The role of positive emotions within parenting interventions as part of therapeutic change

A Thesis submitted to the University of Manchester for the degree of Doctor of Clinical Psychology in the Faculty of Medical and Human Sciences

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Abstract

Parenting and Positive Emotions

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This thesis has considered findings from evaluations of parenting programmes which have traditionally used outcome measures of negative affect and behaviour to measure change. Drawing on the considerable body of research on parenting programmes and their theoretical basis Paper 1 advances a line of argument about the potential for incorporating measures developed from research in the area of positive psychology. Extending outcomes of interest to incorporate measures of positive affect, attitudes and behaviour has the potential to contribute to our understanding of the mechanisms of change. No studies of parenting programmes using positive outcome measures were identified. Paper 1 concludes that future research of parenting programmes could begin to investigate the role of positive emotions as mechanisms of change.

Paper 2 aimed to examine session-by-session changes in gratitude, positive and negative affect, satisfaction, authenticity, self-efficacy, defeat and entrapment in parents attending a Triple P Positive Parenting program. This study found that entrapment had a significant concurrent relationship with gratitude, negative and positive affect, authenticity, and satisfaction with life. Entrapment was also found to be a significant predictor of session by session change with lower levels of entrapment predicting increases in gratitude, negative and positive affect, and satisfaction. The study concludes that reductions in entrapment are a significant predictor of increases in positive affect and attitudes in carers attending a parenting programme.

Paper 3 is a critical reflection and considers both Paper 1 and Paper 2. Within this paper the approaches used, the challenges encountered, and future research are considered.

Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university of other institute of learning.

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Dedication

Love and thanks to Tim, Harry, Brenda, Styx, Gilly, Jane and Rachel.

Introduction to Paper I

Paper 1 is an invited chapter in a book entitled 'Positive Clinical Psychology: An Integrative Approach to Studying and Improving Well-being' edited by Professor Alex Wood. It has been written in accordance with the author guidelines (Appendix 1). The authorship is as follows Macdonald, W., Calam, R., & Wood, A. (2013).

Evaluations of parenting programmes have used reduction in negative affect and behaviours (in parents and children) as outcome measures. This paper argues that future evaluations of parenting programmes could draw on the field of Positive Psychology. Measuring change in positive affect, attitudes and behaviour could contribute to our understanding of the mechanisms of change which underpin parenting programmes. This novel argument will be of interest to a broad range of academics, clinicians and policy makers. Systematic searches failed to yield existing studies employing measures of positive outcomes. The paper draws on research on parenting programmes and positive psychology to offer an argument for a consideration of these factors in future research.

Paper 1

Reasons to be cheerful: what can positive psychology offer parenting interventions?

Invited chapter in 'Positive Clinical Psychology: An Integrative Approach to Studying and Improving Well-being'

Word count: 7,262 (excluding abstract and references)

Abstract

There is a considerable body of literature which provides evidence of the effectiveness of parenting interventions. The theoretical underpinnings of the interventions are generally based on social learning principles and techniques from cognitive therapy along with principles of operant and classical learning. Programmes based on operant learning theory involve teaching the techniques of positive and negative reinforcement to parents, helping them to focus on their child's positive behaviour and ignoring or introducing consequences for negative behaviour. In evaluating these interventions, reductions in negative affect and behaviour have typically been measured, but there is a paucity of literature evaluating positive changes in measuring the efficacy of parenting programmes. Drawing on the positive psychology literature, this paper argues for the inclusion of measures of change in positive aspects of mood and functioning in order to increase our understanding of the mechanisms of change which operate in parenting programmes. Further, it is argued that a focus on the positive may be a welcome respite for families who present with considerable challenges. For these families a celebration of familial strengths and positive attributes by professionals is likely to be a rare experience. Theories from the field of positive psychology argue that positive emotions broaden momentary thought-action repertoires and lead to an expansion of positive affect and associated behaviours. The co-occurrence of these, within the context of safe relationships, broadens modes of thinking and acting leading to an accrual of personal resources and carries long term benefits, including resilience. Aligning parenting interventions with some of the theories and findings from the field of positive psychology could be a rich area for future research.

Reasons to be cheerful: what can positive psychology offer parenting interventions?

In this paper, we present a selective narrative review of literature, drawing on 110 papers in the fields of parenting intervention and positive psychology to advance an argument for the consideration of positive psychology theories and the use of positive outcome measures in parenting intervention research. Drawing on taxonomy of literature reviews (Cooper, 2003) the focus of this review is to draw together evidence for parenting interventions and positive psychology. The goal is to build a bridge between the two bodies of literature and to attempt to link research that has previously appeared relatively unrelated. The perspective is to argue for a consideration of the way in which the two literatures could benefit one another. The coverage is not exhaustive but seeks to represent a balanced and critical view of the literature. It is organised as a conceptual argument. Finally it is intended for practitioners and researchers evaluating parenting programmes (Cooper, 2003). As will be seen later in this paper in the section on outcome measures systematic searches failed to yield parenting intervention studies using positive outcome measures. It is acknowledged we cannot conclude that studies have not used positive outcome measures as the searches may have failed to capture relevant research. This paper does not present an exhaustive review of the parenting and positive psychology literatures as they are both very considerable. The studies presented illustrate some support for and against both fields and this paper suggests ways in which bringing them together might benefit both, in particular parenting programmes, and specifically the parents who participate in such interventions.

This paper will propose that parents who attend parenting programmes become more confident in acquiring and exercising effective parenting skills and this confidence can lead to increases in positive emotions. Drawing on theories from the field of positive psychology, this paper will argue that an increase in positive emotions can in turn produce novel and broad-ranging thoughts and actions (Fredrickson, 2004), from which parents could build lasting resources, which may lead to sustained improvements in functioning within and outside the family unit. Little research has been conducted using measures of positive emotion in evaluations of parenting programmes. This is a significant omission, because these interventions have always focused inherently on building on the positive as well as alleviating the negative, although parenting programmes have not previously

been systematically considered in this light. It is suggested that in order to understand more about the mechanisms which underpin the efficacy of parenting programmes, outcome measures of positive emotions should be incorporated. Evidence from parenting interventions, the gaps in our knowledge about positive outcomes for parents and theories from the field of positive psychology will be drawn on to support this proposal.

Parenting interventions and evidence

Parenting interventions based on social learning theory have demonstrated the ability to bring about improvement in the adjustment of children with behavioural difficulties (Barlow, Parsons, & Stewart-Brown, 2005; Bayer et al., 2009). In parallel with these changes, mothers report increases in perceived competence in the parenting role and reductions in symptoms of depressed mood (Barlow, & Coren, 2001). These approaches have been widely adopted in a number of countries, so that, with significant investment in developing services focussed on improving parenting (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009), large numbers of families now have access to evidence-based parenting interventions. A number of parenting programmes based on social learning theory have significant track records reflected in the many publications documenting randomised controlled trials demonstrating their effectiveness in bringing about change in problem behaviours; for example, the Triple P Positive Parenting Program (Sanders, 1999; Tellegen & Sanders, 2013; Wilson et al., 2012), the Incredible Years programme (Barlow, & Coren, 2002; Reid, Webster-Stratton, & Baydar, 2004), and parenting programmes more generally (Gardner, 2012; O'Brien & Daley, 2011).

There is substantial evidence that these programmes produce immediate improvements in parenting practices and child behaviour post intervention (Reid et al., 2004) and in the longer term (Sanders, Bor & Morawska, 2007). A number of trials also report improvements in maternal well-being (Sonuga-Barke, Daley, Thompson, Laver-Bradbury, & Weeks, 2001), stress and depression (Hutchings, Bywater, et al., 2007) and reductions in parental conflict (Morawska & Sanders, 2006). A Cochrane review found group-based programmes improved child behaviour problems and the development of positive parenting skills in the short-term, whilst also reducing parental anxiety,

stress and depression (Furlong et al., 2012). In addition, it is argued that parenting programmes achieve good results at relatively modest costs when compared with the long-term social, educational and legal costs associated with childhood conduct problems (Furlong et al., 2012). These studies have demonstrated a reduction in negative emotions and behaviours but, despite the interventions' focus on the positive with parents, little is known about positive changes.

One piece of external validation for the potential for parent training to bring about significant change in parenting behaviour comes from the implementation of a community-level parenting intervention in the Triple P System Population Trial in South Carolina (Prinz et al., 2009). Triple P is a multilevel parenting programme with five different levels of intervention intensity tailored to the differing levels of support parents require. The rationale for this tiered approach is that children have differing levels of behavioural disturbance and dysfunction, and parents have different requirements regarding the type, intensity, and mode of assistance they require (Sanders, 1999; Sanders, Baker, & Turner, 2012; Sanders, Baker, & Turner, 2008). A design using randomisation at the level of county (Prinz et al., 2009) found that independent, external, state and agency indicators showed significant reductions in recorded cases of mal-treatment, emergency room visits and out of home placement in counties implementing the Triple P system. These external indicators showed that, in accordance with ratings provided by the parents themselves, important, observable reductions had taken place in key risk indicators in families in the communities where Triple P was implemented. A population trial conducted in Brisbane demonstrated significantly greater reductions in the number of children with clinically elevated and borderline behavioural problems and parents reported a reduction in depression, stress and coercive parenting (Sanders et al., 2008). An evaluation of Triple P delivered as a general behavioural intervention programme found improvements in parent-reported child behaviour and reduction in coercive parenting (Zubrick et al., 2005).

Most studies evaluating Triple P have focused on the more intensive levels of intervention (de Graaf, Speetjens, Smit, de Wolff, & Tavecchio, 2008a, 2008b; Nowak & Heinrichs, 2008; Thomas & Zimmer-Gembeck, 2007), fewer studies have examined the efficacy of brief parenting interventions. There is some evidence that minimal interventions, either in time, or degree of professional

involvement, can bring about change in child behaviour and parenting practices with gains maintained at 6 months (Turner & Sanders, 2006). In a study of self-directed Triple P, mothers in the self-directed group reported significantly fewer child behaviour problems, less use of dysfunctional discipline strategies, and greater parenting competence than mothers in the waiting list group (Sanders, Markie-Dadds, Tully, & Bor, 2000). A brief primary care intervention for parents of children with disruptive behaviour found significant reductions in intensity and frequency of disruptive behaviour in the child and increases in task specific parental self-efficacy. Improvements were maintained at 4-month follow-up. Although the study was delivered to a small number of parents (9 families) these findings are promising because they indicate that significant and meaningful changes can be achieved with relatively low-level intervention.

Parenting programmes appear to be effective and the development of them has well-defined theoretical underpinnings. It would also appear that minimal interventions may be efficacious. However, research is needed to examine in greater detail what aspects of the programmes are necessary and essential to bring about change and a better understanding of the mechanisms that give rise to improvements. In particular, developing research which explores positive changes might lead to greater understanding of the breadth and extent of the contribution such programmes make to the participants, children and families and may also serve to extend their effectiveness.

How parenting programmes might work

Behavioural and cognitive-behavioural parenting interventions incorporate social learning principles and techniques from cognitive therapy along with principles of operant and classical learning. Programmes based on operant learning theory involve teaching the techniques of positive and negative reinforcement to parents, helping them to focus on their child's positive behaviour and ignoring or introducing consequences for negative behaviour (Webster-Stratton, 1998). Social learning theory argues that children learn how to behave by imitating the behaviour of others in their environment and if this behaviour is reinforced it is more likely to be repeated (Bandura, 1986). Although delivery varies between programmes, role-modelling and support is also provided by facilitators and other parents (Sanders, & McFarland, 2000). The cognitive components of

parenting interventions focus on problematic thinking patterns and aim to help parents to learn how to reframe distorted cognitions or misattributions and to coach them in anger management and problem-solving techniques (Webster-Stratton, & Hancock, 1998). Whilst the focus of the interventions is on problematic thinking and behaviour, a shift in emphasis to include an explicit concentration on existing strengths and skill in the family could be a fruitful area of exploration. This could be aligned with appropriate measures to assess the impact of valuing the positive attributes parents and children bring with them to these interventions. For families who come to these programmes with a background of difficulty and dysfunction, praise and positive affirmations may have been a rare experience and are prized and valued as a consequence. A systematic review and synthesis of qualitative studies of parents' experience and perceptions of parenting programmes for children with conduct disorder found that parents valued non-judgemental support from professionals. Many had evaluated their parenting skills as poor and reported feelings of social isolation and stigma. After the programmes the parents reported an attitude shift from needing to apportion blame (to themselves) to increased understanding in managing problems and reduction in guilt (Kane, Wood, & Barlow, 2007).

While research has suggested that socio-economic factors and implementation fidelity may be moderators of outcome (Lundahl, Risser, & Lovejoy, 2006), a Cochrane review of group-based parenting interventions based on social learning theory for children aged between 3 and 12 found that parenting programmes appear to be effective regardless of socio-economic status, trial setting, and severity of conduct problems at baseline (Furlong et al., 2012). They also found that treatment fidelity appears to be an important component in clinical effectiveness. There is increasing evidence that another important mechanism of change might be alterations in parenting skills as a predictor of child problem behaviour outcome (Gardner, Hutchings, Bywater, & Whitaker, 2010). One study of a parenting programme (Barlow, & Stewart-Brown, 2001) found that parents benefited by improving mutual support, helping parents to regain a sense of control and taking time to self-nurture, normalizing of problems, increasing their ability to cope in a calm way, increasing their practical skills, improving their relationship with their child and increasing their empathy and emotional understanding. Other qualitative studies have also highlighted the increased parental social support and confidence that comes from the sharing of problems within a group context

(Furlong & McGilloway, 2012; Patterson, Mockford, & Stewart-Brown, 2005). It is clear that more needs to be known about mediators and moderators of parenting programmes as this would enable the design and delivery of programmes to be more precisely targeted.

Outcome measures: using measurement to affirm positive change

A significant gap in our understanding of the mechanisms underpinning changes in carers who attend parenting programmes relates to the outcome measures used in the research studies. High quality parenting programmes all use measurement from recruitment, and at intervals thereafter, to check for change in participants. Most use some form of child behaviour measure (reduction in unwanted/problem behaviours) amongst a variety of other measures (Furlong et al., 2012). Whilst some studies have incorporated an observational component to measure positive behaviours (Hutchings, et al., 2007) most studies rely on questionnaire based measurement of reduction in negative symptoms; for example, reduction in child problem behaviour, the Eyberg Child Behaviour Inventory (Boggs, Eyberg, & Reynolds, 1990), which comprises a list of common behavioural problems. The Strengths and Difficulties Questionnaire (Goodman, 2001) includes scores for total difficulties, emotional symptoms, conduct problems, hyperactivity, and peer problems and pro-social behaviours. The items on the questionnaire are a mix of questions about positive and negative behaviours and therefore this does give some measure of positive changes. In the case of many of the Triple Pstudies the Parenting Task Checklist is used which asks parents how confident they have felt over the last week in managing difficult child behaviours in particular contexts to measure task-specific self-efficacy (Sanders, & Woolley, 2005). Other studies have also measured reduction in parental depression, parent problems, anxiety and child abuse. Parenting programmes encourage parents to provide their children with concrete examples of positive change in the form of star charts for good behaviour (Patterson et al., 2005; Pennell, Whittingham, Boyd, Sanders, & Colditz, 2012). However, as illustrated above, the main parent outcome measures used typically focus on negative aspects of the parenting experience and the child's behaviour. Measurement offers one example of an aspect of intervention which could perhaps be strengthened by a change of focus, and which could reflect positive concepts. Starting with a more balanced focus in measurement and helping parents to record the positive changes that they have noticed in themselves during intervention, using measures designed to tap

subjective wellbeing and resourcefulness might help to strengthen the impact of the intervention, with similar benefits. The identification of appropriate intervention and measurement tools and the best times to apply these are important to establish.

Systematic literature searches

It would appear there are theoretical grounds to think that positive emotions might be relevant to increasing our understanding of parenting interventions. In seeking to understand the potential impact of parenting interventions on positive emotions, we conducted a series of systematic literature reviews of the parenting and positive psychology literature to identify studies which had used positive outcome measures, aside from the pro-social scale in the Strengths and Difficulties Questionnaire (Goodman, 1997). Searches of Embase, Medline and Psychinfo were conducted. Studies were limited to human subjects and English language papers published between 1980 and 2012. Grey literature was excluded and is defined as unpublished or un-indexed reports. These can include conference proceedings, non-indexed journals, internal reports, and student dissertations and theses. The search terms were agreed following extensive discussion with supervisors and guided by knowledge of the positive psychology literature. We used the option of a wildcard (*) when searching which enables the searches to identify any extended variation of the word, for example, hope* would yield hopeful, hopefully, hopeless. In agreeing the terms we drew on the work of Seligman and colleagues (Linley, Maltby, Wood, Joseph, Harrington, Peterson, Park,& Seligman, 2007) and using the Values in Action (VIA) Inventory of Strengths measure to guide our decision making. The VIA identifies 24 positive traits, most of which are linked to well-being. The traits are: creativity, curiosity, open-mindedness, love of learning, perspective, bravery, persistence, integrity, vitality, love, kindness, social intelligence, citizenship, fairness, leadership, forgiveness, humility, prudence, self-regulation, appreciation of beauty, gratitude, hope, humour, and spirituality. Other research which informed the searches had examined authenticity (Wood, Linley, Maltby, Baliousis, & Joseph, 2008). The search terms agreed as most relevant to parenting and used in the systematic searches of the literature were:

Positive, grat*, optim*, hope*, authent*, satisfact*, brave*, love*, kindness, forgive*, mercy, humility, prudence, self-regulation, self-control, creative*, curios*, persisten* using the search term OR

AND

Interv*, therap*, trial*, experiment* using the search term OR

AND

Parent*, mother,father using the search term OR

The searches used the ALL FIELD option to increase the likelihood of finding relevant studies.

A figure summarising the findings can be seen in Appendix 1 before the references on page 34. As can be seen the searches did not reveal studies of parenting programmes that had used primary outcome measures with a focus on positively framed psychological concepts in evaluating the interventions. The absence of any parenting intervention studies using positive outcome measures is surprising given the rationale behind these interventions, for example the emphasis on modelling positive behaviour by facilitators and parents. However, four papers were located which provide some evidence for the role of positive emotions and cognitions in parenting research (Table 1). For example, research in the childhood disabilities field (Trute, Benzies, & Worthington, 2012), found that positive maternal appraisals in combination with positive emotion are associated with better family adjustment in situations of childhood disability. They suggest these findings provide some evidence for potential broaden and build processes. This provides indirect, but pertinent evidence as it indicates that positivity in parents could build personal and relational resources in families facing challenges and seeking solutions (Trute, Benzies & Worthington, 2012). Another study (Lloyd & Hastings, 2009a) found that hope was a resilience factor in both mothers and fathers of disabled children. This is exactly the kind of change that parents are encouraged to make during parenting interventions. A study of inner city, single parents examining the role of maternal optimism found maternal optimism predicted lower levels of maternal internalizing symptoms and higher levels of effective child management (Taylor, Larsen-Rife, Conger, Widaman, & Cutrona, 2010). The links between maternal optimism and positive parenting discussed in another paper using the same sample led the authors (Jones, Forehand, Brody, & Armistead, 2002) to argue that intervention and prevention programmes need to not only teach positive parenting skills but also focus on the cultivation of realistic optimism in parents as this appears to lead to improvements in parenting.

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Table 1. Characteristics of positive psychology and parenting studies included in Paper 1

Author (year); country	Aims	Sample; age range	Sampling; context	Design	Intervention target group	Comparison group	Measures	Analysis	Relevant findings
Jones, Forehand, Brody & Armistead 2002 USA	To explore associations between positive parenting and child psychosocial adjustment and is association accounted for by maternal depression	N = 141 Mothers mean 35.85 SD 6.11 Children Mean 11.60 SD 1.78	Single mothers living in Inner city New Orleans recruited through 5 public schools	Separate questionnaire based interviews with mother and child	N/A	No comparison	Community risks, Life Orientation Test, Depression sub-scale of Brief Symptom Inventory, Monitoring and Control Questionnaire, Youth Self-Report of the Child Behaviour Check List	Correlations and regression	Maternal optimism is associated with positive parenting and only partly mediated by maternal depressive symptoms. Maternal optimism was not associated with child psychosocial adjustment, but positive parenting was associated with lower levels of both internalising and externalising difficulties.
Lloyd & Hastings, 2009 UK	Exploration of hope and its relationships with parental well=being in parents of children with intellectual disabilities	138 mothers and 58 fathers Mothers age range 23-57; fathers 23-54, children 3-18	Recruited via Special Educational Needs schools in North Wales and the North West of England	Cross-sectional questionnaire	Parents of children with intellectual disabilities	No comparison	Reiss Scales for Children's Dual Diagnosis, Trait Dispositional Hope Scale, Positive and Negative Affect Scale, Parent and Family Problems scale of the Questionnaire on Resources and Stress, Hospital Anxiety and Depression Scale	Correlation and regression	For mothers lower levels of hope (agency and pathways) and more child behaviour problems predicted maternal depression. Positive affect predicted by less problematic child behaviour and higher levels of hope. For fathers, anxiety and depression were predicted by low hope agency and positive affect was predicted by high hope agency. Mothers with high hope (agency and pathways) reported lowest levels of depressive symptoms

Author (year); country	Aims	Sample; age range	Sampling; context	Design	Intervention target group	Comparison group	Measures	Analysis	Relevant findings
Taylor, Larsen-Rife, Conger, Widaman, & Cutrona 2010 USA	To explore how dispositional optimism may moderate the economic and psychological challenges single mothers face.	394 single mother families.	Family and Community Health Study originated in mid-1990s, four waves of data collection up to 2005-2006. Recruited by telephone	Longitudinal questionnaire based interviews	N/A	None	Mother's childhood adversity, Economic pressure, Life Orientation Test, Mini Mood and Anxiety Symptom Questionnaire, Behavioural Affect Rating Scale, Family routines and parenting skills, school competence.	Structural equation modelling	Maternal optimism predicted lower levels of maternal internalising symptoms and higher levels of effective child management. Maternal optimism moderated the impact of economic stress on maternal internalising problems.
Trute, Benzies, & Worthington2012 Canada	Testing Fredrickson's broaden and build theory by exploring if higher levels of positivity in mothers of children with disability predicts higher assessment levels of family adjustment over a year.	152 mothers, age range 22-55, children age range 1-18 years	Postal Recruitment via Family Support for Children with Disabilities	Longitudinal questionnaire based telephone interviews	Mothers of disabled children	No comparison	Brief Family Assessment Measure III, Positive and Negative Affect Schedule	Correlation and multiple regression	Older mothers with higher positivity scores lived in households with higher levels of family adjustment.

One of the benefits of incorporating measures of positive affect is that it enables questions to be answered about the points at which change in parenting and satisfaction with the child's behaviour occurs in intervention, and whether positive mood is related to these. At present we do not know the relationship between the levels of negative and positive well-being the parent is experiencing and the optimal levels required for them to be able to implement significant, lasting change in their parenting, nor do we know how these relate to constructs which are routinely measured in parenting programmes.

Self-efficacy

Self-efficacy is a widely used outcome measure in studies of parenting programmes. Parental self-efficacy (PSE) is a potentially important cognitive construct related to child and family functioning that can be broadly defined as the degree to which caregivers believe they can be successful parents. It is likely that parents who believe they have the knowledge to be successful and believe they can implement these skills will also experience an increase in other positive perceptions of themselves. For example, an intervention which targeted both parenting and work factors, focusing on key transition times (e.g., from home to work) aimed to train parents to more effectively manage these situations (Sanders, Stallman, & McHale, 2011). Results showed that parents who had received the intervention reported significantly lower levels of personal distress and dysfunctional parenting, and higher levels of work commitment, work satisfaction, and self-efficacy. These findings are consistent with other studies showing that parenting interventions can reduce parents' level of personal distress by reducing their anger (Sanders et al.,2004), and replicate earlier findings demonstrating beneficial effects on depression (Sanders, & McFarland, 2000). Parents receiving the intervention also showed improved functioning in several aspects of their work and family life including reduced levels of dysfunctional parenting, higher satisfaction with work, higher self-efficacy, and greater work commitment. An examination of parent-child efficacy (Bandura, Caprara, Barbaranelli, Regalia, & Scabini, 2011) found that a high sense of collective family efficacy contributed to parents' and adolescents' satisfaction with their family. Many of the

findings in relation to parenting interventions could be usefully extended by exploring positive outcomes. Do increases in satisfaction with family predict or co-occur with other changes in positive affect, attitudes or behaviour?

A meta-analysis of 77 parent training programmes was conducted to identify the components associated with efficacy (Wyatt Kaminski, Valle, Filene, & Boyle, 2008). Increasing positive parent-child interactions and emotional communication skills, teaching parents to use time out and the importance of parenting consistency, and requiring parents to practice new skills with their children during parent training sessions were all consistently associated with higher effect sizes. Those components that were associated with smaller effect sizes were teaching parents problem solving; teaching parents to promote children's cognitive, academic or social skills and providing other, extra services. What this finding might suggest is that skills under parental control and proximal are more efficacious than those aspects of the programmes which are distal and more difficult for parents to influence. It also suggests that increasing positive experiences with their children in the context of a more predictable and consistent environment leads to greater improvements. It is possible these improvements in parental skills and self-efficacy could lead to more positive emotions and experiences in both parent and child. In line with other meta-analyses (Kotov, Gamez, Schmidt, & Watson, 2010; Lundahl et al., 2006) the mean effect size for parenting outcomes was larger than for child outcomes and the effect size for parenting knowledge, attitudes and self-efficacy were larger than parenting behaviours and skills. In a study of parenting empathy (Psychogiou, Daley, Thompson, & Sonuga-Barke, 2008), conduct problems in children were associated with decreased child-directed empathy and increased egoistic maternal distress (Batson, Fultz, & Schoenrade, 1987) and child conduct problems were associated with decreased maternal empathy. It is clear that negative emotions and behaviours in parents have a detrimental impact, and conversely positive emotions and behaviours in parents have a constructive and helpful effect on their children.

The influence of PSE may be a predictor of parenting competence and child outcomes, and low levels could be an indicator of risk. It may operate directly on parent and child adjustment and in the context of difficult environmental stressors may be protective against the risk factors associated with deprivation and increased stress. Parental self-efficacy appears to operate on the self-efficacy of their children and in turn self-efficacy of children and young people can mitigate the effects of deprivation. Given this, increasing PSE (as parenting programmes aim to) may be a potential mechanism which could improve the well-being of parents and children and enhance the life chances of young people. It is likely that PSE is implicated in increases in positive affect in parents and their children although research is needed to test this hypothesis.

Parenting and positive psychology

Traditionally, clinical literature is problem-focussed, with primary outcomes reflecting reductions in negative behaviours and cognitions. This has led to a lack of balance in the research field and a relative disregard for the positive aspects of life (Watson, Clark, & Carey, 1988). Compared to this predominant focus on negative emotions, symptoms and their alleviation in the clinical literature the study and promotion of positive emotions has until relatively recently been largely neglected (Fredrickson, 2004; Seligman & Csikszentmihalyi, 2000). Positive emotions have been relatively ignored in the literature on parenting and parenting interventions. It is certainly the case that gathering data using positive outcomes to measure the success of parenting programmes has not been routinely included in trials or other research examining the efficacy of such interventions.

The field of positive psychology has attracted increasing attention in the last few years, but ideas on ways of improving well-being are growing and there are calls for a new vision and strategy for integrated research and practice in the field of clinical psychology, for example (Wood & Tarrier, 2010). There is mounting evidence that it is possible to help lift people out of depression and reduce anxiety by focussing on positive aspects of their lives, rather than on their difficulties. For example, gratitude (Emmons & McCullough, 2003; McCullough, 2002; McCullough, Emmons, & Tsang, 2002) and optimism (Gardner

et al., 2010) lead to lower levels of stress and depression over time (Jones, Daley, Hutchings, Bywater, & Eames, 2008). These approaches show parallels with parenting programmes which typically work to increase parental self-efficacy and positive interactions with the child through positive identification and reinforcement of desirable behaviour in both the parent, and via the parent, the child.

There has been a convergence and integration of ideas and theories which draw on research from laboratory and intervention studies conducted with behavioural and neuro-scientific methods (Fredrickson, 2004; Garland et al., 2010). For example, people experiencing positive affect are more able to solve problems requiring ingenuity or innovation (Isen, 2000), to be flexible in their thinking (Isen & Daubman, 1984), be more creative (Isen, Daubman, & Nowicki, 1987), integrative (Isen, Rosenzweig, & Young, 1991), open to information (Estrada, Isen, & Young, 1997) and efficient (Isen & Baron, 1991; Isen & Means, 1983). In addition, those experiencing positive affect demonstrate an increase in preference for variety and accept a broader array of behavioural options (Kahn & Isen, 1993). These areas of research in the field of positive psychology appear to have a great deal to offer prevention scientists aiming to help parents to parent more effectively, and to increase the well-being of themselves and family members. Work in positive psychology, including broaden and build theory (Fredrickson, 2004), may well help to maximise uptake, retention and outcomes. This theory argues that positive emotions broaden momentary thought-action repertoires. Joy sparks the urge to play, interest sparks the urge to explore, contentment sparks the urge to savour and integrate and love sparks a recurring cycle of each of these urges within safe, close relationships. The co-occurrence of these, within the context of safe relationships, broadens modes of thinking and acting, leading to an accrual of personal resources and carry long term benefits, including increased resilience (Fredrickson, 2004).

Positive emotions are distinct from positive mood in that they are about something (object), are generally short-lived, and are held in conscious awareness. Positive emotions have been identified as facilitating approach behaviour (Cacioppo, Priester, &

Berntson, 1993; Sutton & Davidson, 1997) or continued action (Buist, 1998). The link between positive emotions and activity engagement would appear to broaden people's thought-action repertoires and build their enduring personal resources (Fredrickson, 2001, 2003; Fredrickson, 2004; Fredrickson & Branigan, 2005; Garland et al., 2010). The adaptive value of positive affect is supported by a wide spectrum of empirical evidence (Lyubomirsky, Dickerhoof, Boehm, & Sheldon, 2011; Lyubomirsky, Sheldon, & Schkade, 2005). Positive emotions and moods bring with them many interrelated benefits (Fredrickson & Losada, 2005). Induced positive affect expands the range of attention (Rowe, Hirsh, & Anderson, 2007), broadens behavioural repertoires (Fredrickson & Branigan, 2005), increases creativity (Isen et al., 1987) and intuition (Bolte, Goschke, & Kuhl, 2003). Positive emotions, including happiness and contentment, broaden focus and enhance the range of thoughts and actions an individual will engage with. Further, there are studies demonstrating the potential to bring about change in processing. A five-week-long prospective study (Fredrickson & Joiner, 2002) tested the notion that promoting broad minded thinking might produce an upward spiral in thinking. The results of their work suggest that people become increasingly skilled at broad minded coping, becoming more likely to endorse items that suggest, for example, that they are better able to "think of different ways to deal with the problem".

The setting conditions and processes involved in promoting this kind of positive focus and coping have not been tested systematically within studies in the parenting interventions field, although there is some evidence that positive and negative maternal affect may promote different aspects of parenting (Karazsia & Wildman, 2009). The findings suggest that maladaptive parenting behaviours mediate the relationship between maternal affect and reports of child behaviour. They suggest that higher levels of positive affect are associated with more effective discipline strategies. The authors (Karazsia & Wildman, 2009) contend that their study was the first to examine the role of maternal positive affect on reports of both child behaviour problems and maladaptive parenting behaviours, and that all previous studies looked at changes in negative affect in line with the literature examined for this paper. There are grounds, on the basis of long-term follow-up studies,

to think that broaden and build processes (Fredrickson, 2001; Fredrickson, 2004) are likely to be in operation and that in the course of a parenting intervention parents make fundamental changes to the way that they approach parenting. For example, parental ratings of the child's behaviour are at least maintained a number of months after the technology-based parenting intervention (Sanders, Calam, Durand, Liversidge, & Carmont, 2008).

Observational work on parents going through the Incredible Years programme has demonstrated increases in a range of specific positive parenting behaviours including positive affect, praise and problem solving (Bywater et al., 2009), but it is not yet established which aspects of affective change in the parent are most strongly associated with this. It could be predicted that these would facilitate resourceful, effective parenting, and have the potential to facilitate long term changes through broaden and build principles (Fredrickson, 2001; Fredrickson, 2004; Fredrickson & Branigan, 2005; Fredrickson & Joiner, 2002). Frederickson's theory (Fredrickson, 2004) raises a number of questions about important linked outcomes which the Broaden-and- Build model would predict, but which at present have not been empirically tested with parents participating in parenting intervention. It is probable that, if parents are joyful, interested and contented, they are likely to create a very different facilitative environment for the developing child, compared to a context where a parent has a depressed, narrowed focus. Further identification of psychological factors that predict engagement and positive outcome could help programme developers to tailor additional material to incorporate into recruitment and delivery protocols for programmes of all modalities which might contribute to better outcomes for families who do not currently benefit.

Negative emotions

In comparison to the broadening effect of positive emotions, negative emotions can lead to a narrowing of options and a reduction in available actions, for example fight or flight (Fredrickson, 2004). Theory suggests that a narrowed thought-action repertoire reflects

evolutionary survival processes, where under conditions of threat, narrowing processing in the face of an immediate, life-threatening challenge would be adaptive in facilitating defence or escape. In depression a narrowing of foci is characteristic; a narrowed thought action repertoire leads to a focus on perceived risks. Depression is characterized by low activity levels, problems in concentration and decision making, leading to difficulties in generating alternative courses of action and feelings of hopelessness and helplessness. Some literature on positive and negative affect suggests that there may be distinct differences between the two (Watson, Clark, & Carey, 1988). For example, researchers have long suggested that the balance of positive to negative affect is critically relevant to wellbeing and adjustment (Bradburn, 1969; Janssens, 2008). It has been argued that the balance of positive to negative affect (hereafter referred to as the positivity ratio) is a key factor in subjective well-being and in defining whether a person flourishes. A study of positive and negative affect found that the positivity ratio distinguished individuals with different mental health status in that higher positivity ratios were associated with better mental health (Diehl, Hay, & Berg, 2011). As discussed above there is ample evidence that parenting programmes are associated with reductions in parental depression (Shaw, Connell, Dishion, Wilson, & Gardner, 2009) and anxiety and stress (Furlong & McGilloway, 2012; Furlong et al., 2012). What is needed now is an investigation of increases in positive affect, behaviour and attitude in parents in order to understand more about the changes parenting programmes bring about in participants. For example, it is not known whether the reported lifting of depression that commonly accompanies parenting interventions reflects the parent moving from a depressed to a neutral, non-depressed position, or whether changes in parenting associated with participation in a parenting programme actually lead to increases in pleasurable emotions including joy, interest and contentment. These might in turn facilitate different kinds of parenting behaviour. So far there is no literature to indicate whether parenting interventions have their positive effects through simply improving parenting skills or whether the intervention engages any of the broaden and build processes that Frederickson and colleagues have demonstrated in laboratory and experimental studies. It has been established that parenting intervention is associated with reduction in

depression and appears to mediate change, after accounting for reported improvements in parenting (Shaw et al., 2009). Little is known, however, about whether reduction in depression is associated with an increase in the experience of positive emotions or concomitant behaviour change.

Balancing the Positive and Negative

The focus on negative affect, negative characteristics and disorder-based research has dominated the field and has contributed a significant body of research which has aimed to understand and alleviate distress. Although positive character traits have been identified as important across cultures and time (Jones et al., 2002) there is very little research on strengths, such as gratitude, authenticity, optimism, love, fairness, bravery and vitality. In the 1990's the positive psychology movement developed and aimed to address the lack of investigation into positive aspects of life (Moran & Diamond, 2008a). The research conducted under the umbrella of positive psychology has contributed to effective interventions in, for example, body dissatisfaction and worry (Moran & Diamond, 2008a, 2008b), affective disorders (Moran & Diamond, 2008a) and Post Traumatic Stress Disorder (Tarrier, 2010). Although positive psychology research is in its infancy when compared with research concerned with alleviating distress and disorder, the field is growing rapidly and offers the possibility of a more balanced approach to the understanding of human behaviour, psychology and emotion. However, there have been criticisms of the positive psychology movement (as distinct from positive psychology research) over claims of novelty and newness. Major counselling psychology approaches (humanistic, existential and psychodynamic) and therapists and researchers such as Gordon Allport, Carl Rogers and Eric Fromm argued for an increased focus on positive attributes and traits. Within counselling and community psychology an interest in strengths rather than deficits has developed (Bohart & Greening, 2001). Another criticism levelled at positive psychology is what is seen as a failure to integrate the positive and negative (Bohart, 2002; Held & Bohart, 2002; Kowalski, 2002). Other theorists (Kashdan & Rottenberg, 2010) have argued that it is important to examine positive and negative

emotions or characteristics as to some extent their 'positivity' or 'negativity' is context dependent. Anger is often considered as a negative emotion but there are times when it can be adaptive and motivating (Howells & Day, 2003). There are times when other emotions characterised as negative can be helpful, for example, unhappiness leading to people changing unhelpful aspects of their lives (Held, 2004). Positive emotions or characteristics can also be inappropriate or destructive at times. Optimism can lead to unwise decisions (Carver, Scheier, & Segerstrom, 2010) and conscientious people can suffer more in defeat (Boyce, Wood, & Brown, 2010). However, studying positive and negative functioning has great potential to improve our ability to predict the development of disorder and to increase the understanding and conceptualization of psychological disorder. Improving knowledge with regard to both positive and negative functioning should lead to an increase in diversity, comprehensiveness and effectiveness of interventions.

Positive psychology interventions

Positive psychology concepts include positive affect, mastery, hope, optimism, gratitude and forgiveness, and there are good current reviews rich with ideas that offer a great deal for the parenting field (Aspinwall & Tedeschi, 2010; Carver et al., 2010; Wood & Tarrier, 2010). There are now many studies in the field of physical health which demonstrate that having a positive perspective on life is associated with health benefits. A meta-analysis (Rasmussen, Scheier, & Greenhouse, 2009) provided evidence that optimism was a significant predictor of health outcomes for a range of physical conditions. The field has fostered rapid development in models and theories in neuroscience and cognition, and strategies to reduce anxiety and depression by increasing positivity (Lyubomirsky et al., 2005). These have been used alongside CBT, for example, in broad minded coping (Panagioti, Gooding, & Tarrier, 2012). There is evidence for sustained changes in brain function as a result of induction of positive states through meditation (Davidson et al., 2003). Writing about values important to an individual (leading to increased positive affect and increased ratings of other-directed feelings) has been shown to reduce defensive tendencies in smokers, making them more receptive to articles describing the health risks

of smoking (Crocker, Niiya, & Mischkowski, 2008). Experimentally induced positive thinking appears to buffer against stress (Sherman, Bunyan, Creswell, & Jaremka, 2009) and there is some evidence from this study that the most psychologically vulnerable participants benefit most. The breadth of this significant body of evidence is a strong indicator that similar findings would be expected to be found for parenting. Concerns have been raised about the quality of some evaluations of positive interventions (Wood & Tarrier, 2010) and arguments for an integration of investigations which examine both positive and negative emotions and functioning. These need rigorous evaluation and future research should begin to address these concerns.

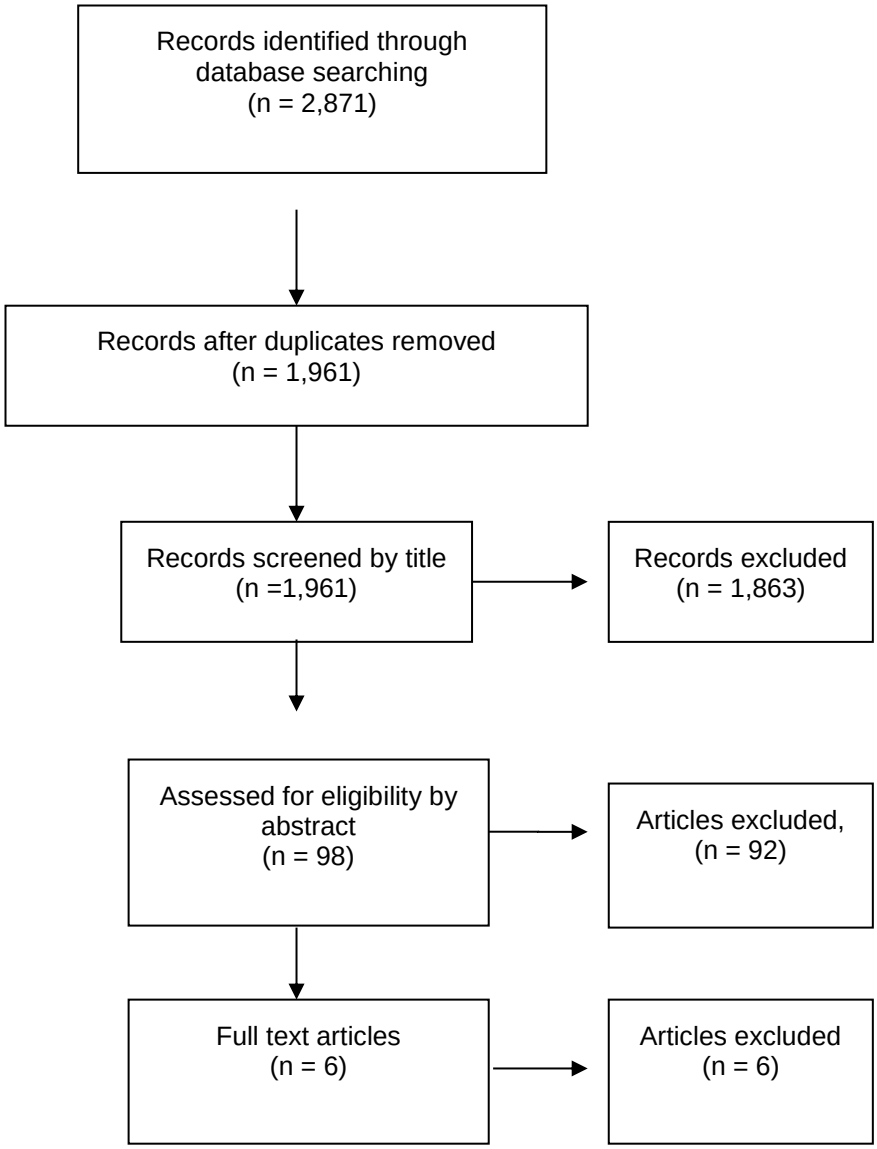
Conclusion

This paper has a number of limitations. The literature drawn on is not exhaustive and the research reported here is a sub-sample of an extensive literature. Assessment of the academic rigour of the all the papers included was not conducted and this is a serious limitation. It is possible that studies of parenting interventions which have employed positive psychology measures exist but have not been located. This paper has attempted to demonstrate that there are opportunities for research examining the role of positive psychology in the evaluation of parenting programmes. Parenting programmes appear to have a reasonable evidence base (Bodenmann, Cina, Ledermann, & Sanders, 2008; Boyle et al., 2010; Dretzke et al., 2009; Furlong et al., 2012; Hutchings, Gardner, et al., 2007; Mejia, Calam, & Sanders, 2012; Prinz et al., 2009; Sanders, Stallman, & McHale, 2007; Sanders, et al., 2011; Tellegen & Sanders, 2013; Webster-Stratton, Hollinsworth, & Kolpacoff, 1989; Webster-Stratton, & Reid, 2010), but there is still much that is unknown about the mechanisms of change and how change can be maintained. Given their inherently positive focus, parenting programmes could yield a rich seam for research on change in positive affect, cognition and behaviour. If, as this paper suggests, improvements in confidence and parenting abilities lead to increases in positive emotions, future research is needed to begin to develop an understanding of the role of positive emotions in promoting positive change in parenting programmes. It is also possible that

brief interventions, which target increases in positive emotions, could be delivered alongside parenting interventions. For example, it would be valuable to test whether asking parents to complete gratitude journals about their children would promote positive change. This would be relatively simple to administer and would not present a large additional burden to families. An intervention like this could also involve fathers (who are under-represented on courses and therefore in evaluations) as they could complete a journal irrespective of whether they attend the training programme. Using outcome measures to evaluate positive emotions might begin to provide some answers to the questions posed about potential mediators in this paper. Additionally research which measures change in parents session by session might provide converging evidence for the proposed relationship between self-efficacy and positive emotions leading to expanded and flexible parental repertoires which could generalise to other relationships and contexts inside and outside the home. Well-designed research examining these areas could add significantly to knowledge about parenting programmes and contribute to the field of positive psychology.

Parenting programmes achieve improvements in parental skills and behaviour but we need to now develop theoretical models to understand the mechanisms which underpin the changes seen in parents. We need to know more about *how* the programmes work and additionally *what* benefits parents accrue above and beyond changes in their parenting. More also needs to be known about *when* they work and whether some of the suggestions in this paper (for example gratitude journals) might enhance and prolong the improvements parents have so often demonstrated in evaluations. We also need to determine whether positive changes in affect, attitudes and behaviour are generalised to other contexts and relationships. This is an area ripe for investigation.

Figure 1: *Flow diagram showing the search method and exclusion process of search terms*



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Paper 2

Empirical Paper

Increasing positive emotions within Triple P parenting programmes as part of therapeutic change

Paper to be submitted to the Journal of Consulting and Clinical Psychology

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Abstract

Objective: The aim of this study was to investigate changes in positive and negative emotions in session by session change in carers attending a Triple P parenting programme.

Method: Questionnaires measuring self-efficacy, positive and negative affect, gratitude, satisfaction with life, authenticity, defeat and entrapment were completed by carers at the end of each group session of a Triple P parenting programme.

Results: Multi-level modelling revealed that reduction in entrapment was a significant predictor of increases in positive affect, gratitude, and satisfaction with life over sessions and a decrease in negative affect. Entrapment had a significant relationship with all these variables and authenticity when measured concurrently.

Conclusions: We conclude that entrapment has a significant relationship with positive and negative emotions and attitudes at each session and further it predicts changes in positive and negative emotions and attitudes over the course of the Triple P parenting programme. This novel finding suggests that future research examining defeat and entrapment alongside positive outcomes could extend our knowledge about the ways in which parenting programmes work and improve outcomes for children and families.

Parenting programmes

Parenting interventions based on social learning theory have demonstrated the ability to bring about improvement in parents' reports of children's behavioural difficulties (Barlow et al., 2005; Bayer et al., 2009). Alongside these changes, mothers have reported increases in perceived competence in the parenting role (self-efficacy) and reductions in symptoms of depressed mood (Barlow & Coren, 2001). Parenting interventions have been widely adopted in a number of countries and services have been developed that focus on improving parenting (Prinz et al., 2009). As a consequence large numbers of families now have access to evidence-based parenting interventions (Prinz et al., 2009). These interventions have a significant evidence base reflected in the many publications documenting randomised controlled trials demonstrating their effectiveness in bringing about change in problem behaviours, for example the Triple P Positive Parenting Program (Sanders et al., 2012; Tellegen & Sanders, 2013), the Incredible Years programme (Barlow, Coren, & Stewart-Brown, 2002; Reid, Webster-Stratton, & Beauchaine, 2001; Webster-Stratton, Reid, & Hammond, 2001; Webster-Stratton & Reid, 2010), and parenting programmes more generally (Gardner, 2012; O'Brien & Daley, 2011).

Studies have demonstrated that these programmes bring about immediate improvements in parental practices and child behaviour post intervention (Reid et al., 2004) and in the longer term (Sanders et al., 2007). A number of trials demonstrated improvements in maternal well-being (Sonuga-Barke et al., 2001), stress and depression (Hutchings, Bywater, et al., 2007) and reductions in conflict between parent and child (Morawska & Sanders, 2006). A Cochrane review of group-based programmes showed improvements in child behaviour problems and the development of positive parenting skills in the short-term, whilst also reducing parental anxiety, stress and depression (Furlong et al., 2012). In addition it is argued that parenting programmes achieve good results at relatively modest costs when compared with the long-term social, educational and legal costs associated with childhood conduct problems (Furlong et al., 2012). These studies have demonstrated a reduction in negative emotions and behaviours but, despite the interventions' focus on the positive with

parents, little is known about positive changes in affect, attitudes and behaviour which take place in parents, carers and children. The exception to the use of measures which generally focus on the negative is the Strengths and Difficulties Questionnaire (Goodman, 2001), which includes scores for total difficulties, emotional symptoms, conduct problems, hyperactivity, peer problems and pro-social behaviours. The items on the questionnaire are a mix of questions about positive and negative behaviours and therefore this does give some measure of positive changes. However, in the main the lack of investigation of positive emotions and behaviours represents a significant gap in the literature which needs to be addressed as there is evidence from other fields that positive change may itself promote further development (Fredrickson, 2004; Fredrickson & Branigan, 2005; Garland et al., 2010).

Parenting programmes and Triple-P

Triple P is a multi-level behavioural family intervention that is based upon the principles of social learning (Sanders, 1999). One of the mechanisms of change that has received considerable attention in the evaluation of these programmes is parental self-efficacy. Parental self-efficacy (PSE) is a potentially important cognitive construct, related to child and family functioning that can be broadly defined as the degree to which caregivers believe they can be successful parents. A meta-analysis of 77 different parent training programmes was conducted to identify the components associated with efficacy (Wyatt Kaminski et al., 2008). Increasing positive parent-child interactions and emotional communication skills, teaching parents to use time out and the importance of parenting consistency, and requiring parents to practice new skills with their children during parent training sessions were all consistently associated with higher effect sizes. Triple P has a significant evidence base; four meta-analyses of Triple P (de Graaf, Onrust, Haverman, & Janssens, 2009; de Graaf, Speetjens, Smit, de Wolff, & Tavecchio, 2008a; Nowak & Heinrichs, 2008; Thomas & Zimmer-Gembeck, 2007) uniformly reported positive effects on child behaviour. The differential effectiveness of parent training has led researchers to examine a variety of child, parent, and familial variables that may predict treatment response. A meta-analysis of a number of these studies found moderate effect sizes for low education/occupation, more severe child

behaviour problems pre-treatment and maternal psychopathology. The only predictor which yielded a large effect size was low family income. The study concluded that parental response to parent training is often influenced by variables not directly involving the child, with socioeconomic status and maternal mental health being particularly salient (Reyno & McGrath, 2006). Several studies have shown that the skills training used in Triple P produces predictable decreases in child behaviour problems, which have been maintained over time. For example, a study of three different Triple P programmes (enhanced, standard and self-directed) found that two thirds of pre-school children who were clinically elevated on measures of disruptive behaviour at pre-intervention moved from the clinical to the non-clinical range and similar levels of maintenance of intervention effects were shown at one year and three years follow-up (Sanders, Bor, & Morawska, 2007). In the Incredible Years BASIC programme (Webster-Stratton, & Reid, 2010) long-term outcomes were assessed in a study which followed up families at six, 12 and 18 months post intervention baseline (Bywater et al., 2009). The significant parent-reported improvements in child behaviour, parent behaviour, and parental depression were maintained, and contact with health and social services had reduced, at the third follow-up at 18 months (Bywater et al., 2009). A review of the long-term impact of 46 randomized controlled trials of prevention programmes to improve parenting (Sandler, Schoenfelder, Wolchik & MacKinnon, 2011) provided evidence of effects to prevent a wide range of problem outcomes and promotion of competencies from one to 20 years post intervention. The authors concluded that there is 'impressive support' for parenting interventions to affect behavioural, mental and emotional disorders (Sandler, et al., 2011). They argued that parenting programmes may work through their effect on problem behaviours and competencies, stress response processes and belief systems in the children of parents who attended parenting programmes (Sandler, et al., 2011). The review (Sandler, et al., 2011) found some evidence that programme effects on parenting led to changes in children's behaviour which in turn led to decreased symptoms of internalizing disorders, symptoms of externalizing disorders, substance use, risky sexual behaviour, and increased self-esteem and academic performance in mid-to late-adolescence (15–19 years old) when followed up six years after the intervention for divorced parents (Sandler, et al., 2011). Other studies have indicated that Triple P interventions

reduced dysfunctional parenting styles in parents, improved parental competency, and decreased parental depression, anxiety and stress (Bodenmann et al., 2008; Markie-Dadds & Sanders, 2006; Ralph, Stallman, & Sanders, 2004; Sanders & McFarland, 2000). The evaluations of parenting programmes conducted to date have generally focused on outcomes which represent a reduction in negative affect and behaviours, in either the parent and/or the child (Furlong et al., 2012). Measurement offers one example of an aspect of intervention which could reflect positive concepts. One of the potential benefits of using measures of positive affect is that it enables exploration of the points at which change in parenting occurs in intervention. Triple P has an inherent focus on building the positive as well as alleviating the negative but evaluations have concentrated on measuring reductions in negative affect, attitudes and behaviour. The field of positive psychology has explored many positive concepts which include positive affect, mastery, hope, optimism, gratitude and forgiveness, and there are recent reviews (Aspinwall & Tedeschi, 2010; Carver et al., 2010; Johnson, Gooding, Wood, & Tarrier, 2010) which offer a number of ideas for evaluations conducted in the parenting field.

Positive psychology

Relative to the negative emotions, positive emotions have received little empirical attention. The traditional focus on psychological problems and treatment for those problems has been one of the reasons why negative emotions have been so prevalent in the literature (Fredrickson, 2004). The broaden-and-build theory (Fredrickson, 1998), which describes positive emotions in terms of expanded thought-action repertoire argues that positive emotions create the urge to explore, take in new information and experiences, and expand the self in the process. In contrast negative emotions narrow a person's thought-action repertoire by promoting quick and decisive action that brings immediate benefit (Fredrickson, 1998). It is argued these benefits broaden people's attention and thinking (Bolte et al., 2003; Fredrickson, & Branigan, 2005; Gasper & Clore, 2002), undo lingering negative emotional arousal (Waugh, Fredrickson, & Taylor, 2008), fuel psychological resiliency (Tugade, Fredrickson, & Feldman Barrett, 2004), build personal resources (Slagter et al., 2007) and

fuel psychological and physical well-being (Lyubomirsky et al., 2011; Lyubomirsky et al., 2005). In light of the emerging findings from this relatively new field there has been a call for the development of a Positive Clinical Psychology, which has equally weighted focus on both positive and negative functioning (Wood & Tarrier, 2010). In line with other positive psychology researchers (Fredrickson, 1998; Fredrickson, 2004) the authors call for an integration of positive and negative characteristics when evaluating interventions. In light of the considerable literature on the efficacy of parenting interventions, their emphasis on the positive within the interventions coupled with a lack of positive outcome measures, and the growing field of Positive Psychology it was considered that a study of a Triple P parenting programme which examined session by session change and employed both positive and negative outcome measures would make a useful early contribution in this under-researched area. Administering measures session by session allows for an examination of the process of change and the role of positive emotions in this change.

Two further constructs were examined: defeat and entrapment. This allowed for the examination of changes in both the negative and the positive in participants. The role of defeat and entrapment has been examined in depression, anxiety and suicide (Gilbert & Allan, 1998; Taylor, Gooding, Wood, & Tarrier, 2011) and schizophrenia (Taylor et al., 2010). So far no studies have examined these constructs in parents attending parenting programmes although there would be a strong *prima facie* case for considering them to be relevant. The concept of defeat has been developed within social rank theories of depression (Gilbert, 2001). Defeat can be defined as a sense of failed struggle concerning the loss or disruption of some valued status or internalized goals (Gilbert & Allan, 1998) and as such it is distinct from general loss or failure as they do not encapsulate the sense of failed struggle (Taylor, Gooding, Wood, & Tarrier, 2011). For example the loss or failure of something which is not highly valued or connected strongly to important internal goals would be unlikely to lead to feelings of defeat. Entrapment may be associated with stressful life events or circumstances that are particularly chronic and on-going (Brown, Harris, & Hepworth, 1995). In earlier studies three factors implicated in the development of depression were outlined; direct attacks on a person's self-esteem forcing them into a

subordinate position, events undermining a person's sense of rank, attractiveness and value, and blocked escape (Gilbert, 1989, 1992). Entrapment has come to incorporate the earlier construct of blocked escape.

Given the evidence for parental self-efficacy as a contributor to the mechanism of change in parenting programmes a measure of parental self-efficacy was included in the study. In line with arguments for the integration of positive and negative affect (Wood, & Tarrier, 2010), satisfaction with life, gratitude, and authenticity were chosen as outcome measures. In addition evaluations have administered measures prior to, during and after the Triple P programmes but to date session by session change has not been evaluated. It was considered a session-by-session investigation may reveal other predictors of change that occur during the intervention.

The overall aim of this study was to investigate the relationships between parenting self-efficacy, gratitude, authenticity, satisfaction with life, positive and negative emotions, defeat and entrapment in parents attending a Triple P Positive Parenting program. Positive and negative measures were administered session by session to examine changes following each group session of the Triple P parenting programmes. We hypothesised:

Hypotheses

1. Increases in parental self-efficacy will co-occur with increases (concurrent) in
    a. gratitude
    b. authenticity
    c. satisfaction with life
    d. positive emotions
    e. and decreases in negative emotions
2. Decreases in defeat and entrapment will co-occur with increases in (concurrent) in
    a. gratitude
    b. authenticity
    c. satisfaction with life

d. positive emotions

e. and decreases in negative emotions

f. self-efficacy

3. Increases in self-efficacy between sessions will predict decreases in

a. gratitude

b. authenticity

c. satisfaction with life

d. positive emotion

and decreases in

e. negative emotion

f. defeat

g. entrapment

4. Increases in defeat and entrapment will predict increases in

a. gratitude

b. authenticity

c. satisfaction with life

d. positive emotion

e. decreases in negative emotion

f. self-efficacy

Method

Design

The research used a cross-sectional design. It was a questionnaire study of parents attending six Triple P programmes in the North West of England all run concurrently during a single school term. All of the courses within the recruitment site were included. The group Triple P courses run for four weeks. Following this the facilitator provides telephone support for weeks 5 and 6 and the final session is a group meeting. The questionnaires were completed by participants at the end of week one, two, three, four and at the final group meeting in week seven. An attempt was made to complete the questionnaires at the end of the telephone sessions but this proved extremely time consuming and difficult. Following discussions with the manager of the service, it was decided it was only feasible to collect data face-to-face at the group sessions. Table 2 provides the Triple P group participants attended, their age, gender and age of children. A description of the Triple P programmes can be found in Appendix 4. Of the six groups the study recruited from four of these were 0-12, one Teen and one Stepping Stones. Five of the groups were level 4 and one was level 5. Level 4 groups are for parents of children with severe behavioural difficulties (or in the case of Group Triple P and Group Teen Triple P, for motivated parents interested in gaining a more in-depth understanding of Positive Parenting). Level five Triple P provides intensive support for families with serious problems. Parents must have completed a Level four Triple P programme before participation. The level 5 group in this study was delivered for parents at risk of child maltreatment. It covers anger management and other behavioural strategies to improve a parent's ability to cope with raising children. Correlational and multi-level designs were used as appropriate for the hypotheses.

Table 2: Triple P Group, age, gender of participants and age of children

Group	ID	Carer's Age	Carer's Gender	Age of children
1. Teen Group	2	54	Female	4 and 13 years
1. Teen Group	3	37	Female	2, 7, 11 and 15
1. Teen Group	4	Missing	Female	13
1. Teen Group	7	28	Male	7, 14 and 15
1. Teen Group	8	35	Female	14 and 15
1. Teen Group	9	Missing	Female	13, 14 and 16
1. Teen Group	11	34	Female	14
1. Teen Group	13	Missing	Female	16
1. Teen Group	14	45	Female	13, 14 and 16
1. Teen Group	15	41	Female	13, 14 and 16
1. Teen Group	16	Missing	Female	6 and 15
1. Teen Group	18	Missing	Female	14
1. Teen Group	19	32	Female	14
2. 0-12 Group	20	Missing	Male	1, 2 and 4
2. 0-12 Group	21	Missing	Female	7, 7 and 18
2. 0-12 Group	22	36	Female	1 and 5
2. 0-12 Group	24	20	Female	2
2. 0-12 Group	25	48	Male	5, 5 and 7
2. 0-12 Group	26	38	Female	4 and 10
2. 0-12 Group	27	40	Female	4 and 8
2. 0-12 Group	28	Missing	Female	3
2. 0-12 Group	29	30	Female	1 and 5
2. 0-12 Group	30	Missing	Missing	1 and 3
2. 0-12 Group	31	21	Female	2 and 4
2. 0-12 Group	34	19	Female	2
2. 0-12 Group	35	30	Male	3
2. 0-12 Group	36	Missing	Male	5, 6, 7 and 8
3. Steppingstones	39	38	Female	8
3. Steppingstones	41	22	Female	1 and 4
3. Steppingstones	42	Missing	Female	5
3. Steppingstones	43	Missing	Female	4
3. Steppingstones	44	50	Female	6 and 9
3. Steppingstones	46	56	Male	5
3. Steppingstones	47	43	Female	2 and 3
3. Steppingstones	48	Missing	Female	5
3. Steppingstones	49	37	Female	3 and 9
3. Steppingstones	50	41	Female	5
4. 0-12 Group	54	43	Female	13
4. 0-12 Group	55	24	Female	3
4. 0-12 Group	57	48	Male	2
4. 0-12 Group	58	46	Female	3
4. 0-12 Group	59	Missing	Female	10
4. 0-12 Group	60	43	Female	7 and 11
4. 0-12 Group	61	26	Female	3, 4 and 6
4. 0-12 Group	62	25	Female	1
4. 0-12 Group	63	Missing	Female	4
4. 0-12 Group	64	37	Male	1
4. 0-12 Group	65	26	Female	1
4. 0-12 Group	66	29	Male	2
4. 0-12 Group	67	30	Female	3, 10 and 13
4. 0-12 Group	68	26	Male	1
5. 0-12 Group	71	45	Female	1, 7 and 8
5. 0-12 Group	72	53	Female	6 and 9
5. 0-12 Group	73	42	Male	2 and 8
5. 0-12 Group	74	38	Female	9 and 11
5. 0-12 Group	75	Missing	Female	4, 12 and 13

5. 0-12 Group	76	33	Female	4, 11 and 13
6. 0-12 Group	80	19	Female	1
6. 0-12 Group	81	62	Female	1
6. 0-12 Group	82	28	Female	2 and 7
6. 0-12 Group	83	42	Female	4
6. 0-12 Group	84	23	Male	3
6. 0-12 Group	85	20	Female	3
6. 0-12 Group	86	53	Female	1
6. 0-12 Group	87	Missing	Female	2
6. 0-12 Group	88	34		1
6. 0-12 Group	91	41	Female	3
6. 0-12 Group	92	18	Female	1
6. 0-12 Group	94	Missing	Female	5, 9 and 11
6. 0-12 Group	96	45	Female	2, 3 and 12

Power calculation

Given the lack of research for the outcome measures used, there were no studies which could provide an expected effect size for a formal power calculation. The situation with regard to power and sample size in multi-level modelling is very complex. Kreft (1998) argue that studies should aim to have more than 20 groups (in the analyses within this study 'groups' are participants) although they also conclude there are so many factors involved in multilevel analysis it is impossible to produce any meaningful rules of thumb (Kreft, 1998). When studies exist to provide information to base power calculations on, it is argued that sample size calculations should still be used with caution (Twisk, 2006). Following discussions with supervisors and a statistician and following the advice given, power calculations were performed. Power in multi-level designs for when relationships between level one variables are studied is determined by the number of participants x the average number of time points which gives the total number of observations. Thus for the cross-sectional analysis there were 350 units of analysis. This would enable the detection of r = 0.088 and yields 0.99 power. For the analysis across sessions, power is equal to the number of participants x the number of observations in all but the first time point which was used as the baseline (280 units of analysis) and this gives the detection of r = 0.098 and power of 0.99. The power calculation which informed the sample size indicated that a sample size of 115 would enable the detection of r 0.154 at 95% power. In interpreting the results of any analysis, it is important to consider that the statistically non-significant findings could either be due to the study being under-powered or through a true lack of association. Results which are statistically significant demonstrate that the sample size was large enough

to detect the observed association in the hypothesized direction. The study in this instance had sufficient power to detect the observed associations presented in the results section.

Participant Recruitment

The study was granted ethical approval by The University of Manchester (Appendix 5). Participants were recruited via a Children and Young Persons' Service in the North West of England. The service provides Triple P parenting programmes for families and works with other agencies and the criminal justice system to improve parenting in families. Self-referrals to the service are accepted but the majority of participants have been referred by Social Services, Education and Health with a child, or children identified as in need (Table 2 below). Carers were eligible to participate if they were attending a Triple P Positive Parenting program but were excluded if they were participating in another research study of parenting programmes. Demographics were routinely collected by the Triple P trainers and included carer age, number, gender and age of children, relationship to child, referral route, level of need of child (as above in Table 1), postcode and ethnicity. These data were provided when measures were collected. Ninety seven carers commenced the study and seventy completed the questionnaires at the end of all five group sessions. Analysis of postcodes (http://www.checkmyarea.com/) showed that participants fell into the C1C2D social classification. These classifications have been identified as follows: C1, lower middle *class*, supervisory or clerical, junior managerial, administrative or professional, *C2*, skilled working *class*, skilled manual workers and *D*, working *class*, semi and unskilled manual workers. The postcode website cannot indicate which precise classification (C1, C2 etc.) participants fell in as more information than was available to this study through the recruiting service would be required. This is a limitation of the study and addressed further in the discussion. Residents of the C1C2D classification were described on the website as follows, the children living in this area are typically aged between 5 and 15 years and the adults between 45 and 85+ years. Households consist of mature and retired singles, couples and families. The population density at this postcode is approximately 71% of the national average. The people living here are in general qualified to a low level and the typical employment type is classified as professional or white and blue collar. Unemployment stands at 94% of the national average, and the industry sector is defined as consisting of

manufacturing, for example brewing, steel, petrol and car manufacture or the service industry, for example tourism, retail, transport/distribution and catering. The number of directors is 66% of the national average. As defined by the Census, the ethnic break-down of this postcode is typically white. Government data puts the local authority is ranked as the 47th most deprived in the country, has some areas in the top 1% most deprived in the country, and several in the top 10% most deprived. In terms of employment, the area is ranked amongst the most deprived 10% nationally. The age of the participants ranged from 18 to 62 and the mean age was 35.89 and SD 10.814, 80% were female and 20% male, 78.6% were parents, 10% grand-parents and 11.4% foster parents. All the participants were White British. The age and gender of the participants and the age of their children can be found in Table 1 above. Table 3 provides other characteristics of the participants including the referral route and whether participants self-referred or were referred by an agency. The Children and Young Person's Service allocated the participants to a Continuum of Need which is used to identify levels of vulnerability of children and their families. The level is used by all agencies and organisations within the Local Authority to determine thresholds for the delivery of services. The Continuum identifies 4 levels for delivery of services: level 1 – child achieving expected outcomes, level 2 – child requiring additional services, level 3 – child with complex needs and compromised parenting, level 4 – child in need of protection.

Table 3. Referral route and child level of need

Referral Route	**Self**	**Social Care**	**School**	**E.I.S.***	**Fostering**	**LAC****	**D.S.****
Number	27	16	3	17	3	3	1
Percentage	38.6%	22.9%	4.3%	24.3%	4.3%	4.3%	1.4%
Level of Need	**1**	**2**	**3**	**4**	**5**		
Number	2	8	21	20	19		
Percentage	2.9%	11.4%	30%	28.6	27.1%		

*Early intervention services ** Looked After Children *** Disability Services

Level of Need: 1=Universal Services, 2=Child requiring additional support, 3=Complex needs and compromised parenting, 4=child in need of protection, 5=Missing

Procedure

Triple P facilitators read the information sheet aloud (Appendix 6) to ensure that all people recruited to the study received the same information. The manager of the Triple P service attended the first session of all the groups to ensure fidelity to the presentation of the study and as support to the facilitators in answering any questions the carers might have. Consent was explained and forms completed. Potential participants were told they were completely free to take part or not and the service they received would not be affected in any way by the decision they made. They were also told they could withdraw at any time without offering an explanation. The consent form can be found in (Appendix 7). Participants were offered the option of completing questionnaires with Triple P facilitators if they had problems with reading and comprehension. Three parents asked for support in completing the questionnaire. The facilitator saw these parents at the end of the group and read out the questions and the parents responded themselves. All facilitators had experience of supporting parents in this way when completing other assessments. The measures were completed at the end of each group session of the Triple P parenting programme.

Measures

In order to minimise the burden on participants, three complete questionnaires were used (Satisfaction with Life, Gratitude, and Positive and Negative Affect). Other questionnaires were reduced by selecting the highest loading factors from the Defeat and Entrapment Scale and the Parenting Task Checklist and for Authenticity the Authentic Living sub-scale were administered. Responses on all questions used a 5-point Likert scale from 1 (very slightly or not at all) to 5 (extremely).

Satisfaction with Life. The Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985) was originally developed to assess satisfaction with life as a whole. The SWLS is shown to have high internal consistency and good test-retest stability (ranging from .82 over 2 months to .54 over 4 years), whilst the measure remains sensitive to changes in life satisfaction due to life events and undergoing therapy (Pavot & Diener, 1993) and also correlates predictably with specific personality characteristics (Diener et al., 1985). Participants responded to the following five statements prefaced by “To what extent have you felt this over the last week”, “In most ways my life is close to ideal”, “The conditions of

my life are excellent", "I am satisfied with life", "So far I have gotten the important things I want in life", "If I could live my life over, I would change almost nothing".

***Gratitude*:** The Gratitude Questionnaire (McCullough et al., 2002) was developed for an experimental study. Psychometric development involved demonstrating a robust factor structure, convergent validity with peer reports, discriminate validity from related traits, and high internal consistency (α = .82) Participants responded to the following six statements prefaced by "To what extent have you felt this over the last week": "I have so much in life to be thankful for", "If I had to list everything that I felt grateful for, it would be a very long list", "When I look at the world, I don't see much to be grateful for", "I am grateful to a wide variety of people", "As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history", "Long amounts of time can go by before I feel grateful to something or somebody".

Positive and Negative Affect: The Positive (PA) and Negative Affect (NA) Scale (Watson, Clark, & Tellegen, 1988) was used to assess a range of participants' emotional states. The scale has good internal consistency (alphas from .86 to .87 for NA and PA respectively), low correlation between negative and positive affect and good test-retest stability (ranging from .54 to .63 (NA) and .54 to .60 (PA) from moment to year). Participants responded using the Likert scale ("indicate to what extent you have felt this way in the last week: 1 very slightly to 5 extremely), "Afraid, scared, nervous, jittery, irritable, hostile, guilty, ashamed, upset, distressed, active, alert, attentive, determined, enthusiastic, excited, inspired, interested, proud, and strong".

***Defeat and Entrapment*:** The highest loading factors on the Defeat and entrapment scale (Gilbert & Allan, 1998) were used. The scale shows moderate correlations with other social rank-related variables (social comparison and submissive behaviour, and hopelessness: (r = .34-.65) supporting their concurrent validity (Gilbert & Allan, 1998). The entrapment statements were prefaced by "To what extent have you felt this way over the last week", "I feel I'm in a deep hole and can't get out of it", I can see no way out of my current situation", "I have a strong desire to escape from things in my life", "I feel trapped inside myself", "I would like to escape from my thoughts and feelings", "I feel powerless to change things", "I often have the feeling that I would just like to run away", " I would like to get away from who I

am and start again", and the Defeat statements were, "I feel that I am one of life's losers", "I feel powerless", "I feel completely knocked out of action", and "I feel I have lost important battles in life".

Self-efficacy: The Parenting Task Checklist (Sanders & Woolley, 2005) measured parental self-efficacy in relation to managing child's behaviour (parental belief that they can manage their child's behaviour) and in different settings (parental belief that they can manage their child in different contexts). The Cronbach's alpha for the Behavioural self-efficacy sub-scale was 0.97 and for the Setting self-efficacy sub-scale it was 0.91. The 10 questions were prefaced by "How confident are you in successfully managing your child's difficult behaviour when" (Behavioural questions), "Your child refuses to do what he/she has been told", "Your child gets upset when he/she does not get his/her own way", "Your child acts defiantly when asked to do something", "Your child refuses to eat his/her food", "Your child throws a tantrum", and for the Setting questions "You are on the telephone", "You are busy with chores", "You are speaking to another adult", "Shopping with your child", and "You are preparing meals".

Authentic Living: All four items from the Authentic Living sub-scale (Wood, Linley, Maltby, Baliousis, & Joseph, 2008) were included. The scales achieved 2- and 4-week test–retest correlations ranging from .78 to .91. The subscale was strongly related to self-esteem and aspects of both subjective and psychological well-being. Authentic Living had internal consistency of .69. Authentic Living measures the congruence between consciously perceived experience and behaviour. Prefaced by "Indicate to what extent you have felt this way in the last week" the statements were: "I live in accordance with my values and beliefs", "I am true to myself in most situations", "I always stand by what I believe in", "I think it is better to be yourself, than to be popular".

This gave a total of 57 items excluding the demographics. The questionnaires can be found in Appendix 8.

Analysis Plan

The main approach to the analysis employed multi-level modelling. All variables for each measure or sub-scale were summed and generated totals for behavioural self-efficacy (parental belief that they can manage their child's behaviour), setting self-efficacy (parental belief that they can manage their children in different contexts), defeat, entrapment, gratitude, authenticity, satisfaction with life, and positive and negative affect. The data had a 3-level-hierarchical structure (responses from sessions nested within participant nested within Triple P programme) so multi-level modelling was used to account for the clustering in outcomes within participants. All analyses were performed in Stata version 12.1 using the xtreg (regression) with fixed effects option; this accounts for the repeated measures within participants and the clustering of participants within Triple P groups and treats the participant-specific and group-specific intercept term as fixed but unknown quantities. The regression coefficients can be interpreted as in a simple linear regression. For all outcomes, a positive coefficient implies that as the concurrent or predictor variable increases by 1 there is an increase in the outcomes, which corresponds to higher levels of positive emotions, gratitude, authenticity and satisfaction, lower levels of negative emotions, defeat and entrapment. The questionnaires completed by 70 participants yielded 300 data points for the analysis of concurrent relationships between variables and for the analysis of session by session change. Those participants who did not complete all questionnaires at every time points were excluded. All variables for each measure or sub-scale were summed and generated totals for behavioural self-efficacy, setting self-efficacy, defeat, entrapment, gratitude, authenticity, satisfaction with life, and positive and negative emotions. We adopted a significance level of $p< 0.05$ as the level at which we chose to reject the null hypothesis.

Concurrent analysis

We tested the hypothesis (1) that increases in parental self-efficacy will co-occur with increases (concurrent) in (a) gratitude, (b) authenticity, (c) satisfaction with life, (d) positive affect, and decreases in (e) negative affect. We also tested the hypothesis (2) that decreases in defeat and entrapment will co-occur with increases (concurrent) in (a)

gratitude, (b) authenticity, (c) satisfaction with life, (d) positive and decreases in (e) negative affect, and increases in (f) self-efficacy. The results would show if there is an association, which if significant might suggest they occur simultaneously.

Change across sessions

We tested the hypothesis (3) that increases in self-efficacy between sessions predict increases in (a) gratitude, (b) authenticity, (c) satisfaction with life, (d) positive affect, and decreases in (e) negative affect, (f) defeat and (g) entrapment. We also tested the hypothesis (4) that decreases in defeat and entrapment predict increases in (a) gratitude, (b) authenticity, (c) satisfaction with life, (d) positive affect, decreases in (e) negative affect and increases in (f) self-efficacy. Change variables were computed as the difference in predictors and outcomes between consecutive sessions (e.g., yields changes from week one to two, week two to three, and so on) and included in the multilevel models instead of concurrent values.

Results

Missing Data

Of the 97 participants 70 completed all questionnaires at the end of all five sessions. Of the non-completers 13 completed questionnaires at the end of one session, six at the end of two sessions, seven at the end of three sessions and one at the end of four sessions. Only those participants who completed all questionnaires were included in the statistical model.

Summary of measures

Table 4 below describes the range of the scores and the mean, standard deviation, minimum and maximum of the summed scales and sub-scales.

Table 4. Mean, standard deviation, minimum and maximum of the measures, n=70

Variable	Mean	S.D.	Min	Max	Range
Satisfaction with life	15.93	4.380	7	25	5-25
Gratitude	23.54	4.518	12	30	6-30
Negative affect	44.74	5.060	30	50	10-50
Positive affect	33.73	9.983	10	50	10-50
Defeat	15.46	1.219	12	20	4-20
Entrapment	36.32	4.087	24	40	8-40
Authenticity	15.31	3.575	4	20	4-20
Self-efficacy behaviour	14.57	5.199	5	25	5-25
Self-efficacy – setting	14.1	5.559	5	25	5-25

Correlations between variables

Table 4 presents the results of pair-wise correlations. All the significant correlations were in the expected direction; increases in positive outcome measures were associated with increases in other positive outcome measures and decreases in negative outcome measures were associated with increases in positive outcomes measures.

These correlations indicate associations between the variables, which show these variables may be related, but does not provide any information about causality.

Table 5. Correlations between variables

	Gratitude.	Negative Affect	Positive Affect	Defeat	Entrapment	Satisfaction	Authenticity	Self-Efficacy Behaviour
Gratitude	-							
Negative affect	0.34 ***	-						
Positive affect	0.65***	0.39***	-					
Defeat	0.22***	0.33***	0.20***	-				
Entrapment	0.45***	0.60***	0.42***	0.58***	-			
Satisfaction	0.67***	0.45***	0.55***	0.22***	0.51***	-		
Authenticity	0.54***	0.31***	0.47***	0.22***	0.30***	0.60***	-	
Self-Efficacy Behaviour	0.15**	-0.08	0.08	-0.11*	-0.11*	0.07	0.13	-
Self-Efficacy Setting	0.22***	0.02 *	0.17***	-0.05	0.02*	0.20***	0.18***	0.75***

$p < 0.05$*, $p < 0.01$**, $p < 0.001$***

The results of testing hypothesis 1

1. Changes in parental self-efficacy will co-occur with changes (concurrent) in

    a. gratitude

    b. authenticity

    c. satisfaction with life

    d. positive emotions

    e. negative emotions

are presented in Table 6 below.

Table 6: Concurrent association between (self-efficacy) and measures of positive and negative affect and attitudes

Measures	(Coefficient (SE), p-value)	
	Behaviour self-efficacy	**Setting self-efficacy**
Gratitude	0.090 (0.603) p<0.136	0.038 (0.056) p<0.489
Negative affect	-0.090 (0.068) p<0.192	0.119 (0.064) p<0.063
Positive affect	-0.001 (0.124) p<0.993	0.199 (0.115) p<0.086
Defeat	0.007 (0.017) p<0.681	0.012 (0.016) p<0.452
Entrapment	0.007 (0.045) p<0.872	0.019 (0.042) p<0.644
Satisfaction with life	0.054 (0.038) p<0.158	0.165 (0.190) p<0.386
Authenticity	0.028 (0.030) p<0.344	0.256 (0.148) p<0.084

Hypothesis 1 There was no support for the hypothesis that changes in self-efficacy would be associated with concurrent changes in gratitude, positive and negative affect, satisfaction, authenticity, defeat, and entrapment.

The results of testing hypothesis two

2. Changes in defeat and entrapment will co-occur with changes (concurrent) in

    a. gratitude
    b. authenticity
    c. satisfaction with life
    d. positive emotions
    e. negative emotions
    f. self-efficacy

are presented in Table 7 below.

Table 7: Concurrent association between entrapment, defeat and other variables

Measures	(Coefficient (SE), p-value)	
	Entrapment sum	**Defeat sum**
Gratitude	0.286 (0.078) $p<0.001$***	0.293 (0.215) $p<0.173$
Negative affect	0.406 (0.089) $p<0.001$ ***	-0.100 (0.244) $p<0.682$
Positive affect	0.572 (0.163) $p<0.001$**	0.070 (0.447) $p<0.877$
Satisfaction with life	0.356 (0.070) $p<0.001$**	-0.129 (0.193) $p<0.503$
Authenticity	0.15 (0.056) $p<0.008$**	0.138 (0.153) $p<0.366$
S.E. Behaviour	0.031 (0.114) $p<0.787$	0.369 (0.309) $p<0.233$
S.E. Setting	0.043 (0.725) $p<0.725$	0.431 (0.332) $p<0.194$

Hypothesis 2 There was **s**upport for the hypotheses that decreases in entrapment would be significantly associated with concurrent increases in gratitude,positive affect, satisfaction with life and authenticity and a reduction in negative affect (4 of the 7 entrapment hypotheses). There was no support for the other hypotheses.

The results of testing hypothesis 3;

3. Positive changes in self-efficacy between sessions will predict positive changes in

    a. gratitude
    b. authenticity
    c. satisfaction with life
    d. positive emotion
    e. negative emotion
    f. defeat
    g. entrapment

are presented in Table 8 below.

Table 8: Change between sessions between summed predictor (self-efficacy) and outcome variables

Measures	Predictors (Coefficient (SE), p-value)	
	Behaviour self-efficacy	**Setting self-efficacy**
Gratitude	0.080 (0.062) *p*<0.198	0.102 (0.056) *p*<0.07
Negative affect	-0.732 (0.065) *p*<0.264	0.119 (0.059) *p*<0.045*
Positive affect	0.079 (0.120) *p*<0.506	0.201 (0.109) *p*<0.064
Defeat	-0.085 (0.0194) *p*<0.657	0.018 (0.017) *p*< 0.284
Entrapment	0.049 (0.045) *p*<0.277	0.048 (0.041) *p*<0.240
Satisfaction with life	0.036 (0.056) *p*<0.520	0.113 (0.051) *p*<0.028*
Authenticity	0.075 (0.045) *p*<0.102	-0.021 (0.041) *p*<0.609

Hypothesis 3 The only significant relationship to emerge from the regression analysis was setting self-efficacy predicting decreases over time in negative affect and increases in satisfaction with life. Two out of seven of the hypotheses relating to setting self-efficacy reached significance and none of the seven relating to behavioural self-efficacy; this is taken as no support for hypothesis 3.

The results of testing hypothesis 4

4. Positive changes in defeat and entrapment will predict positive changes in

    a. gratitude

    b. authenticity

    c. satisfaction with life

    d. positive emotion

    e. negative emotion

    f. self-efficacy

are shown below in Table 9.

Table 9: Change between sessions analysis summed predictor (entrapment and defeat) and outcome variables

Outcome	Predictors (Coefficient (SE), p-value)	
	Entrapment sum	**Defeat sum**
Gratitude	0.332 (0.086) *p*<0.001***	0.104 (0.220) *p*<0.636
Negative affect	0.466 (0.088) *p*<0.001***	0.112 (0.224) *p*<0.617
Positive affect	0.747 (0.168) *p*<0.001***	0.366 (0.429) *p*<0.394
Satisfaction with life	0.323 (0.079) *p*<0.001***	-0.302 (0.202) *p*<0.137
Authenticity	0.116 (0.064) *p*<0.071	0.001 (0.164) *p* <0.993
S.E. Behaviour	0.295 (0.130) *p*<0.024*	-0.070 (0.311) *p*<0.822
S.E. Setting	0.306 (0.143) *p*<0.033*	0.176 (0.342) *p*<0.607

Hypothesis 4 There was considerable support, six of eight hypotheses, for decreases in entrapment predicting changes in the outcome variables over time. Decreases in entrapment was a significant predictor of increases between sessions in gratitude, positive affect, and

satisfaction with life, decreases in negative affect and to a lesser extent with increases in parental self-efficacy in relation to managing their child's behaviour and coping with their child in different contexts, with lower levels of entrapment associated with increases in positive affect and attitudes and reductions in negative affect. There was no support for defeat as a predictor of change in outcome variables.

Discussion

In this study we aimed to investigate changes in self-efficacy, defeat and entrapment, positive and negative affect, gratitude, satisfaction with life, and authenticity in parents attending Triple P Positive Parenting Program. We found little support for self-efficacy either in concurrent relationships with other variables or as a predictor of change in the other measures. Increases in setting self-efficacy was a significant predictor of decreases in negative affect only.

Increases in entrapment emerged as a significant concurrent and change predictor of increases in gratitude, positive affect, satisfaction with life and decreases in negative affect. Entrapment was also a significant concurrent predictor of authenticity. Defeat did not reach significance as either a concurrent or change predictor of the outcome variables. As discussed the role of defeat and entrapment has been examined in depression, anxiety and suicide (Gilbert & Allan, 1998; Taylor, Gooding, Wood, & Tarrier, 2011) but not in the parenting literature. In terms of defeat, it is possible to imagine that carers who are attending parenting programmes, and as a consequence likely to be facing challenges in some aspect of their relationship with their children, may be susceptible to feelings of defeat. It has been argued that a sense of entrapment may be associated with stressful life events or circumstances that are particularly chronic and on-going (Brown et al., 1995). In earlier studies three factors implicated in the development of depression were outlined; direct attacks on a person's self-esteem forcing them into a subordinate position: events undermining a person's sense of rank, attractiveness and value, and blocked escape (Gilbert & Allan, 1998). Entrapment has come to incorporate the earlier construct of blocked

escape. It has also been argued that social rank is the mechanism by which income relates to distress (Wood, Boyce, Moore, & Brown, 2012). Negative cognitions associated with low social rank (particularly defeat and entrapment) may be clinically targetable in both prevention and treatment programmes to reduce socio-economic mental health disparities (Wood et al., 2012). These arguments are pertinent in relation to findings from this study because the carers who participated came from a deprived area of England and 70% were under the scrutiny of Social Services. This is likely to have been implicated in their sense of entrapment. Without a control or comparison group, it is difficult to know whether parents in this study felt trapped by relationships in the home, the degree of scrutiny they were experiencing from outside or parenting and the parenting role. What is clear is that entrapment in this study predicted improvements over time in positive affect and attitudes and a reduction in negative affect.

It has been argued that entrapment also involves psychological processes which can be divided into two subclasses (Gilbert & Allan, 1998), external entrapment by external events or circumstances, versus internal entrapment relates to internal thoughts and feelings. A factor analysis of the complete defeat and entrapment scale administered to students found that there is strong evidence for a single factor underlying both constructs (Taylor, Wood, Gooding, Johnson, & Tarrier, 2009). The findings from the study reported here suggest that for the carers who participated, these constructs were distinct from one another. Defeat was not a significant predictor of any of the outcome measures used in this study. Entrapment viewed as both an internal (thoughts and feelings) and external (often chronic, stressful life events or circumstances) construct is likely to be pertinent for the many of the carers who participated in this study. With 70% of the participants in contact with Social Services to some degree it is likely that changes in perceived entrapment would predict changes in gratitude, negative and positive affect, satisfaction with life and authenticity. It would appear that changes in perceived entrapment may be a mechanism of change in parenting programmes which leads to improvements in positive affect and attitudes. This is a

significant result and contributes to the literature on entrapment which to date has not been explored in relation to parenting programmes.

Strengths and Limitations

The strengths of this study are that it is a novel investigation of session by session change in a well- established, evidence-based Triple P parenting programme. Another original aspect of this study is the use of positive outcome and defeat and entrapment measures to evaluate changes in parents. The demographics and background of the participants is both a strength and limitation (as discussed below). It is often argued (Maginn, 2007; Sixsmith, Boneham, & Goldring, 2003) that certain hard to reach groups (e.g., unemployed, deprived and those involved with the justice system) are under-represented in research. This study managed to recruit 97 participants, 70 of whom completed questionnaires at every time point. The only exclusion criterion for this study was involvement in other parenting research. Discussions with the manager of the service and agreement on a clear protocol meant that it was possible to offer support in completing questionnaires if carers had problems with reading and comprehension. The cross-sectional design of the study has both strengths and limitations. The design can be useful for identifying associations as was found in this study and can indicate whether it could be fruitful to conduct more research in the future employing a longitudinal component so that causality can be addressed. There are also a number of limitations with a cross-sectional design conducted over a short time frame, in the case of this study, seven weeks. It is therefore not possible to examine cause and effect with this design and such studies are prone to selection and measurement bias. The study relied on self-report data to measure target processes. This might not be optimal as responses could be influenced by participant expectations of the programme. The responses are subject to biases such as impression management and social desirability (King & Bruner, 2000; McEwan, Davis, MacKenzie, & Mullen, 2009; Nederhof, 1985; Nisbett & Wilson, 1977). This may be particularly relevant for the questions relating to parental self-

efficacy because many families were under the scrutiny of Social Services and may have wanted to demonstrate their growing skills as parents. Repeated measurement could cause changes in an individual's experiences; completing the questionnaires each week may have affected the phenomena studied. However, a time lapse of a minimum of seven days may have reduced the effect of this possible confounder. The selection of different questionnaires may have strengthened the study. For example, the present study used a task-specific measure of self-efficacy. Other investigations have looked at three levels of self-efficacy: global, domain and task-specific (Sanders, & Woolley, 2005). The measure selected for the purposes of the present study may have been enhanced if it had incorporated global and domain measures as well as task-specific questions. The study was conducted in a relatively deprived area of the North West of England and 70% of the carers who participated had children who presented concerns to social services. As such the findings are not representative of the general population. To reduce burden, only minimal measurement was made of demographic and background information on the participants. The information made available was routinely collected by the service the study was conducted in. The inclusion of questions about employment status would have been a helpful adjunct and would have enabled a more in-depth analysis of the participants' socio-demographic background than the post-code checker allowed. This may have been informative in relation to the findings on entrapment in particular.

Research implications

Further research needs to be conducted into the role of entrapment and defeat but the findings from this study suggest that interventions developed around the psychological processes that may underlie perceptions of entrapment (Johnson, Gooding, & Tarrier, 2008; Taylor, Gooding, Wood, & Tarrier, 2011), in particular, could be fruitful for future research in the field of parenting programmes. This study has broken new ground in contributing to the literature on defeat and entrapment, positive psychology and parenting programmes. Future research could expand and explore on the findings reported here.

Conclusions

Entrapment emerged as a significant concurrent and change predictor of gratitude, negative and positive affect, and satisfaction with life. Entrapment was also a significant concurrent predictor of authenticity. It would appear that the Triple P parenting programme had the effect of reducing participants' feelings of entrapment, and that this was concurrent with, and a predictor of, increases in positive affect and attitudes. This is a novel finding and suggests that future research examining defeat and entrapment alongside positive outcome measures could extend our knowledge about the way in which parenting programmes work to improve parenting, and therefore outcomes, for children and families.

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Paper 3

Critical Reflections

Word count: 4,700

Overview

This paper provides a critical reflection of the research process. First the background context for the study is presented. Second, the rationale for, and the development of Paper 1, is critically examined. Third the rationale for the development of the main empirical paper is examined. This is followed by an examination of methodological and ethical issues relating to the research process. To conclude, future implications of the study for research in this area are discussed.

Background

Research studies examining parenting interventions have demonstrated improvement in reports of children's behavioural difficulties (Barlow, Parsons, & Stewart-Brown, 2005; Bayer et al., 2009). Changes in perceived maternal competence and reductions in symptoms of depressed mood have also been established (Barlow, & Coren, 2001). Parenting interventions have been widely adopted in a number of countries (Prinz et al., 2009) and as a consequence large numbers of families now have access to evidence-based parenting interventions (Prinz et al., 2009). There is a significant evidence base for parenting interventions and many of the studies are randomised controlled trials which have shown their effectiveness in bringing about change in problem behaviours, for example the Triple P Positive Parenting Program (Sanders, 1999; Tellegen & Sanders, 2013; Wilson et al., 2012), the Incredible Years programme (Barlow, Coren, & Stewart-Brown, 2002; 2001) and parenting programmes more generally (Gardner, 2012; O'Brien & Daley, 2011). Studies have demonstrated that these programmes bring about immediate improvements in parental practices and child behaviour post intervention (Reid, Webster-Stratton, & Baydar, 2004) and in the longer term (Sanders et al., 2007). A number of trials have demonstrated improvements in maternal well-being (Sonuga-Barke et al., 2001), stress and depression (Hutchings, Gardner, et al., 2007) and reductions in conflict between parent and child (Morawska & Sanders, 2006). A recent Cochrane review of group-based programmes concluded that there was support for improvements in child behaviour problems and the

development of positive parenting skills in the short-term, whilst also reducing parental anxiety, stress and depression (Furlong et al., 2012). In addition it is argued, parenting programmes achieve good results at relatively modest costs when compared with the long-term social, educational and legal costs associated with childhood conduct problems (Furlong et al., 2012). Evidence based parenting interventions, such as Triple P (Sanders, 2012) and The Incredible Years (Webster-Stratton, & Reid, 2010) offer a form of psychological support that is available to a range of parents. These interventions are increasingly being recommended in policy documents (NICE, 2013) for a range of family difficulties and presenting problems. Paper 1 and 2 can be viewed in the context of national guidance and recent policy drivers in relation to families, in particular those who present with the greatest need.

National guidance

Group-based parenting is recommended by the National Institute for Health and Clinical Excellence (NIHCE) in the management of children with conduct disorder up to the age of 12-years (NICE, 2013), pre-school children with attention deficit hyperactivity disorder (ADHD) and school-age- children with moderate symptoms of ADHD (NICE, 2008). A recent Cochrane review has provided some support for group-based parenting programmes to improve the emotional and behavioural adjustment of children up to the age of three (Barlow, 2012). Family focused interventions and parenting programmes can reduce risk factors in families (Farrington & Welsh, 2007). These interventions and parenting programmes can have lasting effects in improving behaviour even in cases where parents are initially reluctant to accept help. They can impact on a range of outcomes for children and young people, including educational attainment, prevention of anti-social behaviour and risky behaviours. Lack of effective relationships at home can lead to the development of aggression and behavioural problems in children. In turn, this leads to poor attainment in school, peer exclusion and socialisation with other delinquent young people, with whom young people often start to offend. Having a persistent conduct disorder as a child increases

the risk of a police recorded violent act a hundredfold (Odgers et al., 2007). Research indicates that children who have witnessed domestic violence are 2.5 times more likely to develop serious social and behavioural problems than other children (Wolfe, Zak, Wilson, & Jaffe, 1986), and they are also more likely to be perpetrators or victims of domestic violence as adults. The findings from these studies provide support for the value of parenting interventions which can improve outcomes for young people through improved parenting and child behaviour. There is evidence that these improvements have been shown to persist after the intervention has ended (Webster-Stratton, Hollinsworth, & Kolpacoff, 1989).

Policy drivers

Historically, and currently, the drivers for increasing access to parenting interventions have primarily been the aims of reducing levels of antisocial behaviour and crime (Bor, 2004; Bor, McGee, & Fagan, 2004; Bor & Sanders, 2004), and promoting family well-being (Department for children, 2010; Marmot, 2010). Poor parenting is a significant causal factor for youth crime. Youth crime is believed to be linked to a small number of highly prolific offenders and a larger group of less frequent and less serious offenders. Children who go on to become prolific young offenders typically suffer from harsh or neglectful parenting from either parents and develop behaviour difficulties at an early age (Chang, Halpern, & Kaufman, 2007). Unsurprisingly, family problems such as substance dependency or poor mental health can mean that consistent and effective parenting is hard to achieve.

Recently the Troubled Families Agenda financial framework for the payments-by-results scheme for local authorities (Government, 2013) defined troubled families as households which are involved in crime and anti-social behaviour, have children not in school, an adult on out of work benefits and cause high costs to the public purse. As a consequence those families who are more likely to receive parenting interventions are those who are seen as problematic and who are involved with a number of agencies and services, for example, criminal justice system, social services education and health services. In this context it may be the case that families experience some of the input as aversive and critical, so parenting

programmes which focus on the positive may be a welcome counterbalance to their experiences elsewhere. In addition, evaluations which utilise positive measures may also allow parents to reflect on the positive rather than the negative, even if negative behaviours have been reduced by the intervention.

Paper 1 – Reasons to be cheerful: what can positive psychology offer parenting interventions

Paper 1 is an invited book chapter for a book entitled 'Positive Clinical Psychology: An Integrative Approach to Studying and Improving Well-being'. The editor has called for chapters which take a critical stance toward adopting a genuinely integrative approach within a given area of research to consider the benefits and possible pitfalls of considering both positive and negative characteristics when studying and improving well-being. There is a significant body of research which has aimed to understand and alleviate distress. The positive psychology field is relatively new and criticism has been levelled at the weakness of some of the evaluations, particularly in the use of inappropriate control groups (Wood, Froh, & Geraghty, 2010; Wood & Tarrier, 2010) There are, however, interventions which have achieved clinical change outcomes in areas as diverse as body dissatisfaction and worry (Moran, & Diamond, Moran & Diamond, 2008a; 2008b), affective disorders (Moran, & Diamond, 2008a) and Post Traumatic Stress Disorder (Tarrier, 2010). It is argued that an integration of both positive and negative emotions, characteristics and functioning could lead to a more balanced approach to the understanding of human behaviour, psychology and emotion. Taking account of when so-called positive and negative emotions can be adaptive and considering context in developing this understanding could lead to the development of a broader range and more inclusive interventions. This in turn could offer the opportunity to select from a greater number of therapeutic interventions on the basis of individual client need.

A systematic search of the literature on parenting interventions was conducted to identify any published research conducted within the field of parenting interventions which had

incorporated the ideas and theories of positive psychology. This failed to yield studies which had used positive outcome measures of affect, attitudes and behaviour, or engaged with positive theories and ideas more generally, in evaluation of parenting interventions. The decision was taken, given the results of the searches, to write a conceptual paper drawing on the process of narrative review. Although narrative reviews use more "idiosyncratic, informal and subjective methods to collect and interpret information" (p.81, Jadad, Cook, Jones, Klassen, Tugwell, Moher, & Moher, 1998) it was considered that a novel contribution to the field of parenting programmes drawing on positive psychology theories and studies could provide ideas for future research and investigation and would be suitable for inclusion in 'Positive Clinical Psychology'. Discussions with both supervisors took place to ensure this would be satisfactory and the author also contacted the Head of Research on the Doctorate of Clinical Psychology programme to ensure this would meet the requirements of the Doctorate.

Parenting interventions: the evidence base

As indicated above parenting interventions generally have a significant evidence base. Triple P is an example of this and is widely used and delivered nationally and internationally. Triple P has a range of different delivery formats (Sanders, & Kirby, 2012) and as such is flexible and versatile. It can be adapted for different populations and specific problems and has been shown to provide support, knowledge and skills to families who are struggling. In evaluating parenting programmes most outcomes have used a measure of reduction in negative affect, attitudes or behaviours as outcome measures. Paper 1 drew on the parenting programme literature and the burgeoning research in positive psychology to advance an argument for the value of beginning to investigate positive psychology constructs and concepts within the parenting field.

Positive measures – rationale

As discussed in Paper 1 the lack of investigation of positive changes in parents is considered to represent a significant gap in the literature. In addition the author felt it was a

missed opportunity in terms of supporting, encouraging and validating parents who attend parenting programmes. Having spent some time in the Children and Young Persons' Service (CYPS) this study recruited from, it became clear from many lengthy discussions with the manager that most of the families they worked with had almost uniformly negative experiences of involvement in other services. For some their lives had historically been characterised by critical and negative environments, coming from difficult and coercive family situations as children themselves. As is so often the case, parents who find parenting challenging, often did not have parents who demonstrated or modelled constructive, loving and supportive parenting. It is recognised that the ideas which resulted from the discussions with the manager of the CYPS relied on anecdote from parents attending the Triple P courses and there are likely to be a number of inherent biases. However, what was striking was the absence of almost any positive input in the lives of so many parents who were in the CYPS. Participating in the Triple P programme was a rare example of receiving positive input and praise from anyone working in statutory services. The use of measures which encouraged parents to reflect on the improvements and progress they have made, and the shifts in positivity within their family, must surely contribute to affirming the skills and knowledge they have gained.

The novel contribution this paper makes is one of its strengths. However, there were a number of challenges in bringing together two considerable and relatively well-researched areas with very little overlap. Making decisions from the extensive parenting and positive psychology literature about inclusion in Paper 1 and trying to ensure that most relevant and pertinent studies were included required a lot of searching and reading. The value of supervision in this process was highlighted as both supervisors have considerable experience, one in the field of parenting research and the other in the area of positive psychology. However, it is possible that Paper 1 will have omitted studies which are relevant. In this respect the author did consider at times that a literature review might have been more manageable in some respects. However, the nature of the conceptual argument we were attempting to make made this impossible.

Undertaking Paper 1 provided many learning opportunities and supported the development of new research skills. Time management was a considerable challenge as completion of the paper, recruitment, regular visits to the Children and Young Persons' Service and clinical workload in a new placement placed competing demands on the researcher. Furthermore as the paper was not a systematic review it was more difficult to judge when enough literature had been located.

Paper 2 - Increasing positive emotions within Triple P parenting programmes as part of therapeutic change

As Paper 1 demonstrated relative to the negative emotions, positive emotions have received little empirical attention partly because there has been a focus on problems and treatment (Fredrickson, 2004). The broaden-and-build theory (Fredrickson, 1998) argues that positive emotions lead to expanded thought-action repertoires and in contrast negative emotions narrow a person's thought-action repertoire as they tend to activate fight/flight responses (Fredrickson, 1998). It is argued the consequent expanded thought-action repertoires benefit attention and thinking (Fredrickson & Branigan, 2005), undo lingering negative emotional arousal (Waugh et al., 2008), fuel resiliency (Tugade et al., 2004), build resources (Slagter et al., 2007), and fuel well-being (Lyubomirsky et al., 2011; Lyubomirsky et al., 2005; Tarrier, 2010). In light of the emerging findings from this relatively new field there has been a call for the development of a Positive Clinical Psychology, which has equally weighted focus on both positive and negative functioning (Wood & Tarrier, 2010). In light of the considerable literature on the efficacy of parenting interventions, their emphasis on the positive within the interventions alongside the lack of positive outcome measures, and the growing field of Positive Psychology, it was considered that a study of a Triple P parenting programme which examined session by session change and employed both positive and negative outcome measures would make a useful early contribution in an under-researched

area. Administering measures session by session allows for an examination of the process of change and the role of positive emotions in this change.

Pilot study

It is acknowledged that many of the limitations of this study might have been addressed by conducting a pilot or feasibility study which tested the logistics of conducting the research (processes and procedures) and the questionnaires and measures used. A pilot can identify deficiencies in the design of the study which can then be modified in light of this information to improve the research. However, due to lack of time and financial resources it was not possible to conduct a pilot study. Losing the first recruitment site meant that any possibility of conducting even a small pilot was beyond the scope of the research.

Questionnaires

There are a number of potential disadvantages about using questionnaires in research studies. If questionnaires are not understood by the respondents the findings may not be valid. It is difficult to know how truthful a respondent is being and no way of telling how much thought has been given to the responses. The respondents may be distracted when completing the questionnaire and may take different meanings from questionnaires and reply based on an individual interpretation. It is possible that the questionnaires we chose may not have any real meaning or importance for the respondents. Some argue that they can be inadequate to understand some forms of information, changes of emotions, behaviour and feelings. However, there were also many practical and pragmatic considerations in relation to this study that meant a questionnaire study was the most appropriate method.

There are also a number of advantages to using questionnaires and these were valued in the study reported here. Questionnaires are practical and large amounts of information can be collected in a short space of time. As in this study it allowed for the questionnaires to be

administered by others (following the research protocol agreed with the manager of the CYPS) and, given the distances involved and the number of programmes the study recruited from, this was essential. It would have been literally impossible for the researcher to have administered all the questionnaires. It also allowed us to begin to test some of the ideas proposed in Paper 1 relating to the adoption of positive outcome measures in parenting programmes.

The data reported in this thesis is all based on self-report and as such is subject to other biases such as impression management and social desirability (McEwan et al., 2009). The author considered that these biases may be particularly relevant in terms of the concepts under investigation in this study. Given that many of the families who participated in this study were of concern to, and being monitored in some way, by social services, and others were in the final stages of trying to keep their children with them, this may have influenced the responses. Although participants were told that their responses would not be read by anyone other than the researcher and that it would not in any way affect the service they received there may have been considerable internal pressure to minimise the negative and accentuate the positive. With hindsight it might have been possible to use a measure to assess the social desirability confound, for example, the 10-item Brief Marlow–Crowne Social Desirability Scale (M–C 1[10], (Loo & Thorpe, 2000; Reynolds, 1982; Strahan & Gerbasi, 1972) can be used to assess whether outcome was due to experimental condition or social desirability of the participants. Psychometrically, the M–C 1[10] is about as reliable as the original 33-item M–C scale, with correlations with the original M–C in the .80s and .90s. Whilst the method of self-report has its advantages in terms of collecting data in a short space of time, there is no way of corroborating or substantiating their responses.

In addition to these concerns the author was mindful that some of the parents might have problems reading and writing. The manager of the CYPS was used to working with parents and carers who struggled with literacy. In order to be as inclusive as possible all parents

were offered assistance with completing the questionnaires and all questions were read aloud by the Triple P facilitators.

Future research might want to collect additional data from other informants and consider using observational methods to triangulate findings. Qualitative studies could also help to elucidate which measures of positive outcome were most acceptable and relevant for participants attending parenting programmes.

Selection of measures

It is acknowledged that any decision about measures means that those excluded may offer valuable insights and certainly yield different findings. It is the case that the field of positive psychology offers other attributes which could prove interesting and illuminating to measure, for example, optimism.

Having explored the positive psychology literature and located a number of positive measures developed for research in this field the author, following discussions with supervisors, agreed a number of measures to be used in this study. It is recognised that the measures included are not exhaustive but following discussions with the manager of the CYPS, it was clear that we needed to minimise the burden we were placing on our participants. There were two reasons for this: the first is that parents in this study are often asked to fill in forms (generally in relation to benefits and other support they receive) and this can lead to feelings of being overly scrutinised, second we were asking them to complete forms at the end of every group session and we needed to be mindful of the value they placed on their time, and for the many the need to get home to their children as quickly as possible.

In order to reduce the burden on participants some of the questionnaires used were reduced to sub-scales or the highest loading questions on particular factors. Clearly this is not ideal but difficult decisions always have to be taken when juggling the questions one wants to

answer and the degree to which participants are willing or able to give up their time to take part in the study. With hindsight it was felt that additional measures of self-efficacy may have provided a more comprehensive picture of this in relation to changes brought about by Triple-P.

The measures selected from the positive psychology literature examined gratitude, positive and negative affect (in line with the arguments for an integration of positive and negative outcomes), satisfaction with life and authenticity. Paper two describes these measures in greater depth. It was considered that this provided some breadth to the study. Given we were using these as outcome measures in a Triple P programme, it was considered that these measures would be relatively easy to administer, pertinent for our participants and brief enough to allow for completion on a weekly basis.

It was considered that a measure of defeat and entrapment could be a relevant construct to examine. Alongside other measures this would allow for the examination of changes in both the negative and the positive in participants. It was considered that this may be particularly pertinent for the participants in this study given many were involved with Social Services and the justice system. No evidence was found that defeat and entrapment has been examined in parents attending parenting programmes. Defeat can be defined as a sense of failed struggle concerning the loss or disruption of some valued status or internalized goals (Gilbert, & Allan, 1998). Entrapment may be associated with stressful life events or circumstances that are particularly chronic and on-going (Brown et al., 1995). Entrapment has come to incorporate the earlier construct of blocked escape. It is acknowledged that whilst we believe we were justified in selecting this questionnaire, particularly in light of the population we were sampling from, there are other measures that could have been used.

Given the evidence for parental self-efficacy as a contributor to the mechanism of change in parenting programmes a measure of this was included in the study. Alongside these questionnaires we also administered the following outcome measures: positive and negative

affect, gratitude, satisfaction with life, and authenticity. In addition, evaluations have administered measures prior to, during and after the Triple P programmes but to date session by session change has not been evaluated. It was considered a session by session investigation might reveal other predictors of change that occur during the intervention.

Recruitment

Initially the researcher contacted a local authority in the North West and visited on three occasions to discuss conducting the research within the service. Agreement was reached and protocols and documentation discussed and agreed. The researcher applied for Ethical approval for the study and during this time the contact in the site moved to a new position. The changes in the authority relating to the delivery of Triple P programmes meant it was no longer possible to recruit for the study. This caused not inconsiderable difficulty as the researcher did not have a contact for another service. At this point the researcher contacted the national co-ordinator for Triple P who was able to introduce the researcher to a manager of a Children and Young Persons' service in a relatively deprived area of the North West. This required a number of visits to introduce the study and begin the process of reaching agreement over the way the research could be conducted within the site. The manager was very accommodating and the researcher was aware that this was extremely fortunate, because losing the first site had caused significant concerns about time left available to collect data. The researcher had not factored in additional travelling and time spent in the second site which created challenges in relation to writing Paper 1. However, once the process was agreed the research ran smoothly and the manager provided excellent support. The researcher visited the site regularly to collect questionnaires and this was an additional time burden because it represented a change to the agreed protocol in the first site.

The fact that the study recruited from a relatively deprived area is both a strength and weakness of the study. There are often challenges with recruitment in deprived populations which can lead to research which does not address the particular difficulties faced by parents in these areas. With hindsight, the researcher should have gathered additional

socio-demographic information, in particular in relation to employment status. However, in order to keep the burden to participants to a minimum, and in discussion with the manager of the service, it was agreed that the research study would be provided with background information which was routinely collected by the service.

Ethical issues

Ideally the researcher would have preferred to introduce the study to parents and to administer and collect questionnaires because there are concerns when people delivering services are involved in research. Potential participants may feel under pressure to take part or feel some sense of obligation. Although the participants were assured their responses would not in any way interfere or alter the service they received the researcher was concerned that they might in some (now unknowable) way have been influenced by the context and setting of the study. Linked to this were concerns about ensuring that participants were able to give informed consent. This was discussed at length with the manager of the CYPS who introduced the study to parents at each of the groups who participated. Parents were told clearly and repeatedly that their participation was voluntary and furthermore they could withdraw from the study at any time without giving a reason. Anecdotally it would appear that many participants not only reported being willing to take part some also stated they were pleased to be helping with research which might inform future parenting programmes.

Findings

Entrapment emerged as a significant concurrent and change predictor of gratitude, negative and positive affect, and satisfaction with life. Entrapment was also a significant concurrent predictor of authenticity. It would appear that the Triple P parenting programme had the effect of reducing participants' feelings of entrapment, this predicted increases in positive affect and attitudes concurrently, and change over sessions. No evidence of studies investigating entrapment in carers attending parenting programmes was found. It would

appear that this is a novel finding and suggests that future research examining defeat and entrapment alongside positive outcome measures could extend our knowledge about the way in which parenting programmes work to improve parenting, and therefore, outcomes for children and families. It may be that the findings could also indicate ways in which parenting programmes might directly address feelings of entrapment.

Future research

As argued above the use of positive outcome measures may have the dual effect of exploring the role of positive emotions, attitudes and behaviours in carers attending parenting programmes and additionally provide the participants with a greater sense of their achievements and progress during their time on the programme. In addition to this, and with the benefit of hindsight, it is also apparent that positive changes in children should be a consideration in future studies. It was not possible within the scope of this study to include children for many reasons, time, ethical considerations, and approval to name but three. However, future research could consider the involvement of children as well as parents. Studies of this kind could also inform the Broaden-and-Build theory (Fredrickson, 2004). Measuring positive changes in parents and children could provide additional information about the degree to which changes in positivity generalise to other situations and contexts. Qualitative and observational studies could allow for an exploration of the additional benefits parents and children enjoy above and beyond the improvements in parenting skills and knowledge. Do these changes in the home environment lead to improvements in the degree to which families enjoy one another, grow in confidence and expand their horizons? The Broaden and Build theory (Fredrickson, 2004) would suggest that the increases in positivity parents demonstrated in the study reported here should lead to expanded repertoires beyond the experience of parenting. This is an exciting and promising new area of research and one that should yield increases in knowledge about the mechanisms of change in parenting programmes, the contribution positive psychology can make in understanding

these mechanisms and to enhancing and extending the positive changes parents experience.

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Appendix 1

General Information for Book Chapter Contributors

Book:
Positive Clinical Psychology: An Integrative Approach to Studying and Improving Well-being
Editor:
Dr Alex Wood, University of Manchester. www.alexwoodpsychology.com.
Publisher:
Wiley.
Overview of Book:
The positive psychology movement, as developed by Martin Seligman and others, has achieved considerable success in drawing attention to the importance of studying positive characteristics and positive well-being. This has lead to the creation of specialist journals, Master's level courses, catalogues of books, and millions of pounds in research funding. However, despite these clear achievements, positive psychology has attracted several criticisms, particularly (a) studying the positive in isolation to the negative, and (b) failing to acknowledge how the positive has already been studied historically and in other fields (such as humanistic traditions). The danger is that positive psychology will lead to a separatist field that *only* studies the positive, running in parallel to fields that *only* study the negative (e.g., clinical psychology and psychiatry). To avoid this possibility, there is a need for a Positive Clinical Psychology (e.g., Wood & Tarrier, 2010a) which is characterized by the integrative study of well-being, where both the positive and negative are given equal weighting in the understanding and improvement of well-being. There are a several reasons why this integrative approach is necessary. First, few characteristics are uniformly positive or negative. Positive affect, for example, is problematic when it ascends in mania or occurs in inappropriate situations, and anger can be adaptive when it motivates appropriate actions to redress general wrongs. Second, prediction of important outcomes can be maximised by focusing on both positive and negative characteristics. Third, positive characteristics interact with negative events to buffer and reduce the impact on well-being and health. Fourth, many characteristics (such as happiness and depression) may exist on the same continuum, and thus cannot be studied separately. Fifth, interventions that build strengths may be as effective as those that simply aim to alleviate distress. Positive Clinical Psychology differs from positive psychology in that it aims not to promote a sole focus on the positive, but rather to change the existing profession of clinical psychology to adopt a genuinely integrative approach to achieve the benefits of considering both positive and negative characteristics when studying and improving well-being.
Chapters:
Thirty chapters will be organized into one of five sections;
(1) **Introduction**. Providing a general background to why it is important to promote an integrative focus on both the positive and the negative when studying and fostering well-being through the development of an integrative clinical psychology.
(2) **Interventions.** Considering and evaluating specific interventions in terms of whether they aim to and succeed in improving well-being through focusing on both the positive and negative aspects of life.
(3) **Transdiagnostic Processes.** Examining how the understanding and targeting of processes that are present across disorders requires an understanding of both positive and negative aspects.
(3) **Clinical Disorders**. Providing an evaluation of the utility of examining both the positive and the negative in the context of specific clinical disorders.
(4) **Special Populations.** Examining how an integrative study of both positive and negative well-being is or can be applied to particular populations.
(5) **Conclusion**. Integrating the arguments across the sections and individual chapters to provide specific recommendations to the field.
Chapter Content:
Each author is the recognized expert in their field and it is recognized that each is best positioned to decide upon the content of the chapter (although a dialogue with the editor is offered if desired; the focus is supporting the author in the argument they choose to make).

Authors are only asked to make some argument as to why the study of both of the positive and the negative is needed with respect to their content area. The nature and focus of this argument (and what constitutes “positive” and “negative” in this context) is up to the individual author. The expectation is that the book will provide a series of idiosyncratic and different arguments, as appropriate to each topic and the views of the authors, which together will provide strong, varied, and domain specific arguments for the need for an integrative positive clinical psychology. Authors come from a variety of backgrounds (including positive, clinical, and counselling psychology) and are of course welcome to take a critical view of perspectives in their area; they are certainly not expected to endorse any particular viewpoint (e.g., positive psychology or traditional clinical psychology), and are only asked to consider an argument based on how an integrative approach to the positive and negative would benefit their topic (for which argument a critical approach may often be appropriate). In the final conclusion section these arguments will be highlighted, including points of similarity and contrast, with the aim of presenting an integrative message to the field.

Chapter Length:

To allow the presentation of a plurality of views, and to avoid time burden on authors, the word limit is 5,000 words limit (text only, excluding references and any tables).

Deadline:

Chapters are requested by 31st April 2013.

Appendix 2. Characteristics of positive psychology and parenting studies included in the Paper 1

Author (year); country	Aims	Sample; age range	Sampling; context	Design	Intervention; target group	Comparison group (matched)	Measures	Analysis	Relevant findings
Jones, Forehand, Brody & Armistead 2002	To explore associations between positive parenting and child psychosocial adjustment and is association accounted for by maternal depression	N = 141 Mothers mean 35.85 SD 6.11 Children Mean 11.60 SD 1.78	Single mothers living in Inner city New Orleans recruited through 5 public schools	Separate questionnaire based interviews with mother and child	N/A	No comparison	Community risks, Life Orientation Test, Depression sub-scale of Brief Symptom Inventory, Monitoring and Control Questionnaire, Youth Self-Report of the Child Behaviour Check List	Correlations and regression	Maternal optimism is associated with positive parenting and only partly mediated by maternal depressive symptoms. Maternal optimism was not associated with child psychosocial adjustment, but positive parenting was associated with lower levels of both internalising and externalising difficulties.
Lloyd & Hastings, 2009 UK	Exploration of hope and its relationships with parental well=being in parents of children with intellectual disabilities	138 mothers and 58 fathers Mothers age range 23-57; fathers 23-54, children 3-18	Recruited via Special Educational Needs schools in North Wales and the North West of England	Cross-sectional questionnaire	Parents of children with intellectual disabilities	No comparison	Reiss Scales for Children's Dual Diagnosis, Trait Dispositional Hope Scale Positive and Negative Affect Scale, Parent and Family Problems scale of the Questionnaire on Resources and Stress, Hospital Anxiety and Depression Scale	Correlation and regression	For mothers lower levels of hope (agency and pathways) and more child behaviour problems predicted maternal depression. Positive affect predicted by less problematic child behaviour and higher levels of hope. For fathers, anxiety and depression were predicted by low hope agency and positive affect was predicted by high hope agency. Mothers with high hope (agency and pathways) reported lowest levels of depressive symptoms

Author (year); country	Aims	Sample; age range	Sampling; context	Design	Intervention; target group	Comparison group (matched)	Measures	Analysis	Relevant findings
Taylor, Larsen-Rife, Conger, Widaman, & Cutrona 2010	To explore how dispositional optimism may moderate the economic and psychological challenges single mothers face.	394 single mother families.	Family and Community Health Study originated in mid-1990s, four waves of data collection up to 2005-2006. Recruited by telephone	Longitudinal questionnaire based interviews	N/A	None	Mother's childhood adversity, Economic pressure, Life Orientation Test, Mini Mood and Anxiety Symptom Questionnaire, Behavioural Affect Rating Scale, Family routines and parenting skills, school competence.	Structural equation modelling	Maternal optimism predicted lower levels of maternal internalising symptoms and higher levels of effective child management. Maternal optimism moderated the impact of economic stress on maternal internalising problems.
Trute, Benzies, & Worthington, 2012	To explore whether higher levels of positivity in mothers of children with a disability predicts higher levels of mothers' assessment of family adjustment over a 1 year period to test Fredrickson's broaden-and-build theory.	152 mothers, age range 22-55, children age range 1-18 years	Postal Recruitment via Family Support for Children with Disabilities	Longitudinal questionnaire based telephone interviews	Mothers of disabled children	No comparison	Brief Family Assessment Measure III, Positive and Negative Affect Schedule	Correlation and multiple regression	Older mothers with higher positivity scores lived in households with higher levels of family adjustment.

Appendix 4

Description of Triple P Positive Parenting Programs

The Triple P Positive Parenting Program is a parenting and family support system designed to prevent – as well as treat – behavioural and emotional problems in children and teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realise their potential.

Triple P draws on social learning, cognitive and behavioural and developmental theory as well as research into risk factors associated with the development of social and behavioural problems in children. It aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without on-going support.

While it is successful in improving behavioural problems, more than half of Triple P's 17 parenting strategies focus on developing positive relationships, attitudes and conduct.

Triple P is delivered to parents of children up to 12 years, with Teen Triple P for parents of 12-18 year-olds. Stepping Stones is a specialist programme for parents of children with a disability.

Appendix 5

Secretary to Research Ethics Committees
Room 2.004 John Owens Building

Tel: 0161 275 2206/2046
Fax: 0161 275 5697
Email: timothy.stibbs@manchester.ac.uk

Compliance and Risk Office
University of Manchester
Oxford Road
Manchester, M13 9PL

ref: ethics/12333

Dr Wendy Macdonald,
29 Elm Road,
Didsbury,
Manchester, M20 6XD

12th February 2013

Dear Wendy,

Research Ethics Committee 2
Macdonald, Calam, Wood, Sanders: Self-efficacy and positive emotions: exploring the mechanisms of change in the Triple PPositive Parenting Programme (ref 12333)
I write to thank you for attending the meeting on 14th January and to confirm that the amendments set out in your emails of 18th and 28th January and 6th and 12th February satisfy the concerns of the Committee and that the project has been given a favourable ethical opinion.

This approval is effective for a period of five years and if the project continues beyond that period it must be submitted for review. It is the Committee's practice to warn investigators that they should not depart from the agreed protocol without seeking the approval of the Committee, as any significant deviation could invalidate the insurance arrangements and constitute research misconduct. We also ask that any information sheet should carry a University logo or other indication of where it came from, and that, in accordance with University policy, any data carrying personal identifiers must be encrypted when not held on a university computer or kept as a hard copy in a location which is accessible only to those involved with the research.

Finally, I would be grateful if you could complete and return the attached form at the end of the project or by January 2014.

Yours sincerely

Dr T P C Stibbs
Secretary to the University Research Ethics Committee

Appendix 6

Study exploring self-efficacy, optimism, gratitude, satisfaction with life and their relationship with changes in parents who take part in the Triple Pprogramme

Participant Information Sheet

You are being invited to take part in a research study aimed at trying to understand more about the changes that take place in parents who attend a Triple P parenting programme. The study is part of a clinical psychology doctorate. Before you decide about taking part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the research?

Wendy Macdonald
Department of Clinical Psychology
University of Manchester
Doctorate in Clinical Psychology Programme
2nd Floor, Zochonis Building
Brunswick Street
Manchester M13 9PL

Supervised by Professor Rachel Calam, Head of the School of Psychological Sciences, address as above for Wendy Macdonald

Ethical approval
This research has been given ethical approval by the University of Manchester Ethics Committee. Application 12333 reviewed on the 14th January 2013.

Title of the Research

Study exploring the changes that take place in parents who take part in the Triple P programme.

What is the aim of the research?

To explore changes session by session in parents attending a Triple P programme.

Why have I been chosen?

The study is open to all parents attending the Triple P programme in your area self-referred to the programme or referred by Social Services. It is hoped that 50 parents will take part in the research.

What would I be asked to do if I took part?

If you decide to take part you will be asked to complete a two and a half page questionnaire at the end of each Triple P session. At the end of the first session you will complete an additional one page questionnaire which collects background information about you. This will only need to be completed once. The questionnaires ask about your experience as a parent, your experience of positive and negative emotions and your belief in your ability to do the things you would like to do with your children. It is possible that you may find answering these sorts of questions upsetting, however these questionnaires are often used in psychological research and do not cause any distress in the majority of cases. Other studies using these questionnaires are not known to have caused any lasting effects in participants. You can stop the study at any time and you do not have to continue to take part if you feel upset or change your mind about your participation. If you decide not to take part it will not in any way effect what you receive on the course.

What happens to the data collected?

The data collected from the study will be will be entered into a database to be analysed once the study is completed. None of this data will contain any information that could identify you. Once the data is analysed the study will be written up and sent to a scientific journal for publication. Again, no identifiable information will be included in this write up.

How is confidentiality maintained?

Any data collected during the study will be kept strictly confidential. Only the research team will have access to your data. After you have completed the questionnaires at the end of each session the Triple P trainer will give you an envelope and you can place your completed questionnaires in this and seal it. Your answers on the questionnaires will only be read by me (Wendy Macdonald). The sealed envelopes will then be collected weekly by me from Atlas House, Corporation Street, St. Helens where they will have been stored in a locked filing cabinet.

As described below all the questionnaires will be accompanied by an envelope you can seal and these will be All your data from the study will be identifiable by a personalised number only and will be kept in a securely locked filing cabinet in The University of Manchester. Anonymised data (i.e. data that does not contain any personally identifiable information) will be stored on the secure drive on a University of Manchester computer. All files will be password protected and encrypted.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without and changes to the service you receive.

What is the duration of the research?

Approximately 15 minutes at the end of the first session and 10 minutes at the end of each of the following sessions.

Where will the research be conducted?

The research will be conducted in the room the Triple P programme is delivered in and the questionnaires will be given to you by the Triple P trainer who can answer any questions or concerns you might have about the questions or the process. Your answers on the

questionnaires will be confidential and the Triple P trainers will be collecting them in sealed envelopes.

Will the outcomes of the research be published?

The findings will be submitted to a peer reviewed journal with the hope of being published. Participants with be asked if they want a copy of the findings and this will be circulated once the study has been written up.

Contact for further information

If you require any further information, please contact the researcher via email on

wendy.macdonald@manchester.ac.uk

What if something goes wrong?

If you experience any distress after taking part in the study you should speak to the Triple P trainer and if you need further support contact your GP.

If you decide to make a formal complaint about the conduct of the research you should contact the Head of the Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL.

Thank you

Thank you very much for taking the time to read the information about the study. Whether you take part or not I wish you well on the course.

Wendy Macdonald

Trainee Clinical Psychologist

Appendix 7

CONSENT FORM

The University of Manchester

Title of Project

Study exploring the mechanisms of change in the Triple P Programme

Chief Investigator: Wendy Macdonald

ID _____

Please initial box

1.	I confirm that I understand the nature of the study proposed, having read and understood the information sheet provided. I have had opportunity to ask questions, and I am satisfied with the answers I received.	☐
2.	I understand that my participation in the study is entirely voluntary and that I am free to withdraw at any time without giving a reason and without any depriment to any service/treatment.	☐
3.	I agree that if I decide to withdraw from the study then the researchers can continue to use the data and information I have already given them unless I ask for this to be destroyed.	☐
4.	I agree to take part in the study.	☐

Name of participant	Date	Signature
……	… / … / ……	……

Name of person taking consent	Date	Signature
……	… / … / ……	……

NB. This consent form will be stored separately from the anonymous information you provide.

Appendix 8

Study exploring the mechanisms of change in the Triple P Programme

RSR

Researcher: Wendy Macdonald

NAME:

The University of Manchester

_____

COURSE:_____ WEEK: _____

THIS FRONT COVER WILL BE REMOVED FROM THESE QUESTIONNAIRES AND SHREDDED BY WENDY MACDONALD ONCE YOUR ID NUMBER HAS BEEN ALLOCATED.
THANK YOU SO MUCH FOR YOUR PARTICIPATION. WITHOUT YOUR GENEROUS INPUT THIS RESEARCH COULD NOT TAKE PLACE.
IF YOU HAVE ANY QUERIES PLEASE LET THE TRIPLE PTRAINER KNOW AND I WILL CONTACT YOU.
THANK YOU AGAIN, SO VERY MUCH.

KIND REGARDS,
WENDY

PLEASE ANSWER ALL QUESTIONS	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
HOW MUCH HAVE YOU FELT THIS OVER THE LAST WEEK?					
1. I have so much in life to be thankful for **(GRATITUDE)**					
2. If I had to list everything that I felt grateful for, it would be a very long list **(GRATITUDE)**					
3. When I look at the world, I don't see much to be grateful for **(GRATITUDE)**					
4. I am grateful to a wide variety of people **(GRATITUDE)**					
5. As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history **(GRATITUDE)**					
6. Long amounts of time can go by before I feel grateful to something or somebody **(GRATITUDE)**					
1. Afraid **(Negative affect)**					
2. Scared **(Negative affect)**					
3. Nervous **(Negative affect)**					
4. Jittery **(Negative affect)**					
5. Irritable **(Negative affect)**					
6. Hostile **(Negative affect)**					
7. Guilty **(Negative affect)**					
8. Ashamed **(Negative affect)**					
9. Upset **(Negative affect)**					
10. Distressed **(Negative affect)**					
11. Active **(Positive affect)**					
12. Alert **(Positive affect)**					
13. Attentive **(Positive affect)**					
14. Determined **(Positive affect)**					
15. Enthusiastic **(Positive affect)**					
16. Excited **(Positive affect)**					
17. Inspired **(Positive affect)**					
18. Interested **(Positive affect)**					
19. Proud **(Positive affect)**					
20. Strong **(Positive affect)**					

HOW MUCH HAVE YOU FELT THIS OVER THE LAST WEEK?	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
1. I feel I'm in a deep hole and can't get out of it **(Entrapment)**					
2. I can see no way out of my current situation **(Entrapment)**					
3. I have a strong desire to escape from things in my life **(Entrapment)**					
4. I feel trapped inside myself **(Entrapment)**					
5. I would like to escape from my thoughts and feelings **(Entrapment)**					
6. I feel powerless to change things **(Entrapment)**					
7. I feel that I am one of life's losers **(Defeat)**					
8. I feel powerless **(Defeat)**					
9. I feel completely knocked out of action **(Defeat)**					
10. I often have the feeling that I would just like to run away **(Entrapment)**					
11. I would like to get away from who I am and start again **(Entrapment)**					
12. I feel I have lost important battles in life **(Defeat)**					
HOW MUCH HAVE YOU FELT THIS OVER THE LAST WEEK?	**Very slightly or not at all**	**A little**	**Moderately**	**Quite a bit**	**Extremely**
1. In most ways my life is close to ideal **(Satisfaction with life)**					
2. The conditions of my life are excellent **(Satisfaction with life)**					
3. I am satisfied with life **(Satisfaction with life)**					
4. So far I have got the important things I want in life **(Satisfaction with life)**					
5. If I could live my life over, I would change almost nothing **(Satisfaction with life)**					
6. I live in accordance with my values and beliefs **(Authenticity)**					
7. I am true to myself in most situations **(Authenticity)**					
8. I always stand by what I believe in **(Authenticity)**					
9. I think it is better to be yourself, than to be popular **(Authenticity)**					

HOW CONFIDENT HAVE YOU BEEN IN SUCCESSFULLY MANAGING YOUR CHILD/s BEHAVIOUR OVER THE LAST WEEK?	**Very slightly or not at all**	**A little**	**Moderately**	**Quite a bit**	**Extremely**
1. Your child refuses to do what he/she has been told (Self-efficacy managing child's behaviour)					
2. Your child gets upset when he/she does not get his/her own way (Self-efficacy managing child's behaviour)					
3. Your child acts defiantly when asked to do something (Self-efficacy managing child's behaviour)					
4. Your child refuses to eat his/her food (Self-efficacy managing child's behaviour)					
5. Your child throws a tantrum (Self-efficacy managing child's behaviour)					
6. You are on the telephone (Self-efficacy managing child's behaviour)					
7. You are busy with chores (Self-efficacy managing child's behaviour)					
8. You are speaking to another adult (Self-efficacy managing child's behaviour)					
9. Shopping with your child (Self-efficacy in different settings)					
10. You are preparing meals (Self-efficacy managing child's behaviour)					

Appendix 9
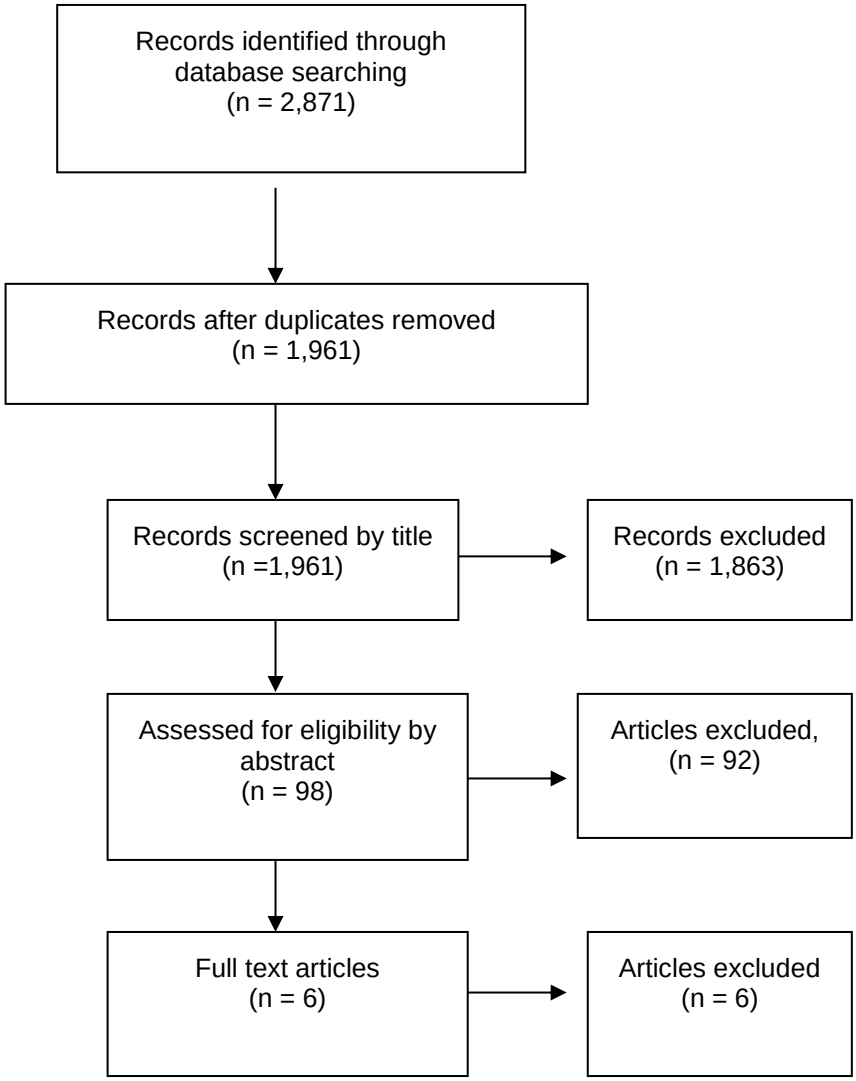
Figure 1: *Flow diagram showing the search method and exclusion process of search terms*
Positive, grat*, optim*, hope*, authent*, satisfact*, brave*, love*, kindness, forgive*, mercy, humility, prudence, self-regulation, self-control, creative*, curios*, persisten* using the search term OR AND Interv*, therap*, trial*, experiment* using the search term OR AND Parent*, mother, father using the search term OR