at the beginning of the course Rhonda had an appreciation of her needs and was aware of Pierre's needs, by the end of the course her comments reflected a greater appreciation of balance in her relationship with Pierre. She was able to appreciate that Pierre's behaviour could be unsettled when things at home were unsettled and when she was not in a good space. She continued to report that Pierre's problem behaviour was not problematic for her and the intensity was in the average range (ECBI). She reported a decreased sense of satisfaction (average) and an increased sense of efficacy (above average) in her parenting (PSOC). She continued to be more likely to excuse Pierre for misbehaviour in imagined scenarios than to blame him for that behaviour (Attributions Questionnaire). Rhonda's husband attended the 4th session, contributing freely in the group and he reported appreciation for being able to participate on this session.

Obviously Rhonda had a positive relationship with her son before entering the programme and her involvement provided her with a supportive environment with other parents. At follow up Rhonda's video report reflected many aspects of balance in her relationship with Pierre, e.g., "I actually just really enjoy all of him. Even though it can be frustrating, but actually having this person with you, and learning together and

having fun together and, you know, not having fun together is all, all part of the whole package, for me...I think it's the whole, the whole package". Rhonda reported that she had enjoyed the commitment of meeting regularly to talk about things and having the structure in the discussions and she would have liked the programme to have lasted longer. She reported a slightly lower intensity of problem behaviour and a reduced sense of how much this was a problem for her (both average) (ECBI). Rhonda reported an increased sense of satisfaction (above average) and maintained her high sense of efficacy (above average) in parenting (PSOC). She was still more likely to excuse Pierre for misbehaviour on imagined scenarios than to blame him for that behaviour.

Bonnie (Participant B5) was a 39-year-old married English mother who attended with her son Scott (3 years 3 months). There were 2 older sisters in the family aged 7 years and 5 years. Bonnie described Scott as a "full on" boy who had "caused numerous cases of extreme damage" in the house, including breaking the stereo, using a paint roller full of paint around the room, across furniture, the piano, the windows etc. Bonnie was not generally concerned with Scott's behaviour and attributed it to "he's only 3" and did not think there was malice in what he did, only inquisitiveness. She described him as a boisterous boy who could be determined, focused and stubborn and she said for a "fairly on-the-surface-bruiser-ish kind of character" he was actually quite affectionate and dexterous. Bonnie thought that because he was a tall child other people often thought he was older and had unrealistic expectations of his behaviour. She reported that at times he was too rough with other children, defiant to parental requests and was difficult to physically restrain (she had used this strategy often – getting him into his car seat, putting on shoes, and locking him out of rooms that she did not want him to be in). Bonnie reported Scott's problem behaviour in the clinically significant range but she also reported that this was not a problem for her (average) (ECBI), therefore indicating that her attributions of Scott's behaviour (i.e., "he is only 3") might have been too lenient. She reported above average efficacy and average satisfaction in her parenting (PSOC). Bonnie was much more likely to excuse Scott for misbehaviour on imagined scenarios than to blame him for that behaviour (Attributions Questionnaire).

After treatment Bonnie reported that attending the programme had been very beneficial for her and the most worthwhile aspects were learning reasons for behaviour, naming emotions, using the 3 C's, and hearing from and getting support from the other parents. Bonnie reported that she had been using the strategies that she had learnt with all her children and while many of the strategies were not new to her (she had previously used them with her older children) she had not thought to use them with Scott. She recognised that she had not really catered for Scott as much and that he tended to have to fit in with what was happening with his older siblings. Bonnie reported having a greater appreciation of Scott's needs, of the balance in her family between her needs and all the children's needs, and she was more aware of what she was doing with Scott rather than only reacting to everyday situations with little thought. She reported an attributional shift from considering that "being 3" was a weakness for Scott to accepting that he was just three years old and that was OK. While verbally

Bonnie did not think there had been much change in Scott's behaviour she now reported the intensity of problem behaviour in the average range and it was still not a problem for her (ECBI). She reported no change in her satisfaction (average) and efficacy (above average) in her parenting (PSOC) and showed an increase in her likelihood to excuse Scott's behaviour in imagined scenarios (Attributions Questionnaire).

At follow up Bonnie stated that her involvement in the programme had given her a "renewed focus" with her children and she now had an increased awareness of balancing her needs with her children's needs and worked more collaboratively with the children. She reported a slight increase in intensity of problem behaviour (just under the clinically significant range) and this was not a problem for her (ECBI). She maintained an average satisfaction and above average efficacy in her parenting (PSOC) and was more likely to excuse Scott for misbehaviour in imagined scenarios than to blame him for that behaviour (Attributions Questionnaire).

Bob (Participant B6) was a 38-year-old married NZ European father who attended with Hayden, his son (3 years 7 months) and sometimes he brought his daughter Cassie (5 months). His wife (Fiona) also attended the initial interview and two sessions. The parents' concern was that Hayden would have tantrums, and could be quite physical by hitting, kicking, or throwing things. Fiona said that Hayden often played up when she was breastfeeding and a low point was when she shouted at him to go away. This family was due to move overseas for a work appointment in six weeks and both parents expressed a desire to not shout at Hayden and they wanted to change their way of interacting with him by learning new parenting strategies before they moved. While they reported Hayden's behaviour in the average range for intensity of problem behaviour, this was a problem for them (clinically significant on Problem scale - ECBI). They reported low efficacy and satisfaction in their parenting (below average on PSOC). They were more likely to excuse Hayden for his misbehaviour in imagined scenarios than to blame him for that behaviour (Attributions Questionnaire).

At the beginning of the programme Bob reported that he felt like he was in survival mode with little time for self-reflection and it was difficult to cater for his own needs when the children were young. While he appreciated listening to other parents, his initial impression from the first session was that he wanted some practical skills to improve his situation and that he would not get that by considering balance in his relationship or by observing Hayden and his behaviour. Despite this voiced resistance he did agree to give it a go and was relieved in the following weeks that it was "all about tools" which he found really helpful. He adopted skills in addressing Hayden's and his own emotions and he spoke of recognising and attending to Hayden's emotional needs. Bob reported benefiting from hearing other parents' issues and strategies for dealing with problems and he adopted new strategies or modified skills that he had already been using (e.g., he had used some behavioural skills for toilet training and he had not considered that these could be used for other situations). He reported that Hayden's behaviour was still difficult, e.g., in fact during the final session Hayden was unsettled, rough with other children, and difficult to focus on activities, but Bob was able to appreciate that this was understandable since, by this stage, the family had moved to a temporary hotel before moving overseas in four days time. At the end of treatment Bob reported no change in Hayden's intensity of problem behaviour but there was a reduced degree to which this was a problem (average) (ECBI). He reported an increased sense of satisfaction and efficacy in his parenting (average) (PSOC) and was

still more likely to excuse Hayden for misbehaviour in imagined scenarios than to blame him for that behaviour (Attributions Questionnaire).

At the time of follow up the family had moved overseas and e-mailed completed questionnaires to the researcher, but unfortunately, there was no opportunity for Bob to complete a video report. Bob continued to report an average intensity of problem behaviour but he reported an increase (clinically significant) in how much this was a problem for him (ECBI). This was understandable as the family would still be adjusting to living in a new country and the stressors on the parents would be reflected in their interactions with the children. He reported an average sense of satisfaction and efficacy in his parenting (PSOC) and he continued to report a greater likelihood to excuse Hayden for misbehaviour in imagined scenarios rather than blame him for that behaviour (Attributions Questionnaire).

Kirsten (Participant C1) was a 36-year old NZ European married mother who attended with her two daughters Hannah (3 years 2 months) and Nicky (7 months). Kirsten was mostly concerned with issues around discipline and had tried many behavioural strategies but with limited success. She described Hannah as a determined and stubborn girl who cried easily, whined a lot and had difficulty sharing with other children. Kirsten had a direct, no-nonsense style when describing Hannah and most positive comments about Hannah were laden with negative appraisals. Kirsten stated that they needed to "work on" the problem behaviours (in what appeared to be an authoritarian manner) and they seemed to be "working on" a number of problems simultaneously. She reported clinically significant scores for intensity of problem behaviour and how much this was a problem for her (ECBI) and average satisfaction and efficacy in her parenting (PSOC). She was more likely to blame than excuse Hannah for misbehaviour in imagined scenarios (Attributions Questionnaire).

Kirsten reported that the most worthwhile aspect of the programme for her was "talking to other parents and finding out you aren't alone and your child isn't the only one misbehaving. Getting ideas from other parents of what works for them and their children". She reflected that she thought it was important to remember that there are no bad parents or bad children and there are underlying reasons for why children misbehave, which might reflect an improved awareness of Hannah's needs. She reported trying to change her perceptions of Hannah - "I've just decided to start calling (Hannah) spirited instead of obstinate, stubborn and a pain in the butt. So our new phrase for Hannah...is spirited 'cause that puts a positive...spin on it when she's doing...all these things that I think are just doing my head in". Kirsten reported that an important learning was to step back, be patient and control her temper before acting with Hannah. While Kirsten reported that she tried to be more considerate of why misbehaviour might occur and to think of alternative ways to discipline Hannah, she also said that she would have liked to have spent more time in the programme on different strategies, plans and ideas for disciplining. Kirsten reported a slight increase in intensity of problem behaviour and how much this was a problem for her (both clinically significant - ECBI), a slight improvement in satisfaction (still average), and an increased sense of efficacy in her parenting (above average - PSOC). While she continued to report a greater likelihood to blame than excuse Hannah for misbehaviour on imagined scenarios it was to a lesser extent than before the programme (Attributions Questionnaire).

When she arrived to the follow up session Kirsten was angry and barely able to say hello when entering the room as she had had an altercation with Hannah when getting in the car to come. She calmed down after getting some lunch for her and the children and participated fully in the session. She reported that things were generally going quite well. Kirsten later commented that one thing (of many) that they were currently "working on" was that when Hannah arrived at places she would have a frown on her face and they were trying to encourage her to come in with a smile and to say hello to people. Kirsten continued to report a high incidence of negative appraisals when describing Hannah and her behaviour. She continued to report clinically significant intensity of problem behaviours and how much this was a concern for her (ECBI), average satisfaction and above average efficacy in her parenting (PSOC). She reported an increased likelihood to blame rather than excuse Hannah for misbehaviour in imagined scenarios (Attributions Questionnaire).

Karen (Participant C2) was a 43-year old NZ European married mother who attended with her daughter Peata (4 years 9 month). Peata's father was Māori and both parents spoke Te Reo Māori to Peata. Karen attended the programme to gain extra parenting skills and she was not really concerned about Peata's behaviour, which she described as generally "pretty good" with "normal" 4 year-old behaviour of trying to be assertive and autonomous. She identified that Peata struggled with helping with housework and using her words to tell other children when she was upset. Karen reported that there had been a lot of yelling between the parents which had unsettled Peata and her behaviour, but things had improved in the last few months. When asked to describe her child Karen reported unconditional positive descriptions, e.g., "she's my taonga. She's real special to me, waited forever for her. We really see her as a...gift from God. She's just real special". Karen reported average intensity of problem behaviours, which did not concern her (average) (ECBI), and average satisfaction and above average efficacy in her parenting (PSOC). She was more likely to excuse than blame Peata for misbehaviour in imagined scenarios (Attributions Questionnaire) and this was consistent with her verbal reports, e.g., she reported not liking it when Peata was "having a bit of a paddy...I think it's my own stuff about allowing her to be angry and...the line between it's ok to be angry but it's not ok to say things that hurt people...So, the things I don't like about her is definitely my own stuff".

At end of treatment Karen reported that Peata's behaviour had deteriorated and she attributed this to difficulties in her marriage which could be having a negative effect on Peata. Karen reported that she was struggling to focus on Peata's needs as she was dealing with her own stressors. She reported that the concept of balance was the greatest learning for her in the course. She reflected, "One thing that I've noticed myself is that when I'm struggling in my marriage, which is exactly what's happening now...you know at the end of the day our emotions affect our kids, which I knew. And that...it's really about, you know, the balance, building ourselves up so that we can build up our tamaiti as well...and do what's best for your child". She still reported average intensity of child behaviour that was not a concern for her (average - ECBI), and the same level of satisfaction and efficacy in her parenting as before the programme (average and above average, respectively - PSOC). She now was more likely to blame rather than excuse Peata for misbehaviour in imagined scenarios (Attributions Questionnaire). On the evening of the final session Karen and her husband decided to separate.

At follow up Karen was tearful and reported that she was feeling stressed with financial concerns, childcare arrangements with her estranged husband, reduced self-care by not eating or sleeping well, lacking in concentration, and irritability with Peata. She described Peata's behaviour as unsettled which she recognised was linked to Karen being "up and down all over the place". She was able to state clearly that, while she was finding some of Peata's behaviours difficult, she still liked Peata. Karen reported that, while the concept of keeping a balance in her relationship with Peata was important to her, she was struggling to do this when her own personal stressors were so high. Karen continued to report average intensity of problem behaviours and these were not a problem for her (average - ECBI), but she reported a lower sense of competence (below average satisfaction and average efficacy - PSOC). She was more likely to blame than excuse Peata for misbehaviour on imagined scenarios (Attributions Questionnaire) but this was only marginally and was a lesser likelihood than she had reported at the end of the programme.

Ameena (Participant C3) was a Sudanese married mother who attended with her daughter Sesi (3 years 3 months) and who had three older children (14, 12, 9 years). The family, who had lived in New Zealand for nine years, spoke Arabic in the home and Ameena was also attending English classes on weekday mornings. Ameena was not concerned with Sesi's behaviour and was attending to gain new parenting skills while the programme was offered at the Playcentre. She verbally participated in the sessions and all questionnaires were read to her (at her home) and her verbal answers were recorded by the researcher. Ameena did report that while other parents might not see concerns with Sesi's behaviour at Playcentre there were some concerns at home. In particular, Sesi would not go to bed and would still be running around the house at 10 or 11pm, which was very tiring for Ameena. Ameena reported average intensity in child behaviour problems which were not a concern for her (average - ECBI) and average satisfaction and above average efficacy in her parenting (PSOC). She was more likely to excuse rather than blame Sesi for misbehaviour in imagined scenarios (Attributions Questionnaire).

At the end of the programme Ameena reported that she had learnt a lot and found it especially helpful to have strategies to manage her emotions. She reported a better balance in her relationship with her children as she now spent time playing with Sesi and listening to her as well as the other children. This was beneficial for her and the children and she was more positive about their interactions. She had also been able to establish an early bedtime routine with Sesi which created a better balance in the family life. She reported that learning parenting skills had been really important for her as things were different in Africa and New Zealand. She said in Africa they did not offer choices to children but, through the programme she had learnt some ways to do that with her children in New Zealand and this created a better balance in her relationships with her children. Ameena continued to report average intensity of child problem behaviours and these behaviours were not a concern for her (average - ECBI) and she was still more likely to excuse rather than blame Sesi for misbehaviour in imagined scenarios (Attributions Questionnaire). Ameena continued to report an above average efficacy in her parenting but she reported a dramatic decrease in her satisfaction (more than half of the pre-treatment measure) from being almost above average to being well below average (< 2SD - PSOC). This score was not considered valid as it was inconsistent with her verbal reports in which she reported greater enjoyment with her

children. Ambiguity in answering some of these items (i.e., double negatives) with English as her second language might have contributed to this result.

At follow up Ameena reported that from skills that she learnt on the programme she was more able to control her temper. Before the programme she had reported finding it difficult to focus on her four children but now, she reported feeling more balanced in her relationships with them. Evidence for this included learning to communicate better with the children and spending more time playing and listening to them. She had maintained a regular early bedtime for Sesi and she thought that she was a better mother to her children because of her involvement in the programme. She reported a low intensity of child problem behaviours (average) and these did not concern her (average - ECBI). She continued to report a below average satisfaction and above average efficacy in her parenting (PSOC) and was still more likely to excuse rather than blame Sesi for misbehaviour in imagined scenarios (Attributions Questionnaire).

Carmen (Participant C4) was a 30-year-old NZ European solo mother who attended with her son Jimmy (3 years 3 months) and she also had an older son (7 years). Carmen's concern was that Jimmy could be very physical and would hit out at other children if he was angry. Carmen described there being two parts to him: one side could be loving, sharing and caring, and the other could be "horrible", not wanting to play with others, hitting, screaming, and being quite physical (she described this as his "violent little side"). Carmen recognised that she needed to keep her emotions under control when things were not going well at home because if she "lost the plot" then it would only escalate Jimmy's problem behaviour. Carmen reported just below the clinically significant cut off scores for intensity of child problem behaviours as well as how much it was a problem for her (ECBI) and average satisfaction and above average efficacy in her parenting (PSOC). She was more likely to excuse rather than blame Jimmy for misbehaviour in imagined scenarios (Attributions Questionnaire).

Throughout the programme Carmen displayed that she had a good understanding of managing emotions, allowing for developmental stages of children and using positive strategies for dealing with children. She reported that her involvement in this programme had helped to remind her of this information and to use it again. In particular, dealing with her emotions was an important skill that she learnt for herself and her children and she recognised that she and her children were functioning better when she used these skills. What hindered Carmen from implementing these skills effectively was that she would get very busy (doing Playcentre work and helping other people with their kids etc) and this placed a lot of stress on her. She did not always recognise that the stress was building and that when she got too busy this meant that she was not tending to the children and their needs as much. She reported one occasion when she had gotten so angry with the children that she felt like hurting them and had to isolate herself from the children (in the garage), have a smoke and call her ex-partner to come and pick up the children for the night. He did this and after a night without the children she was feeling more relaxed. She was referred to a community family service for regular contact beyond this research study to monitor and support her to learn strategies to not overload herself so that she could be in a position to use the parenting skills that she learnt (keeping the balance in the relationship and managing her emotions). At the end of treatment Carmen reported clinically significant intensity of child problem behaviours but a reduced sense of how much this was a problem for her (average - ECBI). She reported no change in her

satisfaction and efficacy in her parenting (PSOC) or the degree to which she excused Jimmy for misbehaviour in imagined scenarios (Attributions Questionnaire).

At follow up Carmen reported that things had improved immediately after the course, as she was using the strategies and she had managed balancing her own and the children's emotions effectively and making time to interact with the children more. But in the recent week she had a large project to organise for Playcentre and she was stressed by this, and not tending to her own or the children's needs and this reflected in Jimmy's behaviour not being as settled. She was continuing to see the community family service and would need this ongoing support in the future. She reported a decrease to pre-treatment levels of intensity of child problem behaviours and these behaviours did not concern her (average - ECBI). She reported average satisfaction and efficacy in her parenting (PSOC) and continued to be more likely to excuse rather than blame Jimmy for misbehaviour in imagined scenarios (Attributions Questionnaire).

Maria (Participant C7) was a 26-year-old NZ European solo mother who attended with her daughter Kahukura (4 years 2 months) and 2 younger children (sister - 2 years; brother - 4 months) while her older 2 sons were at school (8 and 6 years). The children were Māori and Maria spoke some Te Reo Māori with them. Maria described Kahukura as a determined, independent, and strong-willed girl who knew what she wanted. Maria reported that her first two boys were quite easygoing and did not understand why Kahukura could be so difficult. Problem behaviours with Kahukura included crying or whining, and being "cheeky" e.g., sneaking into her brother's room, getting a chair to remove lollies from a high hiding place and eating them. Generally Maria reported that it was one of Kahukura's strengths that she was a resourceful child who was good at getting what she wanted and working out things for herself. Maria reported intensity of child behaviour problems at just below clinically significant cut off (i.e., average) and these behaviours were not a problem for Maria (average - ECBI). She reported average satisfaction and efficacy in her parenting (PSOC) and was slightly more likely to blame rather than excuse Kahukura for misbehaviour in imagined scenarios (Attributions Questionnaire).

Throughout the programme Maria reported that it was useful to discuss ideas and stories with other parents and it helped her realise that they all had problems of one kind or another. While she would not agree with everything that others in the group shared, she still learnt a lot from the group discussions. Maria said that she usually managed to keep her emotions at a manageable level with her children and she had previously worked to keep a balance of meeting her needs while parenting her children. She said the course had reinforced that some of what she was doing was good to do and the major benefit for her was to have an opportunity to think about what she was doing rather than being "just on auto pilot". She said it was good "to fill up the tank rather than keep on giving". She reported that generally, Kahukura's behaviour had improved as Maria was more aware of Kahukura's needs, could observe her in her activities, see her perspective and spend time playing with her. Maria was also balancing the needs of the other children and would look for a time in each day that she could do something individually with each of the children and often this would pre-empt a problem later. At the end of the programme Maria reported a decrease in intensity of child problem behaviours (average) and these were not a problem for her either (average - ECBI). She reported an increased satisfaction (average) and efficacy (above average - PSOC) and

she was now more likely to excuse rather than blame Kahukura for misbehaviour in imagined scenarios (Attributions Questionnaire).

At follow up Maria reported that things were going well with an increased balance in her relationship with her children, as she was better organising and planning her activities so that she could spend more time with the children while also ensuring that her own needs were attended to. She reported that, while she did not like it when Kahukura was so stubborn, it was "more annoying than anything really and it's something you don't really want to change because it's quite good if she knows what's right and wrong...or stubborn about the bad things and not so much, you know, do the good things". She continued to report average intensity of child problem behaviours, which did not concern her (average - ECBI), average satisfaction and average efficacy in her parenting, and was more likely to excuse rather than blame Kahukura for misbehaviour in imagined scenarios (Attributions Questionnaire).

Miriama (Participant C8) was a 34-year-old married Māori mother who attended with her son Pio (3 years 7 months) and her mokopuna Airini (girl, 4 years 1 month). Miriama was not really concerned with her children's behaviour and was coming to the programme to learn new behaviours for her as a mother and grandmother. She reported that while she had had to learn a lot as an older mother with two babies to care for, she thought her confidence was improving. However, Miriama raised many self-doubts and, in particular, found it difficult to sort out conflicts between the two children; to understand her concurrent roles of mother and grandmother; to see the positive aspects of parenting; and was feeling weary by the constant demands of the children. She felt that she needed a lot of time to herself and could not always find this in the busy life of parenting. For Pio, Miriama reported clinically significant intensity of child problem behaviours and just below clinical significance for how much this as a problem for her (average - ECBI). For Airini she reported average intensity of child problem behaviours and these were not a concern for her (average - ECBI). Miriama reported average efficacy and below average satisfaction in her parenting (PSOC) and was more likely to blame than excuse the children for misbehaviour in imagined scenarios (Attributions Questionnaire).

Miriama reported that it was useful to talk with other women and to share their experiences as parents, despite having heard some programme information previously. She struggled to counter her negative self talk, displayed in her lack of confidence as a parent, her perception that the children were annoying other people, and her perception of being burdened by new strategies offered on the programme. At the end of the programme Miriama was able to integrate the information and strategies that she had learnt, "I just need to take a step back, remember what stage in life they are at, remember they're egocentric, remember they're not out to get me and remember... how special they are, both of them to me and what a privilege it is to have them, to have such an influence in their life and just to try to be a positive influence and deal with things rationally as best I can". She found the group to be very supportive and wished that there could have been more sessions. For Pio she reported a reduction in intensity of problem behaviours (average) and for Airini she continued to report average intensity (ECBI). She was not concerned about these behaviours for either child (average - ECBI). She reported an increase in satisfaction (average), remained the same (average) in efficacy in her parenting (PSOC), and was now more likely to excuse rather than

blame the children for misbehaviours in imagined scenarios (Attributions Questionnaire).

At follow up Miriama reported that the course had helped her "to bring things to the forefront of my mind and remember what is a priority in my life and to make sure that I am present in my days of parenting with my children". She said that the programme had helped her and motivated her to work towards being the parent that she wanted to be for her children. She reported noticing her children's strengths more and supporting them in their weaknesses. At the same time she made a list of things that she needed to do for her own self-care and to look after her own needs, which helped her to create a more balanced relationship with the children. She continued to report average intensity of problem behaviours for both Pio and Airini, which were not a problem for her (ECBI) as well as average satisfaction and efficacy in her parenting (PSOC). She reported a further increase in her likelihood to excuse rather than blame the children for misbehaviour in imagined scenarios (Attributions Questionnaire).

Margaret (Participant C9) was a 34-year-old NZ European married mother who attended with her daughter Amie (4 years 5 months). A younger brother was born 11 months earlier but he unexpectedly had heart abnormalities and died only hours after birth. Margaret talked openly about this with the researcher as well as with Amie and, obviously, the previous eleven months had been difficult for the whole family. Margaret was concerned that Amie did not listen or comply with parental requests and that she "ruled the roost". Margaret reported that Amie's behaviour was worst when they were at home alone together and that other people seemed to get Amie to comply but Margaret couldn't. Margaret reported that Amie was loud, would whinge and whine, pushed boundaries and did not think before she acted. Margaret was feeling tired and drained and would lose patience with Amie. Margaret reported both intensity of child problem behaviours and how much this was a problem for her in the clinically significant range (ECBI), and average efficacy and below average satisfaction in her parenting (PSOC). Margaret was more likely to blame than excuse Amie for misbehaviour in imagined scenarios (Attributions Questionnaire).

Margaret attended the first 2 sessions and reported that it was helpful to hear that other parents were also having difficulties with their children. She reflected that she needed to stop and think before reacting to Amie and that she needed to talk more to Amie about why she was doing things. At week 3 Amie had a scheduled operation to remove her tonsils and adenoids and could not attend for the next two sessions. Margaret organised for someone to pick up the handout and homework materials for her but they did not attend any further sessions. Margaret confirmed it was due these factors that she did not continue to attend rather than dissatisfaction with the programme.

Charlotte (Participant C10) was a 26-year-old White American mother who attended with her son Isaac (4 years 9 months). They immigrated to New Zealand a year ago to live with her NZ European partner who had two older children (14 and 12 years). Multiple stressors in the family included: adjustment to living in New Zealand; forming a new blended family; major home-handyman renovations on the house; and planning a wedding in America in the next 6 months. Charlotte came to the programme on the recommendation of the parents at the Playcentre she was attending. The Playcentre had initiated a teacher aide for Isaac while at Playcentre because of behavioural concerns but the parents had thought that this would be therapy for a speech delay and were not concerned with his behaviour. They thought the Playcentre was intolerant of a boisterous, active boy. Charlotte did report that Isaac could be too physical and could hurt other children, found it hard to settle down when he was active, and he also did not like being told what to do. Charlotte reported clinically significant scores for both intensity of problem behaviours and how much this was a problem for her (ECBI). She reported below average satisfaction and efficacy in her parenting (PSOC) and was slightly more likely to excuse rather than blame Isaac for misbehaviour on imagined scenarios (Attributions Questionnaire).

As the programme progressed Charlotte reported that there were improvements in Isaac's behaviour and that she was more able to appreciate his needs and balanced this with looking after her own needs. This was reflected in her comments: children "are people with their own ideas, emotions, and personalities and have just as much right to those as you" and she also reported that "it's good to have the reinforcement that looking at it from my needs is not a horrible thing to do because...sometimes I deal with a lot of guilt with that". Charlotte reported that dealing with emotions was difficult for her and sometimes thought that Isaac was more able to control his emotions than she was able to control her own emotions. At the end of the programme Charlotte reported a decrease in intensity of child problem behaviours (average) and the extent to which this was a problem for her (average - ECBI). She also reported an increase in efficacy (average) but maintained a low satisfaction (below average) in her parenting (PSOC), and showed a significant increase in the extent to which she would excuse rather than blame Isaac for misbehaviour in imagined scenarios (Attributions Questionnaire).

Only Charlotte attended the follow up session as Isaac had started at school two weeks earlier. She reported that his behaviour was "going really well lately" and when describing his adjustment, she was very appreciative that Isaac was doing the best he

could in the new school routines. She was concerned that his speech delay would hinder social interactions at school but was hopeful that it would improve soon. She was frustrated that the school teacher only reported Isaac's misdemeanours during the school day and wanted to also hear some positive feedback. Charlotte had shown some defensiveness during the programme and at Playcentre toward suggestions that Isaac had behaviour problems and she was more likely to attribute these difficulties to issues related to his speech delay. The changes seen at the end of the programme in intensity of problem behaviour and how much this was a problem for her were maintained at follow up (i.e., both average - ECBI). Charlotte continued to report below average satisfaction in her parenting and did not maintain her increase in efficacy (now below average - PSOC), or her increase in excusing misbehaviours and was now equally likely to excuse or blame Isaac for misbehaviour in imagined scenarios (Attributions Questionnaire).

Christine (Participant C11) was a 30-year-old NZ European solo mother who attended with her son Andy (3 years 2 months) and there was also an older brother in the family. Christine attended the course to gain parenting skills and was not concerned with Andy's behaviour as she thought it was manageable and "normal" activity for a 3-year-old boy. She reported that he could be clingy and whine a bit which was frustrating for her. He liked to be naked and did this frequently at home (which she was ok with) but they were establishing boundaries that this was inappropriate when out in public. She also reported that he was "not a big fan of eating, unless it was specific foods", but generally, Christine reported positive behaviour about Andy and she thought he was a "pretty normal kid" without any "big quirks or anything". She reported that she was currently on medication for depression. Christine reported average intensity of child problem behaviours and these did not concern her (average - ECBI), and average efficacy but below average satisfaction in her parenting (PSOC). Christine was more likely to excuse rather than blame Andy for misbehaviour in imagined scenarios (Attributions Questionnaire).

Christine reported that the most worthwhile part of the programme was sharing with and hearing from other parents. She reported that it was helpful to be reminded of things that she knew and to be reinforced that she was actually doing quite well with her children. She said it was helpful seeing that "other people are doing things very similarly to me and other children are doing similar things to my kids...I forget that my kids aren't awful, you know". At the end of treatment she reported, although Andy had been having "many more major temper tantrums than usual", his behaviour was pretty good, and she explained the tantrums as "he's probably understanding more things". She continued to report average intensity of child problem behaviours and these did not concern her (average - ECBI) and was still more likely to excuse rather than blame Andy for misbehaviour in imagined scenarios (Attributions Questionnaire). Christine continued to report average efficacy and reported an increase in satisfaction in her parenting (average - PSOC).

At follow up Christine reported that things were going well for her and her children. Her long distance partner of 18 months had just moved into her place and so she was enjoying having a supportive partner at home. He and the children got on well together and she said the family dynamics were changing (in a positive way) as they adjusted to a new person in the house. She reported "balance is important and most of the time I think I'm not too bad with having...a balance... and that when the balance

does slip it's not the end of the world". She reported (and it was observed) that Andy was more physical lately - pushier to other children and being rough to Mum. She thought that everything was "manageable and it's just a phase". Christine maintained the gains she had made at the end of treatment and reported average intensity of child problem behaviours, and an average sense of how much these were a problem for her (ECBI), and she was still more likely to excuse rather than blame Andy for misbehaviour on imagined scenarios (Attributions Questionnaire). She maintained the gains she made in satisfaction in parenting (average) and now also reported an increase in efficacy in her parenting (above average) (PSOC).

Diane (Participant D2) was a 40-year-old married English mother who attended with her sons Morgan (3 years 8 months) and Nathan (14 months). Her husband also attended the initial interview, sessions 2 and 3 and follow up. These parents were concerned with Morgan's defiance, independence, stubbornness, and answering back. He wouldn't listen to what they asked him to do and they eventually ended up shouting at him. They were especially concerned with how rough he could be with Nathan and felt like they were constantly reprimanding Morgan for this. Diane reported that it felt like "ground hog day" and that she had lost the balance of having some fun with her children. She was emotionally reactive to Morgan and struggled to keep her emotions in check, (e.g., when Morgan said "My mummy's quite fat" to the other parents Diane was shocked and hurt and attributed his comments to his lack of empathy, rather than his lack of understanding about discussing dieting outside of the home environment). Their initial description of Morgan was heavily laden with negative comments of problem behaviour and the parents were observed to attribute negative intent to Morgan's anticipated behaviour. Diane reported clinically significant scores for both intensity of problem behaviour and how much it was a problem for her (ECBI) and average efficacy and satisfaction in her parenting (PSOC). She was more likely to blame Morgan for misbehaviour in imagined scenarios than to excuse him for these behaviours (Attributions Questionnaire).

Diane reported that the most worthwhile aspect of the programme was "to recognise Morgan's good intentions and be aware of him being a child, and my expectations of him". Both parents showed examples of being more aware of Morgan's needs, and of balancing their expectations of him with his developmental level, his interests, and his emotional needs. They both reported that they were learning to better manage their emotions and would support one another when they recognised emotions were getting high. They recognised that while they knew some of the strategies previously, they were not using them in the heat of the moment or had been using them incorrectly. By the end of treatment Diane's description of Morgan was more positive and was not interspersed with negative comments as it had previously been. Diane reported a marked decrease in intensity of problem behaviour and how much that was a problem for her (both average - ECBI) and an increase in both satisfaction and efficacy in her parenting (though both were average - PSOC). She had increased her likelihood of excusing Morgan for misbehaviour in imagined scenarios so that it was just as likely as her blaming him for those behaviours (Attributions Questionnaire).

At follow up both parents reported a greater awareness of balancing their expectations of Morgan with Morgan's developmental level and needs within the relationship. They reported improvements in Morgan's behaviour and that they were feeling more prepared to deal with new challenges with the children. They continued to be concerned with Morgan's rough (but not seriously hurting) behaviour with Nathan and were still trying to deal with this. They continued to report the intensity of problem behaviour in the average range and this was still not a problem for them (average - ECBI). Diane's satisfaction in her parenting remained average and she now reported an increase in her efficacy in her parenting (above average) (PSOC). She did not maintain her gains in her attributions and was again reporting a greater likelihood to blame Morgan for misbehaviour in imagined scenarios than to excuse him (Attributions Questionnaire), which is consistent with verbal reports where they thought his intention was to "bully" and be mean to his younger brother.

Dorothy (Participant D3) was a 42-year-old NZ European mother who attended with her son, Matiu (3 years 7 months) and daughter Kuini (10 months). She lived in a de facto relationship with Matiu's father who was Māori. Matiu was assessed by the Child Development Team during the research study and was identified to have a significant delay in his speech and language development and a delay in his fine motor skills. He had a teacher aide at kindergarten and was seeing a speech therapist weekly. A major concern for Dorothy was that Matiu climbed and, when outside, would escape and run away. Dorothy was hyper-aware of safety concerns and this was evident within the room that the programme was held (e.g., she was concerned with how hot the heaters were and ensuring the children did not eat food that they could choke on) and she questioned the limits of confidentiality (re safety) in the initial interview. Dorothy thought Matiu interacted well with other children and behaved well at kindergarten or at the crèche in the gym, and only acted up when he saw his mother. Collateral reports from the speech therapist (with Dorothy's permission) said the staff at these care places found Matiu difficult to manage as he had an attention span of 30 to 40 seconds. Dorothy also reported that Matiu did not listen to parental requests and she thought this showed a "lack of respect". She reported clinically significant scores for both intensity of problem behaviour and the extent to which this was a problem for her (ECBI). She reported an average efficacy and below average satisfaction in her parenting (PSOC) and she was almost three times more likely to blame Matiu for misbehaviour in imagined scenarios than to excuse him (Attributions Questionnaire).

At the end of treatment Dorothy reported that she had learnt a lot by standing back and observing her children more, and she now acted more calmly with them than she had previously. She was more aware of Matiu's capabilities and this helped her to set appropriate expectations of him. She showed an understanding of the balance in the parent-child relationship by acknowledging that Matiu's behaviour had improved and this was essentially due to her doing things differently. She repeatedly reported that sharing with the other parents was really helpful and that involving the children in the sessions with a child carer made the programme accessible to her, which she had not found in other parenting courses. Dorothy reported a significant decrease in the intensity of problem behaviour (average) and these behaviours were now only an average problem for her (ECBI). Unfortunately she continued to report below average satisfaction in her parenting but did maintain average efficacy (PSOC). While she was still more likely to blame rather than excuse Matiu for misbehaviour in imagined

scenarios, the difference between the two was significantly reduced (Attributions Questionnaire).

At follow up Dorothy reported significant gains for Matiu in his speech and language development and this contributed to less tantrums, and also, as she acknowledged his emotions this made a positive difference. Matiu was still climbing and running away from Dorothy but now she recognised that she needed to change her behaviour to bring change in these scenarios – highlighting a more balance approach in her assessment of the situation. She reported intensity of problem behaviour in the clinically significant range but this was lower than at initial assessment and she maintained her appraisal that this behaviour was not a problem for her (average - ECBI). She maintained similar scores in her reporting of her satisfaction and efficacy in her parenting (PSOC) and the degree to which she blamed Matiu for misbehaviour on imagined scenarios rather than excusing him (Attributions Questionnaire).

Donna (Participant D5) was 44-year-old NZ European solo mum who attended the course with her son Arapeta (4 years 5 months) based on the recommendation of the kindergarten teachers. Donna reported feeling down after her long-term de facto partner and Arapeta's father (who was Maori) recently left her, and her extended family was generally not living locally and was "not really that good to get on with". Her 15 year old daughter only periodically lived at home. When asked about friends she said she had few – "Don't see many people. Don't know many people" and she recognized that she needed "to get out to meet new people". Donna did not identify concerns with Arapeta's behaviour (he was within earshot during the interview) but said she wanted to "learn from different things". She appeared to lack confidence in her abilities, e.g., not refusing Arapeta lollies when she knew he shouldn't have them, saying "you can't really stop them from having them" and when she recounted a story of the children going out of eyesight when playing outside, saying, "But what can you do? Children will go around the corner. You can't stop them". She reported that some items on the questionnaires were difficult to answer and said "I don't know my own son", which could have been due to Arapeta (and maybe also Donna) spending a large portion of the day watching television. Donna reported average intensity of problem behaviours and these were not a problem for her (average - ECBI) and average satisfaction and efficacy in her parenting (PSOC). She was significantly more likely to blame Arapeta for misbehaviour on imagined scenarios than to excuse him for that behaviour (Attributions Questionnaire).

Donna participated fully in the programme, including homework activities, despite having self-doubts and finding it difficult – "this is hard for me. I find it hard trying to discuss things and I just hope I can cope with doing this and learning things". She reported that she had learnt a lot, found it worthwhile, enjoyed meeting and discussing with other parents, and the most important thing for her was "to stop and think what you say before you say it - not to yell at them when they have done something wrong". She often defined Arapeta's behaviour as "good" when he complied with her requests and that his behaviour had been "good" lately. She reported trying to balance needs in the family between herself, Arapeta, and her older daughter. Also that since his father had left Arapeta had been a lot better and she was enjoying his company more because she was spending more time with him than she used to. At the end of the programme Donna reported no change in intensity of problem behaviour and how much it was a problem for her (ECBI) and she still reported average satisfaction and efficacy

in her parenting (PSOC). She continued to be more likely to blame Arapeta than excuse him for misbehaviour in imagined scenarios (Attributions Questionnaire).

At follow up Donna reported that Arapeta's behaviour was better and that he had not been having as many "wobblies" lately. She reported an incident where she had appropriately asserted parental authority and had been consistent following through on her request and Arapeta had complied with this, which was a positive step for them both. Donna reported that she and Arapeta were continuing to spend time together playing games on the TV and this was a positive experience for them both. She reported no change in intensity in problem behaviour or the extent to which it was a problem for her (ECBI) and average efficacy in her parenting (PSOC), however she did report a reduction in her satisfaction in her parenting (below average - PSOC). She continued to be more likely to blame than excuse Arapeta for misbehaviour on imagined scenarios (Attributions Questionnaire).

Farah (Participant E1) was a 41 year old Iraqi married mother who attended with her daughter Adelah (4 years 3 months). There were two older children in the family (11 and 7 years) and the father was Samoan. This course was held at Adelah's kindergarten so Farah attended to learn more skills as a parent; she was generally not that concerned with Adelah's behaviour. Farah reported that sometimes Adelah would fight with her brother and sister and that bathing and combing Adelah's hair was difficult because her hair was very curly. At these times Adelah would cry and kick and say "Get away from me mummy, get away, I don't want you, I don't like you". Farah reported that when she had arguments with her husband she would yell and this would upset the children, especially her eldest son. She said sometimes she found it difficult to keep her emotions at a manageable level. She reported average intensity of child problems and these did not concern her (average) (ECBI), and average efficacy but below average satisfaction in her parenting (PSOC). She was more likely to excuse rather than blame Adelah for misbehaviour in imagined scenarios (Attributions Questionnaire).

Farah reported that it was useful to share her own and to listen to others stories and feelings about the children. Throughout the programme she participated in the sessions by sharing different scenarios that were happening at home, however most of these difficulties were to do with the older siblings rather than with Adelah. Farah reported that the programme had impacted her parenting because she learnt "to keep her anger down" but she reported that she did not do the homework (as she said things were too busy at home) so her implementation of the skills seemed to be limited. The handout sheets were not used much as English was her second language and they would probably have been above Farah's reading ability. She seemed to particularly enjoy coming to listen to and talk with other parents and that was her main involvement in the course. Overall Farah's desire for the children was that they would "behave and obey the new rules". Farah presented as a chatty and amiable person who was interested in people. When asked to reflect on what was happening with her children she did not seem to be able to consider specific behaviours or underlying reasons for the children's behaviour but tended to deal with it in global terms. Farah continued to report average intensity of child problem behaviours and these did not concern her (average - ECBI), average efficacy and below average satisfaction in her parenting (PSOC), and was still more likely to excuse rather than blame Adelah for misbehaviour in imagined scenarios (Attributions Questionnaire).

At follow up Farah described Adelah with unconditional positive regard and said that Adelah was a "good girl", who was happy, friendly, and had "love in her heart". Farah still reported more concerns with her older children, such as not being able to get them up in the mornings to get them to school (Farah worked evenings as a cleaner and her husband did not get the children to bed very early). She reported that she had discovered a lot from the course, such as learning "to do things with the kids, how they behave, and how we can act about how they behave". She enjoyed meeting other parents. Farah did not report any change in intensity of child problem behaviours or the degree to which these concerned her (average - ECBI), average efficacy in her parenting (PSOC), and was more likely to excuse rather than blame Adelah for misbehaviour in imagined scenarios (Attributions Questionnaire). Although Farah reported an increase in satisfaction in her parenting it was just below average (PSOC).

Jennifer (Participant E2) was a 36-year-old NZ European married mother who attended with her son Thomas (3 years 7 months). There were two older children in the family (9 and 6 years) and these attended once each when they were sick and could not be at school. Jennifer said that the main reason she was attending the course (which was held at Thomas' kindergarten) was to learn different ways of dealing with bringing up children. She said she didn't have many concerns with Thomas' behaviour and some things that were annoying was he would "whine a bit" and he would get frustrated and have a bit of a tantrum when he didn't get his own way. She said that while these behaviours could be difficult, she thought that they were "quite normal for a child". She reported an average intensity of child behaviour problems and these did not concern her (average - ECBI) and average efficacy and satisfaction in her parenting (PSOC). However, E2 was more than twice as likely to blame rather than excuse Thomas for misbehaviour in imagined scenarios (Attributions Questionnaire).

At the end of treatment Jennifer reported that she had thought that Thomas was always bugging her and needing her attention, but through observing his behaviour she realised that he spent a lot of time playing by himself. She also reported an increased awareness of Thomas being a person in his own right and that he might have different ideas from her, e.g. she began explaining that Thomas had tantrums over small things but then self corrected and admitted that to him they weren't small. She reported that an important thing she learnt from the course was that when she was interacting with her children, "to find out why they might be acting the way that they were and to enjoy the time you have with them" and she had enjoyed getting together with the other parents to discuss parenting issues. She reported that while many of the ideas on the programme were not new to her, it was good to be reminded of them because she had used them frequently with her eldest child and she had not been as focused on them with her third and youngest child. She reported that Thomas' behaviour had been pretty good even though he was still having tantrums. She continued to report average intensity of child behaviour problems and how much this concerned her (ECBI), and average efficacy and satisfaction in her parenting (PSOC). While she continued to be more likely to blame rather than excuse Thomas for misbehaviour in imagined scenarios (Attributions Questionnaire) the extent to which she did this was halved compared to what it was before the programme.

At follow up Jennifer reported that Thomas was having fewer tantrums as she had been consistently telling and showing him that this behaviour was not acceptable

and he had been learning from that. One change she had noticed was that he would provoke his brother a bit more and she thought this was due to him wanting attention so she would divert him from that. Jennifer had implemented some behavioural strategies and thought these were making big changes and she articulated that the reason a written morning schedule of morning activities was working so well was because it was meeting hers and the children's needs – she did not need to constantly nag the children and the children could get a sense of autonomy and achievement. She reported no changes for the intensity of child problem behaviours or the extent to which they were a problem for her (ECBI) or in efficacy or satisfaction in her parenting (PSOC). She continued to report a greater likelihood to blame rather than excuse Thomas for his misbehaviour but there was a further decrease in the extent to which she did this compared to the end of treatment.

Eddie (Participant E3) was a 45 year old NZ European married father who attended with his daughter Leanne (4 years 6 months) because when the course was held at Leanne's kindergarten his wife had noticed it was on and suggested it him. There were two older siblings in the family (9 and 11 years) and Eddie was the primary caregiver while his wife was in fulltime paid work. While Eddie had not initially thought of coming to the course he was happy to be there and participated fully. He was interested in gaining some knowledge that might help him to be a better parent and to "make...the harder parts of parenting easier, if it's possible". He was not generally concerned with Leanne's behaviour and spoke highly of her positive character and skills. Some behaviours that he identified as annoying were that she could be the most aggressive of all his children, she was not that good at getting dressed and eating breakfast in the morning, and she would whine. He reported a very low intensity of child problem behaviours and these did not concern him (average - ECBI), average satisfaction and above average efficacy in his parenting (PSOC). He was more than twice as likely to excuse rather than blame Leanne for misbehaviour in imagined scenarios (Attributions Questionnaire).

Throughout the programme Eddie participated fully and commented that having a course to talk about parenting was "excellent" because he found that, while women seemed to talk a lot about parenting issues and what it means to be a mother, men were less likely to engage in such conversations. He reported that naming his emotions and his children's emotions was helpful in various situations in the family. At the end of the programme he reported that he was more mindful in his parenting, e.g. "It has made me think about what I'm doing again as a parent as opposed to doing it automatically". He displayed a greater awareness of balancing his needs with the children's needs, e.g., when considering the rush of leaving the house on time on school mornings he realised that his needs had increased as he had a new job that he needed to be at by 9am, whereas before there was not the same time constraint; recognising his emotions and the children's emotions and how they affected one another; and also realising that the children's behaviour affected the parents. Eddie showed no change in any of his scores on questionnaires – he reported average child intensity behaviour and how much this was a problem for him (average - ECBI) and average satisfaction and above average efficacy (PSOC). He was still more than twice as likely to excuse rather than blame Leanne for misbehaviour in imagined scenarios (Attributions Questionnaire).

At follow up Eddie description of Leanne was unconditionally positive. He reported that Leanne's behaviour was "pretty good" and if it started to deteriorate it was usually to do with tiredness. He said that Leanne had improved in getting dressed and having breakfast in the morning. One characteristic he found difficult was that when Leanne was focused on trying to do something and could not do it she would give up and not accept offers of help. He wanted to be able to help her at these times. Again he showed no change in his scores on the questionnaires. He reported a slight decrease in intensity of child problem behaviours (average) and these were not a concern for him (average - ECBI), average satisfaction and above average efficacy in his parenting (PSOC), and he was twice as likely to excuse rather than blame Leanne for misbehaviour on imagined scenarios (Attributions Questionnaire).

Emma (Participant E4) was a 28-year-old NZ European mother who attended with her son Ryan (3 years 5 months) and daughter Phoebe (18 months). She was living with a de facto partner who was very supportive to her. She was not concerned with Ryan as she thought he was just pushing the boundaries but was more concerned with her parenting and wanted to learn some ideas to manage "yelling and...abusive behaviour". She reported that Ryan would hit people, use words to say he was going to hit people (e.g., grandma), and run away from Emma when walking along the road, and sometimes she found it difficult to manage her emotions. She reported clinically significant levels of child problem behaviours and these were a problem for her (clinically significant - ECBI) and she reported average satisfaction and average efficacy in her parenting (PSOC). Emma was slightly more likely to excuse rather than blame Ryan for misbehaviour in imagined scenarios (Attributions Questionnaire).

Emma reported that by observing the children more she was noticing their positive attributes and was trying to focus on reinforcing these. An important learning for her was to remember that she "remain the adult" and that she needed to stay calm, to talk through things more, and to be consistent in her approach. She also recognised that Ryan would act on (or react to) her behaviour. She reported she was seeing some changes in Ryan as she was able to acknowledge his emotions, empathise and problem solve, however, at high emotions this was not yet effective. Emma recognised that to change Ryan's behaviour she needed to address the way she was acting, as this affected him and she showed greater appreciation of her own and Ryan's needs in the relationship (e.g. considering if her requests of Ryan were realistic for his age and stage of development, and planning a special meal with her partner after the children were in bed).

At the end of treatment Emma reported that she thought that Ryan's behaviour had not changed but her perceptions of it had changed. She stated that she had learnt new skills to help her and she said" it's more what was annoying me or what was upsetting me before, I've learnt different ways of handling it and while his behaviour is still the same...I'm not". She continued to report clinically significant child behaviour problems but now these were not a concern for her (average - ECBI) and maintained average satisfaction and efficacy in her parenting (PSOC). Now she was much more likely to excuse rather than blame Ryan for misbehaviour in imagined scenarios compared to pre-treatment measures (Attributions Questionnaire).

At follow up Emma was very upset and tearful about how "awful" things were at home. She reported that Ryan had been saying terrible things (e.g., he hoped Emma and Phoebe would die); was displaying aggressive behaviour at kindergarten; was difficult to leave at kindergarten; was yelling at random people in the shops and the street; his emotions were quite up and down all the time; and he was having trouble coping in new social situations with new people. It had been so bad that she had taken him to the GP who had referred her to the Child Development Team because he suspected that Ryan might have high functioning Aspergers Syndrome. The family had since been referred to CAFS and was on the waiting list for assessment. She continued to report clinically significant child behaviour problems and did not maintain the gains from post-treatment in how much it was a problem for her (now clinically significant - ECBI). Strengths for Emma were that she still reported average satisfaction and efficacy in her parenting (PSOC) and she continued to be more likely to excuse rather than blame Ryan for misbehaviour in imagined scenarios (Attributions Questionnaire).

APPENDIX B: Maori Language Terms

Kaumatua	Adult, elder, elderly man, elderly woman.
Marae	Courtyard - the open area in front of the *wharenui*, where formal greetings and discussions take place. Often also used to include the complex of buildings around the *marae*.
Mokopuna	Grandchild, descendant – child or grandchild of a son, daughter, nephew, niece, etc.
Raru	**1. (stative)** be in difficulty, perplexed, troubled. **2. (noun)** problem, trouble.
Tamaiti	child, boy - used only in the singular.
Tamariki	Children - normally used only in the plural.
Taonga	property, goods, possessions, effects, treasure, something prized.
Tautoko	**1. (verb)** (-tia,-ngia,-na) to support, prop up, verify, advocate, accept (an invitation), agree. **2. (stative)** be agreed - also used as an exclamation to show agreement. **3. (noun)** support, backing.
Te Reo Māori	Māori language
Whakatauki	Proverb, saying, cryptic saying, aphorism.
Whanau	Extended family, family group, a familiar term of address to a number of people.

Reference: http://www.maoridictionary.co.nz/index.cfm

APPENDIX C: Advertising Poster

APPENDIX D: Information Brochure

Massey University

Do you have a 3- or 4-year-old child who is difficult to manage?

Are you running out of ideas to improve things?

We have ways to make things better for you, your child and your whanau/family.

This programme is part of a research study from Massey University, Wellington. If you would like to be part of this unique learning experience together with your child, please contact:

Clare Couch
DClinPsych Student
C/o School of Psychology
Massey University
PO Box 756, Wellington
Phone: 021 0261 9983

This programme is a fun, exciting part of a research study for a Doctor of Clinical Psychology that Clare is doing. Clare has had wide experience working with young children and training parents. Prof Ian Evans, who is supervising this work, also has vast experience working with families.

We would love to hear from you and to have you and your child join in this programme. When you contact us we can organize a time to meet and to tell you more about the programme.

Thank you for considering our project. Your time and effort is appreciated and you will be rewarded by learning skills and new ways to interact with your child.

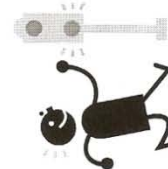## This parent-training programme involves YOU and YOUR CHILD!

You may be feeling that there is no way to get through this or that there is no way forward.

Help is available!!

We have ideas to help improve things and there is certainly a way forward.

Brochure_06/07_v1

Balanced Parenting with Young Children

- Come and meet other parents in a relaxed, friendly environment.

- Children and parents are involved in this programme and both are an integral part of it.

- Meeting over morning tea allows time for sharing with other adults while also including the children.

- Meet with other parents and children in similar situations.

- Chance to get support from other people with similar experiences to you.

- Play space and equipment provided for your child to play while you are talking with other parents.

- This parent-training programme involves both parents and children. Parents will talk over parenting issues while children play in the play space provided alongside their parents. This programme involves active learning with other adults and provides a chance to learn alongside your child.

You will:

- Discover ways to improve your relationship with your child.
- Discover ways to understand your child's needs.
- Discover ways to understand some of your own needs as a parent.
- Discover ways to balance your own needs with your child's needs.

- Involves opportunities to learn new ways to relate to your child and opportunities to practise this.

- Times for the sessions will be negotiable to be at a convenient time.

- Situated at a central Wellington venue.

- There is no fee for this course.

- The group will meet for five 2-hour weekly sessions. There will also be an initial interview and a follow-up meeting.

Brochure_06/07_v1

APPENDIX E: Parenting Sense of Competence Scale

Questionnaire 2 "Being a mother"

INTRODUCTION
Being a parent is not always easy. All parents have frustrating moments with their kids sometimes. With this questionnaire we would like to get an idea of you think of yourself as a mother.

HOW TO DO THIS QUESTIONNAIRE
Below you will find some statements about being a mother. Please go through each statement and decide whether you agree or not agree.
For your respond you should use the scale from:

Strongly Agree (SA) – Agree (A) -
Mildly Agree (MA) – Mildly Disagree (MD) - Disagree (D) – Strongly Disagree (SD)

1. The problems of taking care of a child are easy to solve once you know how your actions affect your child.

   □ SA   □ A   □ MA   □ MD   □ D   □ SD

2. Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.

   □ SA   □ A   □ MA   □ MD   □ D   □ SD

3. I go to bed the same way I wake up in the morning – feeling I have not accomplished a whole lot.

   □ SA   □ A   □ MA   □ MD   □ D   □ SD

4. I do not know what it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.

   □ SA   □ A   □ MA   □ MD   □ D   □ SD

5. My mother was better prepared to be a good mother than I am.

   □ SA   □ A   □ MA   □ MD   □ D   □ SD

6. I would make a fine model for a new mother to follow in order to learn what she would need to know in order to be a good parent.

   □ SA   □ A   □ MA   □ MD   □ D   □ SD

7. Being a parent is manageable, and any problems are easily solved.

   □ SA   □ A   □ MA   □ MD   □ D   □ SD

8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.

☐ SA   ☐ A   ☐ MA   ☐ MD   ☐ D   ☐ SD

9. Sometimes I feel like I'm not getting anything done.

☐ SA   ☐ A   ☐ MA   ☐ MD   ☐ D   ☐ SD

10. I meet my own personal expectations for expertise in caring for my child.

☐ SA   ☐ A   ☐ MA   ☐ MD   ☐ D   ☐ SD

11. If anyone can find the answer to what is troubling my child, I am the one.

☐ SA   ☐ A   ☐ MA   ☐ MD   ☐ D   ☐ SD

12. My talents and interest are in other areas, not in being a parent.

☐ SA   ☐ A   ☐ MA   ☐ MD   ☐ D   ☐ SD

13. Considering how long I've been a mother, I feel thoroughly familiar with this role.

☐ SA   ☐ A   ☐ MA   ☐ MD   ☐ D   ☐ SD

14. If being a mother of a child were only more interesting, I would be motivated to do a better job as a parent.

☐ SA   ☐ A   ☐ MA   ☐ MD   ☐ D   ☐ SD

15. I honestly believe I have all the skills necessary to be a good mother to my child.

☐ SA   ☐ A   ☐ MA   ☐ MD   ☐ D   ☐ SD

16. Being a parent makes me tense and anxious.

☐ SA   ☐ A   ☐ MA   ☐ MD   ☐ D   ☐ SD

17. I have a balanced relationship with my child.

☐ SA   ☐ A   ☐ MA   ☐ MD   ☐ D   ☐ SD

Thank you very much for filling out this questionnaire ☺ !
Please continue to answer Questionnaire 3.

APPENDIX F: Attributions Questionnaire

Questionnaire 3: "Parents' Perceptions of Children's Common Misbehaviour"

INTRODUCTION

All children occasionally do things that you may consider as naughty, bad, or rude. When you encounter your child's misbehaviour, you might find yourself asking a question, "Why did she do something that she has been told not to do?" or "Why did he fail to do something he has been told to do?" In this questionnaire we are interested in some of the possible reasons that **you** usually think of when your child misbehaves.

HOW TO DO THE QUESTIONNAIRE

There are five hypothetical situations that might occur with a young child. The situation described in the scenarios might be familiar or unfamiliar to you. As you read each situation, try to imagine that it is **your son**, _____, even if he has never done these things. For each situation, there are four reasons parents might use to explain their child's behaviour. Please tick on the scale how likely each of the four reasons could explain your child's behaviour. The four reasons are given below. We would appreciate it if you rated ALL FOUR reasons.

Example: Situation X

A. He is a naughty child: He tends to misbehave most of the time, especially if he is tired; he wants his own way; it is his nature to be a bit naughty.

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

B. It was an accident: It was an unfortunate accident or a genuine mistake; perhaps he did not hear my request; it could happen by chance with any child.

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

C. He was trying to annoy me: He was trying to provoke me; he wanted to make me upset or get back at me in some way; he was deliberately irritating me.

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

D. He did not know what he was doing: He's still learning; he hasn't developed the skills, so he can't be expected to behave any better.

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

REMINDER: There are NO RIGHT or WRONG ANSWERS. Everything you say in the questionnaire is strictly CONFIDENTIAL!

1. The phone rings. It is your friend who needs to talk. (Name of child) starts calling to you and tugging at your leg. You tell (name of child) to go and play for a while because you are on the phone. He continues to pull on your leg and begins to whine.

A. **He is a naughty child:**

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

B. **It was an accident:**

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

C. **He was trying to annoy me:**

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

D. **He did not know what he was doing:**

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

2. You are in a hurry to go out. You approach (name of child) to put his coat and shoes on. (Name of child) says he does not want to wear his coat, but it is cold outside and you want him to wear the coat. He struggles, runs away, and starts shouting and crying.

A. **He is a naughty child:**

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

B. **It was an accident:**

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

C. **He was trying to annoy me:**

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

D. **He did not know what he was doing:**

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

3. You are making dinner for later and you need to get the food in the oven to cook so it will be ready in time for dinner. (Name of child) is hanging around you and you ask him to go and play quietly while you finish this job. He goes away but comes back a minute later and starts whining.

A. He is a naughty child:

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

B. It was an accident:

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

C. He was trying to annoy me:

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

D. He did not know what he was doing:

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

4. You are shopping with (name of child). He is very curious about all the things on the shelves and keeps trying to touch them and put them in the basket. You have told him that you don't need them and to put them back on the shelf. (Name of child) starts fussing and whining.

A. He is a naughty child:

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

B. It was an accident:

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

C. He was trying to annoy me:

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

D. He did not know what he was doing:

☐	☐	☐	☐
Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely

5. Imagine that (name of child) has just come back from outside. He is very wet and dirty. Your tell him to take off wet and muddy clothes before coming into the house. But, you find muddy footprints all over the house.

A.   He is a naughty child:

☐ | ☐ | ☐ | ☐
Very Unlikely | Somewhat Unlikely | Somewhat Likely | Very Likely

B.   It was an accident:

☐ | ☐ | ☐ | ☐
Very Unlikely | Somewhat Unlikely | Somewhat Likely | Very Likely

C.   He was trying to annoy me:

☐ | ☐ | ☐ | ☐
Very Unlikely | Somewhat Unlikely | Somewhat Likely | Very Likely

D.   He did not know what he was doing:

☐ | ☐ | ☐ | ☐
Very Unlikely | Somewhat Unlikely | Somewhat Likely | Very Likely

If you have any thoughts or comments about this project or the topic of my research, please feel free to write them below.

☺ **Thank you very much for filling out this last questionnaire.** ☺

APPENDIX G: Parental Attributions Video Report Prompt Sheet

5 Minutes video report to Ellie the Elephant

Please tell me about your child.

How would you describe your child's personality?

What are your child's favourites activities?

What are your child's least favourite activities?

What is your child really good at/ capable of doing?

What is your child not so good at/ what does she struggle to do?

What do you like best about your child?

What do you like least about your child?

APPENDIX H: Process Variables Video Report Prompt Sheet

Video report to 'Ellie Elephant'

Ellie Elephant is a good listener and she loves to hear about your thoughts and feelings. She encourages you to be as honest as you can – she is comfortable with honesty, in fact the more honest it is the better.

- What was the main message that you took from the session today?

- What were your feelings and thoughts throughout the session?

- What was helpful?

- What was not as helpful?

APPENDIX I: Covering Letter to Early Childhood Educators

Massey University
WELLINGTON

PSYCHOLOGY CLINIC
24 King Street
Mt Cook
Private Box 756
Wellington 6140
New Zealand
T 64 4 801 0492
F 64 4 801 0493
www.massey.ac.nz

Balanced Parenting with Young Children

School of Psychology
Massey University
PO Box 756, Wellington

To whom it may concern:

2 February 2008

We are writing to ask that you distribute the enclosed flyers to families/whanau in your service to invite them to participate in a research study. We are looking for families/whanau that are having behaviour problems with their 3- and 4- year old children and we are offering a parent-training course to help them deal with these difficulties. This programme is not only free to families, but some reimbursements of travel costs to and from the course will be included. This programme aims to be a great benefit to families/whanau that are having difficulties with their child. The enclosed brochures explain the project and what it would involve for the families/whanau.

This research goes toward the completion of Clare's Doctor of Clinical Psychology and Prof Ian Evans and Prof Janet Leathem are supervising it.

If parents choose to be involved in the study they will do it in their own time and it does not involve your service in any other way. All that we are asking is that you could distribute these brochures to all families/whanau so that those who are in need can have the opportunity to respond to this research study to receive some help.

Thanking you in advance,

Clare Couch
DClinPsych Student

Professor Ian Evans
School of Psychology
Massey University
Wellington

Te Kunenga
ki Pūrehuroa

APPENDIX J: Information Sheet

Massey University
WELLINGTON

Private Box 756
Wellington
New Zealand
T 64 4 801 5799
F 64 4 801 2692
www.massey.ac.nz

Balanced Parenting With Young Children
INFORMATION SHEET

You are invited to take part in this fun and exciting research study. This study aims to help parents who are having difficulty with behaviour problems in their 3- or 4-year old child. This study will run a programme for parents and their children to learn better ways to interact, leading to benefits for the parent and child and a decrease in child problem behaviours. This parent-training programme involves YOU and YOUR CHILD.

This programme offers the opportunity to learn ways to be a more effective parent in a relaxed, friendly environment sharing morning tea with other parents while the children play.

You have contacted the researcher and made an appointment to meet. That's great! Please read this form and at the first appointment you can find out more about the research and ask questions. If you choose to participate, we will ask you to sign a consent form for you and your child to participate and find out more about you and your whanau/family. You do not have to answer all the questions, and you may stop the interview at any time. There will be some forms to complete and we will ask you to tell us some thoughts about your child on a short video recording. After this we will start the parent-training programme.

The parent-training programme will involve a group of five parents with their child (younger siblings might also be involved), who will meet at the Massey University Psychology Clinic, at 24 King St, Newtown, Wellington for 2-hour sessions for a total five weeks. Sessions will involve receiving information from Clare, discussions with other parents, completing forms, doing short reports into the video recorder, opportunities to interact with the children, and exercises to try at home. The children will be able to play with the other children and will be involved in the parent and child activities, and to aid in observing interactions the sessions will be videotaped in a non-intrusive manner. All parents involved in the study will agree to maintain confidentiality of any information in the group discussions. One month after the parent-training programme ends the researcher will meet with parents to complete more short forms and to do a short video report. Some reimbursement for travel costs will be made for sessions that are attended.

This research is designed for children aged 3-4 years old with mild or moderate problem behaviours (e.g., child not listening to parents, being too physical with others, or parents not feeling like they can control child's behaviour) that are not receiving help from other services for these problems. This study also requires parents who have a basic command of English and who are not currently involved in a custody dispute. This initial interview will determine if your whanau/family fits within these criteria and if not, a referral to another service will be offered. Four training programmes will be carried out, involving a total of twenty parents with their children, which will be a sufficient number to show the usefulness of this study.

All information gathered from interviews, forms, or videos will only be used for the purpose of this research study and your identity and your child's identity will not be revealed to anyone other than the researcher and her supervisors. As in any other counseling or treatment situation, if the need arises for further intervention to ensure that the child and family members are safe, the researcher will be obliged to ensure that external support is provided to address the situation. Information will be gathered from videotapes and then they will be

Te Kunenga
ki Pūrehuroa

destroyed. Written forms will be stored in a locked filing cabinet in the School of Psychology, Massey University for five years, after which they will be destroyed. Since video recordings will be of the group sessions, copies will not be available for participants. You are most welcome to receive a summary of the results of this study, and if you would like to have one please tick the request box on the consent form and a brief outcome report will be sent to you at the end of the study. Please note that there is usually a delay between the end of the study and publication of results.

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study at any time;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you have given permission to the researcher;
- be given access to a summary of the project findings when it is concluded.

These rights apply to both you and your child.

ABOUT THE RESEARCHER

- My name is Clare Couch. I am studying for a Doctor of Clinical Psychology at Massey University. I have had extensive experience working with young children and in training parents.
- I will be assisted by _____ a student in the School of Psychology at Massey University.
- Professor Ian Evans and Professor Janet Leathem, School of Psychology, Massey University are supervising this research study. Prof Ian Evans will visit the training sessions from time to time.

In the unlikely event of a physical injury as a result of your participation in this study, you may be covered by ACC under the Injury Prevention, Rehabilitation and Compensation Act. ACC cover is not automatic and your case will need to be assessed by ACC according to the provisions of the 2002 Injury Prevention Rehabilitation and Compensation Act. If your claim is accepted by ACC, you still might not get any compensation. This depends on a number of factors such as whether you are an earner or non-earner. ACC usually provides only partial reimbursement of costs and expenses and there may be no lump sum compensation payable. There is no cover for mental injury unless it is a result of physical injury. If you have ACC cover, generally this will affect your right to sue the investigators.
If you have any questions about ACC, contact your nearest ACC office or the investigator.

If you have any questions about this research, please contact me by phone, 021 0261 9983.

Or you can write to me:

Clare Couch
DClinPsych Student
C/o School of Psychology
Massey University
PO Box 756, Wellington
Ph: 021 0261 9983

Prof Ian Evans
Professor and Head of School of Psychology
School of Psychology
Massey University
Private Bag 11-222, Palmerston North
Ph: 04 801 5799 extn 2070

This study has received ethical approval from the Central Region Health and Disabilities Ethics Committee.
If you have any questions or concerns about your rights as a participant in this research study you can contact an independent health and disability advocate. This is a free service provided under the Health and Disability Commissioner Act.
Telephone: (NZ wide) 0800 555 050
Free Fax (NZ wide): 0800 2787 7678 (0800 2 SUPPORT)
Email (NZ wide): advocacy@hdc.org.nz

Thank you for considering our project. Your time and effort is appreciated and you will have the opportunity to learn skills to benefit your whanau/family.

APPENDIX K: Initial Interview Schedule

Balanced Parenting with Young Children

Interview Schedule

Inform parents that:
- Information provided in the interview will remain confidential (to researcher and supervisors) and will only be used for the purposes of the research.
- All information that identifies parents and children (name, address etc) will be removed and a code will be assigned. Information related to the distribution of those codes will be held separately than these questions and answers.

Ask parents:
- What are your concerns about your child.
- What prompted you to respond to the brochure?

Information About Your Child:
1. Name:
2. Sex male/female:
3. Date of birth:
4. Ethnicity:
   a. NZ European
   b. Maori
   c. Samoan
   d. Cook Island Maori
   e. Tongan
   f. Niuean
   g. Chinese
   h. Indian
   i. Other
5. Position in the family: (e.g., eldest)
6. Does your child attend daycare/kindergarten/playcentre/other?
7. If yes to question 6, how many hours per week?
8. Does your child have any health concerns?
9. Does your child display any developmental delays?

Information About You:
1. Name:
2. Sex Male/Female:
3. Date of Birth:
4. Ethnicity:
5. Educational level:
   a. None
   b. What was your highest qualification gained at school level?
   c. What was your highest post-school qualification?
   d. Are you currently studying, if so, full-time or part-time?
6. Occupation:
   a. Full-time / Part-time employment
7. Marital Status:

  a. Never married
  b. Currently married
  c. Divorced or marriage has been dissolved
  d. Widow/widower/bereaved civil union partner
  e. Permanently separated from legal husband/wife/civil union partner
  f. De facto

8. In the past seven days, how many contacts (telephone or in person) have you had with:
  a. Friends
  b. Family
  c. Outside agencies, e.g, WINZ, Doctor, CYFS

9. Please give an overall rating to these contacts on a scale of 1-7, 1=very aversive, 4= neutral, 7= very pleasant
  a. Friends
  b. Family
  c. Outside agencies

Information About Your Family
1. Annual family income:
  a. <$15,000
  b. $16,000 – $30,000
  c. $31,000 - $45, 000
  d. $46,000 - $60, 000
  e. >$60,000
2. How many people live at your home and who are they?
3. Do you
  a. own your own home,
  b. rent,
  c. live with extended family,
  d. other

If you have a partner who lives with you, please complete the following:

Information About Your Partner:
1. Date of Birth:
2. Educational level:
  a. None
  b. What was your highest qualification gained at school level?
  c. What was your highest post-school qualification?
  d. Are you currently studying, if so, full-time / part-time?
3. Occupation:
  a. Full-time / Part-time employment

Video Recording:
Assessment: 5-minute parent talking in to the camcorder – Tell me about your child? What's the best thing about your child? What's the worst thing? (Encourage parent to be as honest as possible).

APPENDIX L: Consent Form

Massey University
WELLINGTON

Balanced Parenting with Young Children

PARTICIPANT CONSENT FORM

This consent form will be held for a period of five (5) years

- I have read the Information Sheet and have had the details of the study explained to me. I have had the opportunity to use whanau support or a friend to help me ask questions and understand the study.
- My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.
- I understand that the sessions will be video taped and I will give feedback to the video camera regularly.
- I understand that my participation in this study is confidential and that no material which could identify me will be used in any report on this study.
- I agree to not disclose anything discussed in the group discussions.
- I have had time to consider whether to take part.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw my child and myself from the study at any time.
- I know whom to contact if I have any questions about the study.

☐ YES, I agree to participate in this study under the conditions set out in the Information Sheet.

☐ YES, I agree for my child _____ **(please print the name of your child here)** to participate in this study under the conditions set out in the Information Sheet.

Signature: _____

Date: _____

Full Name (printed): _____

Relationship to child: (e.g., mother, father, legal guardian)_____

Does your child have specific allergies to food or diet restrictions? YES/NO

If YES, please state_____

☐ YES, I would like to receive a summary of the findings from this study.

Research explained by: _____

Date: _____

Researcher:
Clare Couch   Prof Ian Evans
Ph: 021 0261 9983   Ph: 04 801 5799 extn 2070

Consent Form-06/07-v1-page 1

Te Kunenga
ki Pūrehuroa

APPENDIX M: Family Information Questionnaire

Balanced Parenting with Young Children
Family Background Information

What is your main reason for attending this parenting course?

Can you please give me some information about your child?

1. Child's Name:

2. Child's Gender (please circle one):   Male   Female

3. Child's Date of Birth:

4. Does your child have siblings? If yes, what are their ages and names?

5. Does your child attend Childcare/Kindergarten/Playcentre/Other?

6. If yes to question 6, what days does he/she attend and for how long (e.g., morning, afternoon or all day)?

7. Does your child attend any other activities during the week (e.g., gymnastics, swimming lessons, playgroup)? If yes, what are these?

8. Does your child have any health concerns? If yes, what are these?

9. Has your child ever had, or does he/she now, display any developmental delays?

Can you please give me some information about you?

1. Your Name:

2. Your Address:

3. Your Phone Number:

4. Your Gender (please circle one): Male   Female

5. Your Age:

6. Your Ethnicity: (please circle one or more)
    a. NZ European
    b. Maori
    c. Samoan
    d. Cook Island Maori
    e. Tongan
    f. Niuean
    g. Chinese
    h. Indian
    i. Other (please state)

7. What was your highest qualification gained at school level?

8. What was your highest post-school qualification?

9. Are you currently studying, if so, full-time or part-time?

10. What is your occupation:

11. What is your marital status?
    a. Never married
    b. Currently married
    c. Divorced or marriage has been dissolved
    d. Widow/widower/bereaved civil union partner
    e. Permanently separated from legal husband/wife/civil union partner
    f. De facto

12. In the past seven days, how many contacts (telephone or in person) have you had with:
   a. Friends: _____

   b. Family: _____

   c. Outside agencies (e.g, WINZ, Doctor, CYFS): _____

13. Please give an overall rating to these contacts on a scale of 1-7, 1=very aversive, 4= neutral, 7= very pleasant
   a. Friends: _____

   b. Family: _____

   c. Outside agencies: _____

Can you please give some information about your partner?

1. Partner's Age:

2. Partner's Ethnicity: (please circle one or more)
      a. NZ European
      b. Maori
      c. Samoan
      d. Cook Island Maori
      e. Tongan
      f. Niuean
      g. Chinese
      h. Indian
      i. Other (please state)

3. What was your partner's highest qualification gained at school level?

4. What was your partner's highest post-school qualification?

5. Is your partner currently studying, if so, full-time / part-time?

6. What is your partner's occupation?

7. Is this full-time or part-time employment?

Can you please give some information about your family?

1. What is you family's annual family income?
   a. <$20,000
   b. $21,000 – $40,000
   c. $41,000 - $60, 000
   d. $61,000 - $80, 000
   e. >$80,000

2. How many people live at your home and who are they?

3. Do you
   a. own your own home,
   b. rent,
   c. live with extended family,
   d. other, (please state).

APPENDIX N: Programme Curriculum

Session 1: Keeping the Balance

For all sessions the room is set up so the parents meet at one end of the room and there is a play space for the children at the other end of the room. Children are free to move from being with their parents to being in the play space. The research assistant plays with the children and prepares morning tea etc, which frees up the parents to be more involved in the discussion.

Outcome Goals
- Parents and children have met each other.
- Parents have shared their concerns and problems about their children.
- Group rules have been established.
- Parents are able to recognise their own needs and their child's needs in the parent-child relationship.
- Parents are able to demonstrate the importance of balancing their own needs with their child's needs in the parent-child relationship.
- Parents and children enjoyed the session and will come back next time.

Welcome and Reflection, Introductions and Ice Breaker, Morning Tea

Group Building
Brainstorm ground rules for the group

Balanced Parent-Child Relationship
Introduce the model of the balanced relationship in the parent-child relationship (metaphor of the see-saw).
Use the balance set as prop to demonstrate and involve children in balancing the scales.
Brainstorm - What defines a balanced relationship?
- What are the needs of the child and of the parent?
- What are the costs and benefits for the child and for the parent?

Parent and Child as Individuals
Being aware of the child and parent as own persons with own personality and own developmental needs. There's no such thing as a perfect child or parent. The topic that is introduced each week will deal with issues in the parent-child relationship and will consider the balancing of needs.

Limitations of the Parent-Training Programme
This programme deals with the parent-child relationship and problems outside of this are beyond the scope of the programme.
Parents and children have wider needs that must be met in other relationships.
Acknowledge time and effort required to learn new behaviours – be patient!

Setting Homework for Week Ahead
- Observe and listen to child for 2 x 5 minute time slots per day. Aim to look for positives and not focus on being critical.
- Record instances of the child's needs and the parent's needs. Did these clash? When? Why? What behaviour followed?

Tidy up and Parent Recording into Camcorder

Balanced Parenting with Young Children - Programme outline - page 1

Session 2: Emotions

Outcome Goals
- Parents are able to recognise and label their own emotions and their child's emotions.
- Parents are able to balance their own emotional needs with their child's emotional needs in the parent-child relationship.
- Parents recognise that their emotions cloud their judgments.
- Parents are able to acknowledge and deal with their own emotions before dealing with their child's misbehaviour.

Welcome and Reflection, Introductions and Ice Breaker, Morning Tea, Homework Review

Emotions are OK for parents and children
What is the difference between feelings/emotions and thoughts?
What about emotions in a balanced parent-child relationship? Parents and children are entitled to emotions and both deserve respect.

Emotions Boxes
Activity with the children – 5 boxes with posting holes in top and pictures of faces with emotions – happy, sad, angry, scared, tired. Small cards with faces to be posted in different boxes according to emotion shown on the card.

How do emotions affect parents in their parenting role?
Emotions cloud judgments therefore parents need to control emotions to be able to deal with situations effectively.

Why do parents need to manage emotions?
Group discussion - drawing from parents' experience - need to be mindful and aware of own emotions – to acknowledge and label emotions – to isolate emotions to a situation. How to do this – take a step back, think before you act, "why am I reacting like I am?" – use low intensity situations and emotions to learn.

Emotions in children
Parents can teach children about emotions by:
- Observation – child will see parent recognising and labelling his/her own emotions.
- Parents can acknowledge and label the child's emotions in low intensity situations.

Problem solving
It is not useful for the child to get stuck in the emotions and parents can teach the child how to problem solve and use the emotions effectively.

Setting Homework for Week Ahead
- Observe and listen to child for 10 x 1 minute time slots per day.
- Practice recognition and naming own and child's emotions before giving instructions.

Tidy up and Parent Recording into Camcorder

Session 3: Developmental Issues.

Outcome Goals
- Parents are able to accommodate their child's developmental level when deciding how responsible the child can be for misbehaviour.
- Parents are able to name some developmental stages in childhood and particularly for their own child.
- Parents are able to name some developmental stages in adulthood.
- Parents are able to recognise that the changing development of the child affects the parent's development as well as the parent-child relationship.
- Children responded positively to parent's play interactions.

Welcome and Reflection, Introductions and Ice Breaker, Morning Tea, Homework Review

How Responsible is Child for Misbehaviour
Need to understand child's developmental stage to address responsibility.

Development of Children – in Stages not at Particular Ages
Physical, Language, Social, Intellectual, Emotional - using examples from parents' own children.

Introduce 'hot' focus and 'cool' focus.

Practical Exercise
Parents play with their own children for 10 minutes. Focus on observing the children in their play, noticing developmental level. *Discussion in the adult group:* What did you observe, or learn from this exercise?
OR: Pictures of people of different ages – ask children who is older or younger. Demonstrates - children are not able to differentiate across all ages.

Adult Development
Erikson - invite parents to discuss how they have developed as a parent.

Three C's
A sound understanding of development is a basis for using strategies:
Content – is what I'm asking of my child reasonable?
Collaboration – working with child – more than explanation
Choice – letting child feel part of the process

Balancing Parent and Child Needs
Discussion - while both parents and children are developing the relationship is also changing and so is the balance in the relationship.

Setting Homework for Week Ahead
- Observe and listen to child for 10 x 1 minute time slots per day.
- Practice recognition and naming own and child's emotions before giving instructions.
- Practice the 3 C's - be aware of child's developmental level.

Tidy up and Parent Recording into Camcorder

Balanced Parenting with Young Children - Programme outline - page 3

Session 4: Behavioural Skills.

Outcome Goals
- Parents are able to acknowledge emotions and consider the developmental level of the child before implementing behavioural strategies.
- Parents are able to use positive reinforcement to strengthen desired behaviours in their child.
- Parents are able to use planned ignoring to deal with small misdemeanours
- Parents are able to use time out as a strategy to correct large misdemeanours in their child.

Welcome and Reflection
Introductions and Ice Breaker
Morning Tea
Homework Review

Parent-Child Interaction
It take times and effort from the parents and the child to bring about change in behaviour. Be patient but also be consistent!

How to react to children's misbehaviour
First, recognise emotions of parent and child and then developmental stage of child. Finally, give clear, calm instructions for change of behaviour.
Recognising and acknowledging emotions does not mean accepting misbehaviour.

Behavioural learning
- Behaviours that we reinforce or reward are strengthened/learned.
- Behaviours that we ignore are weakened/unlearned.

Children can learn desirable and undesirable behaviours.
Reward the desirable behaviour and ignore the undesirable behaviours.

Rewards
Social & non-social reinforcers/rewards.
Natural consequences rather than punishment or threats
Can use 'planned ignoring' for small misdemeanours.
Use 'time out' for larger misbehaviours.
Be consistent – follow through with what you say.

Time Out
Used each time a child has the targeted undesirable behaviour
Do not be upset or scold on way to time out (this reinforces the child)
Be gentle, but firm.

Setting Homework for Week Ahead
- Observe and listen to child for 10 x 1 minute time slots per day.
- Practice recognition and naming own and child's emotions before giving instructions.
- Use behavioural strategies, where appropriate.

Tidy up and Parent Recording into Camcorder

Session 5: Parent Attributions and Perceptions.

Outcome Goals
- Parents are able to name some attributions that they have for their child's behaviour.
- Parents are able to have positive attributions (specific, transient attributions with an external locus of control) for their child's misbehaviour.
- Parents are able to explain how the parent-child relationship is reciprocal.
- Parents are able to deal with specific problems with their child using behavioural strategies while being mindful of emotions and the developmental ability of the child (if requested by parents).
- Parents are able to describe how the parent-child relationship is interconnected to other important relationships for the parent and child (if time permits).
- Children display decreased intensity and frequency of behaviour problems.
- Parents feel more competent and effective in their role as a parent.

Welcome and Reflection
Introductions and Ice Breaker
Morning Tea
Homework Review

Attributions for Misbehaviour
Invite parents to imagine this scenario.
"You have been hanging out the washing and you come back inside the house. Your child is in the dining room with a cloth in hand. There is a large spill of tomato sauce on the carpet beside the table and the sauce is smeared into the carpet. There is sauce on the cloth in your child's hand."
Consider parents' reactions to this situation and consider different reactions depending on what happened prior to this incident.
Draw conclusions in the group: Emotions_____→ Attributions _____→ Action

Parental Perceptions
Parental perceptions affect the way that they react to their child?

Funny glasses activity
Parents and children try on different glasses with coloured lenses.
Perception of a child's behaviour affects the way that you react to the child.

Reciprocal Nature of Parent-Child Relationship
This can be in a positive or negative way.

Specific Problem Solving (if needed)
Parents can discuss specific problems with their child that have not yet been addressed in the programme.

Parent-Child Relationships and Other People (Optional - if time permits)
Parent and child need other relationships too.

Programme Evaluation and Assessment Tasks
Parent's complete written evaluation while others are completing assessment tasks.

Tidy up and Parent Recording into Camcorder

Follow up assessment: 2 months later.

Outcome Goals
- Parents are able to balance their own needs with their child's needs in the parent-child relationship.
- Parents are able to deal with specific problems with their child using behavioural strategies while being mindful of emotions and the developmental ability of the child.
- Children display decreased intensity and frequency of behavioural problems.
- Parents have positive attributions (specific, transient attributions with an external locus of control) for their child's misbehaviour.
- Parents feel more competent and effective in their role as a parent.

Welcome and Reflection
Introductions and Ice Breaker
Morning Tea

Review
Invite parents to share how the last month has gone. Review key aspects of the programme.

Assessment tasks.
Assessment: 5-minute parent talking into the camcorder – Tell me about your child? What's the best thing about your child? What's the worst thing? (Encourage parent to be as honest as possible).
1. *Eyberg Child Behaviour Inventory (ECBI).*
2. *Parenting Sense of Competence Scale (PSOC).*
3. *Attributions Questionnaire.*

Tidy up and thank parents for their involvement in the research.

APPENDIX O: Handouts

Balanced Parenting With Young Children

Session 1: Keeping the Balance

When children are young they are heavily dependent on their parents for physical, emotional, social and intellectual needs. Research has shown that when trying to deal with problem behaviours of children it is most effective to train the parents, especially when the child is young. You have taken a big step to commit the time and effort to trying to deal with your child's problem behaviours. Well done!! Addressing these problems at a young age and finding ways to deal with them will not only help you and your whanau/family now, but can also help prevent further problems in the future.

Observation and listening are important tools for understanding your child. Using these tools will help you be aware of your child as an individual person with his/her own personality and developmental needs. Your child has the right that these needs be respected. By listening to and observing your child you can begin to understand him/her better. This understanding and respect needs to be kept in mind before dealing with your child's misbehaviour.

There's no such thing as a perfect child.

Be aware that as a parent, you are an individual with your own personality and your own needs. You have the right that these be respected and this needs to be kept in mind before dealing with your child's misbehaviour.

There's no such thing as a perfect parent.

A central theme of this parent-training programme is the need for balance in the relationship between the parent and the child. In this relationship the parent and the child are individuals, in their own right. Each of them is a unique person who has particular needs. However, the child's needs outnumber the parent's needs because the child is younger and dependent on the adult. The adult has the responsibility to tend for the needs of the child who is dependent on them. There are costs and benefits for the child and for the adult in this relationship.

The important thing is to maintain the right balance!

It requires time and effort to learn new ways of interacting with your child. Both you and your child will need time to learn these new skills. You need to weigh up the alternative of doing nothing. Just persevere!! While in the beginning the concepts and skills that will be presented in this programme may appear awkward or strange, with practice, these skills will become easier and you will feel more comfortable doing them and you will begin to see the benefit for you, your child and your whanau/family.

This programme deals with the relationship between the primary parent and the child because it has been shown to be important for the healthy development of the child. However, this relationship is understood in the context of wider whanau/family support and friendships, and both parents and children need to have a range of relationships and friendships for healthy development. The skills learnt in this programme also apply to other significant relationships.

This programme is limited in its time and cannot address all issues for a family. Therefore, the focus of this programme is to deal with the relationship of the primary parent and the child. This programme does not attempt to address all concerns for a whanau/family.

Balanced Parenting With Young Children

Session 2: Emotions

Feelings and emotions begin with "I feel..." and are different than thoughts that begin with "I think..." Parents' first reaction to their child's misbehaviour is often an emotional response rather than a logical, thought-out response. Feelings are very strong when you are a parent. This is a very normal part of parenting and many parents report very intense feelings about their children, such as – happiness, joy, anger, sadness, disappointment, patience, vulnerability, fear, pride, frustration, or love.

Emotions are an essential part of our makeup as human beings.

It is OK for parents to have emotions. It is OK for children to have emotions. In a balanced parent-child relationship both the parent and the child are entitled to feel emotions, and parents can validate their own and their child's emotions. There is a difference between the emotions that we feel and the actions we take because of these emotions. What we learn, as we develop, is how to use our emotions effectively. Dealing with our emotions is not always easy and adults are still learning while they are teaching their children about emotions.

While parents have both positive and negative emotions, these emotions can cloud judgments (e.g., parents report that it is difficult to forgive when they are feeling angry. Also when parents correct a child's misbehaviour in an angry tone the child is less likely to see the reaction of the parents as fair). If parents can be more mindful and aware of their emotions, by taking a step back and thinking before acting, they can use their emotions more constructively. As parents become aware of their emotions this can affect the way that they respond when they are feeling emotional in all relationships in their life.

Research has shown that parents who are able to recognise and name their own emotions have children who can regulate their emotions better and these children have better relationships with their peers. Research has also shown that children who learn to regulate their own emotions can self-soothe and focus attention on what they need to, they do better at school, their relationships with their peers are better and they have better physical health. These children also show more positive moods, less negative moods, and they have fewer behavioural problems.

When first learning these skills it is useful to practise in low intensity emotional situations, which will help to build the skills for later, more intense, situations.

Remember that in the balanced parent-child relationship the child has greater needs than parents. Young children do not have the skills to recognise, name and deal with their emotions. They need their parents to help them learn about emotions and to manage them effectively. A powerful learning tool for children is observation and as your child hears you labelling your emotions he/she is learning how to do it as well. Also, you can acknowledge and label your child's emotions, e.g., "I see that you are feeling really happy about that", or " It looks like you are feeling sad that...." Children at this age name their emotions quite metaphorically and symbolically and this can be a useful tool when teaching our children to label emotions.

While it is important to recognise emotions it is also important to know how to use these emotions to deal with a situation. It is not useful to get stuck in negative emotions, so parents need to teach their child how to problem solve and use their emotions effectively, e.g., identify emotions and isolate them to the situation.

Reference: Gottman, J. M., & DeClaire, J. (1998). *Raising an emotionally intelligent child: The heart of parenting.* New York: Simon & Schuster.

Balanced Parenting With Young Children

Session 3: Developmental Issues

When parents understand their own development as a person and as a parent and, also, their child's development this helps to maintain a healthy balance between the needs of the parent and the needs of the child in the parent-child relationship. When considering a child's developmental level it is more appropriate to consider developmental stages rather then developmental ages, because there is a fairly wide range of ages at which children meet developmental stages. Understanding what your child is developmentally capable of help parents to have realistic expectations of their child.

It is important to have knowledge of the child's developmental abilities because this helps the parent understand how responsible the child can be for the misbehaviour.

The following list describes some milestones at different developmental stages. Ages are approximate.
Infancy (0-1 year). The infant learns to roll over, sit without support, crawls, walks, engages in goal-directed behaviour, and can tell differences between small sets of objects. The infant forms attachments with significant adults and stranger anxiety and separation anxiety may appear. Infants imitate language sounds and may say first words - they respond well to lots of talking and singing. Basic emotions emerge, such as: joy, surprise, sadness, disgust, and anger.

Toddlerhood (1-2.5 years). The toddler can walk fairly well, including walking up steps, and drawing consists of mostly first marks. Toddler engages in constructive play, begins to represent the world with words and images, and memory for episodes emerge. Language can develop rapidly, beginning with naming objects and later engaging in conversations. Emotions continue to differentiate and self-evaluative emotions (embarrassment, envy, empathy) emerge. The urge for autonomy is developing and conflicts with other siblings and peers increase. Play with others is mostly parallel. Toddler may show pro-social behaviour and aggression occurs in conflicts over toys and space.

Early Childhood (2.5 – 4 years). Child can jump, run, climb, pour liquids, eat with utensils, use the toilet alone, and dress self with help. Child begins to count, name colours, explain causal relations, understand symbols, and engages in pretend play. Child learns new words almost daily, combines 3 or more words, uses past tense, and emergent literacy skills are developing. Child shows growing ability to "read" others' emotion, mental states and intentions. Temper tantrums are common. Child shows increasing interest in other people, especially children. Sibling conflicts over property are common; pretend play has socio-dramatic themes. Aggression becomes less physical and more verbal. Pro-social behaviour becomes more common; motive is to earn praise and avoid disapproval. Moral reasoning is rigid.

Middle years (5-12 years). Balance and control of body, as well as speed and throwing ability improve. Child can distinguish between reality and fantasy, reason logically about concrete events, and classify objects into different sets. Memory strategies improve, speech is almost adult like, and understanding of syntax and sentence structure is more sophisticated. Child is aware of own pride or shame, understanding of emotions increases, peer relationships are important, and rough-and–tumble is common in boys. Sense of competence develops, self-worth becomes explicit, moral reasoning becomes more flexible, and empathic and pro-social behaviour increase. Child wants to be "good" to maintain social order and aggression declines.

Hot/cool focus
Everyone has a "hot", emotional system and a "cool", knowing, or thinking system. The balance between these two systems is determined by stress, developmental level, and personal differences in

self-regulation. Children begin with the "hot" system and the "cool" system only develops as the child matures. Parents can help their child to the more "cool" focus by distracting them because the child is less able to do this due their developmental stage.

Life Span Development
Development, however, is not confined to childhood and adolescence but continues throughout the life span. One model of human development suggests that there are a series of stages that a person passes through in healthy development:

Infancy	Basic trust
Early Childhood	Autonomy
Play Age	Initiative
School Age	Industry
Adolescence	Identity
Young Adulthood	Intimacy
Adulthood	Generativity (caring for others)
Old Age	Integrity

In their role as a parent, people are developing and this begins even before the baby is born when people make changes in their lifestyle to accommodate the baby. Parenting offers many opportunities for adults to develop as a person and research has shown that certain aspects are more common in parents than in adults without children, such as: they have increased levels of thinking about things from different perspectives; they have increased levels of self-awareness; they have increased levels of self-competence; and they have increased levels of responsibility. Many women and men report that parenting is a basic influence in shaping their development as an adult.

While both parents and children are developing, the relationship is also changing and so is the balance in the relationship. Your parenting each day does not occur in isolation, but rather, the past behaviours and interactions with your child influence how you interact today. This can be a positive influence such as having built positive experiences of loving and building trust. However, there can also be negative experiences, such as, clashes over difficult behaviour or times of frustration for you and your child. Knowing the child's developmental level builds understanding, which fosters positive interactions.

Three C's
Once you have a sound understanding of development you can then you can be more successful using strategies to help you and your child. For example, the three C's:
Content –Am I being reasonable in my request to the child or am I saying no out of a habit, or demanding mindless obedience to mindless restrictions?
Collaboration – working with child to figure out the source of the problem (remember the developmental ability of the child to do this) and to plan a next step together.
Choice – the more that a child feels part of the process, and that his/her point of view is heard and taken seriously, the fewer problems there will be to deal with choice and they can participate in real decisions about what happens to them.

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Balanced Parenting With Young Children

Session 4: Skills to Change Behaviour

When reacting to your child's misbehaviour:
1. Recognise and address the emotions experienced by yourself and your child.
2. Consider what behaviour might be expected from your child at this developmental level?
3. Give clear, calm instructions for change of behaviour.

Your child has a lot to learn while these new ideas are being implemented and will initially protest and test the limits. The protests will decrease as the new behaviours are learnt. Be patient!

Behaviours that we reinforce or reward are strengthened/learned. Behaviours that we ignore are weakened/unlearned. People can learn desirable and undesirable behaviour and sometimes parents mistakenly reward undesired behaviours. If a parent rewards a desired behaviour in their child, that behaviour will be strengthened and it is more likely that the child will do that behaviour. Likewise, if a parent ignores an undesired behaviour in their child, it is less likely that the child will do that behaviour. Rewards can be social, such as descriptive praise, hugs, and attention, or non-social, such as lollies, stickers, and a trip to $2 shop.

Provide your child with incentives and reward your child when he/she is doing a desired behaviour because this strengthens that behaviour. Remember:
- Reward must occur immediately after the desired behaviour.
- Start rewards small - give on every occurrence of desired behaviour.
- Lengthen the gap between the behaviour and reward as the child begins to master the behaviour.

Catch your child while being good and reward that behaviour.

Although punishment can weaken behaviour, it often only works for only a little while and it gets both the parent and the child upset. Instead, use logical consequences, which are related to the child's misbehaviour and are a logical consequence of that particular action. Threatening your child with punishment or negative outcomes may be effective in the short term, but it is limited because the child might not remember the threat, or if the threat is not followed through, the child learns that you will not actually follow through. Also, rewards or ignoring are more effective when they are given immediately after a desired behaviour so delayed threats are not as useful.

Be consistent. If you are rewarding positive behaviour - do it every time you see the desired behaviour. If you ask your child to do something - wait until they do it. This shows respect for you as a parent. If you tell your child you are going to do something - follow through with what you say. Do not make statements that you can't follow through on.

Observation is an important skill. Take time to observe your child and to get an idea of what the behaviour is and how often it happens.

It is OK to ignore small misdemeanours. Remember that your child is not perfect – no one is. Decide that some misbehaviour is small enough to not warrant adult intervention – instead you can use planned ignoring. This will help weaken the problem behaviour. However, some misbehaviour does need the parent to intervene and using Time Out takes the child out of the situation, provides no reinforcement and gives the child a clear message that the behaviour is unacceptable. Time Out must be used each time the child has the targeted undesirable behaviour. Do not be upset or scold on the way to taking your child to time out (this reinforces the child). Be gentle, but firm and be consistent.

Balanced Parenting With Young Children

Session 5: Parent Attributions and Perceptions

While the first reaction that parents often have to their child's misbehaviour is an emotional one, another aspect that affects the way that parents respond to their child's misbehaviour is parent attributions, which are the 'rules' that parents have about the causes of child misbehaviour. Parents do not usually articulate these 'rules' but they affect the way they relate to their child and they are used to guide discipline. These attributions also affect the balance in the parent-child relationship.

Attributions can be global (behaviour happens in all situations) or specific (it only happens because of the situation); stable (behaviour is always the same) or transient (it changes); and they can have an internal locus of control (something internal to the person concerned) or external locus of control (something external to the person concerned). Research has shown that parents who have believe that the child's misbehaviour is due to factors within the child (internal locus) and due to factors that would affect many aspects of the child (global attribution) have lowered expectations of the child's behaviour, i.e., they expect them to be bad and, therefore, their parenting style encourages disruptive behaviour.

If people consider that their child's behaviour has an internal locus of control they consider that it is an inherent, unchangeable pattern of behaviour in the child. However, those who consider that the child's behaviour has an external locus of control consider that the reason for the misbehaviour is because of external factors, such as tiredness, or developmental level and therefore believe that the child can change. Parents who have an external locus of control attribution for misbehaviour are more likely to have less severe parenting styles and to be more accommodating and forgiving of their child.

It is based on these emotions and attributions that parents then act and this action is not usually a conscious decision but happens very quickly. Some research has shown that parents who have a child with disruptive behaviour are more likely to have negative thoughts/attributions re that behaviour and, therefore, they are more likely to use harsh punishment. Understanding behavioural learning and child developmental levels helps us understand that children do not misbehave because they are bad or naughty, per se. Rather, the child has learned these behaviours and can, therefore, unlearn them.

Through managing emotions and having positive attributions for their child's behaviour, parents can have more positive interactions with their child, they can be more effective in their parenting and overall there can be more balance in the parent-child relationship.

This programme has offered a way to look at your relationship with your child in a new light. Some of these ideas may have been new; others may not have been. While you may be dealing with the same situations with your child you can perceive them differently and therefore approach them differently. Just like on the see-saw the parent and child affect one another in their relationship and a change in one person affects the other person, both positively and negatively. If you become more positive as a parent your child will notice. If you give your child the benefit of the doubt this allows for him/her to say sorry and lays the foundation for a more forgiving relationship.

While the parent-child relationship is important, it does not exist in a vacuum, but rather, both you and your child need other relationships and experiences to be fulfilled. The whole family and other friendships play an important role and this is especially true as your child develops, becomes less dependent on you, and is exposed to other experiences in early childhood education and schooling.

APPENDIX P: Homework Sheets

Balanced Parenting With Young Children

Homework for Session 1.

1. Activity:

For 5 minutes - observe and listen to your child.
Look for positives in your child
Try not to be critical.

Do this activity twice a day – i.e., find two times of 5-minutes when you can observe your child.

2. Noticing children's needs and parent's needs.

Record instances when you saw your child's needs.

Think about times when you had needs as a parent in the parent-child relationship.

Did your needs clash with your child's needs?

If so, when did they clash?

Why was there a clash?

What behaviour followed the clash?

Balanced Parenting With Young Children

Homework for Session 2.

1. Activity:

For 5 minutes - observe and listen to your child.
Look for positives in your child
Try not to be critical.

Do this activity twice a day – i.e., find two times of 5-minutes when you can observe your child.

2. Recognising and Naming Emotions.

Practice recognising and naming your own emotions. Remember to do this in low intensity emotions.

Sometimes you might need to think back:
Why did I react like I did?
What was I feeling at the time?
What was I thinking about?
What did I do?

Practice recognising and labelling emotions for your child. Remember to do this in low intensity emotions in the beginning.

Practice noticing and labelling emotions before giving instructions to your child. Wait and see what happens. Don't try to fix the emotion straight away. Simply notice it and tell your child that you notice it.

Balanced Parenting With Young Children

Homework for Session 3.

1. Noticing Developmental Abilities.

Name something that your child can do and that you think is because he/she has reached the appropriate developmental stage.

Notice something that your child struggles to do. Is this because he/she has not reached the appropriate developmental level yet?

Three C's
A sound understanding of development is a basis for using strategies:
Content –Am I being reasonable in my request to my child?
Collaboration – working with child to figure out the source of the problem and to plan a next step together. This is more than an explanation.
Choice – letting child feel part of the process means there are fewer problems about making choices.

2. Observation:

For 1-5 minutes - observe and listen to your child.
Look for positives in your child
Try not to be critical.

Do this activity 2-10 times a day – i.e., find two times of 5-minutes (or 10 times of 1 minute) when you can observe your child.

3. Recognising and Naming Emotions.

Practice recognising and naming your own emotions. Remember to do this in low intensity emotions.

Practice recognising and labelling emotions for your child. Remember to do this in low intensity emotions in the beginning.

Help your child to problem solve after acknowledging emotions.

Balanced Parenting With Young Children

Homework for Session 4.

1. Activity:

For 5 minutes - observe and listen to your child.
Look for positives in your child
Try not to be critical.

Do this activity twice a day – i.e., find two times of 5-minutes when you can observe your child.

2. Recognising and Naming Emotions.

Practice recognising and naming your own emotions. Remember to do this in low intensity emotions.

Practice recognising and labelling emotions for your child. Remember to do this in low intensity emotions to begin with.

Practice noticing and labelling the emotions before giving instructions to your child. Wait and see what happens. Don't try to fix the emotion straight away. Simply notice it and tell your child that you notice it.

3. Use Positive Reinforcement

Catch your child while he/she is good.
Don't interrupt your child's play but look for opportunities to praise your child or to reinforce/reward desirable behaviours.
You can do this immediately after the behaviour – you don't have to interrupt.
Try to do this at least 5 times a day.

4. Use Planned Ignoring.

Remember that it is OK to ignore small misbehaviours. Ignoring them means we are not reinforcing them.

5. Use Time Out.

For larger misbehaviours it is important to use time out.
Be calm, but firm.
Be consistent – follow it through.

APPENDIX Q: Missed Session Follow-Up Note

"Balanced Parenting with Young Children"

Sorry that you missed our session this week.

Here are the handouts that were given out on the day.

Please have a read so that you can see what we have been doing.

Looking forward to seeing you again next week ☺ !

Thanks,
Clare Couch

Ph: 021 0261 9983

APPENDIX R: Evaluation Form

Balanced Parenting With Young Children

PROGRAMME EVALUATION

1. What did you find the most worthwhile aspect of the programme?

2. What aspect of the programme was the least worthwhile?

3. If you were running the programme, which parts would you change (and how) and what would stay the same?

4. What do you think was the key message from the programme? Complete the following sentence… The most important thing to remember when you are interacting with your child is…

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5. Do you think the programme has had an impact on your parenting style? If yes, in what way has it changed?

6. Are there any areas that we didn't cover that you wished we had? What are these?

7. Would you recommend this parent-training programme to other parents having difficulties with their child? YES/NO

8. Do you think your child's behaviour is still problematic? If so, what are the types of behaviours that concern you?

9. Would you like me to refer you to another agency/individual for help in managing these behaviours: YES/NO

10. Do you have any other comments you wish to make?

Thank you for your time in filling out this evaluation.

APPENDIX S: Initial Codes For Qualitative Analysis

Be-Pos	Behaviour	-	positive
Be-Pro		-	problem
Be-D		-	description
A-E	Attributions	-	excuse
A-B		-	blame
A-P		-	why parents find it difficult
D	Dialectical Dilemmas		
PE-P	Managing Parental Emotions	-	positive
PE-N		-	negative
PJ	Parental Judgment Difficulties		
St-Obs	Strategies Learnt by the Parents	-	observations
St-E		-	emotions
St-D		-	development
St-Per		-	perceptions
St-C		-	the 3 C's
St-B		-	behavioural
E-F	"Expert knowledge"	-	from the facilitator
E-O		-	from others (books, handouts, etc)
Ba-B	Balance	-	needs
Ba-S		-	skills
Ba-D		-	development
Ba-Rel		-	relationship focus
Ba-Ex		-	expectations
M	Parents Wanted More Sessions/Follow up		
POP	Positive Outcomes	-	parents
POC		-	child
H	Homework		
R	Reminder of Things Already Known		
Ab-P	Child Abilities	-	physical
Ab-S		-	social
Ab-I		-	cognitive/Intellectual
Ab-E		-	emotional
Ab-L		-	language
Sh-O	Shared Beliefs/Experiences as Parents	-	offering
Sh-R		-	receiving
Sh-Sp		-	specific situations
Sh-N		-	negative
C-P	Children in the Group	-	positive
C-N		-	negative

APPENDIX T: Themes and Sub-themes for Qualitative Analysis

Theme 1   Describing the Child's Behaviour

Parents provided descriptive statements about their child's behaviour, interests, or abilities and they also commented on changes that they had noticed. These excerpts were analysed as qualitative data for child behaviour and were presented alongside quantitative data in the section called 'Child Behaviour Measures' alongside quantitative data. Examples of this theme included:

> "Sometimes he can be a little bit over enthusiastic and he loves physical contact. So that has sometimes been a bit of a challenge. He'll want to hug other children really tight. Or pat them on the head or 'boing' them on the head. And so that has been quite a challenge to get him to realize that, you know, children have their own space and sometimes they don't want to be squeezed really tight" (Susan - B2).

> "So Isaac's been doing better. I think he's learning some skills, um, same with me and just making some more brain connections *(chuckles)* and figuring things out a little bit more" (Charlotte – C10).

Theme 2   Parental Perceptions

This theme reflected parents interpretations of their child's behaviour, the impact it had on their relationship and why they were having difficulties with their child. Excerpts that reflected this theme were analysed as qualitative data and presented alongside quantitative data in the section 'Parental Attributions'. Examples included:

> "What I like least is the whole whining and complaining bit, yeah. I mean half the time it's probably not her fault. Yeah, it's kind of like when I'm getting tea and not really listening to her. So I suppose some more positive things from *me* would improve that with her" (Maria – C7).

> "He has done some dreadful things but they are not through bad behaviour. Like when he managed to injure his sister by accident it really wasn't a malicious intent and he was really upset about it. So that's not, you know, as I say, a lot of the things he does are not through naughtiness as such" (Bonnie – B5).

Theme 3   Balance in the Parent-Child Relationship

Excerpts in this theme were initially collated because they had a 'relationship focus'. Further analysis of this theme identified that the main theme was about developing and maintaining balance in the parent-child relationship and there were five associated sub-themes which were discussed within the section titled 'Balance in the Parent-Child Relationship'. The sub-themes are as follows:

1. Dialectical Dilemmas. Comments reflected the tension of two (seemingly) opposing forces within the child, themselves and within the parent-child relationship.

> "He's a really active little guy. He likes to be busy most of the time and he is, again, there's that two personalities, you know, one time he is a very caring, little boy who can be slightly empathetic and then there are other times where he's pretty mean and doesn't think about people's feelings or think about that he's hurting them… Well, what I like least is actually something that I'm pleased he has. Sometimes I really don't like that he's so assertive. But I think that that's very, very important for him to actually have that assertiveness but now we're just teaching him how to use that assertiveness in a good way where no one gets hurt but he, um, still can voice his opinion and sort of get what he wants within reason to what's going on" (Carmen – C4).

2. Balancing Child Development and Child Needs. Parents commented on an increased understanding of their child's needs and development and this contributed to more balance in their relationship with their child.

> "And also I think, for me, reminding myself constantly *(chuckles)* that he's not even 4 and, you know, that perhaps my expectations are too high – what I expect of someone his age" (Diane – D2).

3. Recognition of Need for Emotional Balance between Parent and Child. Excerpts in this sub-theme parents increased understanding of their own and their child's emotional needs and maintaining a balance between these, e.g.,

> "I enjoy my time with my tamariki but I'm often, um, looking forward to some time to myself and I'm pretty selfish with that and I feel that, you know, those are my top ups so the balance for me is a bit different to say, my friend Karen" (Miriama – C8).

4. Recognition of a Balancing Relationship (Interpersonal Dynamics). In these excerpts parents reported an increased recognition of the need for an overall balance between parent and child in the parent-child relationship, e.g.,

"The main message I took was about needing to achieve a balance in your relationship. Not just with your child, but for me, ah, between you and your child, but also between you and your partner. And I think for me, one of the things that I'm going to take out from the session, which I know is not the age group that it is aimed at but I think also I need to think about the relationship between my 3 children and their different needs" (Bonnie – B5).

5. Validation and Acceptance of Emotional Experiences (Interpersonal Dynamics). Parents comments reflected appreciation that they had needs of their own and that these were validated, e.g.,

"It's good to have the reinforcement that looking at it from my needs is not a horrible thing to do because sometimes I deal with a lot of guilt with that and it's good to just have it reinforced that yes, you have to pay attention to your needs and along with your children and, that you're important too, as a parent" (Charlotte – C10).

Theme 4   Mechanisms of Change

This theme was initially split into two themes (Theme 4 – 'Programme Dynamics' and Theme 5 – 'Evaluative Statements about the Programme'), but were combined when further analysis identified that they were both essentially identifying programme factors that had been influential for parents in the process of change in them and in their children. This theme was discussed under the section titled 'Mechanisms of Change' under the heading of three subthemes:

1. What parents found helpful. Parents reported that there were a number of factors which had been helpful for them, including: sharing experiences with other parents; accessing "expert" knowledge from the researcher; gaining strategies related to the topic of the weekly sessions; it reminded them of things that they already knew but might not have been utilizing properly or had forgotten; and the use of homework exercises. Examples include:

"The main message, I think that I've understood from the session today would be that all of us as parents are in the same boat and we all seem to be struggling with very similar issues and what our children do is quite normal behaviour. I felt it was good to hear that we are all struggling with the same sort of thing" (Emma – E4).

"And I felt like it was good being around other people and talking about problems and things with the children. What was helpful was, um, I enjoyed listening to other parents of what their thoughts were and

that was good. … Um, knowing that there's a class out there that helps
you to know things about your children is good" (Donna – D5).

2. Combined group format. There were various comments from parents about
the group format that included both parent discussion and children playing alongside in
the same room, e.g.,

"Yeah I want to thank you again, Clare for taking the time to come out
here. For providing someone to tautoko our tamariki so we can talk"
(Karen – C2).

"It's sometimes a bit of a *(chuckles)*, a bit hard to hear with all the
noise, but we'll just work with that as, as that goes along" (Charlotte –
C5).

3. Wanting more sessions or follow up. There was some interest expressed by
parents that they valued the programme so much they would have liked to continue
with more sessions, e.g.,

I've enjoyed the course and I really wish we could more of these
things. I wish we could do some more, but maybe you could do a part
2, all right (Miriama – C8).