An Exploratory Evaluation of a Community Interactive Training Programme for Parents of Children Aged Birth to Five.

Submitted by Geoffrey John Robert Morgan to the University of Exeter as a thesis for the degree of Doctor of Educational, Child and Community Psychology (D.Ed.Psy) in June 2011.

I certify that all material in this dissertation which is my own work has been identified and that no material has previously been submitted and approved for the award of a degree by this or any other university.

Signed..

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First Submission (3rd of June 2011)

Acknowledgements

I would like to thank the parents who took part in the study for giving me insight into the world's most important job.

I am very grateful for the excellent supervision I received from Brahm Norwich and Shirley Larkin. Thank you to Lynne Juniper for inspiring and supporting my research and to Zoe Byrnes, Becky Essex, Amelia McKendrick, Ez Mills and Sally Penna-Bray for their support with data collection.

Finally, to Sarah, thank you for your kindness, love and wisdom.

Project Summary

Background

Conduct problems (CPs), a persistent pattern of challenging, oppositional, defiant or aggressive behaviour are a significant concern to educators, families and other professionals. CPs in preschool children are related to poorer educational and social outcomes in addition to a range of behavioural and emotional difficulties. Although there is evidence for hereditary and temperamental influences, parental factors are widely considered to be significant in the development of CPs.

Parents experiencing psychological or social distress are considered to be at risk for challenging behaviour in their children. Psychologists and other theorists have suggested several possible reasons for this association. Firstly, it is possible that parents in distress have difficulty managing stress and as a result use harsh, inconsistent or coercive approaches to parenting. Secondly, parents with children who have CPs may be low in parental self efficacy, a consistent belief in their capacity to parent, which leads them to parent ineffectively and inconsistently. A third possibility is that parents in distress struggle to form stable attachments with their children which can lead to later behavioural difficulties. Finally, it is possible that parent's distress is influenced by external contextual factors which also influence children such as family or social conflict.

Studies suggest that training programmes for the parents of preschool children are effective in reducing child behaviour problems. Training approaches are influenced by a combination of psychological theories including behaviourist, social-cognitive, attachment and ecosystemic approaches. There have been many quantitative evaluations supporting the

use of parent training programmes (PTPs). However, there has been limited inquiry into the process of PTPs from the perspective of those who attend them.

Aims

The first part of this study was designed to evaluate vulnerability factors related to conduct problems; parental self efficacy, stress and child behaviour problems over the course of a community parent training programme designed to help participants to understand and manage the behaviour of young children.

The overall research aim was to evaluate the outcomes and process, using different methodologies to address several questions. A realist methodology was applied to evaluating: 1. was there an association between parental stress, parental self efficacy and child behaviour problems at the start of the programme consistent with the established theory? 2. Did the parents attending the course experience higher than expected levels of stress and child behaviour problems? 3. Did quantitative and qualitative data indicate that these vulnerability factors changed over the duration of the course? Finally, an interpretivist methodology was used to explore how parents of young children evaluated as at risk of challenging behaviour described the experience of learning in the programme.

Methods

The study utilised a pragmatic approach to evaluation with mixed methods and differing methodologies.   At the start of the programme, a cohort of 38 parents agreed to participate in the study prior to the programme and completed self report measures related to parental stress and parental self efficacy. Parents with concerns about the behaviour of a child aged over three also completed a questionnaire relating to child behaviour problems. Of the

original cohort, 27 completed self report measures at the end of the programme. 17 parents completed the same measures at a follow up meeting at the Children's Centre, five to six weeks after the programme was completed. At this meeting 16 parents were interviewed to discuss their experience of the programme and any subsequent changes which had occurred.

Results

The results of the first part of the evaluation suggested a significant relationship between parental self-efficacy and stress and between stress and child behaviour problems. However, there was no statistical association between self-efficacy and child behaviour problems, as expected. This tentatively indicates that parental self-efficacy is less important in the development of child behaviour problems than has been previously suggested.

The analysis of stress data at the start of the programme indicated that the frequency of parents reporting moderate to extremely severe stress was 4.42 times that which would be expected in a typical British cohort. At the start of the programme, frequency of child behaviour problems in the cohort were 5.9 times higher with conduct problems being 9 times what would be expected based on British norms. This suggests that the programme is being accessed by parents whose children are evidencing behaviour problems and, in particular, conduct problems. However, methodological issues are likely to have led to a slight overestimate of relative prevalence of child CPs in the cohort.

Results indicated that parents reported significantly increased self efficacy, significantly reduced stress and child behaviour problems, including conduct problems, between the start and end of the programme. Thematic analysis and subsequent content analysis of

outcome themes from interviews suggested that the majority of parents interviewed identified changes in parenting behaviour, knowledge, confidence, reduced stress and improved child behaviour as outcomes from the programme. However, changes in the quantitative data were not observed as frequently, reliably or to the same extent in the interview subgroup as they were in the main cohort, suggesting a sampling bias or a discrepancy in findings between methods.

The self report data and interviews for all interviewees were then reviewed and interviews with six parents evaluated as having moderate to high stress, social or psychological difficulties and possible child behaviour problems were sampled. These were then re-analysed using a rigorous inductive approach to Thematic Analysis to identify emergent themes relating to the experience of participating and learning through the programme. Six themes emerged from analysis including; Understanding Difficulties, Identifying and Connecting, New Knowledge, Stopping and Thinking, Approach and Interaction and Reconstructing.

The Understanding Difficulties theme described the different ways in which parents understood of their difficulties relating to themselves, their children and others which motivated them to attend the programme. The Identifying and Connecting theme described the importance to parents of personal identification with several aspects of the programme in terms of "being understood" in addition to identifying connections with established support, learning objectives and personal development goals. New Knowledge was categorised into three sub-themes of theoretical, practical and contextual. Contextual knowledge was constructed as understanding the experience of other parents, for example, identifying that other parents had similar difficulties. Theoretical knowledge about child

behaviour and development encouraged parents to "stop and think" about the reasons for their children's behaviour. Practical knowledge was constructed as parenting strategies which, when used, helped parents to feel more confident in themselves, more relaxed and more in control.   The Stopping and Thinking theme described parents withholding action and considering the motivations for their children's behaviour or the best approach to interacting with them. Approach and Interaction described changes to the way parents interacted with their children. The parents in question described changed or reconstructed understandings of their children, themselves and their difficulties as a result of participating in the programme.

The theoretical implications of analysing the learning experience are that it highlights the importance of personal identification with the course objectives and experience. Moreover, results confirm previous authors' conclusions that individual reflection and new understandings are important aspects of parental learning. Implications for practice with vulnerable parents include the importance of programmes being appropriately supported, relevant to parent's needs and delivered in an appropriate context or through services with which they have established connections. The use by practitioners of approaches to support reflective parenting may also be helpful in supporting better outcomes for parents considered at risk for child behavioural difficulties.

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An Evaluation of Parental Self-Efficacy, Stress and Child Behaviour Problems in a Community Interactive Training Programme for Parents of Children Aged Birth to Five.

Abstract

Conduct Problems (CPs) in young children are a significant concern to schools, families and professionals and associated with poor educational, social and health outcomes. Parental factors such as low parental self-efficacy or stress management are related to CPs in children. The aim of this study was to evaluate parental self-agency, stress and child behaviour problems for 38 parents before and after attending a community interactive training programme (CITP) for parents of young children. The study utilised a mixed methods approach to inquiry, using standardised self report measures and interviews. Significant correlations were found at the start of the programme between parental self-agency and stress and also between stress and child behaviour problems. However, correlations between child behaviour problems and parental self-agency were insignificant. Higher than expected frequencies of behaviour problems in children and stress were reported by participants. There were significant increases in parental self-agency and reductions in stress and child behavioural problems during the programme. Thematic analysis of interviews with a subgroup of 16 parents identified parenting behaviour change, learning, increased confidence, reduced stress and improved child behaviour as outcomes from the programme. However, reported changes were not supported at a group level by the questionnaire data of the interviewees indicating methodological limitations. The study concludes that the programme is accessed by parents of children with potentially significant CPs and may have led to positive changes in parent self efficacy, stress and child behaviour, but methodological issues prevent an inference of causality.

1. Introduction and Background

Challenging behaviour in children presents a significant concern to parents, teachers and medical professionals. Children exhibiting frequent and persistent patterns of aggression, defiance, deceit, disruptiveness, hostility, impulsivity and peer problems are often described as having conduct problems (Lahey & Waldman, 2003). The proportion of British boys demonstrating conduct problems (CPs) consistent with a medical diagnosis of oppositional defiant disorder (ODD) is 3.2% and for conduct disorder (CD) 2.1% (Maughan, Rowe, Messer, Goodman, & Meltzer, 2004). CPs are considered to be significantly less prevalent in girls, with 0.8% meeting the criteria for conduct disorder and 1.4% for oppositional defiant disorder (Maughan et al., 2004). Many children with conduct problems also show difficulties with attention, concentration and other behavioural difficulties (Carr, 1999). Outcomes in later childhood and adulthood for children who demonstrate CPs from a young age are, on average, significantly poorer than their peers in terms of education, mental and physical health, relationship problems, imprisonment and socioeconomic status (Bailey & Scott, 2000). Moreover, the earlier the onset of CPs, the more likely that they will be persistent and the greater the potential impact throughout a child's life (Bailey & Scott, 2000).

In educational contexts, CPs could be regarded as a special educational need under the category of Behavioural Emotional and Social Difficulties (DfES, 2001; Frederickson & Cline, 2002). Children who display CPs in the early years are likely to continue to exhibit a range of behavioural difficulties throughout their school career (Bailey & Scott, 2000) and are more likely to be excluded from school, require specialist educational provision or have poorer educational attainment than their peers (Frederickson & Cline, 2002). Children with CPs are

also more likely to have associated difficulties with learning or language (Lahey & Waldman, 2003; Lundervold, Heimann, & Manger, 2008). Much of the work of Educational Psychologists (EPs) is directly related to challenging behaviour in children (Frederickson & Cline, 2002). EPs or other professionals can also work with parents to support them in managing challenging behaviour before children start school (Broadhead, Hockday, Zahra, Francis, & Crichton, 2009; Scott & Dadds, 2009).

2. Theoretical Background

It is likely that there are multiple causes or predisposing factors which, in combination, increase the likelihood that a young child will develop CPs (Lahey & Waldman, 2003). Possible explanations tend to discuss inherent child traits, parenting difficulties and contextual issues.

2.1. Child Factors

Within child or health factors associated with CPs include child temperament (Caspi, Henry, McGee, Moffitt, & Silva, 1995), hyperactivity (Banaschewski et al., 2003), cognitive difficulties (Lahey & Waldman, 2003), language problems (Lundervold et al., 2008) and obstetric complications (Arseneault, Tremblay, Boulerice, & Saucier, 2002). However, authors often posit that these within child factors are influential in conjunction with life events rather than directly causal (Caspi et al., 2002; Lahey & Waldman, 2003).

2.2. Parental Difficulties and Child CPs

Parental factors which are predictive of CPs in children include mental health problems (Verduyn, Barrowclough, Roberts, Tarrier, & Harrington, 2003), stress (Dodge, Pettit, & Bates, 1994), addiction to drugs or alcohol (Bailey & Scott, 2000), unaffectionate parenting

behaviour (McFadyen-Ketchum, Bates, Dodge, & Pettit, 1996), harsh and inconsistent discipline or ineffective behaviour management (Pettit, Bates, & Dodge, 1997). Several theoretical frameworks are found in the explanatory literature to explain the relationship between parental distress and child CPs. These are grounded in behaviourist, social learning, attachment or ecosystemic theories and have been influential in the development of interventional approaches (Scott & Dadds, 2009).

2.3. Parental Stress Management and Child CPs.

There are a number of theories which attempt to explain the relationship between parental difficulties and CPs which focus on the relationship between stress and child behaviour problems. Many explanations are influenced by a combination of behaviourist and social cognitive explanations of child development. Behaviourist views tend to explain the link between distress and child behaviour as related to inappropriate, inadvertent or ineffective rewarding or sanctioning. It is thought that parents under stress will either inappropriately punish benign behaviour or fail to identify or reinforce socially effective behaviour or interactions (Deater-Deckard & Dodge, 1997). Parents who are experiencing stress may also model antisocial behaviour by punishing inconsistently or aggressively (Dodge, et al., 1994). Over time, this can lead to children developing a hostile attributional style where they begin to anticipate negative responses from other people and react aggressively to neutral behaviour (Crick & Dodge, 1996).

2.4. Parental Self-Efficacy and Child CPs

Self efficacy refers to beliefs about capability and capacity to achieve certain goals (Bandura, 1982, 1995). Self efficacy theory has been used explain the relationship between parental distress and child behavioural difficulties (Coleman & Karraker, 1998; Hutchings, Appleton, Smith, Lane, & Nash, 2002). Parents experiencing depression or distressing circumstances are thought to be more vulnerable to believing that their actions will be ineffective in managing the behaviour of their children (Coleman & Karraker, 1998; Dumka, Stoerzinger, Jackson, & Roosa, 1996). Negative self-appraisals of parenting agency are also associated with negative parenting practices such as reactive or inconsistent approaches to discipline (Dumka et al., 1996). Authors have also suggested that depressed or distressed parents may develop a helpless attributional style where they attribute child behaviour to stable unchangeable traits which are beyond their control (Webster-Stratton & Herbert, 1992). Distressed parents lacking in self-efficacy may also reinforce aggressive behaviour by capitulating or failing to intervene in aggressive behaviour by toddlers and young children (Patterson, 1986; Webster-Stratton & Herbert, 1992).

A possible critique of self-efficacy theories in the development of behaviour problems in children is the difficulty in distinguishing between cause and effect. It has also been suggested that low self efficacy is an effect of either having a child who demonstrates difficult behaviour or that low parental self-efficacy and child behaviour problems are both coinciding effects of parental circumstances (Hutchings et al., 2002). Studies have also indicated that child behaviour is less related to parental self efficacy in cultures where the wider family is more involved in child rearing (Dumka et al., 1996). It is likely then that the relationship between parental self efficacy and child behaviour problems is more complex than a singular directional cause-effect relationship.

2.5. Parent Child Attachment and Child CPs

Attachment theory or theories postulate that difficulties in the early relationship between mother and child lead to the development of later behavioural or mental health problems (Ainsworth, 1979; Bowlby, 1988; Lyons-Ruth, Alpern, & Repacholi, 1993). Causes of attachment difficulties could range from difficulty attuning to an infant's needs to severe neglect (Bowlby, 1988). This is evidenced, firstly, by the robust association between depression in parents during early infancy and later child behaviour problems (Lyons-Ruth et al., 1993). Secondly, children who have been severely neglected or abused in early childhood often demonstrate many of the behaviours associated with CPs such as impulsiveness, cognitive difficulties, poor empathy, low self-esteem, reduced emotional regulation or aggressive behaviour (Karr-Morse & Wiley, 1997).

Attachment theories have experienced a recent resurgence, in part due to advances in neuro-imaging techniques which indicate that children experiencing early deprivation have reduced function in the parts of the brain considered responsible for emotional regulation, reasoning and empathy (Siegel, 1999). Attachment theory has significant implications for intervention in education and health contexts and would support the view that working preventatively to improve the relationships between parents and infants or young children is most likely to be effective. There is perhaps, a risk that an over-emphasis on early attachment as the cause of behaviour problems could lead to services in health and education prioritising work with the families of younger children at the expense of valuable intervention with older children and their families. Moreover, behaviour problems in older children could be viewed as attachment problems which were largely pre determined in the first few years of life or even resistant to intervention in later childhood. Thus it is

important to state that the extent to which behaviour problems in children are caused by attachment problems in early childhood is yet be fully understood.

2.6. Ecosystemic Theories of Parental Distress and Child CPs

Contextual and familial factors considered influential in the development of CPs in children include poverty (Dodge et al., 1994), community violence and family violence (Patterson, 1986; The Gulbenkian Foundation, 1995). Studies have indicated that as many as 20% of children growing up in economically disadvantaged areas meet the criteria for conduct disorders (Maughan et al., 2004). A lack of family social support is also implicated in parental mental health difficulties (Bifulco, Brown, Moran, Ball, & Campbell, 1998). It is possible, however, that contextual factors are less directly influential in the development of early onset CPs (Tremblay, 2003) and that distress in parents and families mediates the relationship (Dodge et al., 1994). Moreover, it is possible that cultural differences lead professionals and educators to over-estimate problem behaviour in children from economically disadvantaged communities (Evans, 2007).

2.7. Training Interventions for Parents of Children with CPs

There has been much recent interest in evidence based training or educational approaches for parents whose children demonstrate challenging behaviour (Dretzke et al., 2005; Scott & Dadds, 2009). A number of evaluations of parent training programmes (PTPs) have indicated that they lead to significant reductions in child behaviour problems in the short and longer term (Dretzke et al., 2005; Jones et al., 2007; Markie-Dadds & Sanders, 2006; Reyno & McGrath, 2006; Sanders, Markie-Dadds, & Turner, 2003; Webster-Stratton, 1998). Several evaluations of PTPs have also indicated that they can reduce distress in parents

including depressive symptoms and stress (Barlow, Coren, & Stewart-Brown, 2005; Hutchings et al., 2002). Approaches to parenting intervention are influenced by a combination of theoretical perspectives such as behaviourist, social learning or attachment theories (Dretzke et al., 2005; Scott & Dadds, 2009). Some commonly used programmes with attachment and social learning orientations also apply ecosystemic theory, focusing on building knowledge and support within a given community or social group (Puckering, Rogers, Mills, Cox, & Mattson-Graff, 1994; Sanders et al., 2003).

Behaviourist and social learning approaches to parenting intervention tend to emphasise supporting the parent to apply systematic strategies such as the use of praise, rewards, sanctions, routines, ground rules and boundaries (Sanders et al., 2003; Webster-Stratton, 2001). Attachment based approaches to parent training may have an increased emphasis on developing the relationship between parent and child in the first three years of a child's life (Douglas & Brennan, 2004; Puckering et al., 1994). Some attachment based approaches also include a particular emphasis on parental well-being and personal reflection (e.g. Puckering, Evans, Maddox, Mills, & Cox, 1996; Puckering et al., 1994). Authors have suggested that attachment based approaches used with young children may be more effective with parents who have more complex difficulties or children who show more severe behaviour problems (Scott & Dadds, 2009).

PTPs are designed to help participants to experience successes in parenting which lead to increases in parental self-efficacy and a reduction in general distress (Barlow et al., 2005; Hutchings et al., 2002). It has been hypothesised that this change also decreases the learned helplessness associated with depression or distress (Hutchings et al., 2002). Authors have also suggested that PTPs help parents to manage stress in parenting tasks by helping

them to use more effective and practices and to better evaluate the positive qualities of themselves and their children (Sanders et al., 2003). Thus, in evaluating the effectiveness of PTPs, outcomes for parents such as stress and self efficacy are often evaluated in addition to child behaviour.

3. Research Aims and Questions

The overall aim of this study was to evaluate parental self-efficacy, stress and reported child behavioural difficulties for parents attending Playing Up; a six week community interactive training programme (CITP) for parents of preschool children, delivered through local children's centres by Educational Psychologists. Several objectives were identified, firstly it was important to evaluate whether the evidence gathered reflected established theory regarding parental stress, self-efficacy and child behavioural problems. Secondly, it was important to evaluate whether participants evidenced risk factors associated with long term child conduct problems to understand if the programme was being attended by parents with potentially relevant needs. This was partly because the programme operated in a community context where parents are able to self-refer as well as being referred by professionals. The final aim was to evaluate whether measures of stress, parental self-efficacy and child behavioural difficulties changed after participants had attended the course. Research questions addressing these aims were organised according to the three factors or variables under investigation.

3.1. Parental Self Efficacy

- RQ1: Is there a relationship between parental self efficacy and parental stress for participants at the start of the programme?

- RQ2: Is there a relationship between parental self efficacy and child behaviour problems for participants at the start of the programme?

- RQ3: Did participants report increased parental self-efficacy after completing the programme?

3.2. Stress

- RQ4: Is there a relationship between parental stress and child behaviour problems for participants at the start of the programme?

- RQ5: Did programme participants report more stress than would be expected in a typical population at the start of the programme?

- RQ6: Did participants report reduced stress after completing the programme?

3.3. Child Behavioural Difficulties

- RQ7: Did participants attending the programme report more behavioural difficulties in their children at the start of the programme than would be expected in a typical population?

- RQ8: Did participants report changes in their children's behaviour after they had completed the programme?

4. Methodology and Methods

4.1 Methodology

Evaluations of PTPs are often undertaken using randomised experimental designs with control participants placed on a waiting list (Hutchings et al., 2007; Markie-Dadds & Sanders, 2006; Scott, Spender, Doolan, Jacobs, & Aspland, 2001; Stewart-Brown et al., 2004). These methods are often considered to the most effective for establishing causal inference in evaluating psychological interventions (Shadish, Cook, & Campbell, 2002). However the use of a control group was not feasible in this study for two reasons. Firstly, studies which utilise a randomised design and waiting list control groups are usually ethically and practically feasible when demand for an intervention is greater than supply which was not the case in this evaluation. Secondly, the CITP was being delivered on a one-off basis in each area for that year, so any attempt to strictly regulate participation would have been unethical and contrary to the programme ethos. Alternatively, a single subject design establishing a baseline measure to overcome threats to internal validity was considered (Shadish et al., 2002). However, participants in the CITP were allowed to self-refer with participant numbers often being finalised on the week the course began, which meant that recording a baseline score on measures for participants several weeks prior to participation was also not possible.

The potentially confounding factors described above necessitated a more flexible means of evaluating parental self efficacy, parental stress or child behaviour outcomes. For these reasons a pragmatic mixed methods approach was chosen which, while applying a critical realist methodology, utilised quantitative and qualitative research methods (Caracelli & Greene, 1997; Johnson & Onwuegbuzie, 2004). Mixed methods are increasingly used to

evaluate interventions in community approaches to psychology practice (Nastasi & Hitchcock, 2009), parenting programmes (Coombes, Allen, Marsh, & Foxcroft, 2009; Stewart-Brown et al., 2004) and educational psychology practice (Powell, Mihalas, Onwuegbuzie, Suldo, & Daley, 2008).

The method chosen for this study was a single group pre and post intervention design with standardised, self-report questionnaires and qualitative interview used at follow up for triangulation. This approach has been utilised in a previous evaluation of a community intervention for families (Coombes et al., 2009). Triangulation requires the researcher to use methods with differing threats to validity with a view to comparing findings (Erzberger & Kelle, 2003). By using qualitative data to examine the relationship between learning and outcomes, it may be possible to support a conclusion that changes in quantitative measures are related to an intervention programme (Coombes et al., 2009; Stewart-Brown et al., 2004). Moreover, qualitative data can also be used to explain results which are unexpected or contrary to the research hypothesis (Johnson & Onwuegbuzie, 2004).

4.2. Participants and Sampling

The evaluation was undertaken before and after five courses of Playing Up; a community interactive training programme (CITP) for parents taking place in Children's Centres in separate communities of a large county in Southern England. Out of the 5 programmes, four began in June and one began in September 2010. All parents attending the intervention were invited to participate in the study. In all, 38 parents (36 mothers and 2 fathers) from 5 separate cohorts agreed to participate.

During the final session of the course, participants were invited to attend a five to six week follow up interview during a scheduled "stay and play" session at the children centre to discuss their experience of attending the course, of these a subgroup of 17 parents agreed to participate. Table 1 reports the number of participants who participated at each phase of the study.

4.3. Measures

All self report questionnaires were chosen due to their brevity, simplicity of language and their having been tested or standardised with UK populations. Due to concerns about parental engagement, the Educational Psychology Service (EPS) stipulated that no terms directly pertaining to common mental health diagnoses were included in the questionnaire and that they were made as accessible as possible to those with literacy difficulties. As a result the questions from the scales and directions for completion were incorporated into an adapted battery which used easy to read fonts (see Appendix B: page 110).

Child behaviour was evaluated using the Strengths and Difficulties Questionnaire for children aged 3 to 4 (Goodman, 1997, 2005b). The SDQ was also chosen due to its extensive UK standardisation and usability both for self-report and in interview (Goodman, 1997; Goodman & Scott, 1999). Reliability and validity is reported as .85 and .92 respectively for the Total Score and .71 and .92 for the Conduct Problems scale (Goodman & Scott, 1999). Questionnaires which assessed the behaviour of younger children were not used due to difficulty obtaining measures to evaluate the behaviour of under-threes which were considered sufficiently brief or reliable by the researcher. SDQ data was collected for 22 out of the 38 participants at the start of the study. The remaining 16 either did not have

children over three years old or were more concerned about the behaviour of a child who was under three.

Literature supporting the SDQ describes the 80th percentile to the 90th percentile as "Borderline" for problem scores (Goodman, 1997, 2010). Scores which are at or above the 90th percentile are described as "Abnormal" although the term "Difficulties" was used in this study due to the ethical and semantic implications of the original term. In a study of diagnostic utility, 53% of children evaluated as "Abnormal" by the SDQ also had ICD-10 psychiatric diagnoses (Goodman, Ford, Simmons, Gatward, & Meltzer, 2000).

All participants completed the Parental Self Agency Measure (PSAM: Dumka et al., 1996) a five item scale comprising questions regarding an individual's beliefs about their abilities as a parent.   Dumka et. al. define self agency as "an individual's perception of his or her competence, effectiveness and capacity to make things happen" (p. 216). This was considered sufficiently similar to the concept of self-efficacy as defined by Bandura (1995) for the scale to be used as a measure of parental self-efficacy.   Moreover, the PSAM has been evaluated in UK populations alongside several other scales and was considered to be a stable and valid measure of parenting self efficacy (Whittaker & Cowley, 2006). The internal reliability co-efficient for the PSAM is acceptable (α=.70) as was the construct validity (α=.81) and test retest reliability (α=.80).

The third part of the questionnaire contained the stress component of the short form of the Depression, Anxiety and Stress Scale (Lovibond & Lovibond, 1995) which has been standardised using UK populations with high internal reliability (α= .93). The DASS stress scale is also moderately to highly correlated with independent affective measures including depression (r =.56), negative affect (r = .67) and anxiety (r =.71) (Crawford & Henry, 2003).

4.4. Intervention

Playing Up is a six week community interactive training programme (CITP) for parents delivered through Children's Centres throughout the county. The course was delivered by early years specialist Educational Psychologists (EPs) to groups of parents which ranged in size between six and twelve at the first session. The majority of parents either self referred in response to literature or discussions with Children's centre staff or they were referred to the course by a Family Support Worker at the Children's Centre.

Playing Up was designed by specialist EPs for parents of children aged between birth and five and people working with children and families in the local community. The programme is based on the principles of community psychology which could be defined as preventative, collaborative and localised approaches to problem solving which are designed to facilitate change at an individual, family and community level (Levine & Perkins, 1997). The aims of the training activities are to develop community and individual understanding of psychological principles related to parenting and child development, increasing parental self efficacy, facilitating play, helping parents manage stress and management of challenging behaviour in young children.

The course content featured psychological and child development topics including attachment theory, play, interaction, boundaries, routines, problem solving, thoughts, feelings and behaviour. Each weekly session also featured a theme relating to a child's age range. Course content was delivered though presentations, group discussions and role play activities. Parents were also given an opportunity to present problems to the group as part of collaborative problem solving activities. The programme requires trainers to apply personal construct and solution oriented approaches to problem solving (Kelly, 1991; Rees,

2008). More details of the CITP timetable and curriculum are included in the appendix (page 100).

4.5. Procedures

Participants were first asked to provide information including their name, age and the age of the child they found the most difficult to understand. Parents were asked to complete an SDQ-P if the child they had described in section one was over three years old, parents with younger children were asked to skip this section. All participants completed questionnaires in the middle of the first session and again at the end of the last session of the Playing Up programme. Trainers were available to help participants with literacy difficulties to complete questionnaires. The number of valid questionnaires collected at each phase is detailed in table 1.

The subgroup of 17 participants who were interviewed also completed follow-up questionnaires containing the original self report measures. The researcher was available to assist participants in completing questionnaires at follow up. Table 1 below provides details of the number of participants taking part at each stage of the study.

4.6. Interviews

16 complete semi structured interviews of between 15 and 58 minutes were carried out with participants who had attended the CITP. Of these 14 were completed during a follow up session at the Children's Centre and 2 over the phone, five to six weeks after the intervention had finished.

As recommended in Gillham (2005), the interview format was piloted and revised prior to administration (see appendices E and F: Pages 124-126). The pilot interviews were

undertaken one week prior to interviewing study participants. Two of the pilot interviewees were parents who had participated in a programme which took place earlier in the year and one was a participant in the current study.

Interviews included more detailed questions about personal circumstances, services received, family members and child behaviour. The interview also contained questions about changes which had occurred for the parent, in the relationship between themselves and their children and their relationship with others since attending the programme. Questions were phrased in an open ended manner so as to prevent priming the participants' answers (e.g. Gillham, 2005).

The researcher had also attended the 3 out of the 6 sessions for all five programmes. This was, in part, to facilitate rapport, interviewer reflection and disclosure by the interviewee (Banister, Burman, Parker, Taylor, & Tindall, 1994).

4.7. Ethical Considerations

The evaluation was designed and conducted in accordance with the British Psychological Society guidelines on conducting research (BPS, 2009). These require the researcher to consider issues of confidentiality, informed consent, safeguarding of vulnerable groups and equality in research planning and implementation. Details of how ethical principles were applied in this study are included in the appendix (page 197).

Table 1: Number of Participants by Programme, Phase of Data Collection and Data Type

Programme	Number of Participants		
	Start	End	Follow Up
	(Week 1)	(Week 6)	(Week 11-12)
Programme 1	8	7	4
Programme 2	7	4	2
Programme 3	9	5	4
Programme 4	5	5	3
Programme 5	8	6	4
Total	36	27	17
Type of Data Collected	**Number of Participants Providing Valid & Complete Data**		
Child SDQ	22	18	9
Parental Self Efficacy Measure	35	26	17
Stress Scale	35	25	17
Interview	---	---	16

4.8. Data Analysis

The first stage of data analysis was carried out using SPSS. Statistical analysis was carried out according to procedures which are described in Field (2009). Descriptive statistics, frequency data, Shapiro-Wilk tests for normality and histograms were used to assess overall trends and to establish whether raw data and paired differences met the assumptions for parametric statistical analysis (see Appendix D: page 118).

Correlation calculations were carried out with all raw data from the pre phase. A non-parametric Spearman's Rho was used due to the skewed distribution of some of the raw data from the self report measures which meant it did not meet the criteria for parametric statistical analysis.

The cohort score frequencies were analysed in relation to established norms for non-clinical UK populations. This was achieved by examining the frequencies in the pre intervention cohort data in relation to available percentile scores (Crawford & Henry, 2003; Goodman, 2001). However, relative parental self-efficacy of the cohort in relation to norms was not

examined due there being no available definition of what could be considered a potentially problematic level of PSAM scores in a UK population.

Pre and post data for all participants which was considered as having met parametric assumptions was analysed using a within groups t-test for the main group. However, SDQ data, some of which did not meet criteria for a normal distribution, was analysed using a Wilcoxon Signed Ranks Test. A non-parametric, repeated measures Friedman's Analysis of Variance was used to compare scores at pre, post and follow up for the interview subgroup. Finally pre and post data for the main group and the subgroup was subject to a between groups Mann Whitney U test to establish whether scores for the subgroup were significantly different from the remaining cohort at pre and post phases.

Interview answers to predetermined questions or clarification questions were transcribed. They were then analysed using a mixed inductive and theory driven thematic analysis (Boyatzis, 1998). Statements which were considered to reflect course outcomes such as incidence of behaviour change were assigned codes using NVivo. Codes were given titles which summarised the participant's description of the perceived outcome.

In a second phase of coding, codes were then grouped into themes, these were identified and reviewed until ten suitable unique themes could be defined and mapped. The first three were predefined according to the aims of the study as; reduced distress, increased confidence or changes in child behaviour. Seven additional themes were identified inductively which were summarised outcomes related to parenting behaviour change or learning. A codebook (see Appendix K: page 145) was developed to group codes into the available themes (Boyatzis, 1998). Quotes from the interview transcripts which were used to construct themes are detailed in the appendix (page 151).

Using NVivo, a quantitative analysis of thematic content was carried out using Onwuegbuzie and Teddlie's Framework for Analysing Data (2009). Content analysis included what is described as "cumulative intensity effect size" ; the percentage of themes overall and "raw intensity effect size" ; the frequency of participants selecting the theme (p. 359). The term effect size however was abandoned due to the potential for confusion with statistical effect size.

An independent reconstruction of the codebook was carried out by a suitably qualified person to assign codes to themes with the aim of estimating the external validity of the researcher's interpretation. Open codes and their text were examined by the second coder and then allocated to the predetermined themes. Convergence between codebooks was analysed to estimate inter-rater reliability and found that 82.53% of codes were allocated to the same themes. Details of the two codebooks can be found in the appendix (page 147).

5. Results

Table2: Correlation Coefficients for Questionnaire Data Pre-Programme (Spearman's Rho)

Scale	Parent Data (n=35)		SDQ-P Scales (n=22)				
	PSAM	Stress	SDQ Total Difficulties	Emotional Problems	Conduct Problems	Hyper-activity	Peer Problems
PSAM	---						
SS	-.457**	---					
TD	-.262	.607**	---				
EP	-.029	.304	.648**	---			
CP	-.276	.395	.674**	.303	---		
H	-.342	.591**	.869**	.395	.478*	---	
PP	-.126	.436*	.653**	.223	.280	.500	---
PS	.349	-.592**	-.753**	-.275	-.407	-.720**	-.632**

* $p < 0.05$ ****** $p < 0.01$

PSAM: Parental Self Agency Measure
SS: Stress Scale
TD: Total Difficulties
EP: Emotional Problems
CP: Conduct Problems
H: Hyperactivity
PP: Peer Problems
PS: Prosocial Scale

5.1. Parental Self Efficacy

Statistical analysis indicates a statistically significant inverse correlation between the scores on the Stress Scale and the PSAM at the start of the course (r = -.457, n=35 p.006). This answers research question 1 and demonstrates a moderate relationship between the PSAM and stress measures at the start of the programme.

No significant correlations were found between the PSAM and any SDQ child behaviour data (see Table 2). This answers research question 2 and demonstrates no statistical relationship between the PSAM and child behaviour data.

Statistical analysis indicates a significant increase in mean PSAM scores between pre and post for the overall cohort with a moderate effect size (see Table 2). However, for the three phase subgroup, there was no significant difference between pre post and follow up. This indicates that there was a significant increase in self-efficacy for the main cohort but not for the interview subgroup (see Table 6). Nonetheless, in interviews, 13 out of 16 participants reported feeling more confident in their parenting ability after attending the programme (see Table 7).

5.2. Stress

A statistically significant correlation was found between parental stress and the Total Difficulties Score (r = .607, n = 22, p = .003) and between stress scale and the SDQ Hyperactivity Score (r = .591, n = 22, p = .004). There was also a statistically significant negative correlation between the Stress Scale and the SDQ Prosocial Score (r = -.592, n = 22, p = .004). This answers Research Question 4 and demonstrates a moderate relationship between the stress measures and child hyperactivity, child total difficulties and a moderate inverse relationship with the prosocial score at the start of the programme.

Table 3: Descriptive Statistics and Dependent Measures T test for Parent Data.

Measure	N	Mean Pre (SD)	Mean Post (SD)	T	Sig (1 tailed)	Effect Size (r =)
PSAM	26	3.38 (.58)	3.72 (.67)	-2.25	.018*	0.41
Stress Scale	25	17.92 (12.76)	14.48 (10.30)	1.72	.049*	0.33

* p< 0.05, ** p<0.01

The number of participants who reported stress levels above the 89th percentile, which is considered to represent moderate to severe stress (Crawford & Henry, 2003), was 11 out of

29 participants or 48.6% of the cohort in this study. This answers research question 5 and demonstrates that the cohort reported more stress than would be expected in a typical population.

The reported differences in the stress scale were marginally significant at the one tailed level between the pre and post phase (see Table 3). This answers research question 5 and demonstrates that the cohort reported reduced stress following the programme. However, for the interview subgroup scores, analysis revealed no significant differences between pre, post and follow up (see Table 6). In interviews, 10 out of 16 participants reported decreased stress or distress or which they attributed to attending the CITP (see Table 7).

5.3. Child Behavioural Difficulties

Table 4: Frequency of Cohort Scores in SDQ Child Behaviour Categories at the Start of the Programme

Scale	Normal (n)	Borderline (n)	Difficulties (n)
Total Difficulties	32% (7)	9% (2)	59% (13)
Emotional Problems	50% (11)	14% (3)	36% (8)
Conduct Problems	5% (1)	5% (1)	90% (20)
Hyperactivity	45% (10)	14% (3)	41% (9)
Peer Problems	23% (5)	23% (5)	54% (12)
Prosocial Behaviour	73% (16)	9% (2)	18% (4)

The distributions of SDQ scores are reported in Table 3 in relation to the categories described by Goodman (1997). Results indicated that the majority of parents in the original cohort who completed SDQ questionnaires (59%) reported behaviours consistent with a range of behavioural difficulties which would be at or above the 90th percentile. Moreover, 90% who completed the SDQ reported scores consistent with conduct problems in their children. This answers research question 7 and indicates that the cohort were reporting a

significantly higher level of behavioural difficulties than would be expected in a typical

population.

Table 5: Descriptive Statistics and Wilcoxon Signed Ranks for SDQ-P Data Pre and Post.

Measure	N pre	N post	Mean Pre (SD)	Mean Post (SD)	Z	Significance (2 tailed)	Effect Size (r)
Emotional Problems	22	18	3.64 (2.74)	2.33 (2.11)	-2.222	.026*	-0.54
Conduct Problems	22	18	6.45 (1.95)	4.67 (2.00)	-2.725	.006**	-0.66
Hyperactivity	22	18	5.64 (3.22)	4.61 (2.50)	-1.729	.084	-0.42
Peer Problems	22	18	3.86 (2.40)	2.67 (1.50)	-1.780	.075	-0.43
Total Difficulties	22	18	19.59 (7.66)	14.28 (6.65)	-3.301	.001**	-0.80
Prosocial Score	22	18	6.18 (2.84)	6.88 (2.63)	-0.706	.480	-0.17

* $p < 0.05$, ** $p < 0.01$

Table 5 shows significant reductions in scores between the first and last session of the CITP

for Emotional Problems, Conduct Problems and the Total Problem Score and answers

research question 8. However, for the interview subgroup scores, Friedman's ANOVAs

revealed no significant differences between pre, post and follow up (see Table 6). In

interviews, 10 out of 16 participants reported improved behaviour in their children which

they attributed to attending the programme (see Table 7).

Table 6: Descriptive Statistics and Friedman's ANOVA for Interview Subgroup Questionnaire Data

Scale	N	Mean Pre (SD)	Mean Post (SD)	Mean Follow Up (SD)	Chi Squared	DF	Significance (2 Tailed)
PSAM	13	3.52 (.37)	3.56 (.61)	3.63 (.39)	2.364	2	.307
Stress Score	13	19.08 (11.62)	17.23 (9.54)	16.15 (10.11)	.298	2	.862
Emotional Problems	9	3.78 (3.15)	3.00 (2.78)	3.55 (3.09)	2.960	2	.228
Conduct Problems	9	6.11 (1.69)	5.78 (1.79)	6.33 (2.23)	.250	2	.882
Hyperactivity	9	6.11 (3.76)	5.56 (3.05)	5.56 (3.84)	.923	2	.630
Peer Problems	9	4.00 (3.85)	3.22 (2.65)	3.22 (1.64)	1.312	2	.519
Total Difficulties	9	20.00 (9.42)	17.56 (7.67)	18.67 (8.54)	3.059	2	.217
Prosocial Score	9	6.00 (3.20)	5.77 (2.91)	5.88 (2.89)	.267	2	.875

Table 7: Frequency and Intensity for Perceived Outcome Themes.

Theme Number /Rank	Perceived Changes Theme	Number of References	Cumulative Intensity: % of Thematic Content	Participant Frequency % (n/16)
1	Interaction and Communication with Children.	64	17.53	81.25 (13)
2	Learning about Child Development or Behaviour.	48	12.60	87.5 (14)
3	Consistency, Planning and Boundaries	46	12.60	87.5 (14)
4	Problem Solving	46	12.60	87.5 (14)
5	Changed Perception or Understanding of Children	43	11.78	87.5 (14)
6	Increased Confidence or Self-Efficacy	36	9.86	75.0 (12)
7	Social Support	28	7.67	87.5 (14)
8	Changes in Child Behaviour	25	6.85	62.5 (10)
9	Reduced Distress or Stress	18	4.93	62.5 (10)
10	Self Awareness	11	3.01	31.25 (5)
	Total	**365**	**100**	

6. Discussion and Conclusions

6.1 Parental Self Efficacy

6.1.1. Parental Self Efficacy and Stress

A statistically significant inverse correlation was identified between the Parental Self Agency Measure (PSAM) and stress for the initial cohort group. Notwithstanding conditions unique to this study, this would suggest a relationship between parental self efficacy and stress. This is unsurprising as measures of parental self efficacy and stress have both been independently correlated with measures of depression or distress in other studies (Coleman & Karraker, 1998; Coleman & Karraker, 2000). The findings were consistent with established literature which identifies a link between distress in parents and low parenting self efficacy or learned helplessness (Coleman & Karraker, 1998; Hutchings et al., 2002; Jones & Prinz, 2005).

6.1.2. Parental Self-Efficacy and Child Behaviour

No statistically significant correlations were identified between the PSAM and child behaviour problems. This result could be attributable to the small group size for SDQ Data (n=22), thus it was not possible to answer Research Question 2 conclusively, based on the results of this study. This finding was also in contrast to other literature in the field (Coleman & Karraker, 2000; Jones & Prinz, 2005). Nonetheless, the results suggest that low parental self-efficacy was not strongly associated with child behavioural difficulties for this particular cohort. This may also indicate that low parental self efficacy does not act as a mediating factor between parental distress and child behaviour problems as suggested by previous authors (e.g. Hutchings et al., 2002).

6.1.3. Changes in Parental Self-Efficacy

For the main cohort, a statistically significant increase in the PSAM was observed over the course of the intervention, with an effect size of $r = 0.41$ which is considered medium-sized by authors in the social sciences (Field, 2009). Further research would be required to establish conclusions as to the possible causes of such changes, implications for which are discussed below. For the subgroup of 17 participants there was a non-significant increase in mean PSAM scores between pre and follow up phases. Possible reasons for this discrepancy are discussed in section 6.4.

The majority of interviewees (12 out of 16) described developing increased confidence in their parenting ability as a result of attending the programme. Interestingly several interviewees reported increased confidence because the course had appraised their established parenting practices (see Appendix N: page 151). However, parents more frequently identified new or different ways to parent as key outcomes from attending the programme which may have lead to an increased sense of competence or self-efficacy over time.

6.1.4. Conceptual Issues in Self Efficacy

The assumption that self efficacy as an individual, scalable, measurable and relatively stable concept which is related to competence or confidence has been thus far accepted in this study. However, as the previous paragraph suggests, feeling competent and acting competently are related but not identical processes which are influences by a range of social, contextual or personal factors (Bandura, 1995). For example, perceived competence is strongly influenced by the perceived competence of peers or societal norms (Bandura,

1995). Although self-efficacy is likely to be an important factor in parenting it is subject to complex contextual factors and social phenomena which may not be easily understood using a simple self report measure (Jones & Prinz, 2005).

6.2. Parental Stress

6.2.1. Parental Stress and Child Behaviour

A statistically significant correlation was found between parental stress and child hyperactivity as rated by the SDQ. Interestingly, several studies have posited a causal relationship between maternal stress and child hyperactivity (see Karr-Morse & Wiley, 1997). Alternatively it is possible that raising a hyperactive child is a stressful experience for parents. However, authors have also argued that distress in parents can lead to an observation bias as to their child's behaviour problems (Najman et al., 2000).

Stress in the parent was negatively correlated with the SDQ Prosocial score. This was consistent with the hypothesis that antisocial interactions are modelled by distressed parents and learned by children (Dodge et al., 1994; Quiggle, Garber, Panak, & Dodge, 1992). Conversely, it could be argued that helpful behaviour in children is a protective factor against parental stress. Alternatively, observation bias towards negative behaviour could be a contributory factor (Hay & Pawlby, 2003; Najman et al., 2000).

6.2.2. Stress Levels in the Initial Cohort

The cohort appeared to be experiencing a higher level of stress than was reported in the non clinical population on which the measures were standardised. The frequency of participants reporting moderate to very severe stress, i.e. at or above the 89th percentile based on Crawford and Henry's (2003) standardisation, was 48.6% or 4.42 times higher than

would be expected in a typical population. However, it is worth noting that the cohort in this study and the standardisation group were not equivalent in variables such as age, gender and level of education. In the standardisation population, age was negatively correlated and years of education and positively correlated with stress, albeit modestly (Crawford & Henry, 2003). Consequently the ratio cited above could be an over or underestimate in the relative prevalence of stress in the study cohort. It is also notable that the majority of the course participants did not appear to be experiencing problematic levels of stress.

6.2.3. Changes in Parental Stress

For the main cohort there was a mean reduction in stress scores between the start of and end of the course which was marginally significant at the one tailed level. This was consistent with an effect of intervention but, due to methodological limitations, cannot be attributed to the programme. Additionally, there were non- significant mean decreases in stress scores for the subgroup between the start of the intervention and follow up phase. This finding could have been influenced by methodological limitations which are discussed in section 6.4. It is also worth noting that the stress data returned very high standard deviations, suggesting a wide distribution of scores, which may have influenced the results of statistical analysis.

In interviews the majority of participants (10/16) reported feeling less stressed or distressed as a result of attending the course. However, the feeling less stressed or distressed outcome theme represented only 4.93% of thematic content suggesting that it was a less prominent outcome of the intervention. This finding could be related to the fact that only a minority of the cohort appeared to be experiencing elevated stress in the first place.

Interestingly, several interviewees reported that they were being " less stressed" with their children which was, when clarified, taken to mean displaying less anger towards them and was coded as a change in how they interacted. However, it is possible that although stress levels remained unchanged, parents had learned to manage their negative feelings more effectively when interacting with their children. This is consistent with a parental stress management or stress resilience hypotheses in the aetiology of child behaviour problems (e.g. Pettit et al., 1997; Rutter, 1999). It also highlights a potential limitation of using measures of personal distress to evaluate behaviour change in parenting programmes.

6.3. Child Behaviour Difficulties

6.3.1. Prevalence of Child Behaviour Difficulties in the Cohort

The cohort evidenced higher than expected scores on all SDQ subscales. For example, the percentage of the cohort reporting potentially problematic behaviours at or above the 90th percentile based on Goodman's (1997) norms ranged from 3.6 times the expected rate for emotional problems to 9 times the expected rate for conduct problems. In interviews, 11 out of 16 participants also reported that finding one or more of their children's behaviour difficult to manage was a motivation for attending the course.

The data suggests that the course was attended by parents of children with conduct problems and associated difficulties; however, several factors could have led to an overestimation. Firstly, Goodman's (1997) norms are based on a cohort of children aged over five. Given the variation in the extent to which children's behaviour can change in the early years these norms should be applied cautiously to younger children. Secondly, the SDQ used in this study was a version of the questionnaire designed for children aged 3 or 4

where two (out of 25) items were modified for the conduct problems scale with "argumentative with adults" in the 3-4 version used instead of "lies or cheats" in the 4-16 version and "can be spiteful to others" instead of "steals from school, home or elsewhere" (Goodman, 2005a, 2005b). In the initial cohort, a minority (36.4%) of those who completed SDQs actually did so for children aged 3-4. This means that for 63.6% of the cohort there could have been up to four more points per child scored on the Total Difficulties and Conduct Problem Scales than would have been the case if age appropriate measures were used. Unfortunately, administration guidelines prevented modifying the SDQ content and it was not considered feasible to administer different questionnaires to different parents. Moreover, it was assumed that a greater proportion of participants would have concerns about children under five than was actually the case.

Finally, it is important to note that SDQ norms are related to Goodman et al.'s (1997; 2000) assessment that 10% of children are at risk for mental health difficulties. Thus, a score at or above the 90th percentile in any subscale is interpreted as indicating that the child has potential difficulties. However, this risk assessment differs from the prevalence rates for psychopathology estimated in other epidemiological studies. For example, Maughan et al.'s (2004) study of conduct problems suggested that 2.1% of British children met the DSM-IV criteria for Conduct Disorder and 3.2% for Oppositional Defiant Disorder.

6.3.2. Changes in Child Behaviour Problems

Parents in this study reported significantly reduced scores for their children between the start and end of the programme in Conduct Problems and Emotional Symptoms subscales and the Total Difficulties Scale. Parents also reported mean reductions in Hyperactivity, Peer Problems and a mean increase in the Prosocial Score but these were not significant at

the two tailed level. Significant differences in child behaviour were not observed in the follow up subgroup between any of the three phases, this discrepancy is discussed in more detail in section 6.4.

In interviews 6.85% of outcomes reported by parents were related to child behaviour suggesting that this group may have perceived other outcomes related to changes in parenting behaviour as more significant. Out of the 16 interviewees 10 (62.5%) described their child's behaviour as improved. However, when asked, only 11 out of 16 interviewees reported that their children's behaviour was difficult to manage in the first place when asked. Consequently 10 out of 11 interviewees who had reported finding their children's behaviour difficult to manage felt that their children's behaviour had improved since they attended the programme and felt that this was related to what they had learned.

6.4. General Methodological Issues

The small group sizes used in this study could have led to exaggerated effect sizes and correlation coefficients (Field, 2009), particularly in the child behaviour data which was only taken from 22 of the original cohort. This number reduced to 17 by the end of the course as five parents with children over three had dropped out, attended insufficient number of sessions, did not attend the final session or declined to complete a questionnaire on the last day.

No significant differences were identified in the subgroup scores for stress, child behaviour data and parental self efficacy between pre, post and follow up phases. This could have been, in part, influenced by small group sizes, particularly for child behaviour data. Another possible reason for the less significant changes in the subgroup was that, on average, they

were experiencing more of more intense personal or child behaviour difficulties than the main cohort. Parents who were selected for interview and follow up questionnaires were largely those who were receiving ongoing support through the Children's Centre. In interviews, the majority of the subgroup participants reported experiencing current or recent personal or family difficulties. These included family conflict, relationship breakdown, housing issues, social services involvement, behaviour problems in older children, children taken into care, significant child illness, significant personal illness, drug and alcohol problems and mental health problems. These potentially stressful factors may have been more influential in sustaining stress, distress or low self efficacy in the participants than could be realistically ameliorated by the intervention.

It is also possible that the subgroup benefitted less from participating in the programme. A statistically significant difference between the subgroup and the main group was observed in the conduct problem score at the post phase with the interviewees reporting higher conduct problems at the end of the course (see Appendix D: page 122). This suggests that subgroup did not report the same degree of change in child conduct problems following the intervention as the main cohort. This could also have been because their children's behaviour problems were more stable over time, more heterogeneous or more resistant to parenting behaviour change.

Finally confounding factors may have been influential in scores for all measures. The follow up measures, for example, were taken during the summer holidays when many children and their siblings were at home. Thus parents in the subgroup could have been more aware of their children's behavioural difficulties and more affected by them in terms of stress and parental self-efficacy.

The lack of a control group or baseline means that the effect could be attributed to a range of possible causes (Shadish et al., 2002). As a result, it is not possible to conclude that increases in parental self-efficacy and reductions in stress and child behaviour problems between pre and post were causally related to attending the course. At this stage it is only possible to conclude from the data that increases in the PSAM and reductions in the stress score, the SDQ Conduct Problem and Total Difficulties scores occurred over time. Although this finding suggests a possible role for the intervention, it is impossible to ascertain the influence of maturation or temporal factors (Robson, 2002; Shadish et al., 2002).

It is important to note that the six week duration of the programme and its detailed schedule limited the amount of time which could be dedicated to the collection of quantitative data during the first and last session. Thus data collection could take no more than 20 minutes so as not to interfere with the delivery of the programme. This meant that only measures based on short questionnaires could be used with each participant which may have had implications for the reliability of the quantitative data which was collected.

Interviewees tended to report that they had increased in confidence as a parent and reduced stress levels regardless of whether their scores on the standardised measures changed in the direction described. Unfortunately the analysis of thematic intensity as a triangulation approach (Onwuegbuzie & Teddlie, 2009) was insufficient to provide answers to any questions of causality. It is important to add that despite discrepancy between results using different methods, the qualitative analysis did indicate that the majority of parents perceived the course as leading to positive changes for them and their children. It is important to recognise that, although perception of success is not necessarily the same as

change, it could be an important factor in developing and sustaining motivation to learn (Bandura, 1995).

6.5 Conclusions

6.5.1. Implications for Research

It is reasonable to conclude that participants experienced greater self efficacy and reduced child behaviour problems between the start and end of the course. However, from this study it is not possible to conclude that the changes were necessarily the result of attending the programme. The lack of data collected a sufficient period after the programme also prevents conclusions about whether these changes are sustained. It would thus be desirable to undertake further experimental or quasi experimental research, either with a control group or baseline measure and an equivalent sized and randomly sampled follow up observation after a longer period of time (Shadish et al., 2002). Moreover, the study relied on data which was entirely reliant on participant reports, more detailed studies using video observation of parent child interaction may also be helpful in evaluating change.   Some authors point out, however, that a controlled trial is insufficient to establish causality in a complex intervention as a reasonable explanation of the process of how effects can occur should also be deduced from the research process (Powell et al., 2008). Using qualitative data to illuminate processes or experience is, perhaps, preferable to using it as a means to establish outcome (McLeod, 2001; Strauss & Corbin, 1990).

6.5.2. Implications for Practice

Certainly it could be argued that interviewees described the course as helpful in managing their children's behaviour, raising their confidence, changing their understanding and

helping them to interact in a way which they felt was more effective. Although quantitative data taken from interviewees over time yielded inconclusive results, apparent reductions in problems and increases in self-efficacy were observed overall in a larger cohort of parents, most of whom also reported potential behaviour problems in their children.   A perception that behaviour change has been helpful is also important as this may influence motivation, further help seeking over time and self agency. Consequently it is possible to conclude that this intervention is likely to be helpful to many parents who are having difficulty managing the behaviour of their young children. This may ultimately support improved problem solving and greater support seeking in parents so that, by the time their children enter school, there is a reduced risk of behaviour problems which interfere with their learning. However, a great deal more research is needed to support this conclusion.

Paper II

The Experience of Learning in a Community Interactive Training Programme for Parents by Mothers of Young Children Evaluated as at Risk for Conduct Problems.

The Experience of Learning in a Community Interactive Training Programme for Parents by Mothers of Young Children Evaluated as at Risk for Conduct Problems.

Abstract

Young children whose parents experience distress and who demonstrate early challenging behaviour are considered at increased risk for developing conduct problems (CPs).   This inquiry aimed to understand the experience of learning in a community interactive training programme for parents of children aged birth to five by participants who were evaluated as "at risk" for child conduct problems based on self-report data and personal descriptions. 16 parents were asked in semi-structured interviews to describe their experiences of attending the programme, of these, 6 interviews were sampled based on high scores on self report measures and descriptions of mental ill health, distress or difficulty. Interviews were analysed using a rigorous, exploratory and inductive Thematic Analysis. Six related themes were identified from parental accounts including understanding of difficulties, identifying and connecting, new knowledge, stopping and thinking, approach and interaction and reconstruction. Implications for future research and practice are discussed in light of the importance of connection, reflection and reconstruction to parental learning.

7. Introduction and Theoretical Background

7.1. Introduction

Young children whose primary caregivers experience psychological and social distress are considered to be at increased risk for developing conduct problems; a persistent pattern of aggressive or oppositional behaviour (Gross, Shaw, Molinanen, Dishion, & Wilson, 2008; Lyons-Ruth et al., 1993). Difficulties associated with child conduct problems (CPs) include parental mental health problems, parental stress, economic hardship and family breakdown (Dwyer, Nicholson, & Battistutta, 2003; Moran, Ford, Butler, & Goodman, 2008). Demographic factors such as poverty, young age of parent and low level of parent education are also associated with child conduct problems (Pettit et al., 1997; Rutter, 2003). Children who demonstrate stable patterns of challenging behaviour in early life are also considered to be at increased risk of severe and persistent CPs than those who develop difficulties in later childhood (Nigg & Huang-Pollock, 2003). Thus early onset CPs are considered a significant threat to child health, welfare and educational attainment (Bailey & Scott, 2000).

Training programmes for parents of young children are considered effective in reducing CPs in children and in addition to reducing distress, stress and depression in parents (Hutchings et al., 2002; Jones et al., 2007). A range of approaches is available which draw upon theoretical orientations such as cognitive behaviour theory, attachment theory, social learning theories and ecosystemic theories (Scott & Dadds, 2009). Interventions are delivered in a range of contexts and by professionals working within health, educational and children's services (Reyno & McGrath, 2006). Despite many successful controlled trials, PTPs often record poor attendance, completion and outcomes (Reyno & McGrath, 2006; Scott & Dadds, 2009). In particular, the aforementioned risk factors relating to distress have

been associated with less favourable outcomes, poor attendance and participant drop out (Reyno & McGrath, 2006). This presents a particular challenge to the success of PTPs, particularly in communities and populations where distress and social disadvantage are more common.

7.2. Theoretical Background

Studying the experience of participants may provide important insights to support both attendance and learning in Parent Training Programmes (PTPs). However, to date little research has focussed on examining how participants understand the process of parent training. Often qualitative interviews have been used to support the conclusions of quantitative outcome studies (Scott et al., 2001; Stewart-Brown et al., 2004), or as outcome evaluations in their own right examining the perceived benefits of training (e.g. Patterson, Monckford, & Stewart-Brown, 2005).

Levac et al. (2008) carried out a detailed qualitative study examining what they described as "mechanisms of change". They reported that a sense of feeling accepted and supported within the group setting was important to parents in enabling reflection and consequent change in their parenting practice. Edwards et al. (2010) undertook an evaluation of process and outcomes for parents undertaking an 8 week programme of Parent Child Relationship Training for parents of children aged 3 to 10. They reported that parents perceived changes in awareness of their children's needs, family atmosphere, perceptions of child behaviour, parenting values and interactions. These changes were attributed to understanding and acceptance of the content by participants and recognition that their children's needs were unique.

Little research has focussed on understanding the experience of PTPs for those participants who are experiencing psychological or social difficulties. Moreover, of the studies cited in previous paragraphs, neither used cohorts whose children would be considered specifically at risk of CPs based on information given by the parents and one used parents whose children's behaviour was mostly described as in the "normal" range (Patterson et al., 2005). Additionally, both Edwards et al. and Levac et al.'s studies used cohorts where the majority of participants were educated to degree level and thus could have been representative of a group who are less prone to mental health issues (Hammen, 1997), behaviour problems in their children (Petterson & Burke Albers, 2001) and poor outcomes from parenting interventions (Reyno & McGrath, 2006).

One exception in the current literature has been identified by the author. First and Way (1995) carried out a phenomenological study of the experience of a parent education programme by eight mothers in the United States, most of whom were single parents of low socioeconomic status and from ethnic minority groups. This interpretivist study described the importance of critical reflection and "transformative learning" to the parents who had participated in the intervention. The success of the programme was attributed to the manner in which it empowered "oppressed" parents to make changes both to their parenting and to their lives in general (p. 108).

There is thus a paucity of research in UK contexts describing how parents experiencing distress, mental health needs, challenging behaviour in their children or stressful circumstances experience PTPs. Moreover, much of the established research which emphasises objectivity and clinical research methods may lead to understandings which are constructed through established theoretical perspectives rather than grounded in the lived

experience of those participants (Howe, 2004). Accordingly there is a need for researchers

and practitioners to develop their understandings of the learning process as experienced by

participants on PTPs who are experiencing concern psychological or social difficulties

alongside difficulties managing their child or children's behaviour.

8. Research Aims and Questions

8.1. Research Aims

This study was designed to explore the experience of learning in a community interactive training programme (CITP) for parents of children aged from birth to five. More specifically, the aim was to understand how the programme was experienced, interpreted and applied by participants whose young children were considered to be at risk for developing behaviour problems. The rationale was firstly to inform the development and delivery of the programme and, secondly, to inform professional practice for those working with distressed parents who experience difficulty managing their young children's behaviour. Finally, giving an account of service user's perspectives was also considered an important aspect of any study which evaluated a programme designed to support marginalised groups (Howe, 2004).

8.2. Research Questions

1. How did parents evaluated as at risk understand their difficulties and how do these understandings influence their participation or learning?

2. Did these parents identify factors or aspects of the programme which supported their participation, learning or behaviour change?

3. How do this group of parents describe the experience of learning about parenting through the programme?

4. What do these accounts tell us about the learning process for participants attending the CITP who are considered at risk for behaviour problems in their children?

9. Methodology and Methods

The aims of this study relate to the pragmatic aims of the overall project which is to evaluate the learning outcomes and process of a community intervention for parents using different, complementary methods (Caracelli & Greene, 1997). It was important to explore how participants understood to be "at risk," based on contemporary professional constructions, experienced the programme. An interpretivist dominant methodology utilising mixed methods was considered appropriate to address these aims (Howe, 2004). The aim of inquiry was exploration of lived experience, thus inductive and rigorous methods which were compatible with a broadly constructivist view of knowing were considered most appropriate (Charmaz, 2006; Yardley, 2008).

9.1. Participants and Sampling.

In all 16 participants from a community training programme for parents of children aged between birth and five participated in semi-structured interviews. Each participant had also completed the parent version of the Strengths and Difficulties Questionnaire (Goodman, 1997) and a short stress scale (Lovibond & Lovibond, 1995) at the start and end of the programme and five to six weeks after completion. Details of methods of data collection are included in Paper One (pages 24-31).

Six interviews from the group were sampled for further analysis, based on the participants meeting a number of quantitative and qualitative criteria. These were that the parent should have attended four or more sessions of the programme and that, based on

established criteria, they could be categorised as at increased risk for behaviour problems in their children. These criteria were:

1. The parent or carer reported difficulty managing the behaviour of a child in their care[1] aged six years or under. If the child was aged over three this should also be evidenced by recorded scores above the 90th percentile for the Conduct Problems or Total Difficulties scores on the Strengths and Difficulties Questionnaire (Goodman, 2005b) before, during or after the intervention. Information about the children of interview participants and child behaviour data is included in Appendix O (page 159).

2. The parent or carer met a criterion of experiencing moderate to severe personal stress, based on a stress score at or above the 89th percentile on the short version of the Stress Scale (Lovibond & Lovibond, 1995) before, during or after the intervention programme. (A full description of the self report measures in included in paper one (page 26).

3. The parent or carer reported a medically diagnosed mental health problem within the lifetime of a child under six with reported behavioural difficulties. Alternatively, the parent verbally reported at least two personal or social difficulties which were significantly associated with poor attendance or outcomes from PTPs (Reyno & McGrath, 2006). These included, for example, being a lone parent, young age (under 21 at birth of youngest child), reliance on state benefits or reports of family difficulties occurring in the last 24 months such as relationship breakdown, incarceration of a close relative or family disputes.

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[1] In their care was defined as residing at the same address for at least four days and nights per week.

Details of how the participants met the criteria are included in Appendix P (page 158). Interviewees were six mothers, who ranged in age from twenty to forty two years of age, who cared for young children and had participated in a community parent education programme five to six weeks prior to interview. All participants lived in a county in southern England with five of the six interviewees living in the same town.

9.2. Intervention

The intervention was a six week community interactive training programme (CITP) for parents of children aged from birth to five delivered by Educational Psychologists working for a local authority in the south of England. Details of the programme are included in paper one of this thesis (page 28) and in Appendix A (page 100).

9.3 Procedures

The interviewer had attended and observed three out of six sessions of all CITP programmes under evaluation in the role of co-facilitator. In total over 37.5 hours of training were attended, of which 22.5 hours included parents from this sample. This was intended firstly to facilitate rapport with interviewees (Banister et al., 1994) and secondly to enhance researcher "sensitizing" and awareness of the parent's experiences (Charmaz, 2006, p. 16). Reflective notes and observations were taken during these sessions, however, for ethical reasons these are not reported as they may have described discussions which included parents who had not agreed to participate in the study.

9.4. Interviews

All of the six interviews were conducted in person at a local Children's Centre and were recorded using a Dictaphone. In five interviews the participants were interviewed individually. The three year old daughter of one participant (Anna) was present during interview.

Interviewees were asked a series of open ended questions relating to their experiences of attending the course (see Appendix F: page 126). These included questions about their motivations for attending, aspects of the programme which were helpful or not helpful and changes which had happened since attending. Five parents who had been identified prior to interview as possible candidates for the second study were also asked additional questions during the interviews.

9.5. Ethical Considerations

The evaluation was designed and conducted in accordance with the British Psychology Society guidelines on conducting research. Issues of confidentiality, informed consent, safeguarding of vulnerable groups and equality were considered as part of the research design. Details of how ethical principles were applied in the procedures of this study are included in Appendix W (page 197).

9.6. Analysis

Analysis was performed by adapting Braun and Clarke's (2006) guidance on Thematic Analysis to include techniques from grounded theory analysis (Charmaz, 2006; Rennie, Phillips, & Quartaro, 1988). The aim of analysis was to identify a series of themes and, if possible, to integrate these constructions into a wider model of the learning process based

on parents' descriptions of the experience. Throughout the analysis, the researcher avoided reading literature in the field and suspended writing the theoretical background until all themes were identified (Rennie et al., 1988).

Analysis was divided into seven overlapping stages or phases; the first was also part of the sampling process where interviews were selected based on the above criteria. A second round of transcription took place for the "at risk" subgroup to include pertinent non-linguistic cues (such as talking quietly), interviewer comments and discussion (which were excluded from the analysis for paper one), such as discussion outside responses to the standard interview or clarification questions. This gave the researcher another opportunity to listen to the interviews again, reflect upon meaning of both questioning and responses in the interview and consider non textual communication such as the interviewee's tone of voice and manner.

The second phase was generating initial codes, the codes were entirely "data driven" (Braun & Clarke, 2006, p. 88) and described every individual event or action described or taking place in the interview (Charmaz, 2006).   All participant statements were coded line by line using the words of the participants or terms which accurately and meaningfully summarised the statement, event or action (Rennie et al., 1988) (see Appendix Q: page 169). To support a reflexive approach to analysis, codes and memos were assigned to some statements which summarised researcher reflections about the participant's meaning, response to the interviewer's behaviour or the interviewer's approach to questioning.

The third stage was thematic coding where codes were searched systematically to find patterns or themes in the data using NVivo to construct sets (see Appendix T: page 184).   At this stage groups of themes emerged from the data, their significance was evaluated in

terms of meaningfulness of the events to the participants, consistency between participant

accounts and the extent to which they were grounded in the data rather than influenced by

researcher assumptions. The fourth stage, which started during thematic coding, was a

combination of memo writing (Charmaz, 2006) and "Thematic Mapping" (Braun & Clarke,

2006, p. 90) which involved making notes of ideas in relation to themes, handwritten

diagrams or using Nvivo to further group themes. This was used to refine categories or

describe the possible relationships between codes and themes (see Appendix T: page 184).

The fifth phase was to review the themes, several emergent themes were reviewed and

reorganised or, in some cases, discarded. Participant exceptions, contradictory statements

and "disconfirming cases" were also identified and assigned to the categories to which they

pertained (Yardley, 2008, p. 242). Phase six was naming the themes and sub-themes.

Where possible or pertinent the themes were named by using gerunds and by using the

descriptions of participants themselves so as to reflect their meanings (Charmaz, 2006).   A

seventh phase of analysis was developing a model through exploring parents' and

researcher's constructions of the relationships between themes. This entailed examining,

participant accounts, memos and thematic maps with the aim of describing how the

relationships between themes or categories were constructed and developing a substantive

theory which meaningfully represented the overall social process as experienced by the

participants (Charmaz, 2006). The model is summarised in a diagrammatic form at the end

of the results section (Figure 1. page 76).

10. Results

Six themes categorising different experiences or events were identified in the data, each of these had several associated sub-themes which distinguished dimensions or properties of the constructions (Charmaz, 2006).

10.1. How Parents Understood their Difficulties

How parents constructed their difficulties appeared to be an important factor in their seeking help, accessing and engaging with the programme activities. Parents' difficulties varied as to how specific they were and the extent to which they were seen as interfering with their parenting capacity. Parents all reported that their understanding of their difficulties changed as a consequence of receiving support, either through the CITP or in combination with other programmes. Consequently it was not always possible to make clear distinctions between how difficulties were originally perceived and how difficulties had been reconstructed. Parents reported experiencing a variety of difficulties which were described as related to or located in different people or relationships and were more or less specific to individual parents.

Understanding I: Difficult Child

Parents often described their child or children's behaviour as distressing or upsetting to them. However, parents' descriptions appeared to show significant variation, with descriptions including "a bit above what he should be like" to "highly strung" to "extreme".

Parents held different constructions about why their children's behaviours were distressing which, perhaps, reflected their social context and circumstances. For example, Ellie[2] described feeling that her child is "the only kid that's naughty". Anna, who was diagnosed with severe depression, described the aggressive behaviour of her daughter towards a younger sibling as "getting (her) down." Carly, who felt exhausted by raising three young children on her own described her son's behaviour as "pushing me to the limits."

Understanding II: Difficult Self

The majority of parents saw their own behaviour as sometimes exacerbating their children's difficult behaviour such as by "going on and on," "getting the shout on," "being hectic" or "giving in". For most parents they reported that the programme had made them more aware of their role in their children's difficulties. Additionally, two parents identified a link between their own mental health needs and their difficulties with meeting their children's need for interaction.

> Different things really I mean the nought to nine bit they said about the eye contact and
> stuff with the babies because I got post natal depression with A so I've been really
> struggling with bonding with him. (Bobbie)

Understanding III: Difficult Others

Five parents also reported a variety of difficulties relating to circumstances or relationships with extended families. Three parents described ongoing disagreements and conflicts with former partners which impacted on them or their children in different ways. Fran, for example, felt that the breakdown of her relationship had impaired her confidence as a

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[2] All names used in this study are pseudonyms

parent. Carly and Fran both felt that they were not sufficiently supported or their problems sufficiently understood by their former partners.

> ...he says to me "I don't see why you're so upset." I say "why do you think I'm getting
>
> upset?" He says "because you're pathetic."(Fran)

Understanding IV: Not Knowing or Understanding

Common to all parents was a belief that, at times, they did not understand or had not previously understood their children's behaviour and that this difficulty in understanding had motivated them to seek help or support.

> Yeah cos I was like; " well why is she like this?"...Is it because what, what I'm feeding
>
> her? Is it because that's just the way she is? (Fran)

> If I ask him what's the matter or something, he won't talk to me. And it's knowing how
>
> to get around that to see what the problem is. (Carly)

Four parents reported that, prior to the programme; they did not have enough effective strategies to manage their child's challenging behaviour. They also described themselves prior to the programme as using strategies which were ineffective, sometimes negative and often resulted in them feeling more distressed or frustrated.

> Didn't exactly feel a bad parent, but I felt that I did deal with situations wrong. It's like
>
> shouting and keep going on and on and on and on. And all I found was that it was going
>
> totally the opposite or just carrying on doing it. (Diane)

10.2. Identifying and Connecting

An important factor in motivating parents to attend the programme, learn and make changes was the extent to which parents could identify a range of connections between constructions of difficulty or identities and the programme content, curricula, events, trainers and other participants.

Identifying and Connecting I: Understanding my Child

Most significantly, all parents identified that the programme curriculum was specific and relevant to their own needs, in particular the need to gain a better understanding of their children.

> I wanted... had an interest to want to know why children play up like they do. Just knowing about children really like psychological wise. (Diane)

Identifying and Connecting II: Not Just Being a Parent

Parents also identified that the programme was relevant to aspects of their identity which were not specifically related to parenting including; learning goals, supporting their friends, gaining self confidence or career ambitions.

> Just wanted to complete it as well to know something that I'd actually done and achieved (Diane).

For some it appeared that the programme fitted with a wider agenda of self improvement, restructuring their lives or recovering from previous problems such as alcoholism, mental health problems or relationship breakdown.

Identifying and Connecting III: Ownership

Two parents stated explicitly that the programme was valuable because the learning outcomes were unique to them. A sense of ownership of the learning and the programme also appears to have been an important construct for some parents.

> It was more practical and taking stuff home and discussing things and finding your own sort of solution in a way. (Anna)

Identifying and Connecting IV: Being Understood

> They were just friendly and welcoming they just... (pause) they didn't sort of because they had not more authority than us but they were the lecturers and we were the students but they didn't shove that authority in our faces. They were sort of on our level, they totally understood us and they listened to us. (Fran)

The majority of parents described the trainers on the programme as "understanding," "non-judgemental" or "on our level". Parents also described the importance of feeling listened to, understood or valued by the trainer or participants during the programme sessions. Some also felt that having concerns or circumstances in common with other participants supported their participation. Most also felt that being part of a group which contained parents or professionals with whom they were previously acquainted was also helpful.

Conversely, in interviews and during the programme parents had reported feeling that they, their circumstances or their children were not understood by professionals who had been involved previously such as Health Visitors or Children's Social Care.

Cos like when you go to like health visitors they say the textbook says. It's like but the textbook isn't my child. I want to understand her the child not just what is written down. (Fran)

Identifying and Connecting V: Put it all Together

Most parents reported that a professional from whom they were already receiving support such as a Children's Centre Family Support worker had recommended that they attend the programme. They also felt that an established relationship with these professionals had supported their participation in the programme.

> And I think that's why it was nice for N (supporting nursery nurse) to come along as well. Cos there was somebody I knew to be able to come in the room. (Diane)

For some parents, the programme was seen as fitting with an established "package" of support which was accessed through local health services, schools or Children's Centres and included other courses or programmes.

> I think their (her children's) life has changed completely since I been to (town), the course was the icing on the cake of it all. It sort of put a package with it, you know.... Also with the support that you get from here as well. It's sort of like having a family really, like C or R. Instead of going to my sister or something, I'll go to C and she'll sort it out for me and she'll say "don't worry, I've done that" you know what she's like. And, you know, make you feel alright about it and so they're a lot more settled and a lot more secure. (Anna)

10. 3. New Knowledge

Parents described three different types of knowledge which they acquired during the CITP programme activities. Although there were common themes between parents, each parent also described identifying information or insights which were specific to their own experiences.

New Knowledge I: Contextual

Contextual knowledge describes insight into the experiences or thinking of other participants such as learning about their difficulties or opinions about parenting. The most commonly described consequence of this was that it helped parents to achieve a different perspective about their own needs and difficulties leading to changes in the way they saw themselves.

> It's good to know other people have problems because you do think it is only you (Anna).

New Knowledge II: Theoretical

The second type of knowledge described is constructed as theoretical learning about child behaviour, child development or psychological theories such as Maslow's Hierarchy of Needs. For some, this meant a change in their understanding of what children's needs were. Others reported having a more detailed understanding of what behaviour was typical for children of a particular age.

New Knowledge III: Practical

Parents described learning a range of practical strategies during the programme. These included behaviour management strategies, ideas, approaches to interaction, using routines and strategies relating to specific issues such as changing nappies.

Practical knowledge was gained in different activities, however, strategies were most commonly reported as learned during problem solving discussions either with the trainers or between parents in the group. For example, Ellie reported that the advice given to her by another parent had helped her to make changes to bedtime routines.

10. 4. Stopping and Thinking

> Sort of making me step away from the situation and think about it a bit... before getting stressed out with him. (Bobbie)

Stopping and Thinking was constructed as a behaviour change where action was suspended and replaced, initially, by thought. All parents reported that, as a result of learning about child behaviour or development, they had taken time to think about the possible reasons for a child behaving in a particular way. Alternatively, they would suspend their reaction and consider their response to a particular situation first. This was described using terms such as "stop and think", "stand back and look" or "not bulldozing in."

10.5. Interaction and Communication

Parents described changes in the way they interacted and communicated with their children. These were often regarded as consequences of learning, stopping and thinking and reconstructing. Changes in the frequency, duration and style of communication and

interaction were also seen as causes of changes in beliefs or attitudes about themselves or their children.

Interaction and Communication I: Staying Calm

A commonly described consequence of stopping and thinking was that parents felt able to react in ways which were calmer and to change established patterns of behaviour. For the most part, staying calm was seen as resulting from a conscious effort on the part of the parent to avoid "stressed" or "shouty" reactions. However, for Ellie, staying calm also meant that she did not to "give in" to her son's demands.

Most parents also reported that "feeling less stressed" was a consequence of having more confidence in managing their children's behaviour or improved relationships with their children.

> There's a better atmosphere because obviously you're got sometimes not knowing how to deal with things, and you're all like frantic and up here (gestures above her head) it sort of makes the whole household atmospheric and you get the children being high level then. But if you're more calmer and approach things better, then they're more calmer and then things is more settled so things aren't so roof raising in the house should I say now. (Diane)

Others found that feeling calmer was a consequence of applying consistent strategies to particular issues such as sleep.

> I think so because I'm not so tired, so I'm not so angry all of the time. Cos I'm getting enough sleep now so I can be a lot calmer more chilled out and not so grouchy where I'm up all night or early in the morning now. I can be more positive. (Ellie)

Interaction and Communication II: Special Time

All of the parents reported that they had changed the way that they played or interacted with their children. Some also described increasing the amount of time that they spent playing or interacting. This was largely seen as a consequence of either practical learning about child led play or theoretical learning about children's needs. Interactions were described as including increased responsiveness or awareness by the parent of the child's behaviour or, for some, compromising with their children or reducing the extent to which they tried to control their child's behaviour.

> I think that it was helpful because it makes you realise. Like if you interfere with the children playing and they're not actually playing how they want to. And you can sort of be a bit particular about things, you do it like this, you do it like that. (Carly)

For some parents a deliberate change in the way they interacted was seen as helping them to bond with their child or children.

> I didn't want to look at him and didn't want to touch him and things and when they said how important it is to sort of bring them on and that that helped me to go "actually I need to do this" this made me do it which helped with bonding with me ...Making me aware of what it is has sort of made me do it whether I wanted to or not. Which has helped the situation in the end... (Bobbie).

The bonding in turn helped some parents to reflect on the effects of their behaviour on their relationship with their children.

Interaction and Communication III: Being Consistent

All parents described making efforts to react to their child's behaviour in a manner which was consistent and more predictable. Three parents also reported that they had instituted systems of rules or routines to establish more consistent patterns of interaction. These strategies varied according to how parents understood their difficulties. Some parents also reported that this consistency and increased structure also led indirectly or directly to improvements in their own mood. For example, Anna reported that using routines helped her to prioritise her daily activities, which in turn, may also have helped her to feel less depressed. Ellie, however, found that consistent bedtime routines helped meant that her son was sleeping better which in-turn improved her own sleep, leading to improved mood.

10.6. Reconstructing

All of the parents reported that a consequence of learning and subsequent behaviour change was a changed view about themselves, their children or their relationship with their children. Three categories of reconstruction were identified from the data.

Reconstructing I: Understanding the Child's Point of View

A commonly described consequence of learning and stopping and thinking was that parents reported that their beliefs about their children's behaviour changed. For the majority of parents this meant that their child or children's intentions or behaviour were reconstructed. This was, for example, from being "naughty" to being "for attention". This meant that parents started to reinterpret their child's behaviour as cues that they were seeking interaction with them.

He's not having as many tantrums and naughty episodes as he did. I think a lot of it was attention seeking. Because obviously I've got the new baby and he wanted attention. Now I don't get stressed with him and I try and sort of think yeah no he sort of just wants some attention and I just try and give it to him and he's a lot better he has hardly any tantrums now so yeah it's really made a big difference... (Bobbie)

Reconstructing II: Self Confidence

All parents reported becoming more confident following the course. For most, this was perceived as a result of them reflecting on and appraising their own successes in parenting following the programme.

Because I am more confident you know because I think well those needs I'm now providing so I'm feeling more confident as a parent, I can do it. (Anna)

However, for some parents, the experience of attending and completing the programme had encouraged greater self belief. For others the programme activities or the positive regard demonstrated by other participants had helped them to think about themselves differently.

When we did like the activities, like when we had to put things on the post-its. People had to write things about other people and stick them on their back. Sort of made me feel good about myself, so I thought actually, I'm not useless do you know that the people have said this about me and I'm doing it on my own yeah you know I'm doing it. (Fran)

Practical learning was also described as helping interviewees to feel more confident about their own abilities as parents. For some this was because the programme appraised some of their established parenting practices as well as offering new ideas.

> I liked just the course in general really just being able to come to a course and know what you're doing's right and what you can do to make it better (Carly).

However, a construct of the self as a better parent was not always apparent in some interviews.

> When I look back at it, I thought "it's not D playing up it's me". You know keep moving around and having relationships. (pause) Oh god you know, just being hectic, having depressive times and that and you know. (Anna)

Reconstructing III: Relationship

A changed understanding of their child's needs meant that parents attributed greater importance to interaction or affection in the relationship with their children.

> Instead of having all of the special time it's like he wants this so I'd give it to him. So he'd just be off playing instead of sitting down reading and having the bonding time. I give in to him, he has what he wants and he's happy. Instead of us actually me actually trying to bond with him more. (Ellie)

Parents also reported a greater understanding of the relationship between their own mental state and how their children were behaving.

Learning more about myself really that it's help me do. Sort of learning stop and think

it's alright... Yeah and how my actions are affecting people and why he's doing stuff.

(Bobbie)

Figure 1: A Diagram Summarising Constructions of the CITP Learning Process
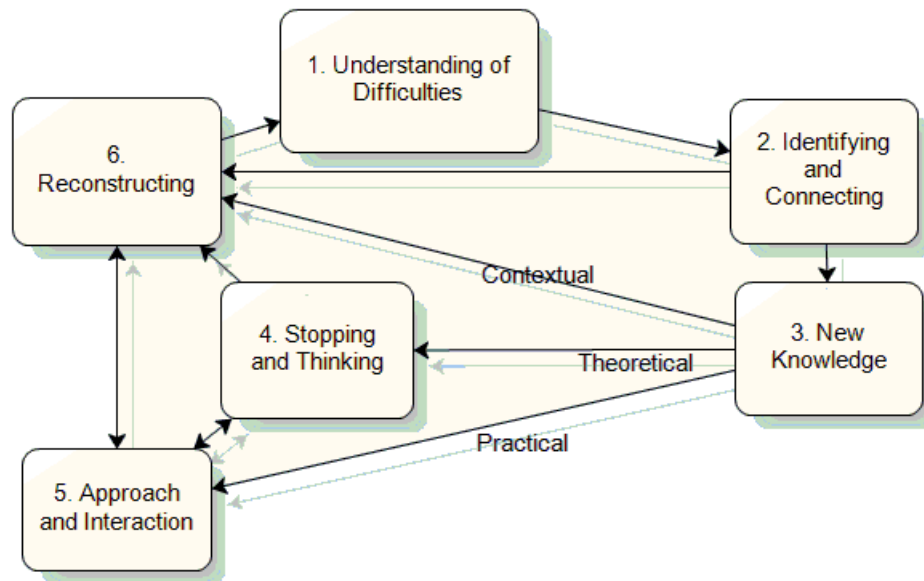
10.7. Summary

Figure one visually represents how relationships between the themes were constructed.

Firstly parents' understandings of their difficulties affected their understanding of the

connections between their needs and the programme objectives. Secondly indentifying and

connecting enabled learning through motivating them to continue with the programme.

Contextual knowledge was seen as enabling parents to reframe or reconstruct their

children's behaviour or parenting competence which, in turn, was seen as leading to a less

problematic view of their own parenting or children. Theoretical knowledge provided

alternative explanations for behaviour which parents saw as facilitated by stopping, thinking

and reconstructing. This was also constructed as leading to a calmer approach to parenting

both through the act of stopping itself and as a result of a positive reconstruction. However,

a calmer approach was also a regarded as a practical strategy learned through the problem

solving elements of the programme. Practical knowledge was constructed as enabling

changes in interactive behaviour which also helped parents to reconstruct their beliefs

about situations and abilities as a parent by, for example, observing their child's subsequent

reactions.   Finally, parents' constructions or understanding of the location and function of

their difficulties changed as a consequence of reconstructing beliefs about themselves, their

children and others.

11. Discussion

11.1. Theoretical Implications

It is important to note that the purpose of this study is to examine the lived experience of a parenting programme for a group of parents who could be regarded as at risk of behaviour problems in their children. The aim was not to generalise widely but to draw insights into theory and practice from the voices of those people who are central to the experience (Charmaz, 2006; Howe, 2004).   Moreover, this analysis was undertaken with parents who had participated in a specific intervention, thus care should be exercised in generalising these findings to other programmes with different structures and curricula.

The parents in this study described a range of experiences which supported attendance, motivation and learning in the CITP. Firstly, it was interesting to note that parents held a range of different constructions about their initial difficulties; about themselves, their children and significant others. These constructions and their effects, for most, were described as evolving as the programme progressed and they reflected on their learning. However, the interviews indicated that, for many parents, difficulties managing their children's behaviour are often coincided with or were related to complex constructions of difficulties with self and others. Moreover, the parents in this study gave quite different descriptions of their children's behaviour, although perhaps these constructions had changed following recent learning experiences.

The understanding that was common to all interviewees was that they had not known why their children behaved in certain ways. Additionally, all parents described distress or frustration at not understanding their behaviour had motivated them to attend the CITP.   It is possible, however, that the manner in which the programme was advertised as a

"programme to help you understand your children" attracted parents with this particular construction or influenced the language that the parent used following the programme (see Appendix A: page 100).

The Connection and Identification category indicated that parents described their motivation to attend and learn as influenced by relevance not only to their need to understand but to personal identity or ambitions. Indeed, this construction resembles Ryan and Deci's (2000) model of motivation and indicates that, as with all learning, beliefs about autonomy, relatedness and control are important in motivation to participate and learn in this programme. The theoretical learning aspects also appeared to motivate the parents and to give them a sense of achievement. These themes bear some similarity to First and Way's (1995) description of "transformative learning" and empowerment in parent education.

The interviewees stated the importance of established professional and personal relationships and identifying with the group in supporting their participation. Parents also saw being "understood" by the trainers and knowing others in their situation as important within the problem solving process. This supports literature emphasising the importance of social and systemic as well as individual outcomes in successful parent education (Sanders et al., 2003; White & Verduyn, 2006). Authors in the field of Community Psychology also regard social support as an important outcome of community psychological intervention (Levine & Perkins, 1997). However, in this study, only one person alluded to the development of longer term supportive relationships with members of the group who were not already known to them. Thus social support was perceived by parents as a condition, motivator, supportive factor or short term outcome rather than a longer term outcome of

the programme. However, some parents also reported being more prepared to ask for help as a consequence of increased confidence in their parenting ability. Moreover, it is important to add that this study was a limited insight into parental change at six weeks post intervention and did not evaluate whether parents' social experience changed over a longer period.   Further research is needed to explore constructions of social support in both the process and outcomes of community parenting programmes.

Parents described stopping and thinking and reconstructing as important aspects of learning and behaviour change. Parents' accounts bore resemblance to constructs of reflection which have been identified in similar studies in that parents needed to reflect on their own and child's behaviour in context before applying different interpretations and subsequent parenting behaviours (First & Way, 1995; Levac et al., 2008). Accounts also correspond with a range of established literature which states the importance of a reflective approach to parenting to children's psychological development (e.g. Siegel & Hartzell, 2003). However, in contrast to other qualitative studies into parenting programmes (Levac et al., 2008), parents did not describe reflecting on the influence of their own childhood on their parenting. This is also considered, by several authors, to be an important factor in the development of positive parenting behaviour (Siegel & Hartzell, 2003). It is possible then that personal histories were not a prominent feature of these parents' reflections during or after the programme and may have implications for how future programmes are facilitated. However, it is also likely that this discrepancy may have been influenced by the structure or style of the interview used by the researcher in this study which avoided detailed questioning about issues of personal history. Alternatively this difference could be explained by differences in style, content or length between this and other programmes.

Much of the cited research evaluates parenting interventions which were twelve or more weeks in duration and contained at least six more sessions than the programme evaluated in this study (Levac et al., 2008; Patterson et al., 2005). It is possible then that these longer programmes give participants more opportunities to reflect on the role of their own childhood on their current parenting practices.

Consistent with previous research, parents saw a calmer approach as a key learning outcome of the programme, constructing calmness as both a cause and an effect of other changes. Again, consistent with the established literature, more frequent, more interactive and more child-led interactions were described as influencing improved relationships, more enjoyment of parenting and more positive child reactions. Parents also described that their theoretical learning about children's needs had helped to support these behaviour changes.

The results of this study that parents attending the programme in question emphasised the importance of changing their understandings about their children, their relationships, their difficulties and other aspects of their lives. This is perhaps reflective of the constructivist principles used in developing the programme, particularly Personal Construct approaches (Kelly, 1991). Additionally this co-construction could be influenced, at least in part, by the researcher's interest in constructivist psychology or disciplinary background in educational psychology.

Parents' personal constructions about their problems and difficulties appeared to evolve during and following the programme. A more understanding view regarding their children's difficulties and a different understanding of their emotional needs was most commonly described. Most parents reported that this helped them to respond more calmly to their behaviour and to reflect on their understanding of their child's behaviour. However, one

mother, who had a long history of mental health needs also appeared to draw some difficult conclusions about her previous parenting with older children which suggested that the programme had exacerbated her feelings of guilt. It is worth noting that constructions of change over time may require cautious interpretation due to the retrospective approach to inquiry used in this study. Consequently, future qualitative research may benefit from using interviews before and after the programme to examine how parental constructions change over time.

In examining the relationship with paper one of this study, it is important to reiterate that the second analysis was undertaken with the intention of understanding subjective interpretations of processes rather than "processes" existing outside of the personal or social world of the participants. However, the parents also gave meaningful and somewhat varied accounts of how the programme raised their self efficacy, reduced their stress and improved their child's behaviour. Parents reported that their constructs about themselves changed and became more self affirming, which helped them to interact more confidently with their children and other people. Stress reduction was constructed both as a strategy to support positive interaction as well as a consequence of successful strategies. Parents also observed a change in their children's behaviour which they saw as a reaction to their calmer approach. However, several also acknowledged that their constructions of the function of their children's "playing up" had changed. This indicates that reported changes in child behaviour on standardised measures could have, in part, related to changes to how parents in the cohort observed or evaluated their children's behaviour. Other studies have suggested that distressed parents demonstrate an observation bias towards children's negative or disruptive behaviour (Najman et al., 2000). However, such biases may be

reflective of parental difficulties forming positive relationships with their child which, as much of the literature demonstrates, could have a detrimental effect on a child's mental health over time (Deater-Deckard & Dodge, 1997; Siegel & Hartzell, 2003).

11.2. Methodological Issues

It is important to recognise that this study had a number of methodological limitations. Firstly, due to service considerations regarding data collection with vulnerable parents, the researcher was limited to using stress measures, personal accounts and, with some participants, child behaviour data to categorise parents as being stressed or at risk. As a result, there may have been substantial variation as to how much these parents would be considered "at risk" or vulnerable in practice. Secondly, qualitative studies of this type usually involve repeated interviews to compare the emergent categories and to check validity (Rennie et al., 1988). Discussion of the themes with participants for example, was not carried out as several participants were known to each other and there was a small but significant risk of disclosing confidential information. Further research featuring repeated interviews and more detailed exploration of themes would, however, be helpful to ensure that the emergent themes represented substantive concepts.

In interviewing the parents, the interviewer was fulfilling two different study objectives, to observe statements of outcome and to elicit the experience of the process. The realist approach of the first study necessitated limited variation in the questioning between parents. However, the researcher was able to undertake additional discussion with several identified parents and subsequently bracket this from the first analysis. Nonetheless, the mixed purpose of interviewing may have led to sacrifices in consistency for the thematic content analysis in first study and in richness of data for the thematic analysis in the second.

Several interviewees reported that they had accessed a range of support services and programmes. Although interviewees were usually explicit about how different support that was received had been helpful, it was evident that at least three interviewees reported changes related to other programmes or support that they were receiving at the time such as assertiveness training or other parenting programmes. Although this information is useful in understanding how parenting programmes fit with other support, some of the described changes in thoughts, feelings and behaviour could also have related to other interventions which some of the parents received.

Another potential limitation of the methods used in exploring parents' understanding is that it relies on retrospective accounts of conscious experience. Rennie et. al (1988) point out that using inductive qualitative approaches to understand therapeutic change is limited by reliance on categorising based on accounts of experience by the participants and constructing theory by, in part, interpreting the meaning of their reflections. However, it is thought that parent's beliefs about their child's behaviour can often reflect unconscious association such as through "transference" within the parent child relationship (Bowlby, 1988, p. 164). However, exploration of possible unconscious motivations behind the language used by parents was both outside of the remit of the study and potentially contrary to the ethical principles of the research.

11.3. Practical Implications

This study proposes a number of implications for practice, both for Educational Psychologists undertaking the programme in question and working in general with parents of young children at risk for behaviour problems. However, the constructivist orientations

of the study and specificity of the intervention requires caution when applying findings to wider practical contexts.

The findings of this study indicate that distressed participants were motivated by personal identification with the course objectives, group and content. Parents in this sample often saw the programme as part of a general process of learning and self improvement as well as being motivated by the potential for a better understanding of their children. It is possible then that how parents are referred onto programmes, how they are advertised and how they are co-ordinated with other services is likely to impact parental engagement. Given dropout rates of up to 40% in some parenting programmes (Reyno & McGrath, 2006), programme engagement and dropping out are areas of interest which would benefit from more in depth research. Additionally it would be interesting to further understand how parents are made aware of and referred to parenting courses and how they experience this.

As in other qualitative studies into parenting programmes, a sense of being supported or being understood within the programme was considered an important experience. However, it would appear that a trusted link person within that support system was also important in encouraging the participants to attend, engage and, for some, change their parenting practices. Again, this study supports the use of training approaches delivered in conjunction with established community organisations or initiatives such as Children's Centres or Sure Start. This is established practice in some areas, although there has been limited evaluation of how parenting programmes fit within wider forms of service delivery (White & Verduyn, 2006). The findings also suggest that good communication between multiple services and the use of an identified worker or advocate is potentially helpful in supporting parents into and through programmes which meet their specific needs.

This study highlighted the important role that support workers played with vulnerable parents in supporting them to access the programme. However, the extent to which UK Government's recent austerity measures and impending legislative reform in Special Educational Needs will affect children's centres and other early years services remains to be seen. These findings tentatively support the notion that community oriented services can support engagement with preventative interventions for vulnerable parents of young children.

As with previous findings (Edwards et al., 2010; Levac et al., 2008), Opportunities to engage in peer problem solving were also valued by the parents in this programme. Parents felt that common concerns and understanding from the group was important to them. The group "gelling" or "clicking" seemed to be an important factor for interviewees. As with other aspects of educational psychology practice, skill and experience in facilitating group problem solving with adults and skilful undertaking of "maintenance functions" in the process is likely to support effective programme delivery (e.g. Farouk, 2004, p. 213).

Interestingly, for some parents, apparently small or very specific changes in parenting behaviour were seen as yielding significant changes in parenting experience and quality of life. For Ellie a good bedtime routine and consistent approach to sleep issues had led to improved mood and improved relations with her peers. For Bobbie, "forcing" herself to interact with her youngest child had helped her to bond and reduced her feelings of guilt about "sharing" herself. Anna found that learning about needs and routines had helped her prioritise her daily activities which had, in turn, helped her to feel less depressed. These constructions suggest that some parents may experience or perceive significant indirect effects from specific practical learning or structural changes to their daily routines or

priorities. This is, perhaps, an interesting area for future inquiry and highlights the importance of practitioners having a clear understanding of parent's needs and objectives to support favourable outcomes from parent education.

This and other studies strongly emphasise the importance of parental reflection and reconstruction to the process of problem solving. Thus a possible approach by psychologists would be to train key workers such as family support workers in strategies to help participants reflect individually on their progress and learning. Scott and Dadds (2009) suggest that strategies such as motivational interviewing or shared empowerment may help vulnerable participants to engage with parenting interventions. This study tentatively indicates that other reflective approaches familiar to educational psychologists such as solution oriented consultation (Rees, 2008) or techniques from personal construct psychology (Ravenette, 1999) may also be helpful in supporting parents with complex difficulties to understand, reframe or redefine problematic constructs. Further research using these approaches as practice tools or, perhaps, as a method of inquiry may be appropriate in future.

12. References

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Appendix

Appendix A: Details of the Community Programme for Parents.

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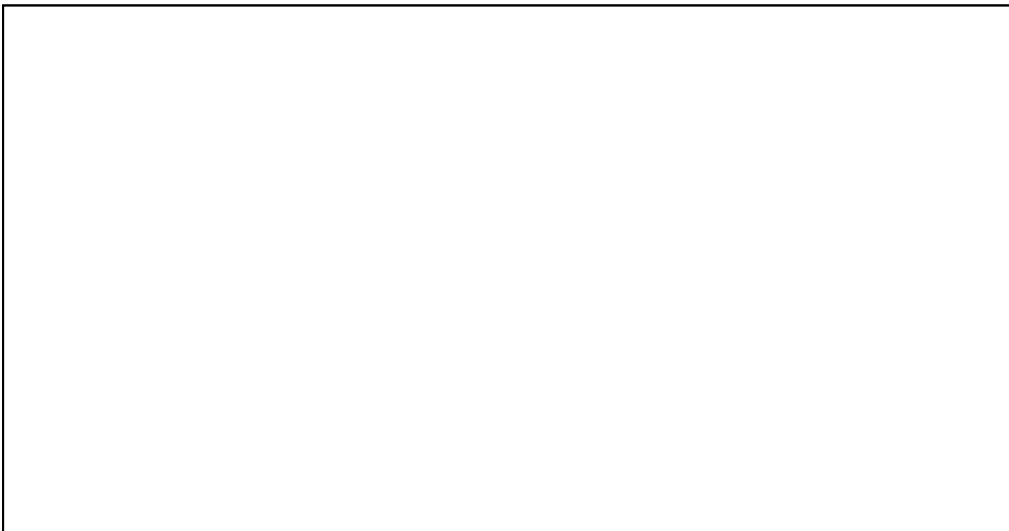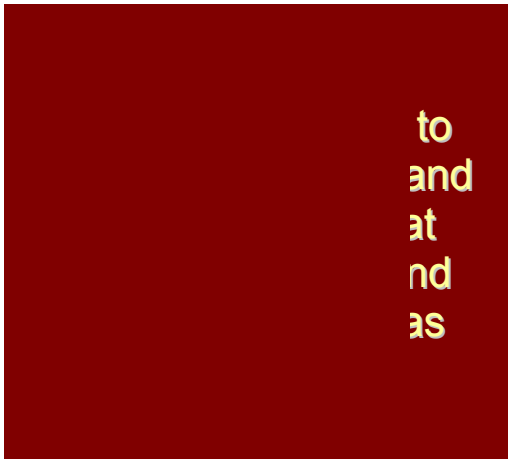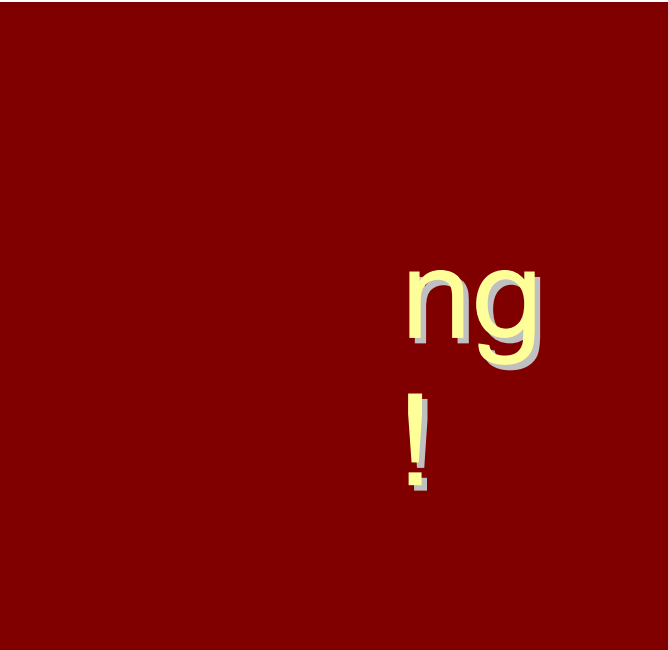
Playing Up!

This programme has been designed by Educational Psychologists who work for Somerset County Council. It has been designed in response to requests for advice about managing difficult behaviour in pre-school children.

The reasons for the programme

How hard it is to be a parent. The pressures on the modern family are many. Time has become the precious commodity. Despite living in an age of technological advance to help with chores there seems to be less time to spend with family.

Parents are subjected to advice from many quarters and it is easy to lose confidence. There are many TV programmes giving at times quite contradictory advice, grandparents who, if available, may have a different view of parenting and then there is the sidelong look from another shopper when a child is 'playing-up' in the supermarket. It is a lot to contend with and it is easy to feel you are not getting it right.

Parents need to feel confident in their own skills and for that they need to understand the developing child in their midst and build up a positive relationship with the child that will support happy experiences and be theirs to cherish throughout all the years they are together.

The programme assumes that the parent is the expert and we are sharing psychology with them to help them some more. As psychologists we feel that spending a little time each day to build up a store of positive and happy experiences will be the way to help parents manage their limited time, enjoy their children and see long term rewards.

What the programme aims to do

The programme aims to help parents find their own values and solutions so that they feel confident and able to cope and enjoy being a parent all the time, not just when the children are asleep. Although that is ok too.

Playing Up is a six week programme of 2 hour sessions for a group of about a dozen parents of young children. It is important for parents to try to attend every session. We rely on Children's Centres to provide a room, a crèche and refreshments. We particularly enjoy working alongside the family support workers.

Each session links together, building up a growing knowledge and understanding for the adults of child development, how the child views the world, where conflicts and anxiety might lie and how to deal with different stages in the child's life.

Positive psychology and constructive interactions are the basis of the course. It is solution focused, offering strategies that can help in many different situations, ages and stages. It is designed to help parents relate to their children in a way that promotes good behaviour.

Week by week the meetings build up a picture of the growing child and the milestones on the way. The sessions start with an introduction to the first few months of life and build up to starting school. Among the topics discussed are the importance of good attachment, secure relationships, routines, consistency, praise, enjoyment, why children have tantrums, how children view the world and make sense of adults. We share a number of psychological ideas and approaches. There is a file, handouts and a certificate for everyone.

We spend time thinking about what is being communicated through behaviour and each session builds up a better understanding of why children do what they do and what parents can do about it. The learning will grow from both the factual and video presentations and the discussions that we have together when we think about the themes and experiences that are raised.

The sessions begin with what the parents wish to draw from the meetings. Parents can be assured that if they come along they will be made to feel very welcome, comfortable and included. We want this to be a happy course where everyone feels secure and able to contribute.

Playing Up!		
Building Blocks		

Developmental focus each week	Themes
Week 6 **60 months**	**Happy families**
Week 5 **48 months**	**Problem solving**
Week 4 **36 months**	**Child's understanding**
Week 3 **24 months**	**Routines & Boundaries**
Week 2 **9 – 18 months**	**Play**
Week 1 **0 - 9 months**	**Warm & loving relationships**

Week One	Week Two	Week Three
0-9 months	9-18 months	24 months
Introductions & ground rules Values activity Aims General information about typical aspects of this age range	Feedback and reflections Stages of development in play and understanding for this age range	Feedback and reflections Stages of development in play and understanding for this age range
Sharing Psychology – Child development Early relationships & the developing brain	Sharing Psychology – Communication & Play, Separation anxiety & development of a secure base	Sharing Psychology – Cognitive behaviour therapy Towards development of self, boundaries & routines
First memories of play	Early memories of music and rhyme	Early memories of playing in the home/family circle
What is play?	**Why play?**	**Why routines & boundaries?**
Group activity	Group activity	**Group activity**
Reflections –	Reflections –	Reflections –
Take Home activity and resources	Take Home activity and resources	Take Home activity and resources Page 105 of 235

Building Block – Warm & loving relationship	Building Block – Play	Building Block – Routines & Boundaries

Week four	Week Five	Week Six
36 months	48 months	60 months
Feedback Stages of development in play and understanding for this age range	Feedback Stages of development in play and understanding for this age range	Feedback Stages of development in play and understanding for this age range Strategies - dignified exits
Sharing Psychology – Personal Construct Psychology – Positive affirmations and beliefs	Sharing Psychology – Revisit CBT Problem solving/ Permission to make mistakes Punishments & rewards	Sharing Psychology – Interactionist principles, Reflections on 5 previous weeks
Early memories – imaginative play	Early memories – happy memories of parents	Recent memories – positive play experiences with your child
What are they telling us?	**How do adults help?**	**What have you done that's worked?**
Activity	Activity	Activity
Reflections	Reflections	Reflections
Take Home Activity and Resources	Take Home Activity and Resources	Take Home Activity and Resources
Building Block – Child's understanding	**Building Block – Problem solving**	**Building Block – Happy families**

Developmental and Emotional Milestones

0 – 9 months

Emotional Milestones	Developmental Milestones
Birth to 4 weeks Baby getting used to life outside the womb – often quite disorganised – baby needs to feel calm and safe and have a routine. 4 – 6 weeks More settled – beginning to settle into a regular pattern.	During the first year babies' bodies develop very fast. The nervous system becomes organised – the rate and level of this process seems at least partly related to the quality of the relationship between baby and carer. In general, babies gain control over their bodies from head to foot and from the centre outwards to arms and legs, and then their fingers and toes. First control is of eye muscles – focus 6 to 9 inches. From birth babies are interested in looking at the faces of their carers. By 3 months babies respond by smiling. By 3 months will lift head and upper chest when lying face down using forearms to support. Grasps rattle for a short while.

	Hands move when distressed/excited at sound of approaching noise.
	5 – 6 months reaches for object – picks up with raking movement.
	By 6 – 12 months babies make sounds – babbling, cooing, gurgling and laughing.
	6 – 9 months babies copy parents' speech sounds.

Your Name:

Your Date of Birth:

The Age of the Child you are most worried about:

Is your child male or female? (please circle)

- This first set of questions is about the child who's behaviour you find the most difficult to manage or worrying. Skip this section if the child is under 3 years old.

- We are interested to find out whether children's behaviour becomes less challenging after their parents have come on a Playing Up! course. This questionnaire is designed to find out about the type of strengths and difficulties they have.

- For each item, please mark the box for **Not True, Somewhat True or Certainly True**. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the **last six months.**

Considerate of other people's feelings	Not True	Somewhat True	Certainly True
Restless, overactive, cannot stay still for long	Not True	Somewhat True	Certainly True
Often complains of headaches, stomach-aches or sickness	Not True	Somewhat True	Certainly True
Shares readily with other children (treats, toys, pencils etc.)	Not True	Somewhat True	Certainly True
Often has temper tantrums or hot tempers	Not True	Somewhat True	Certainly True
Rather solitary, tends to play alone	Not True	Somewhat True	Certainly True
Generally obedient, usually does what adults request	Not True	Somewhat True	Certainly True
Many worries, often seems worried	Not True	Somewhat True	Certainly True
Helpful if someone is hurt, upset or feeling ill	Not True	Somewhat True	Certainly True
Constantly fidgeting or squirming	Not True	Somewhat True	Certainly True
Has at least one good friend	Not True	Somewhat True	Certainly True
Often fights with other children or bullies them	Not True	Somewhat True	Certainly True

Often unhappy, down-hearted or tearful	Not True	Somewhat True	Certainly True
Generally liked by other children	Not True	Somewhat True	Certainly True
Easily distracted, concentration wanders	Not True	Somewhat True	Certainly True
Nervous or clingy in new situations, easily loses confidence	Not True	Somewhat True	Certainly True
Kind to younger children	Not True	Somewhat True	Certainly True
Often argumentative with adults	Not True	Somewhat True	Certainly True
Picked on or bullied by other children	Not True	Somewhat True	Certainly True
Often volunteers to help others (parents, teachers, other children)	Not True	Somewhat True	Certainly True
Can stop and think things out before acting	Not True	Somewhat True	Certainly True
Can be spiteful to others	Not True	Somewhat True	Certainly True
Gets on better with adults than with other children	Not True	Somewhat True	Certainly True
Many fears, easily scared	Not True	Somewhat True	Certainly True
Sees tasks through to the end, good attention span	Not True	Somewhat True	Certainly True

This section is designed to find out how **confident** you are feeling as a parent. We are interested to find out whether attending a Playing Up course helps parents feel more confident.

	Almost never or never	Once in a while	Sometimes	A lot of the time	Almost always or always
I feel sure of myself as a parent.	1	2	3	4	5
I know I am doing a good job as a parent.	1	2	3	4	5
I think I know things about being a parent that would be helpful to other parents	1	2	3	4	5
I can solve most problems between my child/children and me.	1	2	3	4	5
When things are going badly between my child/children and me, I keep trying until things begin to improve.	1	2	3	4	5

- We are interested to find out whether attending a Playing Up! course helps parents feel less stressed.

- Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows: **0 Did not apply to me at all** **1 Applied to me to some degree, or some of the time** **2 Applied to me to a considerable degree, or a good part of time** **3 Applied to me very much, or most of the time**	0	1	2	3
I found it hard to wind down	0	1	2	3
I tended to over-react to situations	0	1	2	3
I felt that I was using a lot of nervous energy	0	1	2	3
I found myself getting agitated	0	1	2	3
I found it difficult to relax	0	1	2	3
I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
I felt that I was rather touchy	0	1	2	3

Thank you very much for your help!

Appendix C: Statistical Norms and Scoring

Norms for the Strengths and Difficulties Questionnaire

Interpreting Symptom Scores and Defining "Caseness" from Symptom Scores

Although SDQ scores can often be used as continuous variables, it is sometimes convenient to classify scores as normal, borderline and abnormal. Using the bandings shown below, an abnormal score on one or both of the total difficulties scores can be used to identify likely "cases" with mental health disorders. This is clearly only a rough-and ready method for detecting disorders – combining information from SDQ symptom and impact scores from multiple informants is better, but still far from perfect. Approximately 10% of a community sample scores in the abnormal band on any given score, with a further 10% scoring in the borderline band. The exact proportions vary according to country, age and gender – normative SDQ data are available from the web site. You may want to adjust banding and caseness criteria for these characteristics, setting the threshold higher when avoiding false positives is of paramount importance, and setting the threshold lower when avoiding false negatives is more important.

Parent Completed	Normal	Borderline	Abnormal
Total Difficulties Score	0 - 13	14 - 16	17 - 40
Emotional Symptoms Score	0 - 3	4	5 - 10
Conduct Problems Score	0 - 2	3	4 - 10
Hyperactivity Score	0 - 5	6	7 - 10
Peer Problems Score	0 - 2	3	4 - 10
Prosocial Behaviour Score	6 - 10	5	0 - 4

DASS Severity Ratings
(if using the DASS 21 item version, multiply the score obtained by 2)

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34

Appendix D: Statistical Analysis

Frequency of Stress Score Data in Norm Categories Pre Intervention

Stress Status Pre

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	15	38.5	42.9	42.9
	1 "Mild"	3	7.7	8.6	51.4
	2 "Moderate"	7	17.9	20.0	71.4
	3 "Severe"	3	7.7	8.6	80.0
	4 "Very Severe"	7	17.9	20.0	100.0
	Total	35	89.7	100.0	
Missing	System	4	10.3		
Total		39	100.0		

Frequency of Child Behaviour Data in Norm Categories Pre Intervention

Total Difficulties Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Normal	7	17.9	31.8	31.8
	1 Borderline	2	5.1	9.1	40.9
	2 Difficulties	13	33.3	59.1	100.0
	Total	22	56.4	100.0	
Missing	System	17	43.6		
Total		39	100.0		

Emotional Symptoms Status Pre

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Normal	11	28.2	50.0	50.0
	1 Borderline	3	7.7	13.6	63.6
	2 Difficulties	8	20.5	36.4	100.0
	Total	22	56.4	100.0	
Missing	System	17	43.6		
Total			100.0		

Conduct Problems Status Pre

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Normal	1	2.6	4.5	4.5
	1 Borderline	1	2.6	4.5	9.1
	2 Difficulties	20	51.3	90.9	100.0
	Total	22	56.4	100.0	
Missing	System	17	43.6		
Total			100.0		

Peer Problem Status Pre

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Normal	5	12.8	22.7	22.7
	1 Borderline	5	12.8	22.7	45.5
	2 Difficulties	12	30.8	54.5	100.0
	Total	22	56.4	100.0	
Missing	System	17	43.6		
Total			100.0		

Hyperactivity Status Pre

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Normal	10	25.6	45.5	45.5
	1 Borderline	3	7.7	13.6	59.1
	2 Difficulties	9	23.1	40.9	100.0
	Total	22	56.4	100.0	
Missing	System	17	43.6		
Total			100.0		

Descriptive Statistics for Parent and Child Data

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Stress Score Pre	35	.00	42.00	19.3714	12.22121
Stress Score Post	27	4.00	42.00	15.4815	10.59162
Stress Score Follow Up	17	4.00	38.00	17.0588	10.39513
Mean PSAM Pre	36	2.00	4.50	3.3194	.56887
Mean PSAM Post	28	2.50	5.00	3.6964	.66094
Mean PSAM Follow Up	17	2.75	4.50	3.6324	.42498
Emotional Problems Pre	22	.00	8.00	3.6364	2.73505
Emotional Problems Post	18	.00	8.00	2.3333	2.11438
Emotional Problems Follow Up	11	.00	9.00	3.2727	2.83164
Conduct Problems Pre	22	2.00	10.00	6.4545	1.94513
Conduct Problems Post	18	1.00	9.00	4.6667	2.00000
Conduct Problems Follow Up	11	3.00	10.00	6.3636	2.54058
Hyperactivity Pre	22	.00	10.00	5.6364	3.21522
Hyperactivity Post	18	1.00	10.00	4.6111	2.50033
Hyperactivity Follow Up	11	.00	10.00	6.0000	3.68782
Peer Problems Pre	22	.00	9.00	3.8636	2.39634
Peer Problems Post	18	.00	5.00	2.6667	1.49509
Peer Problems Follow Up	11	1.00	8.00	3.5455	2.11488
Total Difficulties Pre	22	9.00	33.00	19.5909	7.65730
Total Difficulties Post	18	7.00	30.00	14.2778	6.64924
Total Difficulties Follow Up	11	5.00	32.00	19.1818	8.61183
Prosocial Score Pre	22	.00	9.00	6.1818	2.83912
Prosocial Score Post	18	.00	10.00	6.8889	2.63213
Prosocial Score: Follow Up	11	1.00	9.00	5.9091	2.73695
Valid N (listwise)	9				

Tests of Normality for Parent Raw Data

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	df	Sig.
Mean PSAM Pre	.220	25	.003	.919	25	**.049**
Mean PSAM Post	.144	25	.190	.957	25	.358
Stress Score Pre	.155	25	.123	.923	25	.061
Stress Score Post	.154	25	.127	.853	25	**.002**

a. Lilliefors Significance Correction

Tests of Normality for SDQ Raw Data Pre Phase

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Emotional Problems Pre	.180	22	.063	.897	22	**.025**
Conduct Problems Pre	.180	22	.061	.949	22	.299
Hyperactivity Pre	.133	22	.200[*]	.931	22	.131
Peer Problems Pre	.250	22	.001	.914	22	.057
Total Difficulties Pre	.131	22	.200[*]	.936	22	.165
Prosocial Score Pre	.202	22	.020	.844	22	**.003**
Mean PSAM Pre	.142	22	.200[*]	.956	22	.406
Stress Score Pre	.164	22	.129	.951	22	.330

a. Lilliefors Significance Correction

*. This is a lower bound of the true significance.

Tests of Normality for differences between pre and post for SDQ Data

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Emotional Probs: Pre – Post	.257	17	.004	.863	17	**.017**
Conduct Problems: Pre – Post	.158	17	.200[*]	.957	17	.574
Hyperactivity: Pre - Post	.154	17	.200[*]	.947	17	.407
Peer Problems: Pre - Post	.189	17	.108	.945	17	.377
Total Difficulties: Pre – Post	.196	17	.083	.864	17	**.018**
Prosocial: Pre – Post	.192	17	.098	.951	17	.479

a. Lilliefors Significance Correction

*. This is a lower bound of the true significance.

Tests of Normality: Pre and post score difference for all parent data (pre post difference)

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	df	Sig.
PSAM: Post - Pre	.181	25	.035	.940	25	.150
Stress: Pre - Post	.119	25	.200[*]	.972	25	.697

a. Lilliefors Significance Correction

*. This is a lower bound of the true significance.

Example Histogram for PSAM Pre Phase
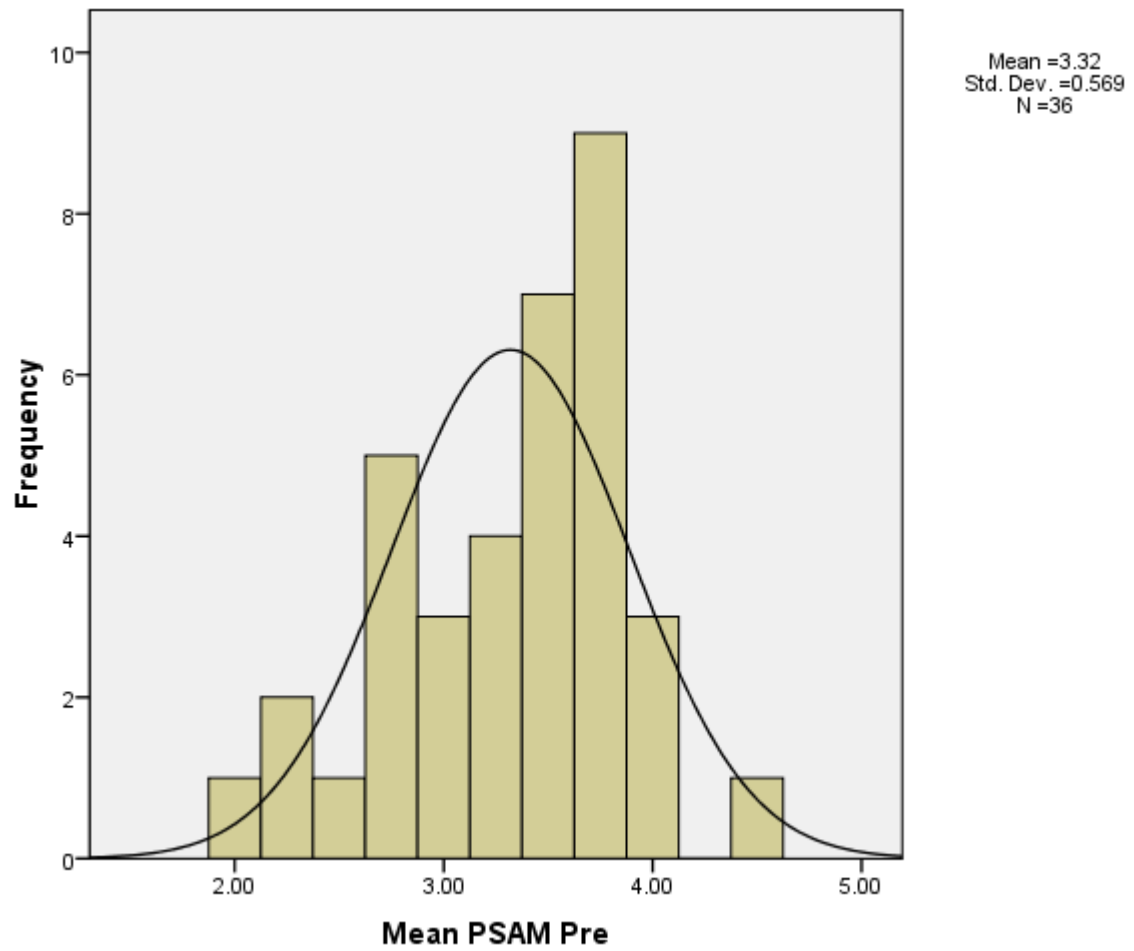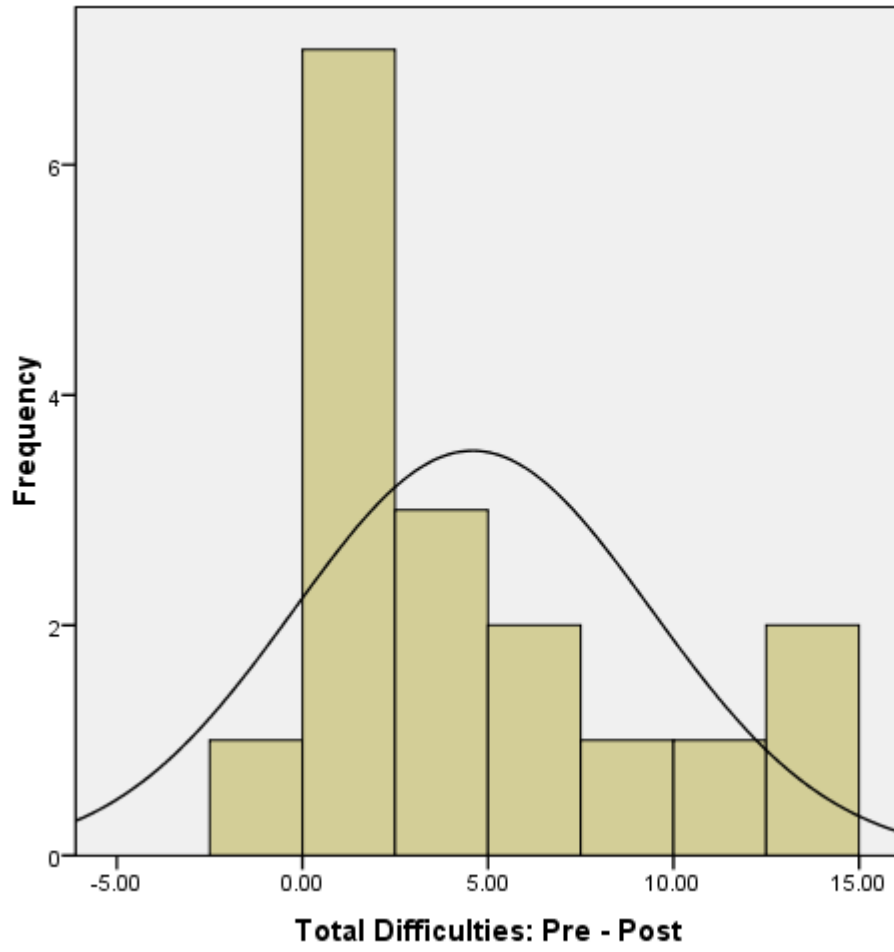
Mean =3.32
Std. Dev. =0.569
N =36

Mean =4.59
Std. Dev. =4.823
N =17

Total Difficulties: Pre - Post

Descriptive and Mann Whitney U Statistics Comparing SDQ Scores Between Interview Subgroup and Remaining Cohort

Scale	Group 1 (Remaining Cohort)		Group 2 (Interview)			
	N	Mean (SD)	N	Mean (SD)	Z	Exact Sig
Emotional Problems Pre	11	3.73 (2.64)	11	3.55 (2.94)	-.299	.797
Emotional Problems Post	9	1.67 (.86)	9	3.00 (2.78)	-.810	.436
Conduct Problems Pre	11	6.82 (1.47)	11	6.09 (2.34)	-.802	.438
Conduct Problems Post	9	3.56 (1.59)	9	5.78 (1.79)	-2.178	.040
Hyperactivity Pre	11	5.18 (2.60)	11	6.09 (3.81)	-.726	.478
Hyperactivity Post	9	3.68 (1.41)	9	5.56 (3.05)	-1.383	.190
Peer Problems Pre	11	3.45 (2.11)	11	4.27 (2.69)	-.470	.652
Peer Problems Post	9	2.11 (1.62)	9	3.22 (1.20)	-1.574	.136
Total Difficulties Pre	11	19.18 (5.96)	11	20.00 (9.34)	-.099	.949
Total Difficulties Post	9	11.00 (3.32)	9	17.56 (7.67)	-1.964	.050
Prosocial Score Pre	11	6.54 (2.54)	11	5.81 (3.19)	-.267	.797
Prosocial Score Post	9	8.00 (1.87)	9	5.77 (2.91)	-1.785	.077

Descriptive and Mann Whitney U Statistics Comparing SDQ Scores Between Interview Subgroup and Remaining Cohort

	Remaining Cohort		Interview Group			
	n	Mean (SD)	n	Mean (SD)	Z	Exact Sig
Mean PSAM Pre	21	3.22 (.66)	15	3.45 (.39)	-1.058	.309
Mean PSAM Post	14	3.88 (.68)	14	3.52 (.61)	-1.350	.194
Stress Pre	20	19.10 (1.33)	15	19.73 (1.10)	-.553	.587
Stress Post	13	12.46 (1.07)	14	18.29 (9.98)	-1.687	.094

Appendix E: Pilot Semi Structured Interview Schedule for Playing Up Follow Up Evaluation

SECTION A (General Information)

1. How many children do you have living with you?

2. How old are they?

3. **SECTION B (Playing Up)**

4. Can you tell me why you came on the Playing Up course?
   4.1. Can you tell me what you wanted to achieve by coming on the course?
   4.2. Do you think you achieved this?

5. Why did you keep coming to the Playing Up the course?

6. Were any aspects of the course helpful to you?
   6.1. (If yes) What aspects were helpful?
   6.2. (if NO) why do you think the course wasn't helpful?

7. Has anything changed for you since coming on Playing Up?
   7.1. (if Yes) Why do you think that this has changed?
   7.2. (if no) Why do you think that nothing has changed?

8. Has anything changed for your child or children since coming on Playing Up?
   8.1. Why do you think that this has changed?

9. Has anything changed in the relationship between you and your children since coming on Playing Up?
   9.1. (If yes) Why do you think that this has changed?

10. Has anything changed about your relationships with any other people since coming on Playing Up?
    10.1.   e.g. partner, friends

11. Are there results which you didn't get from the course that you would have liked?

11.1.   What are these?

12. What did you think about the other parents in your group?
    12.1.   Why did you feel this way about them?

13. Can you tell me anything you liked about Playing Up?

14. Can you tell me anything you did **not** like about Playing Up?

15. What would you say about Playing Up! if somebody asked you about it?
    15.1.   (If appropriate) why would you say that?

Appendix F: Revised Semi Structured Interview Schedule

This interview is confidential. (Information disclosed if required by law.)

- The objective is not to assess your parenting but to assess the course.
- Please tell me what you think.

SECTION A (General Information)

1. How many children do you have living with you?

2. How old are they?

3. Is there anyone else living with you?

4. Are you accessing other services?

5. Is anything else happening for you?

6. Has anything stressful happened over the last 12 months?

7. Would you describe the behaviour of any of your children as difficult to understand or manage?

8. How many sessions did you attend?

SECTION B (Playing Up)

1. Can you tell me why you came on the Playing Up course?
    a. How did you find out about it?
    b. What made you decide to come on the course?
    c. Can you tell me what you wanted to achieve by coming on the course?
    d. Do you think you achieved this?

2. Why did you keep coming to the Playing Up the course?

      a. Any other reasons?

      b. Were there factors which supported your coming?

3. Were any aspects of the course helpful to you?
      a. (If YES) What aspects were helpful?
      b. What aspects were NOT helpful
      c. Can you say more about this?)
      d. (if NO) why do you think the course wasn't helpful?

4. What did you learn on the course?
      a. What do you do differently since coming on Playing Up?

5. Has anything changed for you since coming on Playing Up?
      a. Can you say more about this?
      b. (if Yes) Why do you think that this has changed?
      c. (if no) Why do you think that nothing has changed?
      d. Has anything not changed that you would have liked?

6. Has anything changed for your child or children since coming on Playing Up?
7. Has anything changed about their behaviour?
8. Why do you think that this has changed?

9. Has anything changed in the relationship between you and your children since coming on Playing Up?
10. (If yes) Why do you think that this has changed?

11. Has anything changed about your relationships with any other people since coming on Playing Up?
      a. e.g. partner, friends, family, teachers,

12. Are there outcomes which you feel you didn't get from the course that you would have liked?
      a. What are these?

13. What did you think about the other parents in your group?
      a. Why did you feel this way about them?

14. What did you think about the trainer (confidential)

15. Can you tell me anything you liked about Playing Up?

16. Can you tell me anything you did not like about Playing Up?

17. Is there anything that could be improved about Playing Up?

18. What would you say about Playing Up! if somebody asked you about it?
    a. (If appropriate) why would you say that?

Appendix G: Sample Interview Transcript (Paper 1)

Interview: 04. (interviewer questions are in bold)

1. **How many children do you have living with you?**
2. 2 children (2 and nearly 4) 1 stepson (15)

3. **Is there anyone else living with you**
4. Husband

5. **Other services**
6. No

7. **Can you tell me why you came on the Playing Up course?**

8. I'm friends with S and R who attended the first PU. We were talking at a toddler group and they were like "we're doing this course" I think it was about to start I don't think that it had started. They just said we're going to this course and I said tell me about it and they said it was Playing Up. And then obviously as they started to go I asked them "how are you getting on" and R said that it's a lot of things that you take for granted that you do know really and you sat and discussed them, when you were in a situation, then they brought them to the forefront of your mind. And you thought oh I'll stop and do this differently. So I thought, maybe this is something that I could benefit from really. Not that I feel that I have terribly naughty children or unruly children I think that it's me and the way that I deal with it that can sometimes be the issue.

9. **Did you think that at the time?**

10. Yes

11. **Can you tell me what you wanted to achieve by coming on the course?**

12. Some understanding of their levels of behaviour. I know that my mum has criticised me and said that you are expecting too much from them. They're only three, you know O (4 yr old) is very good in that his vocabulary is quite good. He's always been quite good at talking He was slow to start with, he has a good understanding and maybe I do speak to him as if maybe he's a ten or eleven year old maybe not bringing it back to basics for him enough and when he doesn't respond I've got heated and hot and thought: "well why aren't you listening to me?" He's obviously happy doing what he's doing, just being a bit more aware of him and their

capabilities which I found like the handouts saying the different milestones quite handy because I can then say hang on.

13. Do you think you achieved this?

14. Yes I have

15. Why did you keep coming to the Playing Up the course?

16. I enjoyed being able to talk with other mums. It's different when you go to toddler groups and things, which I do attend, nobody really talks about those sort of things unless you know them very well. So you hear your close peers are having problems and you think it's just them or they're having an off day but you don't necessarily think that it's happening to anybody else. People women are very close knit when you go to these toddler groups and they don't really open up. It was really nice to have that opportunity to be sat in a room and you have to be told what's your situation tell everybody about it. And I think that everybody opened up really well that first session. And it was like yeah, also something for me as well which is not something I do all week.

17. It was about something that was helpful to you rather than for husband or kids?

18. Yeah

19. Any other reasons

20. Were there factors which supported your coming?

21. Yes I suppose if I had to maybe drive 25 minutes I would have thought twice about it. It was very convenient where it was.

22. Did you have a pre-existing relationship with the family support worker?

23. No, never met L

24. Were any aspects of the course helpful to you?

25. I think that it was great that you had the overhead projector so each step was gone through very meticulously with X. She described everything, where she was getting to and from with every scenario. And then to have then to have the handout to take

home with exactly what you'd discussed erm I'm certainly a sort of learner that I need to visually see it and then to have it there as well, having discussed it in depth.

26. (If yes) What aspects were helpful?

27. Trying to think now. I know we discussed Os behaviour during swimming. So not necessarily calling it bribing but rewarding good behaviour. I've certainly taken that on board in many situations not just swimming.

28. Also I remember saying the third week. I noticed that O started to regress with his toilet habits. Um and I thought because of all that he was dealing with in life it was all becoming a bit too much. Certainly by the time we hit the school holidays I was having dirty trousers two or three times a day. I contacted the health visitor and spoke to the nursery nurse there. And they gave us some information and a story book and we've built up a good thing and I would say that he's been completely dry again for a week and he's got back to the routine of going. So we've gone back to being rewarding.

29. **Were any parts of the course not helpful?**

30. I suppose the early parts the 0-9 months we've already gone past that stage. But it then gave you the background of earlier life for them rather than... so I suppose it was helpful in some respects.

31. **Has anything changed for you since coming on Playing Up?**

32. I do try and stop myself from being quite so quick tempered and its not a physical temper its a shouty temper. I do try and listen to myself and listen to what I've been taught and take that on board a lot more. I wouldn't say I haven't lost my temper but certainly try to practice a bit more.

33. **Why do you think that Playing Up helped you to change that?**

34. Not that within the course you were saying what's right and what's wrong. But it certainly gave me my idea of what was right how I wanted to take it forward. So having had a better understanding of their own capabilities and what milestones I should be expected from them made me think stop don't get cross with him. This is how.

35. **Has anything changed for your child or children since coming on Playing Up?**

36. Erm, yeah I would say maybe they're a little bit more relaxed. They also know now when I say no I mean no, I think they did anyway. Because I'm not shouting and screaming at them quite so much erm, they won't get that reward maybe at the end of the day. I think that the scenario that X was using ice cream and decorating it themselves. You know, if they don't behave I'll say, you're not going to get the ice cream and be able to decorate it yourself and they understand that.

37. Why do you think that this has changed?

38. They can obviously relate to that.

39. Anything else?

40. No

41. Has anything changed in the relationship between you and your children since coming on Playing Up?

42. was already saying before school finished, are you happy Mummy?" a lot. I was thinking I'm not sure I don't want you to keep feeling you've got to keep pleasing me because that's not what life is all about. I spoke to his keyworker and she said "we have been discussing it within pre-school feelings and things" Their consequence is – maybe you threw something – you didn't mean it to hit them but you've now upset them and that's made them say so we've been discussing feelings and things. She said "I'm not surprised that he's said that." But I've noticed that has now stopped he doesn't say "are you happy now mummy but I love you mummy." Which he's saying more often but is that a consequence of how I behave towards him? Or is it that because is that because he's trying to get out his own emotions and try different things that way.

43. So do you think he was worried that you weren't happy

44. Yes

45. So do you think he is less worried about that because you are less stressed?

46. Yes, I think so

47. Or it could be a phase

48. Yes he's trialling out his own emotions and things. Not quite sure.

49. Has anything changed about your relationships with any other people since coming on Playing Up?

50. No, it's all fairly level.

51. Are there outcomes which you feel you didn't get from the course that you would have liked?

52. No because I didn't know what to expect too much so I was fairly open minded about everything. No I really didn't know what to expect too much so I was fairly open minded about everything.

53. **What did you think about the other parents in your group?**

54. Having been to the first time and we were then saying the sort of issues that we have with our children. I did sort of sit there and think, "is this course for me?" (laughs). Their issues were much stronger. I used to say to my mum "is there anything wrong with Ollie." She would say no "he's just being three." And listening to them I though "yeah you're right he's just being three I don't think I have quite so many issues." I think he's a strong minded little boy and quite wilful... but you know, scenarios like going to parties and things it always seems to be us. (C gives anecdote about O having a tantrum at a fairground)....

55. **....** so that's probably as bad as Os tantrums get but listening to the others and maybe how they're behaving with other children at school and things. You know he's (O) a pleasant little lad. Only one afternoon they said we've seen the other side of O today. He's generally liked and gets on well with everybody. I was disappointed that some of the people didn't turn up regularly, and situations change.

56. ... I think most of us could have sat there until nine and gone and chatted about things. You know, you wouldn't wanted to have started any later than half past six.

57. **What did you think about the trainer (confidential)**

58. Liked her actually, really approachable. Obviously doesn't have children herself, I think she may have mentioned it, but wasn't preaching. Obviously she's done lots of courses. She's got lots of theoretical experience which she was trying to share as best as possible which was quite a good mix. You didn't feel that it was like "you're not doing it right or" but you know this might be helpful.

59. She used scenarios with nieces and nephews so she did put it into practical terms. No I really liked her, I thought she was approachable. You know, didn't make you feel that you were doing anything wrong.

60. Can you tell me anything you liked about Playing Up?

61. Being able to talk to professionals, learning that maybe what you're doing is right. Maybe you need to just stick at it a bit longer. So gave more confidence to myself and my own abilities. Being able to reassure myself from your advice.

62. Can you tell me anything you did not like about Playing Up?

63. No

64. Is there anything that could be improved about Playing Up?

65. I don't know. I enjoyed when we had practical tasks to do. Erm, what was X colleague that did the course one week. I know she made us write post its positive things about the three people sat to the left of us which I found quite uncomfortable to start because I don't know these people. So having to write about somebody else I found really uncomfortable but then the reward of something somebody wrote about you. I think that most of us are guilty of not thinking very highly of themselves. And getting out into the corridor with X when we did play stuff. If you were good at something say maths or English. Again it was just reassuring yourself on the positives in your own life. Therefore you can then say to your children "yeah you're good at that, you will take notice when someone says you're good at something." I think that those physical activities are quite beneficial but I don't know how you could structure them into anything else. And then the games, playing with one another, how would you then deal with the disruption.

66. So like a role played disruption?

67. Yeah

68. What would you say about Playing Up! if somebody asked you about it?

69. Er it was really informative and yeah I've reassured myself of my own capabilities. And worth doing I think. It's almost something you need to do before you have

children. Until you have children you don't know what its all about. It's like a chicken and egg scenario. We'd all like that information before you start, but you don't know the pitfalls before you start.

Appendix H: Examples of Open Coding for Paper 1

Paper 1: "Understanding Children"

<u><Internals\CV01></u> - § 1 reference coded [1.94% Coverage]

Reference 1 - 1.94% Coverage

Different things and understanding that he doesn't always understand what we're on about.

So like a greater understanding of what's going on?

Absolutely, yeah it's really helped.

<u><Internals\CV04></u> - § 4 references coded [5.64% Coverage]

Reference 1 - 2.24% Coverage

To understand the children better

Can you tell me what you wanted to achieve by coming on the course?

Do you think you achieved this?

Yes, definitely

Reference 2 - 1.83% Coverage

It made me sort of think more when R and A are having moments. What are they actually thinking and to explain it better to them.

Reference 3 - 0.98% Coverage

Cos I'm thinking about where they're seeing it from not what I want.

Reference 4 - 0.60% Coverage

Again, I understand what they're thinking.

<u><Internals\HP01></u> - § 4 references coded [2.67% Coverage]

Reference 1 - 0.43% Coverage

Just standing back and looking at a lot of it.

Reference 2 - 1.30% Coverage

So standing back and thinking about what's happening rather than coming to a conclusion that he's doing it deliberately or whatever?

Yeah

Reference 3 - 0.34% Coverage

Just thinking about why things happen

Reference 4 - 0.60% Coverage

Cos he's one of those children who needs to know what's going on.

<Internals\HP02> - § 1 reference coded [1.60% Coverage]

Reference 1 - 1.60% Coverage

I just wanted to find out more about the way they tick, little things that can trigger the behaviours and stuff.

<Internals\HP03> - § 5 references coded [7.06% Coverage]

Reference 1 - 2.65% Coverage

Would you describe the behaviour of any of your children as difficult to understand or manage?

Not so much now since I've done the course. Before it was more difficult to understand, to know why certain things like he was doing what he was doing. But now from doing that course it gives you a focus on why they do what they do sometimes.

Reference 2 - 1.66% Coverage

Because I wanted an in... had an interest to want to know why children play up like they do. Just knowing about children really like psychological wise. To work out children why they do what they, cos I've always.

Reference 3 - 0.50% Coverage

and I thought it would help me to understand my own children.

Reference 4 - 1.74% Coverage

A lot better, yeah, I've got a lot more of an understanding with children. Of course my eldest is nearly 13 now so it wasn't about. But I've got the two youngest coming on now coming on so I can understand them a bit better.

Reference 5 - 0.50% Coverage

Playing Up is along the guides of knowing how your children work,

<Internals\HP04> - § 3 references coded [1.88% Coverage]

Reference 1 - 0.66% Coverage

Well just kind of understanding more about why children behave the way they do erm I thought kind of learn more about that. I suppose really it's easier to deal with those problems then isn't it? If you know why they're doing it.

Reference 2 - 0.21% Coverage

and it was kind of answering the things that I needed to know you know.

Reference 3 - 1.01% Coverage

L was kind of showing us what it's like to be you know, that child when that thing is happening. It's like she turned around and she shouted at me (as part of role play) about something and I was a bit like ooh, you know like that. And they, you think that you remember you don't always do you so it's quite good to be put back in that position.

<Internals\SS01> - § 1 reference coded [2.64% Coverage]

Reference 1 - 2.64% Coverage

Yes definitely, I've got a lot more understanding of like say if she just starts crying cos obviously she can't speak she starts crying. Before I'd be like "why are you crying, why are you crying? What's the matter?" Now I'm like "calm down, what's the matter?" Now she's got a few words
... I don't find it as stressful cos I don't think "oh my god what have I done wrong, why is she crying" I think well she's hurt herself, she's hungry, she's tired you know.

<Internals\SS03> - § 1 reference coded [0.37% Coverage]

Reference 1 - 0.37% Coverage

Seeing things from her point of view?

Yeah

<Internals\TA01> - § 1 reference coded [0.91% Coverage]

Reference 1 - 0.91% Coverage

Well it was to really help me understand my children a bit better.

<Internals\YV01> - § 1 reference coded [1.12% Coverage]

Reference 1 - 1.12% Coverage

Some understanding of their levels of behaviour. I know that my mum has criticised me and said that you are expecting too much from them.

Appendix I: List of Open Codes for Paper One Thematic Analysis

Name	Sources	References	Created On
Anticipation, planning or preventative action	4	7	18/12/2010 14:20
Appraisal of current parenting practices	5	9	19/12/2010 09:06
Areas where the course wasn't helpful	0	0	20/12/2010 12:26
Awareness	1	1	19/12/2010 09:15
Basic needs	1	1	04/03/2011 13:38
Being consistent with strategy	1	1	10/02/2011 11:29
Boundaries	2	2	18/12/2010 14:21
Calmer response to child behaviour	2	4	06/01/2011 11:56
Catching child being good	1	1	10/02/2011 11:29
Changed Attributions for Child Behaviour	7	12	04/12/2010 10:00
Child behaviour problems	11	26	04/12/2010 11:35
Child illness	2	2	04/03/2011 09:32
Child seems less challenging in relation to other children	1	1	28/12/2010 17:24
Children usually well behaved	1	1	03/01/2011 11:23
Communication with child	2	2	29/01/2011 18:31
Communication with other parent	3	4	06/01/2011 13:39
Confidence (other)	4	6	04/12/2010 11:25
Confidence as a Parent Increased	12	25	04/12/2010 09:56
Conflict with other parent	1	1	04/03/2011 09:33
Consistency	2	2	21/12/2010 11:16
Discipline	1	1	10/02/2011 11:33
Dwelling on previous mistakes	1	4	17/12/2010 11:27
Empathising	1	1	10/02/2011 11:32

Enjoyed course	1	2	07/01/2011 15:14
Enjoying parenting	2	2	12/12/2010 19:48
Eye contact	1	1	10/02/2011 11:47
Feeling like a bad mum	1	1	04/03/2011 11:53
Grandparent upsets children	1	1	04/03/2011 09:34
Ground rules	1	1	04/03/2011 12:59
Happier child	3	3	18/12/2010 13:51
Helping other group members	2	2	05/12/2010 17:21
Improved Child Behaviour	8	21	04/12/2010 09:57
Improved child development	1	1	10/02/2011 11:53
Improved or new knowledge about parenting	6	18	17/12/2010 11:24
Improved Parent Child Relationship	9	23	04/12/2010 10:26
Improved relationship with ex	1	1	18/12/2010 13:54
Improved self esteem	1	1	17/12/2010 11:21
Improved Social Relationships	9	12	04/12/2010 10:03
Interaction	6	14	17/12/2010 11:29
Interest	3	5	19/12/2010 09:06
Knowing how to deal with a situation	1	1	04/03/2011 13:35
Living with mother in law	1	3	04/03/2011 10:41
Mealtimes	2	2	10/02/2011 11:24
Mental health problems	2	3	03/01/2011 12:18
Mental health problems (not current)	1	2	19/12/2010 09:04
More positive view of child	3	3	12/12/2010 19:51
Negative opinions about group members	2	2	12/12/2010 20:04
Negative opinions about the course	4	5	04/12/2010 11:45

New Knowledge about child behaviour or development	13	45	04/12/2010 10:09
Non negotiable	1	1	10/02/2011 11:25
Not giving in	1	2	10/02/2011 11:30
Other services received	2	2	17/12/2010 10:38
Other support and services for parents	2	2	12/12/2010 19:00
Partner sometimes at home	1	1	17/12/2010 10:36
Physical illness of parent	2	2	04/03/2011 09:32
Planned rewards	1	2	10/02/2011 11:35
Planning	1	2	10/02/2011 11:26
Play	1	1	19/12/2010 09:14
Positive opinions about course group	8	12	05/12/2010 17:27
Positive opinions about the course	16	69	04/12/2010 11:20
Post Natal Depression	1	1	04/03/2011 09:31
Potentially Stressful Circumstances or Events	13	60	04/12/2010 09:35
Preparation	1	1	10/02/2011 11:26
Problem Solving Process (group)	13	21	09/12/2010 16:12
Problem solving process in course	3	4	30/12/2010 11:22
Problem solving with trainers	5	7	28/12/2010 17:26
Quiet time	1	1	10/02/2011 11:27
Reduced Distress	6	12	04/12/2010 09:56
Reduced Stress	6	8	17/12/2010 10:40
Reinforced knowledge	2	2	05/12/2010 17:33
Relevance of material	1	2	22/01/2011 10:33
Routines and consistency	3	4	18/12/2010 14:22
Seeing that other parents have same issues	3	4	19/12/2010 09:17

Seeking social support	1	1	12/12/2010 19:54
Shared experience	1	1	18/12/2010 14:29
Sleep routines	2	2	10/02/2011 11:31
Sleeping better	1	1	04/03/2011 10:49
Sole care of children	1	1	04/03/2011 09:33
Star chart	2	2	10/02/2011 11:27
Staying calm	1	1	04/03/2011 10:47
Strategies	13	28	04/12/2010 09:54
Suggestions for improvements	9	17	09/12/2010 16:10
Thinking about reasons for behaviour	1	1	20/12/2010 12:38
Thinking before reacting	9	14	04/12/2010 10:31
Time out	1	1	10/02/2011 11:35
Trying to persuade partner to change behaviour	2	2	05/12/2010 17:21
Understanding children	10	22	09/12/2010 15:56
Understanding context	1	1	06/01/2011 11:49
Understanding self	3	7	30/12/2010 11:23
Unmet objectives	2	4	12/12/2010 19:10

Appendix J: Sample Thematic Map Displaying Grouped Open Codes
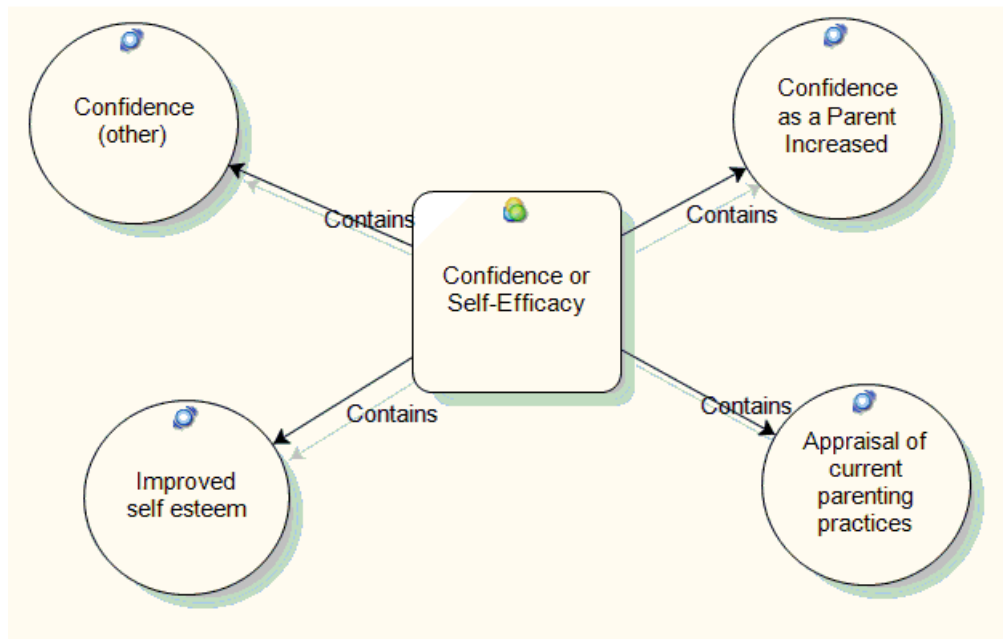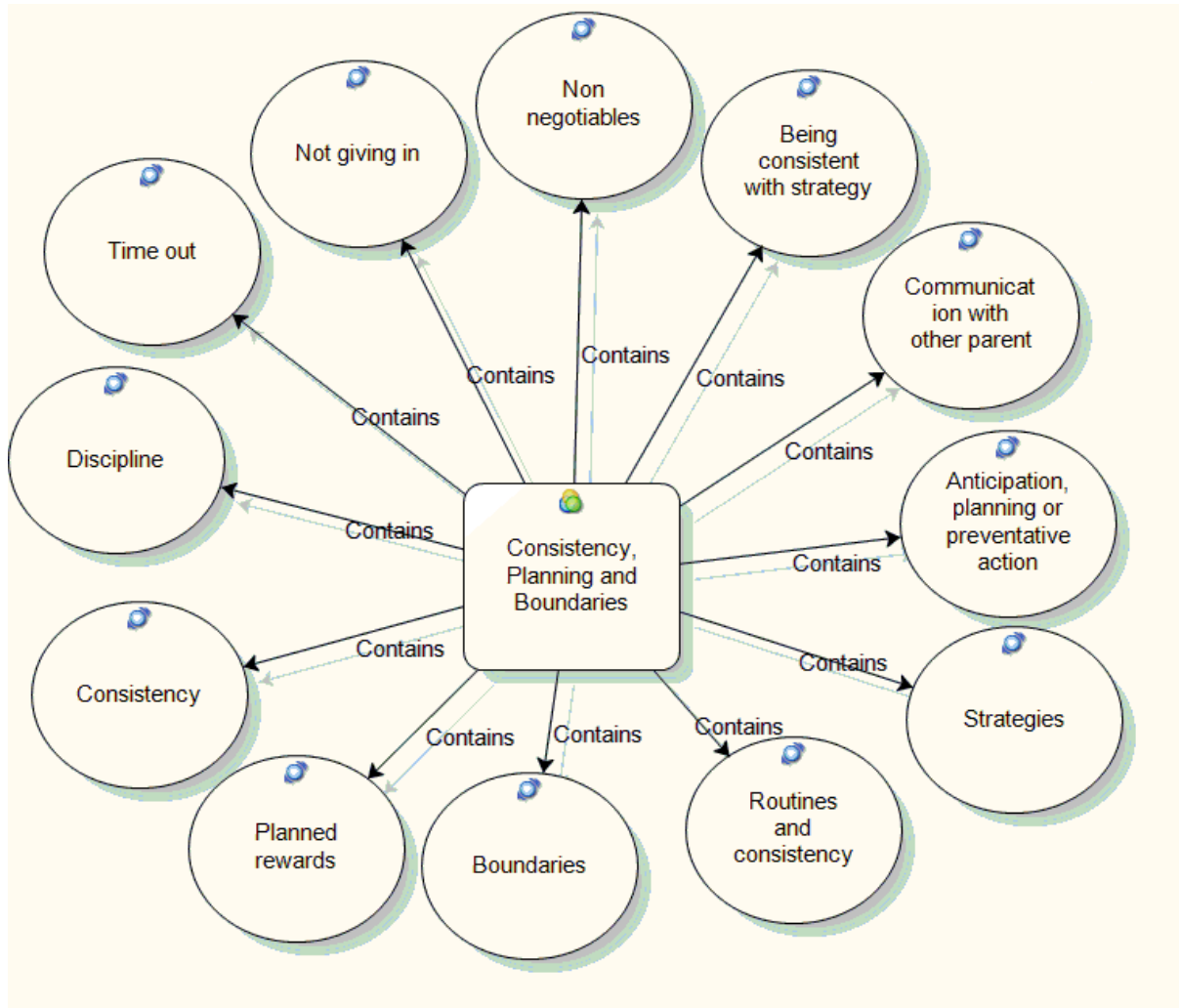
Appendix K: Sample Codebook

Codebook for Thematic Coding (version 5.0)

Theme	Codes
1. **Affective**	Reduced distress Reduced stress Reduced anxiety
2. **Changes in Child Behaviour**	Happier child Improved child behaviour Improved child development
3. **Confidence or Self-Efficacy**	Appraisal of current parenting practices Confidence (other) Confidence as a Parent Increased Improved self esteem
4. **Consistency, Planning and Boundaries**	Anticipation, planning or preventative action Boundaries Communication with other parent Consistency Planned rewards Routines and consistency Strategies Trying to persuade partner to change behaviour
5. **Interaction**	Calmer response to child behaviour Catching child being good Communication with child Enjoying parenting Eye contact Improved parent child relationship Interaction Play Thinking before reacting
6. **Learning about Parenting or Child Development**	Improved or new knowledge about parenting Interest New Knowledge about child behaviour or development Reinforced knowledge Relevance of material Basic needs
7. **Perception or Understanding of Child**	Changed attributions for child behaviour Child seems less challenging in relation to other children More positive view of child Thinking about reasons for behaviour Understanding children
8. **Problem Solving**	Helping other group members Problem Solving Process (group) Problem solving process in course

	Problem solving with trainers
9. Self Awareness	Awareness Stress management Understanding self Understanding context
10. Social Support	Improved relationship with ex Improved Social Relationships Positive opinions about course group Seeking social support Seeing that other parents have same issues
Difficulties:	Child behaviour problems Dwelling on previous mistakes Mental health problems Negative opinions about group members Partner sometimes at home Potentially Stressful Circumstances or Events

Remaining Codes

Areas where the course wasn't helpful
Children usually well behaved
Enjoyed course
Mental health problems (not current)
Negative opinions about the course
Other services received
Other support and services for parents
Positive opinions about the course
Suggestions for improvements
Unmet objectives

Appendix L: Inter-Analyst Comparisons of Second Stage Coding

Codebook for Comparing Inter Rater Consistency of Code to Theme

Theme	First Rater Coding	Second Rater Coding	Number Converge	First Rater Number
1. **Reduced Stress or Distress**	Reduced distress Reduced stress Reduced anxiety	Reduced Stress Reduced Distress	2	3
2. **Changes in Child Behaviour**	Happier child Improved child behaviour Improved child development Sleeping better	Sleeping better Improved Child Behaviour Happier child Improved child development	4	4
3. **Confidence or Self-Efficacy**	Appraisal of current parenting practices Confidence (other) Confidence as a Parent Increased Improved self esteem	Trying to persuade partner to change behaviour Knowing how to deal with a situation Improved self esteem Confidence as a Parent Increased Confidence (other) Appraisal of current parenting practices Enjoying parenting	4	4
4. **Consistency, Planning and Boundaries**	Anticipation, planning or preventative action Boundaries Communication with other parent Consistency Planned rewards Quiet Time Routines and consistency Strategies Time Out Trying to persuade partner to change behaviour	Time out Star chart Routines and consistency Mealtimes Strategies Sleep routines Quiet time Preparation Staying calm Thinking before reacting Calmer response to child behaviour Planning Planned rewards Not giving in	11	11

		Ground rules Star Chart	Non negotiable Consistency Boundaries Being consistent with strategy Ground rules Discipline Anticipation, planning or preventative action		
5.	**Interaction**	Calmer response to child behaviour Catching child being good Communication with child Enjoying parenting Eye contact Improved parent child relationship Interaction Play Thinking before reacting	Play Interaction Communication with child Eye contact	4	8
6.	**Learning about Parenting or Child Development**	Basic needs Improved or new knowledge about parenting Interest New Knowledge about child behaviour or development Reinforced knowledge Relevance of material	Reinforced knowledge New Knowledge about child behaviour or development Improved or new knowledge about parenting Basic needs Awareness	4	5
7.	**Perception or Understanding of Child**	Changed attributions for child behaviour Child seems less challenging in relation to other children More positive view of child	Thinking about reasons for behaviour Understanding children Changed Attributions for Child Behaviour Catching child	5	5

	Thinking about reasons for behaviour Understanding children	being good More positive view of child Empathising Improved Parent Child Relationship Child seems less challenging in relation to other children		
8. **Problem Solving**	Helping other group members Problem Solving Process (group) Problem solving process in course Problem solving with trainers	Problem solving with trainers Problem solving process in course Problem Solving Process (group)	4	5
9. **Self Awareness**	Awareness Stress management Understanding self Understanding context	Understanding self Understanding context	2	4
10. **Social Support**	Improved relationship with ex Improved Social Relationships Positive opinions about course group Seeking social support Seeing that other parents have same issues Shared experience	Shared experience Seeking social support Seeing that other parents have same issues Improved Social Relationships Improved relationship with ex Communication with other parent Helping other group members	5	5
Totals			45	54

Appendix M: NVivo Coding List for Outcome Themes (Paper 1)

Name	Sources	References	Created On	Modified On
Affective	10	18	29/01/2011 19:00	06/03/2011 15:30
Changes in Child Behaviour	10	25	29/01/2011 19:00	06/03/2011 15:30
Confidence or Self-Efficacy	12	36	29/01/2011 19:01	06/03/2011 15:30
Consistency, Planning and Boundaries	14	46	29/01/2011 19:01	06/03/2011 15:30
DIFFICULTIES	13	94	22/01/2011 12:03	06/03/2011 15:30
Improved Interaction or Communication	13	64	29/01/2011 19:01	04/03/2011 13:39
Learning about Child Behaviour or Development	14	48	29/01/2011 19:02	06/03/2011 15:30
Perception or Understanding of Child	13	43	29/01/2011 19:02	06/03/2011 15:30
Problem Solving	14	46	29/01/2011 19:02	06/03/2011 15:30
Self-Awareness	5	11	29/01/2011 19:03	04/03/2011 13:24
Social Support	14	28	29/01/2011 19:03	06/03/2011 15:30

Appendix N: Examples of Final Themes (Paper1)

Sample Theme: Confidence or Self-Efficacy

<u><Internals\CV02></u> - § 1 reference coded [1.70% Coverage]

Reference 1 - 1.70% Coverage

1. Whereas I felt that I was confident before, it has increased my confidence cos I know now she's not going to scream help walking down the street. Things like that.

<u><Internals\CV03></u> - § 1 reference coded [3.28% Coverage]

Reference 1 - 3.28% Coverage

Um, well I suppose what I wanted out of the course was, perhaps, reassurance that some of the techniques I used is a good way of dealing with some stressful situations. And yes I think most of it did confirm that what I was doing, because I think there is no right or wrong way. There is no way that people can stand in front of you and preach that this is how you are supposed to do such and such. So yeah I think it was beneficial.

<u><Internals\HP01></u> - § 2 references coded [0.82% Coverage]

Reference 1 - 0.55% Coverage

Just knowing that some things I was doing was right as well.

Reference 2 - 0.27% Coverage

know what you're doing's right

<u><Internals\HP02></u> - § 5 references coded [11.16% Coverage]

Reference 1 - 3.10% Coverage

Erm a bit of confidence, like I said, Mother in Law she's very much one that you stick a baby in a pram and like shove em down and ignore them. So the confidence that I'm doing it the right way if you know what I mean.

Reference 2 - 1.42% Coverage

It confirmed in my mind that some of the things that I'm doing is sort of the right way to approach.

Reference 3 - 0.95% Coverage

I've got more confidence in the way that I deal with them and that.

Reference 4 - 2.79% Coverage

Erm I'm not, with my Mother in law there, sort of second guessing perhaps quite so much you know.

Second guessing your children?

Well no her, that she thinks I should be dealing with them.

Reference 5 - 2.90% Coverage

It was a confidence builder you see I always thought what I was doing was right but I'm told most of the time that it's not. So I can sort of turn round "well no actually I do know what I'm talking about."

<Internals\HP03> - § 5 references coded [7.28% Coverage]

Reference 1 - 0.90% Coverage

And if I did go into something like that again later on I could understand other people's children at the same time.

Reference 2 - 1.05% Coverage

And it got me to have more confidence in myself, which I didn't have. That was another thing why I wanted to do Playing Up as well.

Reference 3 - 0.71% Coverage

Just wanted to complete it as well to know something that I'd actually done and achieved.

Reference 4 - 0.39% Coverage

Some of it I already was sort of was doing anyway

Reference 5 - 4.23% Coverage

Yeah feel more confident in myself. I knows how to deal with situations better. Erm if my children are out say they're playing up on the push chair or on the buggy board and having a bit of a temper tantrum, I don't feel everybody watching me erm sort of erm I can't think of the word.

Being looked down upon?

Yeah, just looked at as like well "what are you doing as a parent" you feel that I'm unfit as a parent and it's given me a lot more confidence and I just think "well they probably had kids and not remembered what they was like."

<Internals\HP04> - § 4 references coded [2.52% Coverage]

Reference 1 - 0.34% Coverage

And I want to get it right, and so a lot of it, like I say, was to do with building up my confidence about coping.

Reference 2 - 0.42% Coverage

No like I say, most of it was down to building up my confidence and knowing that I can look after them and just bring them up I suppose you know.

Reference 3 - 0.69% Coverage

Literally within a couple of weeks being used for such a short amount of time that it was working so well, I was absolutely gobsmacked and that in itself gave me a lot more confidence. It was really nice to see, to see it work erm yeah.

Reference 4 - 1.08% Coverage

But, although I've done it because I had to, it hasn't necessarily boosted my confidence as such. But, erm, I found it difficult doing things like walking into rooms with people and that but I did it and I did it for that course and so I've actually made a couple of friends as well which is better because I've become more confident and I can now approach people better.

<Internals\SS01> - § 4 references coded [3.82% Coverage]

Reference 1 - 1.92% Coverage

When we did like the activities, like when we had to put things on the post-its. People had to write things about other people and stick them on their back. Sort of made me feel good about myself, so I thought actually, I'm not useless do you know that the people have said this about me and I'm doing it on my own you know I'm doing it.

Reference 2 - 0.93% Coverage

Because I'm feeling more positive about myself, thinking well actually I can do it because I have done it, you know. The past 17 months I've brought her up on my own

Reference 3 - 0.39% Coverage

 I've sort of got the confidence now to say look I'm struggling today

Reference 4 - 0.57% Coverage

Yeah because it's given me the confidence because I've realised that I can do it but I'm only human.

<Internals\SS02> - § 1 reference coded [1.04% Coverage]

Reference 1 - 1.04% Coverage

You're not the only one in the world. Who's got a child who plays up or does this or does that.

<Internals\SS03> - § 3 references coded [3.05% Coverage]

Reference 1 - 2.27% Coverage

Well because I was learning. After I went home. I took a little piece home every time. I dunno, it just made me feel a bit better about myself as well. Kind of doing

something to improve. Do you know what I mean. It's good to know other people have problems because you do think it is only you.

Reference 2 - 0.43% Coverage

I'm feeling more confident as a parent, like I can do it.

Reference 3 - 0.35% Coverage

I think they realise that I'm more in control

<Internals\TA01> - § 2 references coded [0.68% Coverage]

Reference 1 - 0.52% Coverage

It has given me a lot more confidence?

Reference 2 - 0.15% Coverage

Confidence

<Internals\TA02> - § 5 references coded [6.98% Coverage]

Reference 1 - 0.57% Coverage

whether I'm doing the right job or not.

Reference 2 - 3.23% Coverage

Yeah, what I'm doing at home was more or less what they were saying we should do. Like the interacting sort of the discipline. Like I've got some friends who say do this and do that and, like, I don't want to do that.

Reference 3 - 1.24% Coverage

Cos before I didn't take much notice it's like oh I must be doing something right.

Reference 4 - 0.68% Coverage

A bit of a buzz actually, a bit of confidence.

Reference 5 - 1.26% Coverage

I'm looking forward to doing a different course. So it's given me a bit of confidence.

<Internals\YV01> - § 3 references coded [2.02% Coverage]

Reference 1 - 0.78% Coverage

learning that maybe what you're doing is right. Maybe you need to just stick at it a bit longer.

Reference 2 - 0.87% Coverage

So gave more confidence to myself and my own abilities. Being able to reassure myself from your advice.

Reference 3 - 0.38% Coverage

I've reassured myself of my own capabilities.

Sample Theme: Reduced Distress or Stress

<Internals\CV01> - § 2 references coded [5.45% Coverage]

Reference 1 - 5.01% Coverage

2. Part of this PND was to do with guilt like feeling guilty about pushing O out all of the time which was something which I never expected because A was planned and I never expected to feel guilty towards O. But then the guilt hit me and overwhelmed me but rather than dwelling on that guilt this has helped me sort of to learn not to get so down and stressed out about it all and learn to share myself with them both. Yeah it's helped a lot, it's helped me and O loads.

Reference 2 - 0.44% Coverage

3. It has had a really positive effect on me

<Internals\CV02> - § 2 references coded [2.21% Coverage]

Reference 1 - 1.78% Coverage

4. Yeah mealtimes are a lot more relaxed, I've got my seven year old at home for the holidays. You either hold his hand or mummy's hand so I find that a lot less stressful.

Reference 2 - 0.43% Coverage

5. It's less stressful for the whole family.

<Internals\CV04> - § 3 references coded [1.09% Coverage]

Reference 1 - 0.57% Coverage

learned how to be more calm as a result

Reference 2 - 0.14% Coverage

I'm calmer

Reference 3 - 0.38% Coverage

Because I'm calmer or what.

<Internals\HP01> - § 2 references coded [1.16% Coverage]

Reference 1 - 0.45% Coverage

I think I'm calmer when my son is behaving badly.

Reference 2 - 0.71% Coverage

Probably just that they've got a calmer mum that doesn't get so stressed out.

<Internals\HP03> - § 1 reference coded [1.36% Coverage]

Reference 1 - 1.36% Coverage

But if you're more calmer and approach things better then they're more calmer and then things is more settled so things aren't so roof raising in the house should I say now.

<Internals\SS01> - § 2 references coded [1.83% Coverage]

Reference 1 - 0.29% Coverage

She's picking up that I'm happier and not stressed.

Reference 2 - 1.55% Coverage

'd just bottle it up, I wouldn't say nothing to no-one, until I'd just be round at S mum just crying saying "I just can't do it you know. Tell S to come and get her I can't do it any more." I still have those days but I get to it before I get to the tears and screaming.

<Internals\SS02> - § 3 references coded [5.19% Coverage]

Reference 1 - 2.28% Coverage

> Trying to be able to calm down and deal with the situation better rather than having to get stressed out all of the time. Trying not to get stressed out by his behaviour.
>
> **Do you think you achieved this?**
>
> I do

Reference 2 - 0.49% Coverage

I feel a lot calmer, I don't feel so stressed.

Reference 3 - 2.43% Coverage

I think so because I'm not so tired, so I'm not so angry all of the time. Cos I'm getting enough sleep now so I'm more chilled out and not so grouchy where I'm up all night or early in the morning now. I can be more positive.

<Internals\SS03> - § 1 reference coded [6.55% Coverage]

Reference 1 - 6.55% Coverage

I think actually the course has helped me with that as well. When you are like that you can't see nothing wrong in what you're doing. You can't you know, if you need to

lie in bed all day, that's what you need to do. I think doing the course was like. Like I know I keep saying this about their basic needs, having to see to their basic needs but love and that is one of them. And, like I said, the routine and everything you know because I have to do that. I am quite, I am a little bit OCD, I do like to know where it is but I can be erratic as well. Having the routine I'm compelled to keep that, you know, at any cost I have to do it. Well I think that's helped me with the depression because when you're not focussed on what you're supposed to be doing, you know, it just goes out of the window, you just think that there is nothing to do today. You know.

<Internals\TA01> - § 1 reference coded [0.65% Coverage]

Reference 1 - 0.65% Coverage

But I think I am, I dunno I think I'm calmer.

<Internals\YV01> - § 1 reference coded [0.79% Coverage]

Reference 1 - 0.79% Coverage

So do you think he is less worried about that because you are less stressed?

Yes, I think so

Appendix O: Data Used for Sampling in Paper 2.

Details of Parents Interviewed in Paper 2.

Pseudonym	Child Age & Gender	Stress Score Pre	Stress Score Post	Stress Score FU	Vulnerability Factors
Anna	3 (F)	28	42	38	Mental health needs. Lone parent.
Bobbie	2 (M)	24	18	18	Post natal depression
Carly	6 (M)	20	16	20	Lone parent. 3 Children under six. Family conflict
Diane	3 (M)*	42	24	12	Mental health needs
Ellie	2 (M)	**	32	16	Sister in prison during previous year. Lone parent. Young parent
Fran	2 (F)	16	20	26	Relationship breakdown in last 12 months. Lone parent. Young parent.

**Missing data

Details of the Children Described during Parent Interviews including Potential Risk Factors

Participant Number	Participant Pseudonym	Child Age (Years)	Child Gender	Child in the Care of Participant?	Parent described concerns about behaviour?	SDQ Conduct Problem Scores			SDQ Total Problem Scores		
						Pre	Post	Follow Up	Pre	Post	Follow Up
1	Bobbie	2	M	Yes	Yes	---	---	---	---	---	---
2		2	F	Yes	No	---	---	---	---	---	---
3		2	F	Yes	No	---	---	---	---	---	---
4		6	F	Yes	Yes	7	4	6	16	12	15
10		3	M	Yes	Yes	2	*	3	11	*	13
15		8	M	Yes	Yes	8	9	6	33	30	26
16		2	M	Yes	No	---	---	---	---	---	---
17		3	F	Yes	No	4	4	3	12	13	16
18		6	M	Yes	Yes	6	5	9	17	16	15
19		11	F	Yes	Yes	10	*	10	29	*	30
25	Fran	1	F	Yes	Yes	---	---	---	---	---	---
26	Ellie	2	M	Yes	Yes	---	---	---	---	---	---
27	Anna	3	F	Yes	Yes	7	5	8	31	19	28
31	Carly	6	M	Yes	Yes	6	7	9	28	26	32
33		6	F	Yes	No	3	5	3	9	9	5
35	Diana	12**	M	Yes	Yes	8	8	7	25	24	19
37		3	M	No	Yes	6	5	6	9	9	12

* Missing data.

**Participant also expressed significant concerns regarding the behaviour of a child aged three.

Appendix P: Sample Interview Transcript (Paper 2)

Interview 1: "Anna"

Interview duration: 32 minutes and 33 seconds

Setting: Private room in a children's centre. Three year old daughter present.

6. **How many children do you have living with you is it three?**

7. 2 living at home, 2 living away from home.

8. **How old are they? D 3 and a half and B is...**

9. 2 ½

10. **S is one of your older children**

11. S is my oldest child and he is 20 . He's having a baby of his own now, in January.

12. **I see**

13. W is 18 and she lives in B works in B.

14. **Is there anyone else living at home with you?**

15. No just the two babies now.

16. **Is Daddy at home?**

17. He's coming and going just sorting out access. He lives in B at the moment but he's just applied to get housing here in B. Cos I'm having an operation soon so he's got to have sole charge of them.

18. **So he's going to look after B and D for a bit.**

19. For a bit

20. **So you've done Playing Up. Are you accessing other services like PEEP or Triple P?**

21. No, not that I know of (goes quiet).

22. **And are you seeing any other services that you're happy to talk about?**

23. Erm. for the children you mean?

24. **Either for yourself or for the children.**

25. Erm. Well I've probably seen them all in my time (laughs). Now basically it's just for the children erm Portage for D. Paediatrician. Health visitor. Social Services have had involvement but they're gone.

26. **You mentioned that there was some possible questions about D about social and communication so possible, was autism mentioned or Aspergers?**

27. Yeah there is a possibility, they're going to do some blood tests now erm (child interjects) so they're going to do some blood tests now and they're going to put a cast on her foot to try and straighten it. But she's got a lot of behaviour problems, her behaviour is extreme. They're not really 100% sure what is wrong with her but she shows a lot of traits. She has a lot of blank moments and erm there were problems at the birth.

28. **So obstetric... was she premature or?**

29. No she wasn't premature, it was B that was premature she erm. Well that's why I've got to go into hospital see I've got a hernia. Right across my caesarian scar and erm when she was born it was a bit of a mess because the doctor surgeon kept going in and out and had an emergency while she was doing me and there was a couple of students left to sew me up and the bottom line was that she didn't cry for ages. Whereas my other babies come out and they were out crying and there was this long... you know.. gap and, of course L didn't really take any notice because it was his first ever child and I said oh go and have a look.

30. **Because you did mention that before and I was just interested to hear what you thought. Ds behaviour can be quite difficult?**

31. Very

32. **Can you tell me why you came on the Playing Up course?**

33. Well to get some strategies more to manage her. I didn't know what to expect really, but (long pause) the more I think back to the course about their basic needs. I can see a lot of the ways I went wrong with my last two children. Because my life has always been so hectic, it's never been stable. And the course gave me a bit of, I dunno what the word is, maybe balance. Seeing where I was going wrong. When I look back at it, I thought "it's not D playing up it's me". You know keep moving around and having relationships. (pause) Oh god you know, just being hectic, having depressive times and that and you know.

34. It's like this time around I'm aware of what I'm doing. Because, maybe because I'm not drinking, because I'm older or you know.

35. **So you've had some mental health issues and some issues with alcohol?**

36. Yeah a lot, I've been in and out of (pause, goes quiet) a couple of places and that. You know it's much better now, it's much better. I'm going through a good phase at the moment. But I get scared cos it can come back at any time. I know that if I keep my life steady, and I know that this is all about me know. But what I'm saying is, if I'm alright then their life can run smoothly. You know so it is down to me whereas before I didn't see that at all. S had ADHD that's why he's like that. It's nothing to do with me or the way I was being you know. But now I can see...

37. **Having that knowledge were you hoping to learn more about you and your sort of?**

38. I didn't think about it really until I done the course? That's when I thought oh... they might have their little special needs and that but when they've got something I've put it on them. I realised just simple things really, like making sure they get enough food and all that. I did have a problem with, you know, erm the other kids. With affection, I wasn't very affectionate to them. Whereas these, I cuddle them more and that. And also since I've done the course, you know, (town) is the best thing that happened to me really because I met C and, I didn't like her at first I tell you I didn't but now I really like her. And the health visitor I always get her name wrong B and the routine and all that with C (unknown professional) and all of it put it all together with the course you know it's given me a good understanding of things. You know, so yeah, you know just better, just much better, which makes life much better for them.

39. **Do you think you achieved something from coming on the course you feel like you learned quite a bit?**

40. Yes definitely, a lot.

41. **And you came to all the sessions?**

I missed one because B was in hospital.

42. **Why did you keep coming, what made you keep coming to the Playing Up the course?**

43. Well because I was learning. After I went home. I took a little piece home every time. Like making some instruments. I dunno, it just made me feel a bit better about myself as well. That I was trying to do something to sort of improve. You know, do you know what I mean it was positive, it was positive. It's good to know other people have problems because you do think it is only you. (both interviewer and parent interact with child)

44. **Were there factors which supported your coming obviously you said it was friendly.**

45. Friendly, all the teachers were nice. C is a familiar face anyway so.

46. **So you had a familiar face?**

47. That's right, I got to know the girl who lives next door to me, who I didn't even know who lives next door to me, I sort of see her and now we say hello. The other girls were nice as well, I can't remember their names.

48. **Were any aspects of the course helpful to you? You mentioned that it was helpful, what sort of things. You mentioned making stuff. What sort of things were helpful to you?**

49. Enforced really for me that they needed a stable home and the triangles and, you know, The communication, as well you know, how to communicate properly with them you know all of that. And also, things like biting and that, that all kids do that it's not just your kid that does it. Cos that can get you right down.

50. **For sure.**

51. When D's behaving really badly and being horrible to B that can get me right down. I was really rubbish with punishments discipline, just ribbish at it. I'd give in, never see anything through, completely too soft. Even with like the other two, they were running the house not me, they had control of everything by the time they were teenagers all the finances, everything they were just.

52. **When that was happening early on when they were young, how did you feel about that? How did that make you feel.**

53. Out of control a bit. I lost control really. Should have had more control, you know. Which is what I'm doing now and sort of trying to clear up a few issues with them as well. Which I always am, I'm always sorry and that. I don't want to be sorry with them this time, I want to do it as properly as I can.

54. **What did you learn from the course? You mentioned boundaries, routines and play it's not a test by the way.**

55. I don't know. Just time to look at things really, I see a different angle on things. (pause. Sighs). I've gone blank now.

56. **Don't worry about it, it's fine. Has anything changed for you since coming on Playing Up?**

57. Yeah I think it has, because as well. Because when S was older, all throughout his life he had ADHD. He really had bad behaviour issues similar to Ds. Erm and I went on a course then, and it was similar to what we done today but it was just a day. It was a parenting course for people who had kids with ADHD, how to manage them. And it brought it back to me the course, brought a lot of the things like what they had said. You know cos you forget things.

58. X (trainer) was really good, she's got a voice you could listen to. Rather than sort of bulldozing in with things now I sort of realise, because D has got massive sleep issues and the monsters, we were talking about monsters you know and "M would say oh there is no monster". Rather than going "don't be so silly.. blah.. there's nothing there" To say "oh god that's really, sorry you think that there is a monster." Sort of see things from there and how frightening that must be. So I look at things different now.

59. **So you're seeing things from her point of view?**

60. Yeah, from her per...

61. **Which right now is under the table point of view (she is hiding under the table)**

62. **Why do you think you're seeing things from her point of view more?**

63. Because it was pointed out really.

64. **So they mentioned that in the session.**

65. Because it was pointed out really, because I think, especially when you're a bit ill. Which I do go in and out of at times. People can be very selfish. Without realising it, you can be so focussed on yourself you can forget that they are little people. You know?

66. **When you talk about being ill are you talking about being physically ill or are you talking about feeling down?**

67. When I was depressed yeah, I'd just. Which I'd been, I'd been alright for ages thank God touch wood.

68. I think actually the course has helped me with that as well.

69. **Oh right?**

70. You know because when you are like that you can't see nothing wrong in what you're doing.

71. **Of course.**

72. You can't you know, if you need to lie in bed all day, that's what you need to do and it's all about you you know. I think doing the course was like. Like I know I keep saying this about their basic needs, having to see to their basic needs but love and that is one of them. And, like I said, the routine and everything you know because I have to do that. I am quite, well I am a little bit OCD, I do like everything like I do like to know where it is but I can be erratic as well. Having the routine I'm compelled to keep that, you know, at any cost I have to do it. Well I think that's helped me with the depression because when you're not focussed on what you're supposed to be doing, you know, it just goes out of the window, you just think that there is nothing to do today. You know.

73. **So having a routine in a way, has helped you to have a structure to your day so you feel like "I've got to do this now and it gets you out of bed." That's interesting and I've heard people with those kind of difficulties. Say that, that sometimes having a routine has helped them with their own depression and their own needs. I used to work in adult mental health quite a few years ago now.**

74. Yeah

75. **So you've mentioned quite a lot of stuff really and actually it has been really helpful. Do you think anything has anything changed for your child or children since coming on Playing Up?**

76. Yeah it must have done,

77. **Or about them?**

78. I think their life has changed completely since I been to (Town), the course was the icing on the cake of it all. It sort of put a package with it, you know. Because I am more confident you know because I think well those needs I'm now providing so I'm feeling more confident as a parent, I can do it. Also with the support that you get from here as well. It's sort of like having a family really, like C or R. Instead of going to my sister or something, I'll go to Catherine and she'll sort it out for me and she'll say "don't worry, I've done that" you know what she's like. And, you know, make you feel alright about it and so they're a lot more settled and a lot more secure

79. Yeah I think they're a lot more settled and a lot more secure and you know. And I, I mean Della, the routine was for Della because it wasn't actually for me. Because I follow it as well, you know.

80. **During the course you mentioned bath, bottle, bed being you know**

81. That's right yeah.

82. **And actually I was really glad that you said that because that's something that I think really does works but it's nice to hear it from a parent that's in the group rather than someone who's a part time trainer.**

83. You know, before that, god chaos. And she's like spongy as well, she'll pick up on any atmosphere and all feelings. So if I'm happy she's happy. Yeah, and she loves one-to-one.

84. **Yeah she does , doesn't she? And she likes drawing pictures. (child yawns) You tired?**

85. She didn't sleep hardly at all last night.

86. **Do you think that your relationship with your children has improved or changed or got worse?**

87. Yeah I think it's improved.

88. **Can you tell me a bit more about that?**

89. Because I think they realise that I'm more in control now, what they're doing. And I'm cuddling them more like I said (talks to child).

90. **Has anything changed about the relationships with any other people since you...? Have you made friends for example?**

91. I have, well like. Because at the beginning of the course they weren't seeing their Dad. Cos I was in a hostel and that, because a lot of stuff had happened and that between us. When a relationship breaks up it gets messy, he hadn't seen us for a year. (goes quiet) Because I was more focussed on them it made me realise that she wanted to see her Dad and everything. And just out of co-incidence he got in touch. And (pause) I think because of them and the course, I didn't bite his head off being nasty, say anything that I wanted to say, I just arranged the access come and see us D wants to see you and I was as nice to him as I could be. So I think for them and he's seeing them now, for them, for no other reason, because it's one of their needs.

92. **Yeah just to spend time with Dad?**

93. That's right. I've even sorted that out, whereas before I've been all wishy washy and dramatic about it, like oh my god. Whereas I just talked to him sensible and said, "look it's about the kids now, if you want to see the kids then you have to behave." And he agreed to it all, that was good, that year apart. It could have gone the other way, I could have been nasty to him and he could have been nasty back and there would have been fighting. and it would have been horrible for them which happened with my last partner so that's another thing there that I thought. Don't make that mistake again. I never sat and looked at it all.

94. **It sounds to me that a lot of this stuff is coming from a wider change in you.**

95. Yeah

96. **You're thinking differently about your relationships with children and other people and your relationship with yourself.**

97. Yeah definitely, Like I said the course, sort of, gelled it all together.

98. **So that's part of a process of change. But that change, I think from what I'm hearing is driven very much by you and that's coming out quite clearly from what you're saying.**

99. Yeah. (interviewer talks to child)

100.   **Are there outcomes which you feel you didn't get from the course that you would have liked? Is there anything you thought "I would have liked to have got this and I didn't?"**

101.   (Long pause) No, it was just good as it was. And the paperwork and everything I've got it there to look back over it. Yeah so, no there is nothing I could think. You could ask anything that you wanted so you knew you were coming back next week so try and remember to ask this or that. No it was good, it was all open, everyone could talk. I think that it was good thing saying at the beginning, "nobody is to say anything what goes on." I think that was really good because I was a bit. Oh I'm not saying that. Do you know what I mean? Until everyone said, this stays in the room, you sort of felt comfortable to say what you wanted.

102.   **You were quite open as well and I think that was helpful in the group. That helped move things on, that openness allowed discussions to happen.**

103.   **What did you think about the other parents in your group? You sort of mentioned this already. This is totally confidential, of course.**

104.   (laughs) Well, erm, the young girl which sat here, I think she's lovely. She is loud and lovely, really lovely girl. She's the one that lives next door to me. I think she's very young, probably that's why she's here because she was very young. But she's lovely and she's always got that little girl done up nice you can tell she's doing her utmost. And like I said, the other girls, dark haired girls, the sisters, yeah they were really nice, I got on well with them. Quiet and quite funny. We were outside, chatting and that and you could tell they'd had their problems you know. And then S, I was a bit wary of him to be honest. I sensed, that was the only thing, like I said it sounds horrible, that was the only thing I was a bit hmm about. I dunno what it was. But erm...

105.   **Can you tell me a bit more about that. You felt slightly uncomfortable?**

106.   Very. He followed me home one day when there was a fair fete here fun day. He followed me home and was chatting. And he was saying "can I come in and have a cup of tea" I said "no you can't" and he said, my ex partner was with me at the time and he went mad about it after and erm (talks to child) just irritating, just a very irritating man, got a lot to hide I think.

107.   **You feel that he's got a lot to hide?**

108.   Yeah I thought....(inteviewer interrupts)

109.   **What was it about him that you found irritating?**

110.   The way he kept referring to things from Coronation St like that was real. I wanted to sort of give him a bit of a reality check, do you know what I mean? He sort of falls into

that category of blokes that you just think (sighs)"what are you doing right?" Sounds horrible doesn't it? Useless, like, you know? Very slimy and erm. (talks to child)

111.   Not my cup of tea really. And a lot of what he was saying didn't add up and make sense to me. The more I talked to him, the more irritated I got, the less I talked to him. In the end I just sort of switched off that he was there and erm...

112.   **What did you think about the trainer so you had X and Y**

113.   They were all lovely, X's lovely in herself anyway, easy to talk to, got her point across or tried to with S.

114.   **There was a lot of talk wasn't there?**

115.   Yeah and I just thought "oh shut up S" you know. I thought the girl that was sitting here was great, a couple of times she did tell him to shut up. She was saying what everybody else wanted to say. It was very good and it did give it a bit of humour I suppose. So

116.   **(interviewer talks to child) You're doing very well D, because this is quite boring I'm sure it's quite boring.**

117.   (talking to child) Yeah you're doing so well.

118.   **So you've talked a lot about what you liked about playing up. Was there anything you did not like about Playing Up?**

119.   Erm no.

120.   **Is there anything that could be improved about it do you think?**

121.   No. It was all welcoming, cup of tea, coffee, cake, could go for a cigarette. Yeah it was very good.

122.   **Say you mentioned to someone that you had been on Playing Up and andn they said "I was thinking about going on that tell me about it" What would you say?**

123.   I'd say go on it, cos it's not like a course where you've got to sit and do reading and writing cos that's not one of my strong points. that would have put a lot of people off. It was more practical and taking stuff home and discussing things and finding your own sort of solution in a way.

Appendix Q: Open Coding

Example Interview Excerpt and Open Codes

Statement	Open Codes
Can you tell me why you came on the Playing Up course?	
Well to get some strategies more to manage her. I didn't know what to expect really, but (long pause) the more I think back to the course about their basic needs. I can see a lot of the ways I went wrong with my last two children. Because my life has always been so hectic, it's never been stable. And the course gave me a bit of, I dunno what the word is, maybe balance. Seeing where I was going wrong. When I look back at it, I thought "it's not D playing up it's me". You know keep moving around and having relationships. (pause) Oh god you know, just being hectic, having depressive times and that and you know.	To get strategies to manage behaviour I didn't know what to expect Basic needs Meeting basic needs I can see where I went wrong with last children Life has always been hectic Seeing parent's role in child behaviour It's not D playing up it's me Interference Guilt
It's like this time around I'm aware of what I'm doing. Because, maybe because I'm not drinking, because I'm older or you know.	This time I'm aware of what I'm doing No longer drinking Maybe older and wiser

List of Open Codes (Paper 2)

1. "look it's about the kids now
2. 2 children under 3
3. 3 Children
4. A break from the children
5. A calmer mum
6. A few different tricks
7. Accessed another course
8. Accesses several mums groups
9. Accessing group at different centre
10. Achieved improved understanding
11. Activities with the children
12. Actually I can do it
13. Actually I need to do this
14. Age ranges suited me
15. Agrees with researcher interpretation
16. All of course was helpful
17. Ambivalence about being a parent
18. Ambivalence about ex's family
19. Ambivalence about male attention
20. Appreciation of other participant's handling of difficult partcicipant
21. Approaching things more calmly
22. Because my life has always been so hectic, it's never been stable.
23. Before it was more difficult to understand
24. Behaviour is for attention not aggravation
25. Behaviour problems in school
26. Being in control helps relationship with child
27. Benefits of wider learning to social
28. Bonding
29. Bonding instead of giving in
30. Both courses covered all grounds
31. Both home and school problems
32. Brought things back
33. But children have energy, they do run around,
34. but when they've got something I've put it on them.
35. Calmer reaction to child's behaviour
36. Can see where I went wrong with my last children
37. Can't think of improvements
38. Change in parent behaviour changes child behaviour
39. Child epilepsy
40. Child has become more affectionate
41. Child has different personality
42. Child is developing well
43. Child is highly strung
44. Child is not doing something to irritate parent

45. Child reminds parent of ex
46. Child was in hospital
47. Children are calmer
48. Children's Centre staff supportive
49. Child's behaviour difficult to manage
50. Child's behaviour is distressing
51. Clicked with other parents
52. Closer with children
53. Coming to me not daddy
54. Communicating properly
55. Compromisation
56. Confidence in dealing with situations
57. Confused between 2 courses
58. Constantly at loggerheads
59. Convenient to attend
60. Course gelled it all together
61. Course was part of a package of support
62. Course was understanding
63. Cuddling more
64. Dad and me split up
65. Dad doesn't handle behaviour well
66. Dad got to have sole charge of them
67. Dad should go on the course
68. Dad tends to walk away
69. Dealing with situations wrong
70. Depression
71. Developed greater understanding
72. Did not have good expectations
73. Didn't like role play
74. Different age ranges were helpful
75. Different ways of handling tantrums
76. Difficulty bonding with children
77. Discloses ambivalence about parenting
78. Discomfort lack of common experience
79. Distress at the failure of previous relationship
80. Does not have mental health difficulties
81. Doing it for attention
82. Doing totally the opposite
83. Done another course
84. Don't know if anything could be improved
85. Ellie
86. Enjoying being a parent more
87. Even if you don't think there is anything wrong
88. Everyone could talk
89. Everything was covered
90. Ex partner doesn't want to know
91. Existing support relationship helped

92. Experiementing with new approaches to play
93. Eye contact and bonding
94. Family support worker suggested course
95. Family Support Worker suggestion
96. Feeling less guilty
97. Feeling less stressed
98. Feeling not good enough
99. Feels nothing else important is happening
100. Felt out of control
101. Finding toddler's behaviour stressful
102. Finding your own solution
103. Flexible and understanding
104. Focus helped with mental health
105. Focus on children improved relations with ex
106. Focussing on what you should be doing
107. Follow session would be helpful
108. Formality was intimidating
109. Found trainers approachable
110. Getting down and playing
111. Getting him to do something I want to do
112. Getting thinking again
113. Good phase scared mental health problems will return
114. Granny upsets children
115. Ground rules
116. Grown up children
117. Guilt
118. Had care of sister's 3 year old child
119. Handling tantrums without getting stressed
120. Hard to change behaviour of child
121. He just wanted attention
122. He knows how to make me feel more special
123. He says you're pathetic
124. Help
125. Helped with separation anxiety
126. Her behaviour is extreme
127. He's the only kid tha's naughty
128. His attitude and her attitude are the same
129. History of mental health issues
130. How my actions affect child
131. Husband at home
132. Husband has chronic kidney disease
133. Husband has issues with other children
134. Hypothetical disclosing to demistify
135. I can do it
136. I caused my children's difficulties
137. I cuddle them more
138. I didn't bite his head off

139.	I didn't know what to expect
140.	I don't shout so much and I can stay a lot calmer.
141.	I don't give him into him
142.	I enjoyed the course
143.	I get frustrated quite easily.
144.	I just stay calm
145.	I never sat and looked at it all.
146.	I see a different angle on things
147.	I'm doing both Mummy and Daddy thing
148.	I'm not so tired, so I'm not so angry all of the time.
149.	Identifying
150.	If I'm alright then their lives can run smoothly
151.	If I'm happy she's happy
152.	Intentional strategy by child
153.	Interaction has improved speech
154.	Interest
155.	Interference
156.	Interview rushed
157.	Interviewee agrees with interviewer reframe
158.	Interviewee overlooks question
159.	Interviewee uses interviewer's interpretation
160.	Interviewer acknowledges difficulty
161.	Interviewer apologises for vagueness
162.	Interviewer attempts to frame statement
163.	Interviewer being teacher
164.	Interviewer colludes with participant
165.	Interviewer delays clarification
166.	Interviewer delays discussion
167.	Interviewer encouragement
168.	Interviewer expresses a view on course participation
169.	Interviewer interprets change as parent led
170.	Interviewer interprets for discussion
171.	Interviewer is genuinely surprised
172.	Interviewer is interested in both courses
173.	Interviewer justifies
174.	Interviewer misses opportunity to clarify
175.	Interviewer overshoots
176.	Interviewer praises
177.	Interviewer praises doing both courses
178.	Interviewer praises interviewee
179.	Interviewer reassured that answers are voluntary
180.	Interviewer reassures
181.	Interviewer reassures that it is not a test
182.	Interviewer reassures that what she has said is ok
183.	Interviewer reframe
184.	Interviewer self discloses
185.	Interviewer summarises

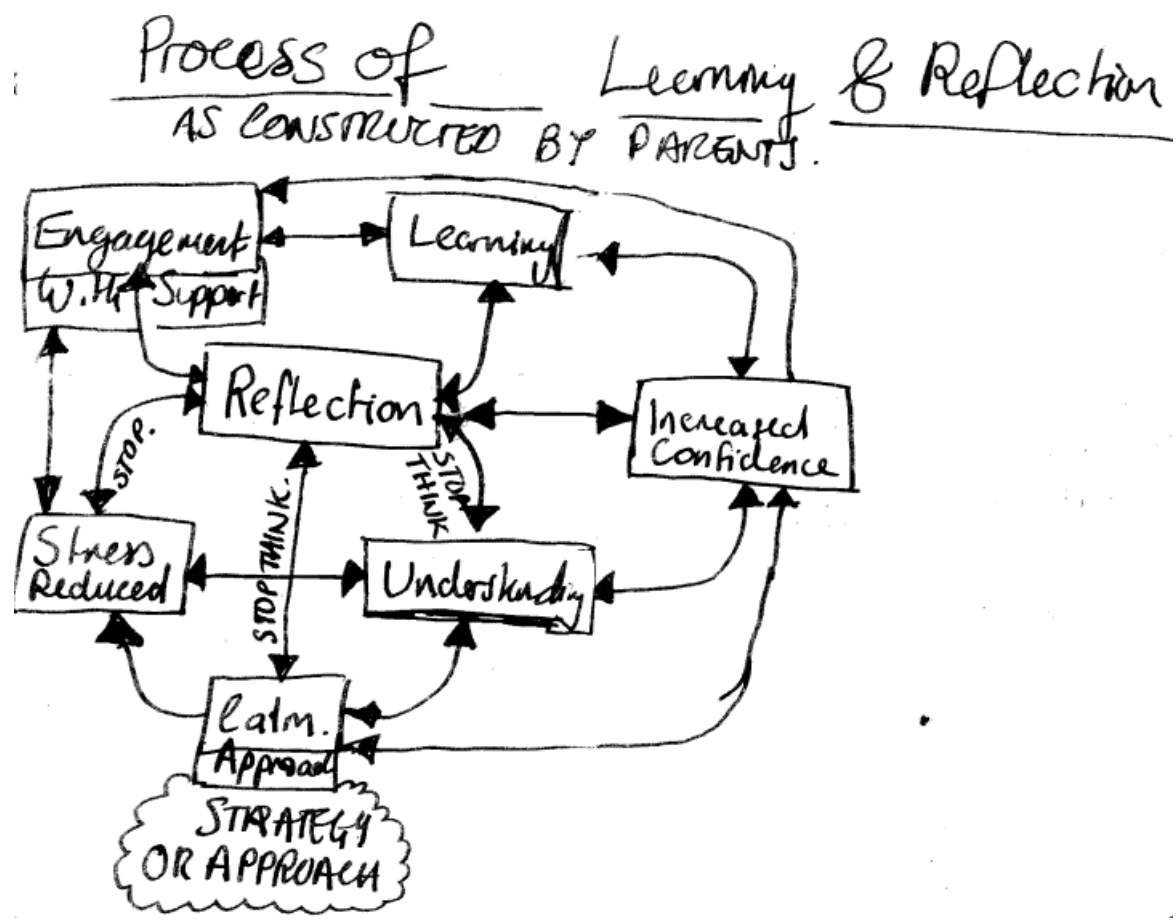| 186. | Interviewer summarising |
187.	Interviewer tell me what you think
188.	Interviewer tries to avoid otherness in description of parents
189.	Interviewer trys to entertain interviewee
190.	Interviewer uses closed question
191.	Interviewer warns it may seem repetitive
192.	Interviewer's interpretation of the importance of routine
193.	It exceeded expectations
194.	It get's messy
195.	It has changed a lot of things
196.	It helped a lot
197.	It was friendly
198.	It was positive
199.	It was welcoming
200.	it's not D playing up it's me
201.	It's all kind of new
202.	It's good to know other people have problems
203.	It's like having a family
204.	It's not just your kid
205.	Just knowing about children
206.	Just to guide parenting really.
207.	Just try and give him attention
208.	Knowing how to deal with his behaviour
209.	Knowing how to deal with the situation
210.	Knowing what I was doing was right
211.	Knowing what you're doing right
212.	Laughs nervously
213.	Learned a lot
214.	Learning about basic needs
215.	Learning about personalities
216.	Learning more
217.	Learning more about myself
218.	Learning something was good
219.	Learning was motivating
220.	Less tired, less stressed
221.	Living alone with two young children
222.	Lone parent
223.	Made me look at things different
224.	Margie
225.	Maslow's heirachy (basic needs)
226.	Maybe because I'm older
227.	Maybe she needs more help
228.	Meeting basic needs
229.	Men are childish (banter)
230.	Met a few people
231.	Might have ADHD
232.	Missed third session

233. More accepting view of child behaviour
234. More of a daddy's boy
235. More practical
236. Motivation for returning
237. Motivations for attending
238. Moving house
239. Needed to understand him a bit more
240. Negative view of other participant
241. Nice and non judgemental
242. Nice to have a break from child
243. No extended family at home
244. No longer drinking
245. No other relevant services
246. No social services involvement
247. No, it was just good as it was.
248. Not able to identify other useful aspects
249. Not as many tantrums
250. Not bulldozing in
251. Not getting so stressed
252. Not getting the shout on
253. Not giving in
254. Not interfering with play
255. Not judged
256. Not knowing makes you frantic
257. Not like school
258. Not much to say about other parents
259. Not regarded by strangers as unfit
260. Not so shouty
261. One child
262. One child at home
263. Only done course because of six year old
264. Other services
265. Other services involved with children
266. Other services the Children's Centre
267. Outlook on being a parent
268. Own mother strict when she was a child
269. Package helped parent as well as children
270. Parent hoping to put in more structure
271. Parent of three young children
272. Parent of toddlers
273. Parent of twins
274. Parental calm makes child calmer
275. Parental well-being relates to parental effectiveness
276. Partner at home
277. Partner doesn't stop and think
278. Partner stays now and again
279. Partner thinks I'm lecturing him

280.	People can be selfish without realising it
281.	PFSA involvement
282.	Physical health problems
283.	Playing at her level
284.	Playing Up and Triple P
285.	Pleased with outcome
286.	Positive opinion of other course members
287.	Possible medical reasons for behaviour
288.	Post natal depression
289.	Power of own parents
290.	Preexisiting friendships with course members
291.	Previous experience at Children's Centre
292.	Problems at birth of child
293.	Psychology helped parent understand child's motivation
294.	Quiet time
295.	Realised child doesn't always understand
296.	Reassuring as to interviewer motives
297.	Recognising patterns of behaviour
298.	Referred through health visitor
299.	Reframing perspectives of strangers
300.	Relationship with children improved
301.	Relaxed and friendly atmosphere
302.	Researcher beliefs
303.	Researcher shares experience
304.	Routine helps child to feel more secure
305.	Run down
306.	Satisfied with outcomes
307.	Seeing parent's role in child's behaviour
308.	Seen many services
309.	Self critical
310.	Sense of achievement
311.	Sense of confidence and achievement
312.	Separation anxiety
313.	Sharing advice in group
314.	She loves the one to one
315.	She's Hungry She's Tired
316.	She's picking up that I'm happier and not stressed
317.	Singing during bum change
318.	Single mum
319.	Sister was in prison
320.	Sleep issues
321.	Sleep issues improved
322.	Social support has painful memories
323.	Solving problems
324.	Sometimes I think he does it to annoy me
325.	Son influences sibling behaviour
326.	Son needs structure

327.	Son pushing her to the limits
328.	Son was sole motivation for attending.
329.	Son will not talk about problems
330.	Sorting out access
331.	Specific strategies
332.	Stability
333.	Standing back and looking
334.	Stay a lot calmer
335.	Staying well is important
336.	Stop and think
337.	Strategies to manage sleep issues
338.	Stress reduction strategies
339.	Support has lead to better understanding
340.	Takeup or reflection time
341.	That's right. I've even sorted that out,
342.	The confidence to say I'm struggling
343.	The discussions
344.	Theoretical interest
345.	They were on our level
346.	Thinking about child's point of view
347.	Thinking about child's view
348.	Thinking and trying to help him
349.	Thinking facilitates increased calm
350.	Thinking helped parent feel less overwhelmed
351.	This time i'm aware of what I'm doing
352.	Three boys
353.	Time to cover it
354.	To get less stressed out
355.	To get strategies to manage behaviour
356.	To know people more in my situation
357.	To work out children
358.	'Tom' creeped me out
359.	Trainer expertise
360.	Trainer had voice you could listen to
361.	Trainer made participants feel important
362.	Trainer needed to manage other participant
363.	Trainer was lovely
364.	Trying to improve made me feel better
365.	Two courses worked well together.
366.	Two young children under 3
367.	Understanding child psychology
368.	Understanding child's motivation
369.	Understanding why
370.	Understanding why made behaviour easier to manage
371.	Used to be chaos
372.	Uses euphemism to describe problems
373.	Vague question (Interviewer)

374. Want to know why
375. Wanting dad to do things
376. Wants more support
377. We were involved
378. Welcoming
379. We've got a better understanding of each other
380. What you can do to make it better
381. Wider support has helped
382. Wished me and her dad got along better
383. Working with one another
384. Working with partner
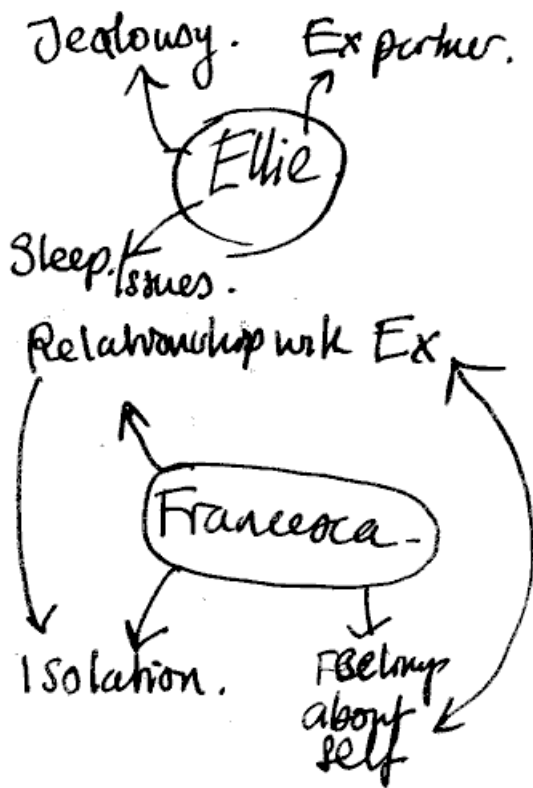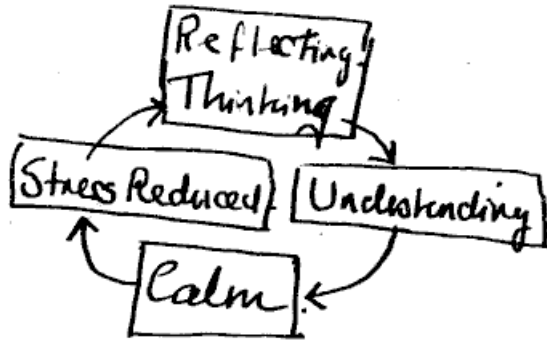385. Would like someone to come round and see
386. Younger parents group

Appendix R: Examples of Handwritten Memos Used During Qualitative Analysis (Paper 2)

Process of Learning & Reflection
AS CONSTRUCTED BY PARENTS.

Engagement W. Mh Support · Learning · Reflection · Increased Confidence · Stress Reduced · Understanding · Calm. Approach · STRATEGY OR APPROACH · STOP · STOP THINK

~~Perl~~ Interviewees appeared to be more or less relating this issue to the problem of being a parent? Or perhaps they didn't.

Causes of Calm.

▶ Understanding.
▶ Calm approach.
▶ Parent not so stressed.
▶ Shopping and thinking.

Jealousy.   Ex partner.

(Ellie)

Sleep Issues.
Relationship with Ex

(Francesca.)

Isolation.   Feelings about self

2/4/2011.

A break down in ~~cooperation~~ cooperation between ~~partner and parent~~ with the other parent.   (for)

The Majority of the participants described difficulties co-operating with the other parent. Resentment, jealousy, feeling unsupported. This lack of cooperation was a key feature in divorces despite not being referenced in the questions.
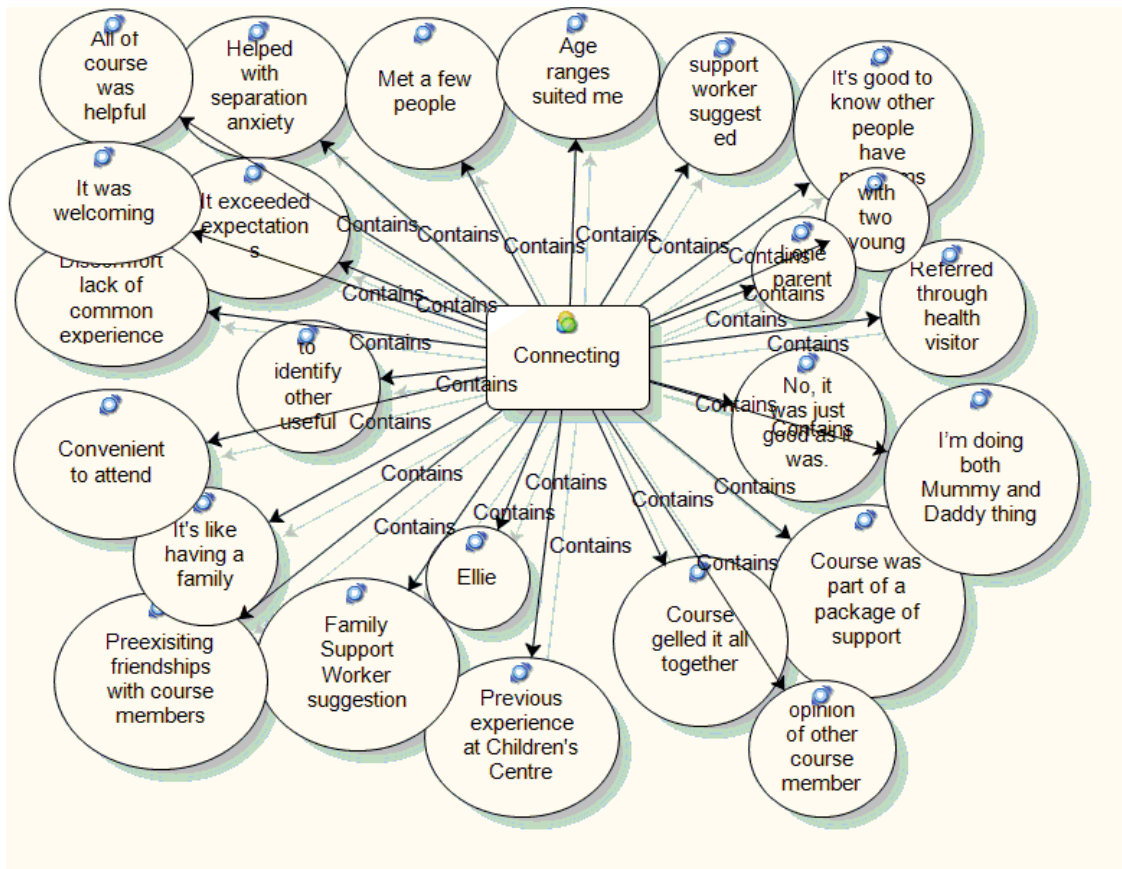
Appendix S: Examples of Memos and Reflections Used in Thematic Analysis

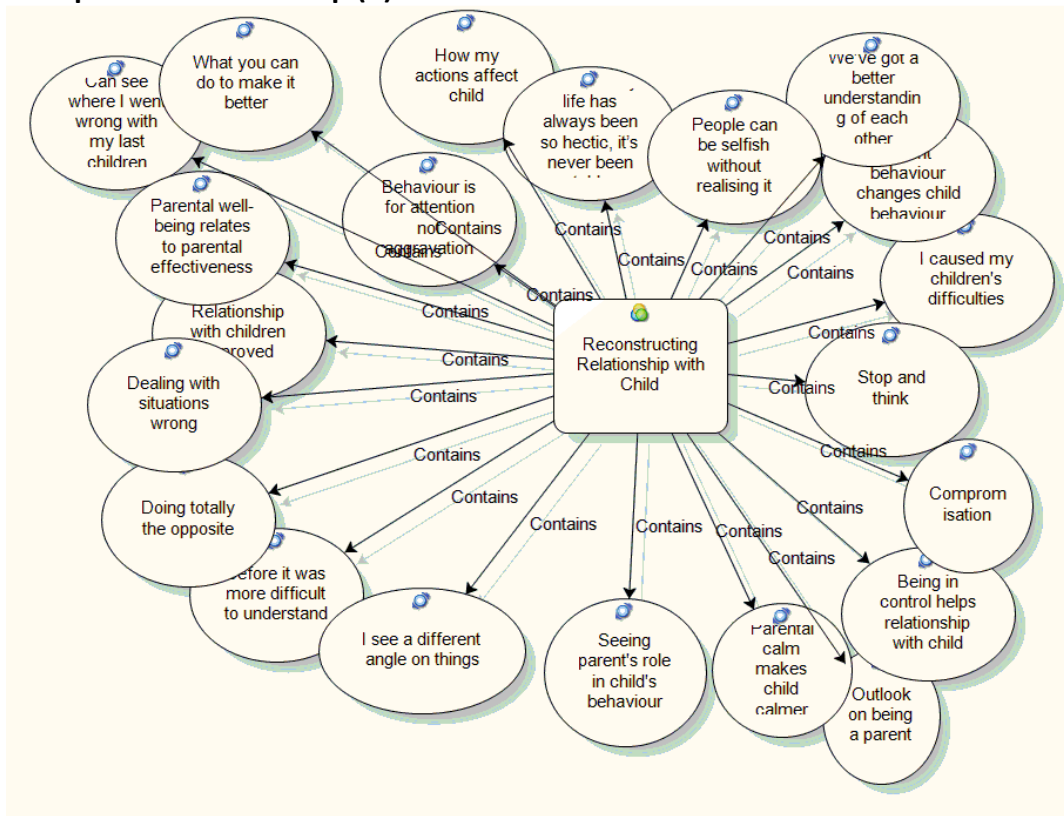| Memo Title	Details
A Calmer Approach	Bringing down the levels of energy in self Thinking before reacting or becoming distressed Considering before reacting Think first Withholding action. Thinking before reacting.
Behaviour is distressing to the parent	The child's behaviour is upsetting to the parent. It is perceived as extreme, as bad as it can be. This appears to be troubling to the parent.
Common Experience	**Commonality of purpose and problem was important to participants:** • Being a young parent. • Feeling socially removed, judged, looked down upon is something that parents are sensitive to. (Diane, Francesca, Anna) • Parent whose children was taken away interfered with social support process (possibly related to his behaviour also). • We're all parents together. • Possible overarching theme of GROUP DYNAMIC. Risks of allowing emergent group dynamics (Tom). • Common purpose. • Common problem. • Not alone. • Not a terrible parent. • Overcoming social anxiety.
Connecting	The parent begins to identifies conceptual connections between the programme and themselves. These connections motivated the parents to attend. This connection was, in most cases, mediated by a third party, usually a person or organisation with which they were familiar or felt supported by. The connection may be, for example, a feeling that the staff or participants understand their concerns or do not judge them. Parents also felt that the course materials relate to their circumstances or concerns. In particular that the programme began to help them to understand some of the unknown aspects. Parents also reported that the programme could be identified with as encouraging a positive view of themselves as a person or more than as just a parent. This could mean, for example, that the curriculum was related to career ambitions, or considered to be evidence of the parent's capacity to learn. This was described as leading to a sense of achievement.
Engagement	Engagement Conditions: • Not Feeling Judged • Support • Interest • Helpfulness

Memo Title	Details
Getting brain going	Does parent (Bobbie) find that being a parent is not intellectually challenging?
Guilt	Guilt is described as a form of interference. However, one parent also describes apparent guilt as a consequence of learning about parenting and thus identifying their previous mistakes. One parent talks about learning not to feel guilty and share herself. Another parent talks about being sorry and learning to feel sorry.
Interference	Parent's see their problems as interfering with their capacity to parent effectively or their relationships with their children.
Interference effect of personal problems	Parents describe a perception that their difficulties interfere in their capacity to parent. These problems are a cause of interference. Interference occurs through a problem external to the child which is preventing the parent from being affectionate or meeting basic needs. References to interference are either explicit or implicit, the implicit references to interference are, perhaps, more ambiguous.
Problems reconceptualised	Part of the learning process is that parents reconceptualise or reconstruct their problems. Their understanding of their problems changes, they see the problem differently. This is also a confounding factor in interviewing after the course has finished.
Reassuring comments	(Connected to free node)
Reflective learning	Process 5: Reflective learning is a process which depends on either procedural or conceptual learning to occur. Reflective learning refers to learning which is unique to that individual. Reflective learning is constructed as being facilited by engagement conditions Finding a coherent construct. Understanding why is constructed as important to parents.
Themes relating to problems	**Process 1: Interference** Interference is constructed as being the effect that problems exert on the relationship between the interviewee and their child. Interference describes factors which are located in the parent, child or externally. Parent's perceived inteference which affected confidence, ability to prioritise and ability to bond. Interference is constructed as being located within three systems. Interference was perceived as having a dimensional quality by the researcher. The dimensions were encapsulated by the pervasiveness of the theme (how much it seemed to appear in the text) the language used by the participant (her behaviour is extreme) and how stable and pervasive the problems were perceived to be. Children being

	taken into care was, understandably, seen as a pervasive form of interference.

Helplessness not constructed as a quality of the parent but an interactive relationship between the parent and the problem.

Theme 1.1: Problems with Children

Distress Caused by Child's Behaviour
Anna, Bobbie, Carly, Ellie and Fran reported that they found their child's behaviour distressing. However, the extent to which this was viewed as their central concern varied. Carly, for example, described only her son's behaviour as the reason for coming on the course. (quote)

However, in further discussions, it became apparent that her relationships with her own mother and ex partner had placed a strain on her relationship with her son.

Theme 1.2: Problem in Child Parent Relationship
Difficulty Understanding
Five of the six parents reported that they found their child's behaviour difficult to understand and that this was a source of concern to them.

Bobbie and Fran reported finding it difficult to bond with their children. This was implied but not explicitly discussed or clarified in Anna and Carly's accounts of the relationship with their children.

Theme 1.3: Problems with Self
Perceptions of Inferiority
Poor confidence
Lack of understanding
Inability to prioritise.

Theme 1.4: Problems in Relationships External to Dyad
These problems |
| Working out children | Children are described by parents as being hard to understand. Parents describe feeling both puzzled and unsettled by the behaviour of their children.

Reflection: This is also the interviewer's construction of child behaviour problems. The interviewer used this term because it was perceived by both the interviewer and the programme designer as seeming less threatening than terms such as child behaviour problems. This construction may have influenced the parent's interpretation..... |

Appendix T: Example Thematic Maps

Example of Thematic Map (II)

Appendix U: List of Tree Nodes Used for Final Themes

Name	Memo Link	Sources	References	Created On
1. Understanding of Difficulties		6	86	07/04/ 2011 16:06

Type	Name	Memo Link	Sources	References
Tree Node	Difficult Child		6	26
Tree Node	Difficult Others		6	17
Tree Node	Difficult Self		5	19
Tree Node	Difficulties Understanding		6	19

Name	Memo Link	Sources	References	Created On
2. Identifying and Connecting	Yes	6	28	08/04/ 2011 20:21

Type	Name	Memo Link	Sources	References
Tree Node	Being Understood		5	21
Tree Node	Connecting programme to needs		5	16
Tree Node	Connecting programme to self		5	18
Tree Node	Connections to established support		5	16

Name	Memo Link	Sources	References	Created On
3. New Knowledge		6	29	12/04/ 2011 18:04

Type	Name	Memo Link	Sources	References
Tree Node	Contextual		4	6
Tree Node	Practical		6	26
Tree Node	Theoretical		5	13

Name	Memo Link	Sources	References	Created On
4. Stopping and Thinking		6	25	13/04/ 2011 15:39

Type	Name	Memo Link	Sources	References
Tree Node	Time to refresh		1	1

Name	Memo Link	Sources	References	Created On
5. Approach and Interaction		6	51	14/04/ 2011 12:16

Type	Name	Memo Link	Sources	References
Tree Node	Being		4	18

Type	Name	Memo Link	Sources	References
	Consistent			
Tree Node	Special Time		6	30
Tree Node	Staying Calm		6	35
6. Reconstructing		6	56	03/04/ 2011 14:28

Type	**Name**	**Memo Link**	**Sources**	**Refere nces**
Tree Node	Reconstructing Relationship		6	27
Tree Node	Reconstructing Self		6	19
Tree Node	Understanding Child's Point of View		6	27

Appendix V: Example Sub-theme Coding from NVivo "Difficult Child"

<Internals\Anna S03> - § 6 references coded [8.68% Coverage]

Reference 1 - 6.31% Coverage

124. **You mentioned that there was some possible questions about D about social and communication so possible, was autism mentioned or Aspergers?**

125. Yeah there is a possibility, they're going to do some blood tests now erm (child interjects) so they're going to do some blood tests now and they're going to put a cast on her foot to try and straighten it. But she's got a lot of behaviour problems, her behaviour is extreme. They're not really 100% sure what is wrong with her but she shows a lot of traits. She has a lot of blank moments and erm there were problems at the birth.

126. **So obstetric... was she premature or?**

127. No she wasn't premature, it was B that was premature she erm. Well that's why I've got to go into hospital see I've got a hernia. Right across my caesarian scar and erm when she was born it was a bit of a mess because the doctor surgeon kept going in and out and had an emergency while she was doing me and there was a couple of students left to sew me up and the bottom line was that she didn't cry for ages. Whereas my other babies come out and they were out crying and there was this long... you know.. gap and, of course L didn't really take any notice because it was his first ever child and I said oh go and have a look.

Reference 2 - 0.68% Coverage

128. **Because you did mention that before and I was just interested to hear what you thought. Ds behaviour can be quite difficult?**

129. Very

Reference 3 - 0.38% Coverage

130. **And you came to all the sessions?**

I missed one because B was in hospital.

Reference 4 - 0.67% Coverage

131. And also, things like biting and that, that all kids do that it's not just your kid that does it. Cos that can get you right down.

Reference 5 - 0.42% Coverage

132. When D's behaving really badly and being horrible to B that can get me right down.

Reference 6 - 0.21% Coverage

133. She didn't sleep hardly at all last night.

[Internals\Bobbie C01] - § 1 reference coded [1.66% Coverage]

Reference 1 - 1.66% Coverage

134. Ollie's quite a handful, obviously with the little baby as well, I needed a bit of advice on how to handle his tantrums. It was getting quite stressful so I needed to sort of understand him a bit more.

[Internals\Carly H01] - § 8 references coded [10.63% Coverage]

Reference 1 - 0.82% Coverage

135. **O.k. has anything stressful happened in the last 12 months?**

136. Only my son pushing me to the limits. My six year old.

Reference 2 - 0.77% Coverage

137. (participant later informed me that her son had been diagnosed with Rolandic Epilepsy over the last 12 months)

Reference 3 - 1.44% Coverage

138. I only really done the course because of my six year old.

139. **That leads me onto my next question would you describe the behaviour of any of your children as difficult to understand or manage?**

140. Definitely

Reference 4 - 1.71% Coverage

141. **Can you tell me why you came on the Playing Up course?**

142. Cos of my son.

143. **And cos of your six year old or...**

144. My six year old is quite difficult and he'll make B and J behave quite badly. He seems to like shouting. And he will shout at them

Reference 5 - 2.46% Coverage

145.   Just like leaving his shoes, he just comes in and chucks his coat off and his shoes and he knows that annoys me and sometimes I think he's doing it just to annoy me but doing that course (assertiveness NOT PLAYING UP) and learning that he's just totally got a totally different personality to me. I think, understanding that and looking at that helps.

Reference 6 - 1.54% Coverage

146.   **I think if I had three children at home, I don't, I think I'd find it incredibly difficult. I'm always amazed that parents manage it.**

147.   It's constant, when they go to bed I just sit down and think "thank god for that."

Reference 7 - 0.17% Coverage

148.   He uses that quite a bit,

Reference 8 - 1.72% Coverage

149.   And maybe talk to O and see whether he would talk. Because he doesn't talk to me at all.

150.   **In what way?**

151.   If I ask him what's the matter or something, he won't talk to me. And it's knowing how to get around that to see what the problem is.

<Internals\Diane H03> - § 3 references coded [5.46% Coverage]

Reference 1 - 1.97% Coverage

152.   I suppose some kids do find it difficult to go from a small school to a big school and he has gone to one of the biggest in the county, to H so. So he's in a lot bigger school so he found it difficult. It's like a big fish in a little pond. Then you've got a small fish in a big pond so he found it a bit difficult to settle.

Reference 2 - 0.63% Coverage

153.   And his behaviour sometimes is a bit above what he should be like and what we knew him to be like. So

Reference 3 - 2.87% Coverage

154.   **So you found that he was probably...was he... from what they were saying at school was that more of a school problem or more of a home problem?**

155.   It was both really, cos it was the PE teachers that thought that he might have had ADHD erm we did take him when he was 5 to a Paediatrician over at T to see if he did have ADHD but he'd. The Paediatrician said he didn't. But then the school thought that he might have. That's why we had the PFSA involved from the school.

<u>\<Internals\Ellie S02></u> - § 4 references coded [5.79% Coverage]

Reference 1 - 1.21% Coverage

156.   **Was it because you were concerned about Ls behaviour?**

157.   I do, maybe I think oooh he's a naughty child. It's like he's like the only kid that's naughty.

Reference 2 - 1.61% Coverage

158.   **Did you feel that he might not love you before?**

159.   Sometimes cos he's more of a Daddy's boy. And he always wants Daddy, Daddy, Daddy so I feel like oh am I a bad mum because he doesn't want me sometimes?

Reference 3 - 1.23% Coverage

160.   **You've mentioned things about L saying "I love you mummy" Has anything changed in the relationship between you and your children since coming on Playing Up?**

Reference 4 - 1.73% Coverage

161.   He does come to me a lot more now. It's like when he wants something instead of coming to Daddy he will come and ask me now. So I'm not being pushed out by him. So he will ask me instead of just Daddy all of the time.

<u>\<Internals\Fran S01></u> - § 4 references coded [7.59% Coverage]

Reference 1 - 5.03% Coverage

162.   **Can you tell me a bit about why you came on the Playing Up course? What made you decide to come on the course?**

163.   Catherine put it forward to me and said with this group we're doing. Plus (Child) was still quite young, so she was like "this is coming up do you fancy doing it? I don't know whether it's gonna sort of going to be helpful to you or anything just sort of to understand." Because (Child) is a highly strung child like it might help you understand her a bit more. Instead of thinking "oh my god she's so naughty."

164.   **Can you tell me a bit more about how I (Child) is highly strung?**

165.   She just doesn't stop, she's just literally. Shhhhhh (gestures rapid movement with her finger) She just doesn't sleep during the day, she's just literally and she just goes until she drops she just literally just runs riot (laughs) She just doesn't sit still.

166.   **So it was mainly because you were finding it quite tiring or was it difficult to understand?**

167.   Yeah cos I was like, " well why is she like this. Is it because I'm feeding her sweets? Is it because what, what I'm feeding her? Is it because that's just the way she is?

Reference 2 - 1.20% Coverage

168.   Cos before I'd kind of think that they'd say stuff and think "oh she's not coping." But now I know they don't... because I sit there S's mum says "oh she's just like S." And I'm like "I don't care." "He never used to do that, he used to do that." And I'm like (groan).

Reference 3 - 0.69% Coverage

169.   . Their attitude, even now, his attitude and her attitude are like the same. She has like proper little diva strops you know. Sits in the corner like this.

Reference 4 - 0.69% Coverage

170.   S's Mum said to me the other day. She needs a haircut. I went "why". She said "cos she looks like a girl." I went "cos she is a girl." (interviewer laughs)

Example Sub-theme 2: Connecting Programme to Needs

<u><Internals\Anna S03></u> - § 2 references coded [12.49% Coverage]

Reference 1 - 11.74% Coverage

171.   You can't you know, if you need to lie in bed all day, that's what you need to do and it's all about you you know. I think doing the course was like. Like I know I keep saying this about their basic needs, having to see to their basic needs but love and that is one of them. And, like I said, the routine and everything you know because I have to do that. I am quite, well I am a little bit OCD, I do like everything like I do like to know where it is but I can be erratic as well. Having the routine I'm compelled to keep that, you know, at any cost I have to do it. Well I think that's helped me with the depression because when you're not focussed on what you're supposed to be doing, you know, it just goes out of the window, you just think that there is nothing to do today. You know.

172.   So having a routine in a way, has helped you to have a structure to your day so you feel like "I've got to do this now and it gets you out of bed." That's interesting and I've heard people with those kind of difficulties. Say that, that sometimes having a routine has helped them with their own depression and their own needs. I used to work in adult mental health quite a few years ago now.

173.   Yeah

174.   So you've mentioned quite a lot of stuff really and actually it has been really helpful. Do you think anything has anything changed for your child or children since coming on Playing Up?

175.   Yeah it must have done,

176.   Or about them?

177.   I think their life has changed completely since I been to (Town), the course was the icing on the cake of it all. It sort of put a package with it, you know. Because I am more confident you know because I think well those needs I'm now providing so I'm feeling more confident as a parent, I can do it. Also with the support that you get from here as well. It's sort of like having a family really, like C or R. Instead of going to my sister or something, I'll go to C and she'll sort it out for me and she'll say "don't worry, I've done that" you know what she's like. And, you know, make you feel alright about it and so they're a lot more settled and a lot more secure

178.   Yeah I think they're a lot more settled and a lot more secure and you know. And I, I mean D, the routine was for D because it wasn't actually for me. Because I follow it as well, you know.

Reference 2 - 0.75% Coverage

179.   reading and writing cos that's not one of my strong points. that would have put a lot of people off. It was more practical and taking stuff home and

<Internals\Bobbie C01> - § 5 references coded [9.28% Coverage]

Reference 1 - 1.66% Coverage

180.   O's quite a handful, obviously with the little baby as well, I needed a bit of advice on how to handle his tantrums. It was getting quite stressful so I needed to sort of understand him a bit more.

Reference 2 - 0.36% Coverage

181.   Sort of understanding why he's doing stuff.

Reference 3 - 0.39% Coverage

182.   Yeah it's helped a lot, it's been really good.

Reference 4 - 3.92% Coverage

183.   Different things really I mean the 0 to nine bit they said about the eye contact and stuff with the babies because I got post natal depression with A so I've been really struggling with bonding with him.

184.   For sure

185.   And I didn't want to look at him (laughs) and didn't want to touch him and things and when they said how important it is to sort of bring them on and that that helped me to go "actually I need to do this" this made me do it which helped with bonding with me.

Reference 5 - 2.95% Coverage

186.   I know that some people said about styling it a bit differently rather than doing it by ages. The age group suited me because I've got the two different aged children. M, for instance was waiting for the 2 year old one. Then she got to the 2 year old and then the older ones weren't applicable to her but for me it was all sort of relevant so (laughs).

<Internals\Carly H01> - § 3 references coded [1.68% Coverage]

Reference 1 - 0.52% Coverage

187. Can you tell me why you came on the Playing Up course?

188. Cos of my son.

Reference 2 - 0.66% Coverage

189. What you wanted to achieve by coming on the course?

190. Knowing how to deal with his behaviour.

Reference 3 - 0.50% Coverage

191. Why did you keep coming to the Playing Up the course?

192. To learn more.

<Internals\Diane H03> - § 5 references coded [11.95% Coverage]

Reference 1 - 0.72% Coverage

193.   Myself, through post-natal depression and depression. I know the two are similar, but one was diagnosed as post natal.

Reference 2 - 2.16% Coverage

194.   but originally the Triple P come up first through my eldest son's PFSA (Parent and Family Support Advisor – referred through schools) he had a PFSA involved through the school and he's got a Lead Mentor (lead mentors are usually allocated to children who have behaviour problems in school) so they suggested the Triple P. Just to guide parenting really.

Reference 3 - 1.21% Coverage

195.   What made you decide to come on the course?

196.   Because I wanted an in... had an interest to want to know why children play up like they do. Just knowing about children really like psychological wise.

Reference 4 - 6.16% Coverage

197.   I know that the course stated be on time and things like that but if we were running a little bit late they was understanding cos obviously, with the children and they understood me leaving the room so much cos of my little un's separation (anxiety) and that but come the end of the course, for the last three weeks of it, the three sessions he was settling in there and letting me go without any quarrel. So.

198.   That's really good.

199. I think that's what helped with the course as well, coming to the course and getting that separation for him to be able to go to nursery and be more settled.

200. Yeah. So actually, he's not been so settled in nursery up to that point?

201. Erm no because sort of the course happened at the same time as him starting nursery and because he's never been to a children's centre or never been to a nursery or any environment with other children, he wasn't used to that separation because he'd been with me all the time. So, when we done that, it was just getting him used to it.

Reference 5 - 1.69% Coverage

202. What would you say about Playing Up! if somebody asked you about it?

203. If they was interested in the programme, to do the course, to do it. If they felt that they wanted that little bit of help of or feeling more (pause) outlook on being a parent to join the course definitely.

<Internals\Fran S01> - § 1 reference coded [2.77% Coverage]

Reference 1 - 2.77% Coverage

204. So it was mainly because you were finding it quite tiring or was it difficult to understand?

205. Yeah cos I was like, " well why is she like this. Is it because I'm feeding her sweets? Is it because what, what I'm feeding her? Is it because that's just the way she is?

206. Can you tell me what you wanted to achieve by coming on the course?

207. Just to understand her better, not just as a child like as like an individual and understand her. Cos like when you go to like health visitors they say the textbook says. It's like but the textbook isn't my child. I want to understand her the child not just what is written down.

Appendix W: Ethical Procedures and Ethics Form

Graduate School of Education

Certificate of ethical research approval

STUDENT RESEARCH/FIELDWORK/CASEWORK AND DISSERTATION/THESIS

You will need to complete this certificate when you undertake a piece of higher-level <u>research</u> (e.g. Masters, PhD, EdD level).

To activate this certificate you need to first sign it yourself, and then have it signed by your supervisor and finally by the Chair of the School's Ethics Committee.

For further information on ethical educational research access the guidelines on the BERA web site: http://www.bera.ac.uk/blog/category/publications/guidelines/ and view the School's statement on the 'Student Documents' web site.

<u>READ THIS FORM CAREFULLY</u> **AND THEN COMPLETE IT ON YOUR COMPUTER** (the form will expand to contain the text you enter). **DO <u>NOT</u> COMPLETE BY HAND**

Your name: Geoffrey Morgan

Your student no: 580030546

Return address for this certificate: 103 Ladysmith Road, Exeter, EX1 2PS

Degree/Programme of Study: D.Ed.Psy. Doctorate in Educational, Child and Community Psychology

Project Supervisor(s): Brahm Norwich

Your email address: **gjrm201@exeter.ac.uk**

Tel: 07932 308 645

I hereby certify that I will abide by the details given overleaf and that I undertake in my dissertation / thesis (delete whichever is inappropriate) **to respect the dignity and privacy of those participating in this research.**

I confirm that if my research should change radically, I will complete a further form.

Signed:……………………………………………………………………..date:……………………
…..

NB *For Masters dissertations, which are marked blind, this first page must **not be included** in your work. It can be kept for your records.*

Certificate of ethical research approval

Your student no: 580030546

Title of your project: Playing Up: An Evaluation of Outcomes and Processes Relating to Distress, Self Efficacy and Evaluation of Child Behaviour for Adults in a Parenting Programme.

Brief description of your research project:

- Research has indicated that parenting programmes can have significant effects in reducing conduct problems or externalising behaviour problems in children. Recent studies have also indicated that parenting interventions could also lead to improvement in parental, particularly maternal, distress.

- The proposed project is a two part mixed-methods evaluation of outcomes and process relating to a parenting programme delivered by Somerset Educational Psychology Service. The research objectives are as follows:
    Outcomes:

    o   How much psychological distress that parent is experiencing?
    o   How much self-efficacy/confidence that parent has in their parenting ability?
    o   How that parent rates their child's behaviour?
    Process:

    o   How that parent accounts for changes in their own behaviour, thoughts and feelings which occur during and following a parenting course.

Part 1:

- A quasi-experimental study of whether attending a parenting programme is associated with changes in measures of reported parental distress, self efficacy and ratings of child problem behaviour. Standardised measures will be used at pre and post phases with an intervention and waiting-list control group and follow-up measures will be taken from the interview group only.

Part 2:

- Additionally, parent accounts and qualitative methods will be used to examine processes which lead to changes in their thoughts, feelings and behaviour. This will use interviews with open ended questions about thoughts, feelings and behaviour relating to the parenting programme. Interviews will be analysed inductively using Grounded Theory method.

Give details of the participants in this research (giving ages of any children and/or young people involved):

The aim is to recruit 45 participants who will be asked, either by a local Parent and Family Support Advisor or Educational Psychologist if they wish to participate in the research. They will be parents who have self referred or agreed to a referral through children's centres,

schools or local service teams for help with managing challenging behaviour in one or more children aged 3 to 6 years old.

A further 8 participants will be selected to participate in an interview where they will be asked open ended questions about changes in their thoughts, feelings and behaviour following the parenting programme.

Children will not be participants in the study. However, parents will be asked about their children in interviews and data about their children will be collected using the Strengths and Difficulties Questionnaire (SDQ). Names of children may be mentioned during interviews.

Give details regarding the ethical issues of informed consent, anonymity and confidentiality (with special reference to any children or those with special needs) **a blank consent form can be downloaded from the SELL student access on-line documents:**

Informed Consent:

- All participants will provide informed consent for themselves and on behalf of their children. Consent will be based on a University of Exeter template.

- Any terms used should be explained to the participant, as required.

- The participant will be informed of their right to withdraw at any stage.

- 2 Copies of the signed consent form will be provided, one for the participant and one for the researcher.

- Some participants may have learning or literacy difficulties or other disabilities. Consequently, it will be necessary for the researcher to ensure that consent forms contain accessible language and that participants understand what they are giving consent to before signing.

Anonymity:

- All recordings will take place anonymously and the participant will be identified by a unique code by the researcher.

- All transcriptions of recordings will have all names and locations replaced by pseudonyms. Interview Data will be coded with pseudonyms using NViVo.

- Any electronic data will be stored on a password protected computer with administrator access only folders for main and backup copies. No data which identifies participants will be shared/distributed online or transported using USB sticks or other portable media.

Confidentiality:

- Upon completion of the study any names, phone numbers and other personal information will be shredded and disposed of in confidential waste through the Council's confidential waste disposal system.

- All electronic files of recordings will be deleted on completion of the study.

- All questionnaire data is identified by a code and stored separate from the name, address and contact details.

- Data which identifies the participants can only be accessed by the researcher and cannot be shared without the participant's written consent and used only for specific purposes relating to Local Authority objectives.

- Pseudonyms should be used in reporting and writing up information regarding participants and practitioners in the qualitative study.

- Under Data protection legislation, participants will be informed that they are entitled to see any information which is recorded about them.

Give details of the methods to be used for data collection and analysis and how you would ensure they do not cause any harm, detriment or unreasonable stress:

- In the pre-intervention-phase parents are given the option of a home visit by the researcher, or they can be met at a venue such as a children's centre at their convenience. All expenses will be reimbursed accordingly on provision of receipts.

- Prior to consent being taken, participants will have details of what will happen, why the study is taking place, what is done to ensure data protection, confidentiality and anonymity and their rights (see below) using clear language. They will also have the opportunity to ask any questions they have about the study.

- After consent is taken, they will be given an opportunity to talk about their difficulties. At this point the researcher will ask permission to take anonymous notes. These are

to be used for discriminate sampling in the qualitative study. The primary aim of the initial discussion is to help the participant to relax and to establish rapport.

- Then following the initial discussion, the researcher will administer the questionnaires in the form of an interview. Participants will be told that they are free to stop the interview at any time and continue at a later point or withdraw from the study.

Questionnaires:

General Details (pre-phase only):

- Age
- Number of Children
- Marital or partnership status
- How many children they are having difficulty with and what ages?
- Whether they are currently receiving other any other support through health or social care.
- Whether their child has seen other professionals in health or education
- Language information (i.e. is English your first language?)
- Occupation

The Depression, Anxiety and Stress Scale (DASS):

The DASS is a comprehensive, 42 item questionnaire resulting in a measure of depressive symptoms, general Anxiety and stress which has been standardised on UK non clinical populations. It measures, Depression, Anxiety, Stress and a general measure of distress which is a composite of all three. It has been chosen due to its less intrusive questioning, for example, there are no questions which refer to interest in sex as with other measures of this type.

The Strengths and Difficulties Questionnaire for Parents (SDQ - P):

The SDQ - P measures children's behaviour on four rating scales Conduct Problems, Attention and Impulsivity, Internalising Problems and a Pro-social Scale using parental ratings based on specific actions rather than judgements. For example "Does your child share with others easily." It is consistently used in studies of this type

The Parental Self Agency Measure (PSAM):

The PSAM is a five item questionnaire which asks parents questions about their confidence as a parent.

Information from Third Parties:

At the end of the parenting programme, it will be necessary to take a record of the participants attendance from the trainer. Participants will be informed about this prior to giving consent.

Post Phase

Apart from the General Details questionnaire, participants will answer the same 3 questionnaires either at the centre where the training took place, over the phone or at home if they are participating in further interviews.

Follow-Up Phase

Participants will answer the same 3 questionnaires over the telephone 3 months after completing the study. Those who are participating in further interviews will have the option to receive a further home visit.

Interviews for Qualitative Data

After data is collected at the pre-phase all parents will be asked if they would be prepared to discuss the experience of attending the parenting course at a further face to face interview. 8 participants will be selected based on reporting significant difficulties or significant progress or negative progress made in the parenting programme, as evidenced by quantitative data.

The interview questions are deliberately open and designed to allow the participant to talk about the issues they feel are relevant. They are as follows:

General:

- Can you tell me about your experience of attending the Playing Up course?
- What parts of the course did you like?
- Why did you like/not like those aspects?[3]
- What parts of the course were helpful/not-helpful?
- What did you think about the trainer on the course?

Behaviour:

- Tell me why you decided to attend the Playing Up course?
- What was it about the course that made you decide to keep coming?
- What do you do differently now since going on the course?
- Why did you make those changes?
- What do you think were the results of these changes?
- What was it about the course that made you decide not to continue coming (if applicable)?

Thoughts:

- Do you think differently about your child/yourself/being a parent since attending the course?
- If so, why do you think this has happened?
- Did Playing Up help you to think differently about those things?
- If so, what happened on the course that helped you to think differently about yourself/your child/being a parent?

Feelings:

- Do you feel different since attending the course?
- Do you feel different about your child/yourself/being a parent since attending the course?
- If so, why do you think this has happened?

---

[3] Slashes denote separate questions

- Do you think Playing Up helped you to feel differently about yourself/your child/being a parent?
- If so, what happened on the course that helped you to feel different about yourself/your child/being a parent?

Participants are informed before the interview begins that they are free to not answer all or any questions asked or to withdraw at any time

Give details of any other ethical issues which may arise from this project (e.g. secure storage of videos/recorded interviews/photos/completed questionnaires or special arrangements made for participants with special needs etc.):

Secure Storage of Data:

- All data which contains personal details such as names, telephone numbers, addresses and personal circumstances will be stored separately from questionnaires in a secure location at (County) County Council Offices in (Town).

- All recordings will be stored on a password protected computer at home with administrator only access to main and backup copies. Password enabled encryption will be used on the folder in which they are stored. No electronic audio data will be shared or distributed online or transported using USB sticks or other portable media. Recordings will be downloaded to a computer and deleted from the electronic recorder immediately after recording.

- Paper questionnaires will be available only to the researcher. Participants will be identified by codes which correspond with those allocated to participants on first data collection. This questionnaire data will be stored securely at my home in Exeter, which has two door, Chub locked entry and a burglar alarm

- All recordings will be stored on a password protected computer at home with administrator only access to main and backup copies. Password enabled encryption will be used on the folder in which they are stored. No electronic audio data will be shared or distributed online or transported using USB sticks or other portable media. Recordings will be downloaded to a computer and deleted from the electronic recorder immediately after recording.

Special Arrangements/Accessibility:

- All questionnaires will be administered as an interview and when asked to sign consent forms the researcher will ensure that the participant understands what they are signing and why. This will enable participants with learning or reading difficulties to participate.

- All interviews will take place at home, at an accessible children's centre or over the phone. Arrangements such as sign language interpretation or portable induction loops can be made, via the local authority, for participants with hearing impairments.

Give details of any exceptional factors, which may raise ethical issues (e.g. potential political or ideological conflicts which may pose danger or harm to participants):

- The main exceptional factor will be if, in the process of participating in the research, a parent discloses something which indicates risk of immediate or significant harm to a child. The research will then abide by Local Authority and South West Safeguarding and Child Protection Group (SWSCPG) guidance on child protection. SWSCPG guidance states:

    "If it is known or thought that a child has suffered, or is at risk of suffering, significant harm, child protection procedures must be implemented i.e. the Local Authority Designated Officer (LADO) must refer immediately to social care."

This form should now be printed out, signed by you on the first page and sent to your supervisor to sign. Your supervisor will forward this document to the School's **Research Support Office** for the Chair of the School's Ethics Committee to countersign. A unique approval reference will be added and this certificate will be returned to you to be included at the back of your dissertation/thesis.

N.B. You should not start the fieldwork part of the project until you have the signature of your supervisor

This project has been approved for the period: **until:**

By (above mentioned supervisor's signature):
………………………………………………**date:**…………………………

N.B. To Supervisor: Please ensure that ethical issues are addressed annually in your report and if any changes in the research occurs a further form is completed.

SELL unique approval reference:…………………………………………….

Signed:…………………………………………………………………..date:………………………..

Chair of the School's Ethics Committee

This form is available from   http://education.exeter.ac.uk/students/

Appendix X: Consent Forms

Consent Form for Main Cohort

Hello Parents

We are glad that you decided to come to Playing Up! We want to make sure that our course is helpful to parents. One of our Trainers is carrying out a research project to find out if Playing Up is helpful and how to improve it. To do this we need to collect information from parents before and after they come on the course.

We would like you to complete an optional questionnaire at the start and end of the course to find out:

Whether parents feel more confident and relaxed after coming on this course.

Whether children's behaviour changes after parents have been on this course.

Some of this information may also be used by one of our Trainers as part of their Doctorate research work with Exeter University. However, the information you give us is completely confidential, ONLY the trainers on this course who work for Somerset Early Years Psychology Service can see what you have said. We will NOT let anyone else know any information about you. All information collected will be destroyed after we have finished the research.

You do not have to agree to answer our questions. If you agree now, you can change your mind at any stage - just let us know and we will erase your record.

If you are happy for us to use this information as part of our research, please sign this form at the bottom. If you have any queries you can contact Geoff Morgan or Lynne Juniper at Somerset Educational Psychology Service on 01278 446 445.

Signature:.. Print Name:..

Telephone Number: .... Date:... .

Consent form for Interview

Ref No:

CONSENT FORM FOR INTERVIEWS

A Mixed Methods Investigation of Outcomes and Process in a Community Interactive Workshop for Parents.

Details of Project

I am a student at the University of Exeter and I'm completing research as part of a Doctorate in Educational, Child and Community Psychology. I am also working as a Trainee Educational Psychologist with Somerset County Council.

Somerset County Council needs to perform research to find out if what we are doing is helpful to parents and their children. Research like this will help us improve our work and continue to deliver programmes like this one.

This project is designed so that we can understand whether the Playing Up course is helpful to parents. We are also interested in what parents think of the training course.

I will be performing a short interview with parents who have completed the course to discuss their experiences. This will take about 20 minutes

You do not have to answer any questions or talk about anything you do not want to. You can also ask not to be part of the study at any time.

Contact Details

You can contact me or Lynne Juniper on the following number for any queries about the research: 01278 446 445

For written information about the research or copies of your interview data, please contact: Geoffrey Morgan, Graduate School of Education, University of Exeter, St Luke's Campus, Heavitree Road, Exeter, Devon, EX1 2LU, Tel: 00 44 (0) 1392 722 716. E mail: gjrm201@ex.ac.uk

If you have concerns/questions about the research you would like to discuss with someone else at the University, please contact Professor Brahm Norwich at the Graduate School of Education, University of Exeter St Luke's Campus, Heavitree Road, Exeter, Devon, EX1 2LU, Tel: 00 44 (0) 1392 722 716. E Mail: b.norwich@ex.ac.uk

Confidentiality

Interview tapes and transcripts will be held in confidence. They will not be used other than for the purposes described above and third parties will not be allowed access to them (except as may be required by the law). However, if you request it, you will be supplied with a copy of *your* interview transcript so that you can comment on and edit it as you see fit

(please give your email below). Your data will be held in accordance with the Data Protection Act it will be kept anonymous and destroyed after 3 years.

Anonymity
Interview data will be held and used on an anonymous basis, with no mention of your name, the area you live in or any other specific details which could identify you.

Consent
I voluntarily agree to participate and to the use of my data and information regarding my child for the purposes specified above. I can withdraw consent at any time by contacting the interviewers.

TICK HERE: **DATE**…………………………......

Note: Your contact details are kept separately from your interview data

Name of interviewee:...

Signature: ....

Email/phone:...

Signature of researcher………………………………………………..

2 copies to be signed by both interviewee and researcher, one kept by each

THANK YOU VERY MUCH FOR YOUR HELP

Appendix Y: Literature Review

This literature review has been marked and examined **separately** from the examination of this thesis. It is appended here for completeness and to give coherence to the whole thesis.

Literature Review

What is the Relationship between Behaviour Change and Distress for Adult Participants in Parenting Interventions?

<u>**Contents**</u>

1. Introduction

Challenging behaviour in children is a substantial concern to those working in education, health and public services (Steer, 2009). A young child who demonstrates unusually oppositional, destructive or aggressive behaviour is more likely to fail in school, engage in illegal activities, have disrupted peer relationships and mental health problems (Dretzke et al., 2005; Maughan, Rowe, Messer, Goodman, & Meltzer, 2004). By adulthood, in the UK the overall cost to services per child of clinically significant challenging behaviour to families and society is estimated to be ten times that of the average child (Dretzke et al., 2005). In economically disadvantaged areas as many as 20% of children meet the diagnostic criteria for conduct disorders (Maughan et al., 2004). In educational contexts, the vast majority of school exclusions are for disruptive or aggressive behaviour (Berridge, Brodie, Pitts, Porteous, & Tarling, 2001; Panayiotopoulos & Kerfoot, 2007). Statistics such as those mentioned have prompted a great deal of research into early intervention through parent training and parenting programmes.

Studies have also indicated that parenting programmes may also yield improvements in parental mental health (Barlow, Coren, & Stewart-Brown, 2005; Gross, Fogg and Tucker, 1995; Hutchings, Appleton, Smith, Lane, & Nash, 2002). This assignment is a review of research which explores the relationship between distress and behaviour change for parents who attend interventions to address their child's challenging behaviour.

After introducing terms and definitions and there will be a discussion of the theoretical background in parenting programmes. Secondly, this assignment will explore how the theories of parental distress relate to theories of behaviour change in parenting interventions. Finally, there will be a short discussion of additional implications for research and evidence based practice in Educational and Child Psychology.

2. Background

2.1. Challenging Behaviour in Young Children

Challenging behaviour in younger children is constructed or described in different ways through different contexts (Rutter, Giller, & Hagel, 1998). In education, the term behavioural emotional and social difficulties is often used to describe children who exhibit challenging behaviour (BESD Cooper, Smith, & Upton, 1994; Frederickson & Cline, 2002). Antisocial behaviour is a commonly used term across contexts (Baker, 2006). Within medical contexts an older child may receive a diagnosis of conduct disorder (CD), oppositional defiance disorder (ODD) (Carr, 1999) or, in severe cases, juvenile psychopathy (Saltaris, 2002). Externalising behaviour problems is a term which is also sometimes used when a child demonstrates frequent and sustained challenging, hyperactive or impulsive behaviour such as that demonstrated with a diagnosis of attention deficit hyperactivity disorder (ADHD; First, 2007). Psychologists often try and construct operational definitions of challenging behaviour by describing it in terms of specific behavioural categories such as aggression, defiance and destructiveness (Carr, 1999; Goodman, 2001; Tremblay, 2003). The relationships between these terms are often subtle and complex. For example, not all children defined as having behaviour, emotional and social difficulties will exhibit challenging behaviour but all children with a diagnosis of conduct problems would be defined as having BESD in an educational context.

Challenging behaviour in younger children is of particular interest because early extremes of defiance, destructiveness and aggression are associated with more severe and pervasive problem behaviour in later childhood (Bailey & Scott, 2000; Beauchaine, Webster-Stratton, & Reid, 2005; Nigg & Huang-Pollock, 2003). When clinically significant, such behaviours are often know as early onset conduct problems (Beauchaine et al., 2005). Without intervention as many as 40% of children with early behaviour problems will go on to show clinically significant antisocial behaviour (Maughan et al., 2004).

Many authors point out that definitions such as conduct disorder and challenging behaviour are problematic because their interpretation is dependent on those who define or diagnose and the

context or time in which the diagnosis takes place (Ritchie, 2007; Tremblay, 2003). Standardised measures such as the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997; Goodman & Scott, 1999) have attempted to construct statistical standards based on population frequency by defining problems in terms of the frequency and severity of specific behaviours. Nonetheless interpreting the frequency and severity of behaviours of this type are still potentially influenced by the observer's values, context and mental state (Ritchie, 2007).

2.2. Parental Distress and Child Behaviour Problems

Research has consistently indicated a relationship between challenging behaviour in children and parental distress or mental ill health (Barlow, Gross, Shaw, Molinanen, Dishion, & Wilson, Barlow et al., 2005; 2008; Lyons-Ruth, Alpern, & Repacholi, 1993). Studies suggest that child difficulties are also associated with low self-esteem, unhappiness, anxiety and stress in parents (Barlow et al., 2005). Mental health problems in parents are often more highly associated with antisocial traits in children than a range of other factors, such as socioeconomic status and family breakdown, in large epidemiological studies (Moran, Ford, Butler, & Goodman, 2008). Conversely, parental happiness is implicated in positive educational and social outcomes for children (Waylen & Stewart-Brown, 2010). Studies have also found a relationship between paternal depression and child behaviour problems when there is an established relationship between father and child (Gross et al., 2008). However, in the context of this assignment the term parent will refer to primary caregiver, which in most cases will be a child's mother (e.g. Markie-Dadds & Sanders, 2006).

Distress, in the context of this assignment, is defined as either difficulties commensurate with a medical diagnosis such as depression, anxiety, mental ill health or chronic stress or a consistent lack of perceived emotional well-being or subclinical difficulties. However, as with child behaviour problems, the terms depression, anxiety or stress could be used to describe difficulties which vary greatly from person to person in their causal factors, severity, impact, symptoms and frequency (Barlow et al., 2005; Hammen, 1997). Consequently, it is important to note that distress may be a

heterogeneous concept in the context of this study and may cover a significant level of variation in terms of severity, cause and affects on everyday behaviour.

The specific processes which influence the parent-child relationship are potentially complex and multifaceted. Several authors have cited parental distress as a cause of child behaviour problems and child behaviour problems as a possible cause of parental distress (Hutchings et al., 2002; Webster-Stratton, 1998). However, it is likely that the relationship is both bi-directional and influenced by external factors such as social support and family conflict (Gross et al., 2008). Theories in the field can be categorised into trait theories, attachment based theories, cognitive-behavioural or social learning and ecosystemic theories. They are described in more detail and in relation to parenting programmes in the next section.

2.3. Parenting Interventions

There are a number of parenting programmes available which are used for parentswho are experiencing difficulties with managing challenging behaviour in their young children . These programmes have yielded a range of research evidence for their efficacy in reducing conduct problems (Dretzke et al., 2005).

Authors describe two broad categories of parenting intervention; those based on social learning theories or behaviourist principles and those based on the parent-child relationship or attachment (Dretzke et al., 2005; Scott & Dadds, 2009). The two interventions which have been most strongly supported by methodologically rigorous studies are the Incredible Years intervention and Triple P which are considered to be based on social learning principles (Dretzke et al., 2005). However, it is possible that the pre-eminence of these programmes may, in part, be a function of the well structured and well funded research into them rather than their effectiveness.

The Incredible Years BASIC programme (Webster-Stratton, 2001) is a 12 week parenting course which has been adopted by a number of authorities in England and Wales. The programme is based

largely in theories of Social Learning (Scott & Dadds, 2009, p. 1441) teaching "interactive play... non-violent discipline techniques...logical and natural consequences and problem solving strategies" (Webster-Stratton, 2001, p. 35).

The "Standard" Positive Parenting Programme (Triple P) is a 10 session parenting programme. It was developed based on the social learning principles developed by researchers such as Patterson (1982) (Sanders, Markie-Dadds, & Turner, 2003). Controlled trials using Triple P have demonstrated significant differences between intervention conditions and control or placebo groups in ratings of child conduct problems suggestive of a reduction in challenging behaviour post intervention. Moreover, these differences have been sustained at 6 month follow up in several studies (Markie-Dadds & Sanders, 2006).

Other types of parenting programme have attachment based theoretical orientations and tend to focus on work with parents of younger children. For example, Mellow Parenting is a British programme which is delivered is designed to facilitate attachment between parents and their young children (Puckering, Evans, Maddox, Mills, & Cox, 1996; Puckering, Rogers, Mills, Cox, & Mattson-Graff, 1994). Unfortunately there are fewer studies which support the use of attachment based parenting programmes and studies available tend to be smaller and based on studies which are considered less methodologically sound (Dretzke et al., 2005).

Programmes vary in intensity and length from 8 to 24 weeks (Dretzke et al., 2005; Hutchings et al., 2002). The context and services through which programmes are delivered varies. Children's Centres, Community Organisations, Children and Adolescent Mental Health Services (CAMHS), Social Services, Charities and Educational Psychology Services (Broadhead, Hockday, Zahra, Francis, & Crichton, 2009; Dretzke et al., 2005; Scott & Dadds, 2009) are all involved in the delivery of parenting interventions.

Educational Psychology services have recently expressed increased interest in evidence based parenting interventions (e.g. Broadhead et al., 2009). Family based approaches may also correspond with an increased emphasis on systemic approaches to intervention which emphasise working to change systems around children to facilitate change (Norwich, 2005; Rees, 2008).

3. Parenting Interventions and Parental Distress

3.1. Parenting Programmes as a Means to Reduce Parental Distress

Studies have indicated that the Incredible Years Parenting programme is effective in reducing maternal symptoms of depression in addition to child behaviour problems (Barlow et al., 2005; D. Gross, et al., 1995; Hutchings et al., 2002; Stewart-Brown et al., 2004). Reduced anxiety has been found in some studies (Barlow et al., 2005). Other controlled trial research has indicated significant increases in self-esteem and well being in experimental groups (Barlow et al., 2005). However, some research has suggested that these improvements in maternal distress may not be sustained at 12 months following completion of training (Stewart-Brown et al., 2004).

Possible explanations or hypotheses as to the processes in parenting programmes which reduce parent distress can be categorised into those relating to attachment theory, cognitive social learning processes, systemic or ecological and processes. Explanations can also differ in the extent to which the changes in child behaviour and parent behaviour are interrelated. It is important to note that the various theories are not necessarily competing explanations for one phenomenon and, in addition, there is significant overlap between theoretical positions. It is likely that several factors will influence the problem and success factors in training depending on the individual's difficulties and circumstances (Scott & Dadds, 2009).

3.2. The Effects of Parental Distress on Behaviour Change in Parenting Programmes

Parental distress is also associated with engagement, attendance and success in parenting interventions. Studies consistently indicate that up to a third of parents attending interventions do

not complete them (Scott & Dadds, 2009). Studies also indicate that outcomes and probability of programme completion is reduced in parents experiencing depression (Scott & Dadds, 2009; Webster-Stratton & Herbert, 1992) and social isolation (Dadds & McHugh, 1992). It is worth noting, however, that social isolation may also be, in part, an effect of poor social skills in parents (Webster-Stratton, Reid, & Hammond, 2001). As with many of the factors there may be an interactive relationship between social problems and distress. Regardless of the causal process it is likely that distress will, in some cases, erode motivation towards behaviour change. As a result, the process is likely to be circular with reductions in parent distress being a success factor in parent training as much as an outcome (Kazdin, Whitley, & Marciano, 2006).

3.3. Trait Theories

The following deals with theories which may, in part, explain why some children are potentially more difficult to parent than others and how their behaviour may cause or exacerbate distress in parents. This is a controversial subject to some, who describe such thinking as a modern reinvention of religious discourses of original sin (De Zulueta, 1993). However, more recent research has a more sophisticated view of the relationship between traits and parental distress where parent behaviour in the form of "maltreatment" is thought to interact with genetic predispositions leading to challenging behaviour in children (Caspi et al., 2002, p. 851).

Early temperament has also been implicated as an interactive factor in the development of antisocial (Caspi, Henry, McGee, Moffitt, & Silva, 1995; Moffitt & Caspi, 2001). It is possible then that the stress of managing an infant with a difficult temperament can lead to or exacerbate distress or mental ill health in parents. Individual differences in cognitive function have also been implicated in the development of challenging behaviour. For example ability to plan (Hughes et al., 2000), central executive function (Nigg & Huang-Pollock, 2003) and cognitive difficulties (Tremblay & Craig, 1995). It is likely that genetic and other medical factors such as neurological injury are important in the development of cognitive abilities (e.g. Sternberg, 2005; Wagner, Katikaneni, Cox, & Ryan, 1998).

However, it is hard to ascertain the extent to which these individual differences are genetic, congenital or a result of disrupted attachment experiences (Byron & Sroufe, 1981; Lyons-Ruth et al., 1993), maladaptive social cognition (Criss, Pettit, Bates, Dodge, & Lapp, 2002) or reduced exposure to early learning through neglect or uninvolved parenting (Schonfeld, Shaffer, O'Connor, & Portnoy, 1988).

Understanding trait based explanations of children's behaviour may have some potential to reduce parental distress as part of a parenting programme. Understanding a diagnosis of ADHD, for example, may help a struggling parent gain an understanding of their child's erratic and unpredictable behaviour (Carr, 1999). It is possible that psycho-educational aspects of parenting interventions can provide an understanding that a child has a predisposition to difficult behaviour and appropriate behavioural strategies may help parents to manage behaviour which they find distressing (Carr, 1999).

A substantial critique of "medical" or endogenous models of disability and child behaviour are that they locate the problem within the child (Farrell & Venables, 2009, p. 121). Contrastingly, research associates challenging behaviour and conduct problems with social and familial factors more, perhaps, than any other child difficulty (Carr, 1999; Tremblay, 2003).   The aim of parenting interventions is to encourage parents to take control of their child's behaviour rather than to attribute it to inherent qualities of the child (Webster-Stratton, 2001). It is for this likely reason that trait based explanations are not discussed extensively in parent training literature. Moreover ideas of inherited traits or disabilities causing difficulties could have the potential reinforce ideas of helplessness which may exacerbate the relationship between parental distress and child behaviour (Hutchings et al., 2002). However, using reframing to develop an understanding that a child has an energetic nature, temperament or cognitive style may help parents develop a more tolerant view of their behaviour which may reduce coercive interactions (Glasser & Easley, 2007).

3.4. Attachment Theory

Attachment theory states the importance of the early attachment relationship in the subsequent development of child behavioural patterns (Ainsworth, 1979). Studies into early bonding between mother and child are potentially powerful in explaining how mothers experiencing distress are more likely to have children who exhibit challenging behaviours. There is also much evidence to support this idea which relates parental distress to under-responsive parenting. Firstly, studies indicate that children with behaviour problems are more likely to have had mothers who experienced post-natal depression (Murray et al., 1999) or exhibit disorganised attachment behaviour (Lyons-Ruth et al., 1993; Rutter, 1979). Secondly, challenging behaviour is common in children who have been adopted and fostered due to neglect or abuse, even at a young age (Hughes, 1997).

Attachment theory has been very influential within the study of both adult distress (see Hammen, 1997) and challenging child behaviour (Lyons-Ruth et al., 1993). Attachment theory within parent training has received less academic focus than social learning or cognitive behavioural processes (Dretzke et al., 2005; Scott & Dadds, 2009). This is possibly because attachment processes and working models are less tangible and easy to standardise in terms of observable behaviour (Scott & Dadds, 2009).

There are a few possible important critiques of attachment theory within parenting courses, firstly, a severely disrupted early bond and neglect or abuse have wide potential consequences around cognitive development and behavioural regulation which are more diffuse than working models of attachment (Lewis, Armini, & Lannon, 2000). This may mean that the functional cause of the behavioural problem is not purely the working model per se but the difficulties with planning and behavioural regulation (Hughes et al., 2000). A second possible criticism of attachment theory in this context is the apparent hypothesis that the outcome is more a product of the caregiver's behaviour towards the child than vice versa (Lyons-Ruth et al., 1993). Another explanation is that mothers have difficulty bonding with children with difficult temperaments and the early attachment difficulty is an effect of child behaviour rather than a cause. Although research in this field does not support

the idea that attachment bonds are an effect of child temperament (Bokhorst et al., 2003; Sroufe, 1985), it is possible, however, that child temperament may be an interactive factor in the development of an attachment bond between distressed parent and child (Kochanska, 1995).

A final difficulty with assessing the role of attachment classification in the development of child behaviour problems is the methodological limitations of scientific research into attachment style. Attachment behaviour and Working Models are difficult to observe and standardise due to the complicated and sometimes paradoxical relationship between internal process and behaviour (Hughes, 1997; Scott & Dadds, 2009). This difficulty in quantifying and standardising attachment relationships may, in part, account for the dominance of social learning theories in research into parenting interventions. Social learning approaches may benefit from the behaviourist orientations and reliance on standardised self-report measures and observations.

Theories of attachment tend to identify parental distress as a cause of child behaviour problems. Consequently the role of the parenting course would be, in part, to improve parental well being through social support and therapeutic interventions which would then result in an improvement in adult responsiveness to the child (Puckering et al., 1996). It is possible then that training which focuses more on facilitating developmental attachment is more appropriate for parents facing more substantial social and psychological difficulties (Puckering et al., 1994).

It is easier to conceptualise the role of increased parental well-being in increased parent-child attachment than the role of attachment processes in increased parental well-being. It may be, however, that improved relationships between the mother and child resulting from implemented attachment strategies may also lead to a greater enjoyment of parenting (Puckering et al., 1996).

The relationship with the trainer may be important in modelling trusting and attached interactions, particularly those parents who themselves exhibit ambivalent or disorganised attachment behaviours (Scott & Dadds, 2009). Some of the skills in maintaining relationships with trainees are

likely to be drawn from psychotherapeutic clinical techniques (Kazdin et al., 2006; Scott & Dadds, 2009). To some extent the attachment processes which occur within intensive training may then translate to a more responsive parenting style through social cognitive processes such as modelling (Scott & Dadds, 2009).

Theories around attribution and cognitive style which are discussed in the next section have the potential to complement attachment as a means to understanding how parents benefit from changes in the relationship between themselves and the child. It is also important to note that, just because a programme is not theoretically rooted in parent-child attachment does not mean that processes and understandings relevant to attachment are not applied in those interventions (Scott & Dadds, 2009).

3.5. Cognitive, Behavioural and Social Learning Theories

The term social learning includes a wide range of ideas from a wide range of theoretical literature. One of the most influential theorists in this area is Patterson (1982) who described the hostile and coercive patterns of interaction that can take place between parent and child. These processes involve using harsh and inconsistent punishments and infrequent or inappropriate rewards. These theories were strongly influenced by behaviourism and ideas around conditioning. Social learning theories are also influential in understanding how parental distress influences child behaviour problems (Hutchings et al., 2002) and vice versa. Detailed below are a range of cognitive behavioural and social learning approaches to understanding parent distress in relation to child behaviour problems and parent training.

"Operant behaviourism" has been considered an important approach in understanding and changing the relationship between parental distress and child behaviour problems (Scott & Dadds, 2009, p. 1442). It is a well established hypothesis that when a parent is struggling to cope they may inadvertently reward a child for tantrums or violence through negative attention or capitulation

(Patterson, 1982). Another explanation is that unpredictable, coercive and erratic responses lead to a child becoming insensitive to punishment (Dadds & Salmon, 2003; de Haan, Prinzie, & Dekovic, 2009). Studies suggest that unpredictable and erratic punishment leads animals to become unresponsive to conditioning (Seligman, 1972). Studies also consistently indicate that harsh and inconsistent discipline is implicated in the development of child behaviour problems (Weiss, Dodge, Bates, & Pettit, 1992). Moreover, recent research indicates that a child's personality adapts proportionally to harsh, reactive punishment over time (de Haan et al., 2009).

Accordingly, behaviourist thinking has been highly influential in the development of parenting programmes (Scott & Dadds, 2009; Scott, Spender, Doolan, Jacobs, & Aspland, 2001). Many programmes are structured by providing rewards for desirable behaviour and sanctions for undesirable behaviour, usually in the form of time outs (Sanders et al., 2003; Webster-Stratton, 2001). Behavioural approaches with reward have the benefit of being relatively clear to implement and understand for a motivated parent and are likely to yield immediate changes in child behaviour (Webster-Stratton, 2001). However, several possible critiques have emerged from behavioural parent training methods which are relevant to how they may influence parental distress. Firstly, theories of motivation indicate that reward and punishment are less effective in their capacity and longevity as motivators than other factors such as relatedness to (e.g. does this benefit people I care about) and interest in the task (Ryan & Deci, 2000). It is possible then, that changes in child behaviour resulting from behavioural approaches, such as increased compliance, are not sustained in the years following parenting intervention as rewards and sanctions lose their effectiveness. Accordingly, parental difficulties may increase as children revert to patterns of challenging behaviour which lead to the parent feeling overwhelmed or ineffective. This is evidenced by more long term assessments of parental well being which indicate changes may not be sustained following some forms of parent training (Stewart-Brown et al., 2004). A second concern is that children with difficulties around attachment may perceive time outs and ignoring as threatening forms of rejection which may exacerbate disorganised or negative attachment seeking behaviour over time (Glasser &

Easley, 2007; Hughes, 1997). Moreover, in children with severe attachment difficulties, attention may not be effective as a reward (Scott & Dadds, 2009).

Given the effectiveness of behaviourist techniques in the short to medium term, it is easy to view the role of the parenting programme as leading to changes in parenting reward and sanction behaviours which lead to improved child behaviour and consequent well-being benefits for the parent. However theories around learned helplessness detailed below are useful in clarifying how the dyad or relationship is both affected by and exacerbates pre-existing distress in the parent.

Learned helplessness (Alloy & Abramson, 1980; Seligman, 1972) has become a popular and useful theory in this field because it has the capacity to explain how depression can lead to behaviour problems in children and how behaviour problems in children can perpetuate distress in parents (Hutchings et al., 2002). Researchers were able to demonstrate that animals who were exposed to repeated aversive negative stimuli which they were unable to avoid or predict would cease to avoid aversive stimuli and demonstrate depressed behaviour (Seligman & Groves, 1970). This concept has been extended to humans as a means to explain the origins of depression in humans (Alloy & Abramson, 1980). Certainly, resignation and non-intervention are common features in both people with depression and parents who have children which demonstrate challenging behaviour (Jones & Prinz, 2005).

The theories of learned helplessness (Seligman, 1972) and self efficacy (Bandura, 1982) which is, perhaps, the cognitive inverse of helplessness has allowed researchers in the field to construct explanations of how child behaviour and parental distress develop into an interactive pattern (Jones & Prinz, 2005). A mother having difficulties with modifying her child's difficult behaviour and experiencing depression may be more likely to develop feel helpless and cease trying to modify a child's difficult behaviour. Consequently, the child's behaviour may become more difficult and the mother could develop a more helpless cognitive style or more ineffective and hostile forms of discipline which in turn exacerbates feelings of helplessness (Stewart-Brown et al., 2004). This could

lead to a helpless interactional style (maybe he'll stop having a tantrum if I give him something/ he's a difficult child, there's nothing I can do). The former rewards negative behaviour and the latter means that there are no consequences to negative behaviour (Patterson, 1982).

One of the key features of parent training programmes is "forced exposure to success" (Scott & Dadds, 2009, p. 1442; Webster-Stratton & Herbert, 1992) which constructs situations where parents are able to positively appraise their own successes. This ability to gain success under training conditions is likely to ameliorate the patterns of learned helplessness in adult behaviour. By systematically working to change a social process which is causal in the development of a helpless cognitive style, it is possible that, in some cases, parent training may be as effective than cognitive therapy in ameliorating distress (Verduyn, Barrowclough, Roberts, Tarrier, & Harrington, 2003).

Negative attributions are implicated in both depression (Seligman, Abramson, Semmel, & von-Baeyer, 1979) and the development of child behaviour problems (Crick & Dodge, 1994; Dodge & Frame, 1982). Cognitive theories of depression also describe a person's tendency to attribute negative events to internal stable characteristics and positive events to external unstable events (Alloy & Abramson, 1980). Several authors have observed that depressed parents develop hostile relationships with their children by attributing them with stable and pervasive negative characteristics (Dodge, 2006; Nix et al., 1999). This cognitive style could lead to parents attributing positive behaviour in the child to external, unstable factors (he was good because I gave him sweets) and negative behaviour in the child to internal stable child characteristics (he's a difficult child). This, in turn, could influence a disorganised attachment style where a child learns to use aggression, defiance or destructiveness as maladaptive attachment seeking behaviour (Scott & Dadds, 2009). It is likely that being able to think more positively about a child's behaviour is likely to be beneficial to a parent experiencing significant distress. The process of reframing and critically evaluating attributions is also commonly applied in cognitive behaviour therapy (Beck, 1991); perhaps

developing this habit in relation to children also invites parents to reappraise their own negative attributions about themselves and other people.

3.6. Social, Ecological and Systemic Theories

The social theories, in the context of this assignment refer to ideas around distress which place the causes, at least in part, in the social relationships around the parent or family (Bronfenbrenner, 1979; Levine & Perkins, 1997; Minuchin, 1985). There is good evidence that social difficulties have the potential to influence both distress in adults and challenging behaviour in children. Epidemological studies into depression indicate an important role for a lack of social support in the development of mental ill health (Bifulco, Brown, Moran, Ball, & Campbell, 1998; Brown & Harris, 1978). Challenging behaviour in children may also be exacerbated independently by social isolation (Pettit, Bates, & Dodge, 1997), poverty (Petterson & Burke Albers, 2001), family conflict or violence (Criss et al., 2002), parental imprisonment (Murray & Farrington, 2005) and community factors such as high levels of local violence (Guerra, Huesmann, & Spindler, 2003).

Accordingly, parenting interventions may affect relationships outside of the relationship with the children identified as having a behaviour problem (Scott & Dadds, 2009). The idea is that changes in socially supportive relationships which occur as a result of attending parent training courses are likely to yield benefits to parents (Sanders et al., 2003). This is likely given the strong evidence that resilience to distress is, in part, a determinant of social support under adverse circumstances (Brown & Harris, 1978). A child who is exhibiting challenging behaviour could be defined as an adverse circumstance which, combined with other social factors could engender depression or distress in the parent.

The additional social support provided by the group may lead to improvements in parental distress and child behaviour independently (Markie-Dadds & Sanders, 2006; Sanders et al., 2003). Limited research into interventions which have attempted to increase the levels of social support offered to

parents attending parent training have yielded inconclusive results (Dadds & McHugh, 1992). However, the same study indicated that pre-existing social support was predictive of attendance and success in parenting interventions. Moreover, there are substantial methodological difficulties in assessing the effects of changes in social relationships as a result of attending a parenting course (Dadds & McHugh, 1992). Studies suggest that measures of social support often fail to account for changes in social context due to their reliance on perceptions of how supported they feel rather than real social changes (Leavy, 1983).

Social relationships within intervention groups are likely to differ greatly depending on the makeup and context of the group and the facilitation skills of the trainer (Scott & Dadds, 2009). Descriptions of the standard Triple P Programme appear to place a greater emphasis on social facilitation between group members (Sanders et al., 2003) than with some other parenting programmes. Literature comparing differences between these interventions appears to indicate more favourable results for the Incredible Years programme although only child outcomes and dropout rates were cited (Dretzke et al., 2005). However, a theoretical emphasis on social facilitation within the programme may not necessarily equate to a more social group intervention in practice with social behaviour of the group being influenced by factors that may be largely uninfluenced by the programme structure or outside the control of the trainer.

Child behaviour is likely to be a significant cause of marital and familial stress (Criss et al., 2002). Conversely family systems theories often highlight the potential for parents to use identified problems among children to sustain or postpone addressing problems in adult relationships (Minuchin, 1985). It is possible then that changes in child behaviour lead to improvements in family relationships which may have effects in reducing parental distress.

Finally, it is possible that improvements in child behaviour may encourage parents to seek more social opportunities elsewhere. To some extent, challenging child behaviour could be a cause of

social isolation and may influence relationships with other parents. Relatives, friends and babysitters may also be reluctant to care for children who exhibit aggressive or challenging behaviour.

4. Practical Issues in the Delivery of Parent Training

Processes around parental referral and involvement in parent training are perhaps the least explored yet possibly among the most influential success factors in parent training (Kazdin et al., 2006). For example, programmes which are based on self-referral may have parents who are more co-operative but whose difficulties are less pronounced (Hutchings et al., 2002). However, it is also possible that distressed parents who self-refer may also have unrealistically negative perceptions of their children's behaviour. Consequently, discussions with other parents and changes in expectations may lead to both improved parent well-being and perceptions of child behaviour.

There may also be a significant difference in attitude, approach and background between, for example, a parent who has self-referred because they are having difficulty with aspects of parenting to a parent who has been referred by mental health services due to third party observations of severe challenging behaviour. Additionally, it is possible for a parent to be encouraged or compelled to attend a parenting course as part of a child protection programme or Anti Social Behaviour Order (Prior & Paris, 2005). Such parents may be less co-operative and yet have the greatest level of difficulty, how they then go on to perceive the training may be key and this may relate to trainer skill in working with distressed client groups (Kazdin et al., 2006; Scott & Dadds, 2009; Webster-Stratton & Herbert, 1992).

Factors relating to the organisations which deliver the training are likely to impact how the training is perceived (Stewart-Brown et al., 2004). This assignment is concerned with relating theory to parenting courses which are delivered by educational psychology services. This may be through, for example, children's centres (Fox, Dunlap, & Cushing, 2002) or extended schools services (Broadhead et al., 2009). It is unclear, for example, to what extent could the association with education services

affect a parent's confidence or engagement with a parenting intervention? Certainly qualitative studies indicate that parents who have had poor educational experiences are often reluctant to engage with school based services (Desforges & Abouchaar, 2003).

It is possible that relationships with the trainer offering the programme are important to potential therapeutic outcomes for both parent and child (Kazdin et al., 2006). Scott and Dadds (2009) state the importance of therapist skill and experience in ensuring that parents remain in the programme and achieve the consequent benefits. They describe psychological techniques which could be used by skilled practitioners to improve motivation such as shared empowerment (Kazdin et al., 2006) or motivational interviewing (Scott & Dadds, 2009). Literature in Psychotherapy and clinical psychology states the importance of the "therapeutic alliance" in ensuring change and managing resistance for parents with children with behaviour problems and for adults with mental health difficulties (Kazdin et al., 2006). Again there is very limited research which identifies the factors which influence trainer success in improved child or parent outcomes from parenting interventions. However, some of the literature based on practice in family systems therapy may be of use to practitioners working in parent training (Scott & Dadds, 2009; Webster-Stratton & Herbert, 1992).

Issues around programme fidelity are also considered a substantial factor in evaluating research into parenting interventions. Some authors describe, in their methodologies, measures which have been used to ensure programme fidelity such as additional training in methods of delivery and observations of the training by research staff (Hutchings et al., 2007). Limited qualitative data and lack of description of programme fidelity measures in many studies mean that the reader is unable to evaluate whether the programme has been delivered consistently. This leaves open the possibility that results in some programmes may be more strongly influenced by other factors such as practitioner skill and group behaviour rather than the programme content.

5. Implications for Research

Most or all of the theoretical perspectives described may be valid to a greater or lesser extent in understanding the relationship between parental distress and parenting programmes. It is likely that understanding which specific processes are at work for parents will be useful for practitioners in delivering more effective parenting programmes. However, there is little in the way of research into the delivery of parenting courses which identifies which approaches can be employed to maximise engagement and reduce distress for participants (Scott & Dadds, 2009).

One important critique of well cited research in the scientific tradition and, in particular, the social learning perspectives is that research into outcomes using standardised measures requires the researcher to infer the underlying processes which lead to reduced parental distress and child behaviour. Scott and Dadds (2009, p. 1443) describe this as the "black box." There are some qualitative studies into parent training using, for example, single case study (Puckering et al., 1996) or semi structured interview (Stewart-Brown et al., 2004). However, qualitative approaches to understanding appear to be less influential in this field.

Qualitative research has been used extensively to understand social processes and events (Charmaz, 2006; Creswell, 2007; Strauss & Corbin, 1990). Inductive methodologies such as grounded theory have been used to explore psychotherapeutic and personal change processes through personal accounts (McLeod, 2001; Strauss & Corbin, 1990). Moreover, the use of standardised measures not only limits the capacity of the researcher to generate theory but also reduces the power of participants to describe their experience (McLeod, 2001). One of the key disadvantages of qualitative research in relation to understanding what is happening in parenting programmes is that findings based on personal accounts may be considered unreliable in a field strongly influenced by a more scientific tradition of research (McLeod, 2001). Conversely and, to complicate matters further, many in the qualitative research tradition may argue that true external validation is not possible and one is only capable of understanding individual constructions of reality (Charmaz, 2006). However, for a study which evaluates psychological approaches borne out of the scientific

traditions of external validity, the researcher will probably benefit from ensuring that the described changes are validated using standardised constructs (Creswell, 2007; Mertens, 2010). It is for that reason that research which encompasses mixed methods may be useful, relating the deduced, observable processes to inductive reasoning based on the participant's description of events (Mertens, 2010).

Another important avenue for research in relation to parenting interventions relates to the services in which they are delivered. Most of the research which indicates reductions in caregiver distress was undertaken in parenting programmes delivered through CAMHS Services by Clinical Psychologists (e.g. Hutchings et al., 2002). Consequently, it may be of interest to examine whether the benefits to parents are apparent in interventions delivered by educational psychologists who may have less structured training or experience in clinical work with distressed adults.

6. Implications for Practice

Validated mixed-methods research has the potential to identify what methods and practitioner behaviours are likely to ensure parental engagement and decrease parental distress. Research which triangulates quantitative and qualitative data has, if considered to meet certain requirements of validity (Mertens, 2010), the potential to help practitioners understand processes which lead to greater improvements in parental well being and engagement. Studies could inform more effective practice in parenting programmes working to reduce difficulties in educational contexts.

Following the development of the Every Child Matters Agenda (DCSF, 2009) working jointly with other agencies to alleviate difficulties with children and families may be an increasing feature of the work of educational psychologists (Norwich, 2005). Additionally, working to facilitate changes in systems around children is becoming an increasing method of intervention used by educational psychologists (Norwich, 2005; Thomas, 2009). Finally, recent government inquiries have called for

educational services to work more effectively with parents and families (DCSF, 2009; Lamb, 2009).

These changes to the professional agenda combined with a wealth of evidence linking parental

distress and child behaviour problems are likely to mean a greater role for the educational

psychologist in working with distressed parents.

7. Conclusion

The established literature indicates that parent training has the potential to elicit changes for both

parents and children through a range of approaches working to address different systems at the

individual, child, parent-child relationship, family and community level. Accordingly, parenting

programmes are often based on methods that consider a range of approaches. However there is a

lack of research which explores links between the specific parent training activities and outcomes for

parents. Moreover, there is limited research into parental outcomes through training delivered by

organisations outside of health services. More detailed research is required to understand how

these processes work in practice on an individual, group and community level to ensure that the

delivery of parenting interventions ensures maximum efficacy in facilitating change for parents.

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