

**Increasing child compliance: Fathers flying solo**

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**A Thesis  
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## **Abstract**

This study investigated the effectiveness of the Triple P Programme to reduce non-compliant behaviour in three solo father families. Using behavioural monitoring, observational coding, and self-report questionnaires, outcome measures included non-compliant behaviour, the quality of the parent-child relationship, parenting efficacy, parental mental health, and parenting practices. A measure of change was also included to identify change points in the therapeutic process. Results suggest that parent training is effective in the reduction of non-compliant behaviour, as positive changes were found across all the measures employed. This early intervention has the potential to increase child compliance with solo fathers, and contributes to the knowledge base about this under-reported population. Limitations of the study and directions for future research are discussed.

## **Section 1**

### **Introduction**

Adult antisocial behaviour includes failure to conform to social norms, deceitfulness, aggressiveness, lack of remorse, and consistent irresponsibility. It imposes a huge cost to the individual afflicted, their family and friends, their employers, their communities, and respective health care systems (Prochaska, 1997). New Zealand statistics reveal that combined drug and antisocial crimes account for 13.3% of all crimes committed between 2006 and 2007 (Police National Headquarters, 2007). Adult antisocial behaviour and offending is predicted by antisocial behaviour during adolescence. Youths arrested before the age of 14 are two to three times more likely to become chronic adult offenders, contrasted with youths arrested after age 14 (Alltucker, Bullis, Close, & Yovanoff, 2006).

Developmental models have highlighted the concept of developmental pathways into serious conduct and delinquent problem behaviours (Loeber, Keenan, Zhang, 1997). Consistent with such models, the basic model expressed in the Diagnostic Statistical Manual of Mental Disorders (DSM-IV) (American Psychiatric Association, 1994) is that Oppositional Defiant Disorder (ODD) can be a precursor to Conduct Disorder in childhood, which then can be a precursor to Anti Social Personality Disorder in adulthood. As affected children mature, serious shifts in the manifestation of non-compliance have been found, meaning that antisocial behaviour changes, while remaining consistently antisocial in character. Antisocial behaviour, therefore, seems to show continuity rather than stability, unless some kind of intervention occurs (Burke, Loeber, & Birmaher, 2002).

Adult antisocial behaviour is partly grounded in early childhood non-compliance as excessive non-compliance has been linked to the development of serious behavioural problems (Patterson, Reid & Dishion, 1992). According to Patterson (1982), alcoholism, Antisocial Personality Disorder, criminal activity, and occupational and/or marital maladjustment are possible adult outcomes associated with childhood antisocial behaviour problems. From early childhood to adulthood, antisocial behaviour is identified and categorized by various mental health diagnostic schemes. For example, ODD in the DSM-IV is described as an ongoing pattern of disobedient, hostile, and defiant behavior toward authority figures which goes beyond the bounds of normal childhood behaviour (American Psychiatric Association, 1994). ODD is also the most common diagnosis in preschool aged children (Lavigne, Cicchetti, Gibbons, Binns, Larsen & DeVito, 2001).

In middle childhood and early adolescence, serious antisocial behaviours may be identified as Conduct Disorder. The DSM-IV describes Conduct Disorder as a repetitive pattern of behaviours where the rights of others, and social norms, are violated. These behaviours include serious violation of rules, physical aggression, cruel behaviour towards people and pets, lying, vandalism, and stealing (American Psychiatric Association, 1994).

### *1.1 Childhood Non-Compliance*

Non-compliance is one of the most widely reported problem behaviours with children who meet criteria for mild to severe behaviour problems (Forehand & McMahon, 1981). Non-compliance is also one of the most frequent reasons for the referral of young children to child guidance clinics (Bernal, Klinnert, & Schultz,

1980). In addition, Pavuluri, Luk, Clarkson and McGee (1995) found that 22.5% of preschool age children met clinical criteria for mild to severe behavioural problems in a New Zealand sample. Unfortunately, however, no one has adequately quantified normal levels of compliance for specific sex groups and ages (Olson & Foster, 1991).

Non-compliant behaviour seems to follow developmental changes in children's responses to control. Kusynski, Kochanska, Radke-Yarrow, and Girnius-Brown (1987) found that passive non-compliance and direct defiance both decrease with age during the second and third years of life. However, negotiation and more subtle forms of expressing resistance increase with age. Manifestations of non-compliance also vary greatly with the child's physical abilities and the opportunities they have for non-compliance (Kalb & Loeber, 2003).

Kalb and Loeber (2003) list many negative outcomes that can have a negative impact on a child's life, when non-compliance becomes more intensive. First, non-compliance reduces a child's ability to participate in structured activities, which may include sports or outings with other children. Second, non-compliance can create stressful interactions and relationships with peers who are more compliant. Third, non-compliance disrupts academic progress due to an inability of the child to follow directions and classroom procedures. Fourth, non-compliance may place a child at risk of physical injury. Finally, non-compliance can cause interactions with parents or teachers to become difficult and stressful, impacting negatively on learning and socialization in the family and school system.

## 1.2 *The Development of Childhood Non-Compliance*

It is important to understand what causes non-compliance, and there are many factors that influence child non-compliance. First, child factors including genetics (Eaves, Rutter, Silberg, Shillady, Maes, & Pickles, 2000; Burke, Loeber, & Birmaher, 2002), temperament (Burke, et al., 2002), and attachment style (Pauli-Pott, Haverkock, Pott, & Beckmann, 2007) have been shown to influence the development of child behaviour problems. Second, the quality of the parent-child relationship, and how positive the parent feels about the child, have been found to foster more compliant behaviours (Robertson, 2006). Third, parental factors such as poor parenting practices (Haapasalo & Tremblay, 1994), low parental efficacy (Gibaud-Wallson & Waudersman, 1978) and poor parental mental health (Downey & Coyne, 1990; Jaffee, Moffitt, Caspi, & Taylor, 2003) are related to disruptive behaviours in children. Conversely, positive parenting practices (McCord, 1991), and high parental efficacy (Coleman and Karraker, 2003) have been found to be protective factors in preventing child non-compliance. With these factors in mind I now present a model, with some suggested pathways between them, as to how they might influence child behaviour.

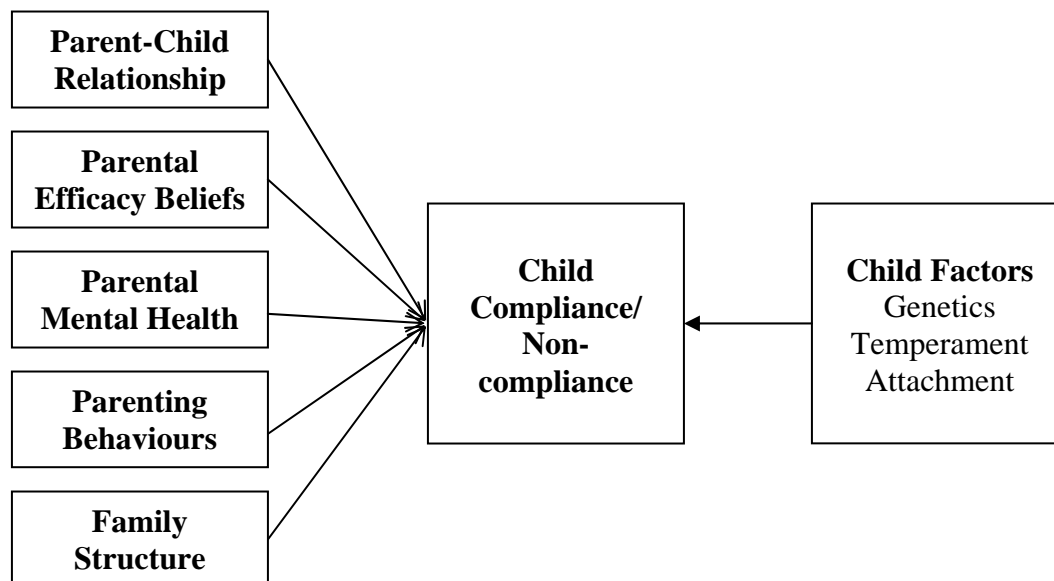


Figure 1. Suggested pathways between factors found to influence child noncompliance

This model was formulated to visually display suggested pathways between some of the factors that influence childhood compliance. These factors will be discussed further in the following sections.

### 1.3 *Child Factors*

#### 1.3.1 *Genetics*

Although the amount of research is limited, there is a genetic component to behaviour problems (Eaves, et al., 2000). Genetic factors primarily explain the association between familial negativity and adolescent antisocial behaviour (Pike, McGuire, Heatherington, Reiss, & Plomin, 1996), and a genetic mediation between parental behaviour and child behaviour (Deater-Deckard, 2000).

### 1.3.2 *Temperament and Goodness of Fit*

Child-related variables such as having a difficult temperament have been found to be associated with the development of behaviour problems (Garrison & Earls, 1987). Temperament also plays a significant role in the evolution and development of adjustment disorders in childhood and early adolescence (Chess & Thomas, 1989). Thomas, Chess and Birch (1968) characterized a difficult temperament that presents in infancy as characteristic of intense and irregular babies who lack adaptability. Furthermore, a temperamentally difficult child is also characterized as a child with high levels of activity, predominately negative mood and low rhythmicity (Thomas & Chess, 1977). A study by Webster-Stratton and Eyberg (1982) found an association between temperament and behaviour problems in three to four year olds. Highly active children with a low attention span were especially noted to exhibit behavioural problems. In addition, Thomas, et al. (1968), found that 70% of children, who were characterized as having a difficult temperament prior to the age of two, went on to develop psychiatric problems.

The importance of children attaining and maintaining a good fit between their temperaments and their environment was stressed by Chess and Thomas (1986) in their work on child temperament. The 'goodness of fit' model of temperament-context relations has been the focal point of much important research (Windle & Lerner, 1986). This model encompasses the concept that the environment imposes demands on the individual. When the individual's natural proclivities (temperament) matches the majority of environmental demands, positive exchanges are the norm, which holds positive outcomes for the person. However, when the person's temperament does not meet these demands or the environment is not flexible enough

to accommodate that temperament, the exchanges and outcomes can be negative (Thomas & Chess, 1977; Chess & Thomas, 1984). Therefore, recognition of a child's temperamental style can assist parents to provide the most advantageous environment for the child's development (Chess & Thomas, 1986). It has also been suggested that there are reciprocal influences between the parent and child (Kim, Conger, Lorenz & Elder, 2001). However, ultimate responsibility for the parent-child interactions should rest with the parent. Therefore, since there are various temperaments that have been found to be associated with behaviour problems, environmental factors have been the focus of interventions designed to reduce these behaviours. The most common environmental factor that has been associated with child behaviour problems is parenting practices.

### 1.3.3 *Attachment*

In the 1940s and 1950s, researchers were reporting a number of negative developmental outcomes experienced by children separated from their primary caregivers. These children displayed protest, despair, and detachment behaviours when they experienced this separation (Trees, 2006). This research created the building blocks for Attachment Theory as developed by John Bowlby, (Bowlby, 1988). Bowlby (1969, 1973) proposed that Attachment Theory could explain why children develop strong bonds with an attachment figure, and why they experience distress when separated from their primary caregiver. The primary caregiver serves as a safe haven where the child feels protected, nurtured, and soothed, and is a secure base from which the infant can explore the world with encouragement and feedback.



A fundamental aspect of Attachment Theory is its focus on the biological bases of attachment behaviours (Bowlby, 1958, 1969/1982). Attachment behaviours have the predictable outcome of increasing proximity of the child to the attachment figure. These behaviours could include smiling, vocalizing, crying, approaching, and following. All of these behaviours act to bring the child closer to the caregiver. These behaviours help the child to feel safe and gain security. However, if the caregiver is not consistently, reliably, and sensitively responsive, the attachment relationship becomes insecure. Bowlby argued that infants are predisposed to seek their parents in times of distress. Within this framework, attachment behaviours are considered a normal and healthy characteristic of humans throughout the lifespan (Cassidy, 1999).

Insecure attachment relationships carry a risk of behaviour problems and dysfunctional emotional reactions, and are seen as major contributors to social adjustment or maladjustment in childhood. Insecure attachment has also been significantly associated with non-compliance in infant, preschool, and school age children disorganization is more closely associated with non-compliance (Green, Stanley & Peters, 2007; Pauli-Pott, et al., 2007).

The mother's role as an attachment figure is clear. However, the father is also particularly likely to become an additional attachment figure early in the infant's life. Ainsworth (1967) showed that children *also use* their fathers as attachment figures. Furthermore, observational studies have shown that fathers can be competent caregivers for their children (Belsky, Gilstrap & Rovine, 1984). Ainsworth stated that "it seemed to be especially to the fathers that these other attachments were formed, even in the cases of babies who saw their fathers relatively infrequently. One can only assume that there was some special quality in the father's interaction with his

child – whether of tenderness or intense delight – which evoked in turn a strength of attachment disproportionate to the frequency of his interaction with the baby”

(Ainsworth, 1967, p352). Not surprisingly, it has been found that infants are more likely to be securely attached to fathers who have been sensitively responsive to them (Cox, Owen, Henderson, & Margand, 1992).

## *1.4 Parent Factors*

### *1.4.1 Parent-Child Relationship*

Positive mutuality in the parent-child relationship is critical to fostering compliant behaviours in children (Schaffer & Crook, 1980). Flexible and adaptive parenting strategies contribute to a secure parent-child relationship, which helps the child develop confidence that parents will provide consistent and protective care. In contrast, inflexible parenting and unrealistic expectations about child behaviours contribute to low attachment security and a more negative parent-child relationship (Robertson, 2006). Furthermore, parenting behaviour has been found to be significantly associated with the quality of the parent-child relationship, which, in turn, is related to compliance (Sinha & Mishra, 2007).

### *1.4.2 Parental Efficacy Beliefs*

Parental self-efficacy (PSE) has been found to be a potentially important cognitive construct when considering the child and family functioning (Jones & Prinz, 2005). This can be broadly defined as the expectations that parents hold about their ability to parent their children successfully, and is thought of as a more specific case of the more general class of constructs associated with personal efficacy

(Bandura 1977, 1982; Cervone, 2001). PSE involves a parent's belief in their ability to influence their child and the environment in ways that would foster the child's success and development (Ardelt & Eccles, 2001).

Research over the past 15 years has highlighted the idea that parenting self-efficacy beliefs are a central correlate of parenting behaviour, with evidence suggesting that self-efficacy beliefs may mediate the effects of various child and parent variables on the quality of parenting (Teti & Gelfand). High parental self-efficacy beliefs are related to specific positive parenting practices such as stimulating, responsive, and non-punative caretaking (Unger & Waudersman, 1985; Ardel & Eccles, 2000). In contrast, low maternal self efficacy has been correlated with maternal depression (Teti & Gelfand), behaviour problems in children (Gibaud-Wallson & Waudersman, 1978), high levels of stress (Wells-Parker, Miller, & Topping, 1990), and a passive coping style in the parental role (Wells-Parker, et al., 1990).

Jones and Pritz (2005) conducted a literature review on the potential roles of parental self-efficacy in parent and child adjustment. This review found that there is strong evidence linking parenting self-efficacy to parental competence. In addition, the authors noted that although the effect of parental self-efficacy varies across children, parents and cultural contextual factors, its influence should not be overlooked as a possible predictor of parenting competence and child behaviour. In their review of parental self-efficacy in parent and child adjustment, Jones and Prinz (2005) found that, overall, the empirical evidence indicated a strong association between PSE, parenting competence, and positive parenting practices (Bogenschneider, Small & Tsay, 1997; Teti & Gelfand, 1991; Hill & Bush, 2001).

PSE has been considered to directly influence child behaviour, as well as indirectly influence child behaviour through parenting practices (Jones & Prinz, 2005). Coleman and Karraker (2003) found a significant relationship between PSE and observed toddler adjustment, with high maternal PSE significantly predicting high child compliance, affection, enthusiasm, and low child negativity and avoidance. In addition, fewer behaviour problems were seen in adolescents of parents with higher PSE than in adolescents of parents with lower PSE (Bogenschneider et al, 1997).

#### 1.4.3 *Parental Mental Health*

The experience of living with a parent with mental health problems has serious consequences for many children, and has been found to increase their risk of developing internalizing and externalizing behavioural problems (Downey & Coyne, 1990; Jaffee, Moffitt, Caspi, & Taylor, 2003) and adolescent externalizing problems (Brennan, Hammen, Katz, & LeBrocq, 2002). Furthermore, maternal mental illness has been found to be more strongly associated with the development of non-compliance than paternal mental illness. When both parents are mentally ill, paternal mental health problems have been found to exacerbate child behaviour problems (Meadows, McLanahan, & Brooks-Gunn, 2007). However, a child's warm, consistent relationship with the father has been found to act as a buffer against some of the negative outcomes associated with maternal depression (Thomas, Forehand, & Neighbors, 1995).

Parental mental health has been found to impact on the parent-child relationship. In a meta-analytic review of maternal depression and parenting,

Lovejoy, Graczyk, O'Hare and Neuman (2000) found that depression was associated with irritability and hostility toward the child, disengagement from the child, low rates of play, and pleasant social interactions. Furthermore, mother-child interactions in families with a depressed parent were more negative, coercive (Lovejoy, Graczyk, O'Hare, & Neuman, 2000) and had increased levels of conflict in the parent-child relationship (Aikens, Coleman, & Barbarin, 2008), than interactions of families with non-depressed parents.

There is much evidence showing that depressed mothers hold negative cognitions about their children and about themselves (Fergusson, Horwood, Gretten, & Shannon, 1985; Forehand, Lautenschlager, Faust, & Graziano, 1986; Fox & Gelfand, 1994; Weissman, Paykel & Klerman, 1974). Furthermore, depressed mothers report feeling less efficacious in the parenting role than do non-depressed mothers (Fox & Gelfand, 1994). These inefficacious self doubts in turn can lead to insensitive parenting, marked by rigidity, withdrawal, and impatience (Teti, O'Connell, & Reiner, 1996).

Numerous parenting difficulties among depressed mothers have been identified including increased hostility, higher rates of negative interactions (Lovejoy, 1991), less responsiveness to child behaviour, less effective communication, and have fewer positive interactions with their children (Cohn, Campell, Matias, & Hopkins, 1990; Goodman & Brumley, 1990). Furthermore, it has been found that depressed parents use coercive techniques for managing child behaviour, which contribute to the development of non-compliance (Downey & Coyne, 1990).

#### 1.4.4 *Parenting Behaviours*

The following section is a discussion of parenting behaviours and their influences on childhood non-compliance. First, Gerald Patterson and colleague's model of coercive family interactions from the Oregon Social Learning Centre, aims to provide a social learning explanation of the development of child behaviour problems. Second, a wider discussion of different parenting styles will be introduced, followed by a closer look at how specific parenting practices impact on child non-compliance.

1.4.4.1 *Coercive family interactions.* In the 1980s, Gerald Patterson and colleagues at the Oregon Social Learning Centre developed a model of coercive family interactions (following Bandura's early work on Social Learning Theory) that was thought to significantly contribute to the development of non-compliance in children (Bank, Patterson & Reid 1987; Reid, Patterson & Snyder, 2002).

Coercion is one of the central concepts in Patterson's Theory. Coercion is defined as the use of an aversive stimulus by one member of a family contingent on the behaviour of another person (Patterson, 1982). In other words, one member of the family forces another to accede to his or her demands. Some coercive behaviours are adaptive (for example, infant behaviours like crying) as this serves as a useful tool to alert the caregiver that they need something (Patterson, 1982). However, problems arise, and coercive behaviour becomes maladaptive, when children use coercive strategies beyond an age where it is developmentally appropriate. Additionally, when a child's coercive behaviour is followed by a parent's rewarding behaviour, the child's coercive behaviour is positively reinforced. For example, a parent and child

are interacting in the supermarket. The child is whining and throwing a temper tantrum because the parent will not buy the child a chocolate bar. The parent initially resists the child's demands, but then capitulates and buys the chocolate bar for the child. The child stops whining and behaves appropriately. The whining and tantrum (coercive) behaviours have been successful in obtaining what the child wanted. Therefore, this whining behaviour has been positively reinforced and is more likely to occur in the future. In addition, the parent has been negatively reinforced as the adverse stimulus (whining) stopped when the child got the chocolate bar. The parent is therefore more likely to repeat the 'giving-in' behaviour as this also gained what the parent wanted – a reduction in the child's aversive behaviour.

Patterson (1982) found that coercive behaviour tends to cease abruptly when the child receives what they want or a parental demand is withdrawn. Patterson also argued that, over time, parents would learn not to make demands of a coercive child; would increase distance from the child; and would cease to monitor the child's behaviour. He suggested that this was a critical factor in the development of serious conduct problems in adolescence. Patterson found that coercive exchanges increase in duration and that these extended exchanges increase in amplitude (Patterson, Reid, & Dishon, 1992). This is called *escalation* and is the process by which the child quickly learns to increase or escalate the intensity of the demands to obtain what they want (Patterson, 1982).

1.4.4.2 *Parenting style*. Baumrind (1971, 1996b; Baumrind and Black, 1967) identified three parenting styles, namely authoritarian, permissive and authoritative,

and described typical behaviour patterns of children raised in each. A description of each follows from the papers cited above:

Authoritative parents blend respect for a child's individuality whilst instilling social values and constraints. These parents are loving and accepting, demand good behaviour, maintain firm standards, are willing to impose limits, use judicious punishment when necessary, and are warm and supportive. The children of these parents seem secure in knowing they are loved and what is expected of them. At preschool age, these children tend to be the most self-controlled, self-assertive, exploratory, content, and self-reliant.

Authoritarian parents value control and obedience. Their children are expected to conform to a set standard of conduct with punishment being forceful if a violation of any rules is committed. This style of parenting is less warm and more detached than other styles. Baumrind noted that children raised in this style parents tended to be more withdrawn, distrustful, and discontented than children raised with an authoritative style.

Permissive parents place high value on self-regulation and self-expression. These parents allow their children to monitor their own activities as much as possible, make few demands, consult with their children about policy decisions, and rarely punish. Permissive parents tend to be warm, undemanding, and non-controlling. Their children at preschool age tended to be the least exploratory and self-controlled.

Maccoby and Martin (1983) added a fourth parenting style which they coined *neglectful* or *uninvolved*. This described parents focused on their own needs rather than those of their children because of stress or depression. This type of neglectful



parenting has been linked with a variety of behavioural problems in childhood and adolescents (Baumrind, 1991).

1.4.4.3 *Parenting practices*. Much research has been focused on parenting practices and their effects on children's behaviour. Incompetent parenting practices are related to child non-compliance, and to an increased risk for the development of behaviour problems (Haapaslo and Tremblay, 1994; Frick, Lahey, Loeber, Stouthamer-Loeber, Christ & Hanson, 1992; Loeber, Burke, Lahey, Winters & Zera, 2000). In contrast, competent parenting has been found to be protective against children's behaviour problems (McCord, 1991).

For example, effective parental punishment has been found to weaken the connection between the event which directly preceded a coercive interaction, and the child's coercive response (Patterson, 1982). However, when parental threats are not enforced, this increases the likelihood that the child will continue to be non-compliant (Patterson, 1982). Parenting practices such as inconsistent, erratic, lax or harsh forms of discipline, plus low levels of emotional support, acceptance and warmth are closely correlated with childhood non-compliance (Kazdin, 1995). In addition, poor monitoring has been also found to attribute to the emergence of more serious anti-social behaviour (Patterson, 1982). Furthermore, parents with a history of anti-social behaviour are more likely than other parents to poorly monitor and supervise their children; to use harsh or inconsistent punishment methods; and to tolerate non-compliance behaviour from their children (Cassidy, Zoccolillo & Huges, 1996; Brown, Cohen, Johnston & Salzinger, 1998; Hans, Bernstein & Henson, 1999).

Positive parenting practices increase the child's pro-social responses (Shelton, Frick & Wooten, 1996). Wahler (1976) found that maternal approval and maternal mirroring function as positive reinforcers for children's appropriate behaviour. Parents who offer this feedback on a child's prosocial behaviour will strengthen the behaviour, including the child's compliance (Wahler & Meginnis, 1997).

## 1.5 *Family Structure*

### 1.5.1 *Two-Parent Families*

Research demonstrates that family structure matters for child development, and the family structure that is associated with the most positive outcomes for children is a family with two adult caregivers (Simons, Chen, Simons, Brody, & Cutrona, 2006). Nevertheless, research has demonstrated that the majority of children from divorced or separated families are emotionally well adjusted (Amato, 2001; Hetherington, 1999). However, when predicting non-compliance in children, the effect of family structure disappears in favour of the variables associated with family functioning and family climate (Saint-Jacques, Cloutier, Pauzé, Simard, Gagné, & Poulin, 2006). For example, marital conflict is a more important predictor of child adjustment than divorce itself or its aftermath (Buehler et al., 1998). Recent research has indicated that divorce is unrelated to changes in parenting behaviour per se, (Strohschein, 2007), but that when there is high marital conflict, parenting practices and parent-child relationships are negatively affected (Kelly, 2000). Mothers in high conflict marriages (in comparison to mothers in low-conflict marriages) have been found to be less empathetic and warm towards their children. In addition, they have been found to be more harsh and erratic in discipline, and use more anxiety- and

guilt-inducing discipline techniques (Kelly, 2000). Furthermore, fathers from high-conflict marriages are more likely to withdraw from the parenting role, and from their children, than fathers from low conflict marriages (Kelly, 2000). Children from high conflict marriages may experience an indirect consequence of not only less father involvement, but more negative consequences, with feelings of rejection by their father (Kelly, 2000). In addition, parents in high-conflict marriages have been found to be more depressed than those in low conflict relationships, and depression has been linked to more impaired family functioning (Vandewater & Lansford, 1998).

For the majority of children (especially in the younger years) the most important people in their lives are their parents. Fathers have been shown to have a distinct role in their children's lives. Fathers are essential to positive child development, and responsible fathering is most likely to occur within the context of a low conflict parental relationship (Silverstein & Auerbach, 1999). Research shows that children of warm, highly involved fathers, compared with children with less involved fathers, tend to be more cognitively and socially competent, less inclined towards gender stereotyping, more empathetic, and psychologically better adjusted (Rohner & Veneziano, 2001). Father involvement by itself has been shown to be associated with children's psychological adjustment, as it maybe perceived by youths to be an expression of paternal warmth (Rohner & Veneziano, 2001).

Amato (1994) found that for adult offspring, perceived closeness to fathers for both sons and daughters made a unique contribution to their happiness, over and above the contributions made by perceived closeness to mothers, life satisfaction, and low psychological distress. This research shows that regardless of the quality of the mother-child relationship, the closer offspring were to their fathers, the happier more

satisfied, and less distressed they reported being (Amato, 1994). Unfortunately, as mentioned above many two-parent families do not offer a happy environment for parents or for the children (Arnato, Loomis & Booth, 1995).

### *1.5.2 Parental Separation*

Children of divorced families have been found to be significantly more likely to have internalizing, social, behavioural, and academic problems than children from intact families. The risk of the development of these problems is at least twice that of children from intact families (Hetherington, 1999). Children of divorced families in comparison with children of non-divorced families, have more problems in relationships with peers, parents, and authority figures (Kelly, 2000).

Many negative outcomes have been identified for children of divorced families. However, over the past decade researchers have identified a number of protective factors that may reduce risks associated with divorce (Kelly & Emery, 2003). Living in the custody of an adequately functioning, competent parent is a protective factor that has been identified to produce positive outcomes in children (Kelly & Emery, 2003). The quality of the parent-child relationship and the psychological health of the parents remain the best predictors of children's adjustment (Kelly, 2000).

### *1.5.3 Solo Parent Families*

Children being raised in single parent families have become more common in today's society. This is reflected in the divorce rate in New Zealand, which mirrors the worldwide trend, with one in every two marriages ending in dissolution (Statistics

New Zealand, 1998). In addition, nearly half of these marriage dissolutions involved children who were less than ten years of age (Statistics New Zealand, 1998).

McLanahan and Booth (1989) predicted that single parent families may eventually become as common as two parent families. Avenevoli, Sessa and Steinberg (1990) found that single parent families differed significantly on measures of parenting styles in comparison to two parent families. They found that single parents tended to be more neglectful and permissive than two parent families who showed more parental control.

#### 1.5.4 *Solo Fathers*

Solo fathers are not a new phenomenon. However, there are major gaps in the literature about this population group as much of the literature on single parents focuses on single-mother households versus single-father households (Hilton, Desrochers, & Devall, 2001). As early as 1981, 15% of single parents in New Zealand were male (Davey, 1999) with the current statistics showing 18.24% of single parent families as male headed (Statistics New Zealand, 2002). This figure is compared to 22% in the USA (American Community Survey, 2006), 21% in Canada (Statistics Canada, 2007), 16% in Germany (Eurostat, 2001), 15% in France (Eurostat, 2001), and 9% in England/Wales (Eurostat, 2001), putting New Zealand's figure near the top. Furthermore, parenting orders as reported by the Family Court from July 2005 show an increase in father-only households (Ministry of Justice, 2007). Between July 2005 and February 2006, 10.3% of parenting orders were father only, and between March 2006 and February 2007 that figure had risen to 11.5% (Ministry of Justice, 2007).

Most of the research on single parenting roles focuses on fathers as the non-residential parent (i.e., as a parent with whom the children do not reside most of the time). The number of non-resident mothers, although rising, remains small. However, research has found that when mothers are the non-residential parents, they visit more frequently, are less likely to discontinue seeing their children over time, and assume more parenting functions with their children, compared with non-residential fathers (Depner, 1993). Interestingly, children who live with their father as the resident parent are more likely to be older than those in the custody of mothers, and the custody arrangements have been found to be more fluid (Maccoby & Mnookin, 1992).

Research focusing on fathers as the non-resident parent is valuable as it contributes to identifying the importance of father involvement in a child's life post separation. As long as parental conflict is low post-divorce, children's adjustment is more positive when there were high levels of father-child contact (Amato and Rezac, 1994). Furthermore, feelings of closeness with the child and active parenting by the father are more strongly associated with positive child outcomes than just the frequency of the contact (Amato and Gillbreth, 1999). Kelly and Lamb (2000) found that when fathers assisted children with homework, provided emotional support, listened to the children's problems, and set limits authoritatively, children had less externalizing and internalizing problems and more positive academic achievement than those children with less involved fathers.

Hilton, Desrochers and Devall (2001) compared the role demands, relationships and child functioning between single mothers, single fathers and intact families. The results showed that single fathers had better resources associated with

parenting than did single mothers, relied more on friends than did married parents, and were more positive towards parenting than married fathers. However, the data also showed that children living with either a single mother or a single father showed more externalizing behaviour problems. Furthermore, Hamer and Marchioro (2002) found that fathers who take on a full time single parental role adapt to this role more quickly when they use extended family support networks, and are in shared living arrangements. However, a lack of sufficient assistance from public programmes, low wages, and informal custody arrangements often inhibit their fathering.

A qualitative study using accounts of single fathers identified that some single fathers reported that it was difficult to fulfill both the role of the breadwinner as well as the caretaker and nurturer, and that it was important to single fathers to foster a sense of love, security and acceptance of their family circumstances. In addition, the single fathers expressed how much they valued their relationship with their child (Emmers-Sommer, Rhea, Triplett, & O'Neil, 2003).

### *1.6 Behavioural Family Interventions*

Given that the parenting role of fathers is challenging, and that fathers who are sole parents have to meet this challenge, the question arises as to how parenting practices can be improved and sustained. The following section discusses behavioural family interventions and the long term outcomes of this therapy as a means of addressing child non-compliance. In addition, behavioural family interventions are discussed with a specific focus on solo fathers.

As mentioned above, the quality of family life and family relationships has been found to be fundamental to the wellbeing of children. The parent-child

relationship has specific influence on the physical, social and psychological wellbeing of children. However, although these relationships are vital, parents generally receive very little preparation with most parents learning through trial and error (Sanders, Markie-Dadds, Tully & Bor, 2000).

Behavioural family interventions, based on social learning principles (e.g. Patterson, 1982) have been developed with the aim of interrupting the development of behavioural problems in children by teaching parents effective child management strategies (e.g., modeling desirable behaviour, using contingent rewards and effective punishment) to enhance family protective factors and reduce risk factors associated with the development of these antisocial behaviours (Sanders, 1996; Sanders & Markie-Dadds & Turner, 2003). In addition, the interventions teach the family effective communication and conflict resolution strategies (Taylor & Biglan, 1998). Behavioural family interventions have become an important concept in the treatment of childhood disorders with parents as agents of change in modifying children's behavioural problems (Sanders, 1996; Sanders et al., 2000).

There is evidence to show that behavioural family interventions are efficacious, generally shorter than traditional child psychotherapy, and relatively inexpensive (Serketich & Dumas, 1996). There is also evidence to show that behavioural family interventions produce significant changes in both children and parents immediately following the intervention (Forehand, Griest & Wells, 1979).

Patterson, Chamberlain and Reid (1982) found that, at the termination of a parent-training programme, children of parents in the active treatment group showed a 67% decrease in aversive behaviours in comparison to 17% decrease observed in the control group. In addition, parents who received the parent training reported a



47% reduction in the mean frequency of child problem behaviours compared with 37% decrease in the control group.

Statistical analysis of many studies has found that behaviour therapy is effective with children and adolescents. However, results were found to be most effective when the treatment was targeted to specific problems and desired outcomes (Weisz, Weiss, Han, Granger, & Morton, 1995).

#### 1.6.1 *Long-Term Outcomes*

Strain, Steele, Ellis and Timm (1982) conducted a follow-up, three to nine years post-treatment, of the participants who completed a behavioural parent training programme. Their aim was to assess the long term benefits of this intervention. In this study the children initially exhibited a range of problem behaviours including physical aggression, persistent non-compliance, and prolonged tantrums. The behaviour of these children was observed during the follow-up period, both at school and at home, and was compared with randomly chosen peers. The results indicated that, at follow-up, teacher's ratings of problem behaviours did not differ between the treatment and non-treatment groups, and there was no difference between the two groups in terms of compliance and task orientation in the classroom. In addition, parents who received the training were observed interacting with their children, and showed they were still implementing the skills they were taught during the intervention some years post-intervention.

Long, Forehand, Wierson and Morgan (1994) found positive effects in a follow-up where parents had taken part in a parent training programme 14 years previously. The now-adult children were compared with a community sample on

emotional adjustment, relationships with their parents, delinquency and academic performance. The results showed that there was no difference between the two groups. Furthermore, good maintenance of treatment gains and generalization of skills learnt in behavioural family interventions has been found (Forehand & Long, 1988). Treatments have also been found to generalize to school settings (McNeil, Eyberg, Eisenstadt, Necomb, & Funderbunk, 1991) and to various community settings (Sanders & Glynn, 1981). Parental satisfaction ratings of behavioural family interventions have shown that parents are generally satisfied with the parental skills taught, and view the intervention as both acceptable and effective (Webster-Stratton, 1989).

#### *1.6.2 Behavioural Family Interventions with Solo Fathers*

One of the most fundamental questions regarding fathers and parent training is to do with their willingness to attend (Helfenbaum-Kun, & Ortiz, 2007). It seems that fathers are less likely to attend parent training than mothers are (Budd & O'Brian, 1982). To date there have been low attendance rates among fathers in mixed gender parenting groups (Webster-Stratton, 1985). This suggests that there is a need to better understand how to engage fathers in parent training. If fathers could be successfully engaged in parent training, and in turn, improve their parenting skills, the benefits for the family could be significant (Helfenbaum-Kun, & Ortiz, 2007). Helfenbaum and Ortiz (2007) conducted a study where the purpose was to evaluate the feasibility and efficacy of a father-only parent education group. The authors wanted to investigate how father participation in an empirically-supported parenting program would affect fathers' parenting skills, their relationship with their partners,

and their children's behaviour. Thirty-nine fathers were randomly assigned to either an eight week father-only parent-training intervention or to a no-treatment control programme. The authors found that initially attendance was strong, although drop out later became a significant problem, with 70% of fathers assigned to the experimental group attending less than half of the sessions. On average the intervention did not produce any significant effects on the father's contributions to child rearing or to discipline skills. It was suggested that the high dropout rate contributed to this result.

### *1.7 Triple P*

The Positive Parenting Programme (Triple P) is a behavioural family intervention developed by Matthew Sanders and colleagues at the Behavioural Research and Therapy Centre, Brisbane, Australia over twenty years ago (Sanders & Markie-Dadds, 1996). This programme is a multi-level family and parenting support strategy ranging from level one (providing information only) through to level five which is an enhanced program for families where parenting difficulties are complicated by other sources of family distress like parental depression (Sanders & Markie-Dadds, 1996). The programme aims to prevent behavioural, developmental, and emotional problems in childhood by enhancing the knowledge, confidence, and skills of parents by changing parenting behaviours (Sanders, Markie-Dadds & Turner, 2003). The skills include the use of descriptive praise, response cost and timeout procedures, monitoring, modeling desirable behaviours, and the use of good behaviour charts (Sanders & Dadds, 1993).

Triple P increases parental self-efficacy and competence (Sander, Markie-Dadds & Turner, 2003). The concepts are characterized as the development of a

parent's capacity for self-regulation, where individuals are taught skills to modify their own behaviour. These behaviours include selecting developmentally appropriate goals; monitoring the child's and the parent's own behaviour; choosing appropriate methods of intervention for particular problems; implementing the solution to the problem; self-monitoring their implementation of the solution through the use of checklists; and the identification of strengths or limitations in their performance and setting future goals for change. This self-regulatory framework is operationalised to include parental self-efficacy because parents with high self-efficacy have more positive expectations about the possibility of change (Sanders, Markie-Dadds, & Turner, 2003).

The development of a positive parent-child relationship is very important within Triple P. This is achieved by teaching three specific skills to promote the development of a caring, loving relationship with children, and developing a secure attachment. These skills include quality time, talking with the child, and showing affection. By teaching these skills, Triple P aims to convey the idea that the quality of the parent-child relationship is important, and can be strengthened with time, communication and physical affection (Sanders, Markie-Dadds, & Turner, 2001)

Triple P has been found to be an effective parenting intervention. At post-intervention, participant families are reported to have lower levels of parent-reported disruptive child behaviour, lower levels of dysfunctional parenting, greater parental competence and high levels of consumer satisfaction (Sanders et al., 2000) than pre-intervention levels. Triple P has been shown to be effective in reducing children's disruptive behaviour in a variety of different family types and populations including children in step-families (Nicholson & Sanders, 1999); children with depressed

parents (Sanders & McFarland, 2000); children from martially discordant homes (Dadds, Schwartz, & Sanders, 1987); children in remote and rural areas (Connell, Sanders & Markie-Dadds, 1997); and low SES families (Williams, Zubrick, Silburn & Sanders, 1997).

This intervention has also been shown to be effective with a variety of child problems including children with persistent feeding difficulties (Turner, Sanders & Wall, 1994); children at risk of developing conduct problems (Markie-Dadds & Sanders, 2005); developmental disabilities (Markie-Dadds & Sanders, 2005); mildly and moderately intellectually disabled children (Harrold, Lutzker, Campbell & Touchette, 1992); and co-occurring disruptive behaviours and attentional/ hyperactive difficulties (Bor, Sanders & Markie-Dadds, 2002).

However, Triple P has not been explored with single families where the father is the sole caregiver for his children. Furthermore, it is unknown at what stage of the program change in behaviours and/or cognitions of the parents occur.

### *1.8 The Process of Change*

It is important to know how people change before therapy, during therapy, and after it ends (Prochaska, 2004). Change has been found to be a process that unfolds over time and mismatching change processes with therapeutic interventions can produce resistance from the client (Prochaska, 2004). Research around this concept is important in understanding where changes occur in interventions, when changes do not occur, and why some interventions have significant behaviour changes and others do not (Prochaska, 2004).

Process research is necessary to identify and test the technical ingredients and the active change ingredients of specific treatments (Greenberg & Watson, 2002). Tracking the change process not only illuminates the general efficacy of treatment but also specifies the processes of change that produce those effects (Greenberg & Watson, 2002). Change process research is imperative to the modification of treatments, and it is imperative that clinicians know the active processes that lead to change, not just the specific steps to follow in a manual (Greenberg & Watson, 2002). The current study includes a measure of process change in order to satisfy this demand. This measure was included in the present study as it is important that the efficacy of the Triple P parenting program be established with solo fathers, but also it is important to explore where, if any, change occurs during the intervention.

Without including process change research in this study it is impossible to determine what portion of the outcome is attributable to the specific change process represented by the therapeutic model and what portion is attributable to other factors (Greenberg & Watson, 2002).

### *1.9 The Current Study*

The current study provides three contributions to the literature. First, there is very little research on solo fathers, and with the increasing number of families headed by a solo father, it is important that focus is applied to this population group. The current study contributes to the literature by gathering information about solo fathers.

Second, the Triple P parenting program is established as an effective intervention across a range of family types and problems. However, it is essential to add empirical evidence to this body of literature to establish efficacy with single

parent families, and, in particular, single father families. This will provide constructive replication of intervention studies to establish the generalizability of well-established behavioural family interventions to this population. This is important as it may be that standard programmes need to be modified to be more responsive to the needs of solo father families.

Third, this study will examine the change process in therapy with single fathers, adding to the literature on change process, and exploring when change occurs for the Triple P intervention.

Five hypotheses were determined relating to the proposed model of suggested pathways between factors found to influence the development of childhood non-compliance. On the completion of the Triple P Parenting Program it is hypothesized that 1) There will be a positive change in the child's non-compliant behaviour as measured by the parental rating of the child's non-compliance; 2) There will be a positive change in the parent-child relationship as measured by a specifically designed behavioural coding system; 3) There will be a positive change in the parental efficacy and competency beliefs as measured by the *Parenting Sense of Competency Scale*; 4) There will be a positive change in parental mental health as measured by the *Depression, Anxiety and Stress Scale*; and 5) There will be a positive change in parenting behaviours as measured by the *Parenting Scale*.

No hypothesis can be made about the process of change as this is an exploratory aspect of the study. However, research has found that change does occur over time (Prochaska, 2004). Furthermore, Cummings, Hallberg, and Slemon (1994), identified three types of change. These included 1) 'consistent change' where the clients reported evidence of a stable pattern of cognitive, affective or behavioural

change; 2) 'interrupted change' where a change pattern occurs in the beginning of therapy and this brief surge of improvement is followed by a setback with clients reporting the return of the symptoms, and increased self-doubt; and 3) 'minimal change' which is an initial plateau of no change, then one session of minor change, a long plateau with change occurring, then finally acknowledgment of minor change at the end of the therapy. The authors stated that all three processes can potentially lead to successful outcomes in therapy. Therefore, the researcher expects to find some change in the parental reports as measured by the process of change analogue scale. This change is expected to follow some pattern which may correspond to the above categories of change process.

To this end, with these hypothesises in mind, a trial of the Triple P parenting program was conducted with three single father families.



## **Section 2**

### **Method**

#### *2.1 Participants*

Four single parent, father-headed families from the Christchurch area were recruited. Fathers reported child non-compliance, and wanting to learn new parenting skills.

Three families were referred through the Father and Child Trust, a support and resource centre for solo fathers. The other participant was recruited through local newspaper advertisements (see Appendix A). However, one family no longer fitted the inclusion criteria after two weekly sessions, leaving three families who completed the study.

Fathers were included in the study if 1) they were separated or divorced from the child's other parent; 2) they had sole care of their child 40 percent or more of the time, and they did not have a resident partner; and 3) they had no impairment that precluded parenting without significant support (for example, intellectual, physical, and/or psychological impairment).

Children were included if 1) the child was between five years, zero months and ten years, eleven months of age; and 2) the child had no significant intellectual, psychological, or physical impairment. Families who did not meet inclusion criteria were offered a referral to another treatment programme if they expressed an interest in wanting help.

Before the research commenced, all participants were given a brief overview of the study and assured that any identifying details would be kept confidential. In addition, all participants were informed about their right to withdraw from the study at any time. Informed and written consent was sought from, and given by, all participants (see Appendix B for information sheet and Appendix C for Consent form). The study was approved by the Human Ethics Committee of the University of Canterbury.

### 2.1.1 *Participant's Families*

Family 1: Liam (all names are pseudonyms) participated in the program with his daughter Sarah (6 years of age). Liam has three other children who are Sarah's half siblings (one sibling is older than Sarah and the other two are younger) and they do not live with Liam. Sarah does not see her mother regularly as she lives in another town. Sarah presented with a variety of problem behaviours including: non-compliance, verbal and physical aggression with siblings, and verbal aggressive with her father. Liam indicated that these behaviours were long-standing and occurred at all times of the day. He further reported that even when he tried to discipline Sarah she would ignore him.

Family 2: Gary participated in the program with his son Zack (9 years of age). Gary also has a daughter Samatha (8 years of age) who is Zack's full sister. Both of the children live with their father and stay with their mother every weekend. Zack's behaviour was monitored throughout the program but Samantha's behaviour was not. Gary reported several problem behaviours Zack was exhibiting, namely Zack losing his temper, being verbally and physically aggressive towards his sister, and being bossy around peers. Gary noted that problems with Zack's behaviour have also been

noticed at school. These problem behaviours seemed to Gary to be in a two to three month cycle where he would work with Zack on his problem behaviours, they would get better , and then problems would arise again after about three months. Gary indicated that he was using discipline which consisted of sending Zack to his room or talking about his problem behaviours.

Family 3: Wilson and his son Daniel (5 years of age) participated in the program. Wilson has no other children. Daniel stays at his mother's home intermittently, and has a half sister who lives at his mother's home. Wilson presented with two main problem behaviour areas for Daniel. These included not eating properly and general non-compliance. Wilson reported that these problem behaviours occurred every day, even when Wilson would discipline Daniel by putting him in his room.

## 2.2 Materials

As part of the Triple P program, fathers were provided with a copy of *Every Parent: A Positive Approach to Children's Behaviour* (Sanders, 2004) and the *Every Parent's Family Workbook* (Markie-Dadds, Sanders & Turner, 2000). During the program, the DVD *Every Parent's Survival Guide* was used in sessions and available for the parents to borrow if they wished. *Every Parent* covers the challenges of parenting, possible causes of child behaviour problems, suggested strategies for helping improve behaviour, and parenting guides for age-specific child behaviour problems. *The Every Parent Workbook* serves as a homework book during the program. The researcher implementing the program used the Practitioner's Manual for the Standard Triple P Level 4 intervention.

All fathers were provided with a behaviour chart to help them keep a daily record of their child's non-compliance. Fathers were instructed in the definition of non-compliance as follows: *the instruction given by the parent has to be repeated more than once before the instruction is followed, or the instruction is not followed within five seconds after the first instruction.*

### 2.3 Questionnaires and Self-Report Measures

Before the intervention began, all fathers were asked to complete the *Family Background Questionnaire*, which was supplied by the Positive Parenting Programme (Triple P). This questionnaire aims to gather demographic information and details about the family. In addition, four parent-report measures were given to the fathers to complete pre-and post-intervention, and at follow-up. In addition, the father was asked to complete a *Visual Analogue Scale of Process Change* (see Appendix D) at the beginning of each weekly session.

1) The *Eyberg Child Behavior Inventory-ECBI*; (Eyberg & Pincus, 1999) is a 36-item, parent-report, multidimensional measure of parental perceptions of disruptive child behaviour for children between two and sixteen years. The *ECBI* has demonstrated high test-retest reliability (Cronbach's alpha = .86) and has high internal consistency. The *ECBI* is also sensitive to behaviour change; and has demonstrated convergent and discriminate validity (Kelley, Noell, & Reitman 2003). Two scores may be calculated: an Intensity Score and a Problem Score.

Participants are presented with statements about a child's behaviour and asked to circle the intensity of the behaviour on a 7-point rating scale anchored at 1 "never" and 7 "always". In this measure, the word 'intensity' is referring to the frequency of

the behaviour The total Intensity Score was computed from the sum of the circled scores beside the corresponding behaviour. Participants were also required to score their perception of the behaviour as problem or not by marking a 'YES: NO' box. The total Problem Score was tallied from the sum of the 'YES' responses circled by the parent.

2) The *Parenting Scale-PS*; (Arnold, Oleary, Wolff, & Acker, 1993) is a 30-item, self-report measure of dysfunctional discipline practices in parents. Three discipline styles have been identified: Laxness (permissive parenting); Verbosity (lengthy verbal responses or reliance on talking); and Over-reactivity (displays of anger, irritability and meanness). The *PS* measures the parent's level and intensity of these styles. The 30 statements about parenting are scored on a 7-point scale, ranging from functional to dysfunctional. The score for each of the three styles (laxness, verbosity, and overactivity) is the sum of the corresponding items with the total score being the sum of all the items divided by 30. The scale has been found to have adequate reliability and validity and is easy to administer (Morawska & Sanders, 2006).

3) The *Parenting Sense of Competence Scale-PSOC*; (Gibaud-Wallston & Wandersman, 1978) is a 16-item, self-report measure which presents statements relating to how the parent feels about being a parent. Each item on the *Parenting Sense of Competence Scale* is answered on a 6-point rating scale anchored at 1 "strongly agree" and 6 "strongly disagree". Participants were asked to circle the appropriate number that related to how they felt about each statement. This measure yields two scores: an efficacy score and a satisfaction score relating to their parenting role. The total efficacy score and the total satisfaction score is the sum of the

corresponding items where high scores represent stronger efficacy and satisfaction. The *PSOC* has been found to have good psychometric reliability (Cronbach's alpha = .79 for the total problem score), internal reliability and good construct validity (Johnson & Marsh, 1989).

4) The *Depression, Anxiety and Stress Scale-DASS*; (Lovibond & Lovibond, 1995) is a 42-item self-report scale which assesses symptoms of depression, anxiety and stress in parents. Participants were required to read each statement and rate themselves on depression, anxiety and stress on a four-point rating scale anchored at 0 "did not apply to me at all" and 3 "applied to me most of the time". Depression, anxiety, and stress scores are calculated separately. Each scale was scored by adding the sum of the corresponding items. This scale is easy to administer and has good reliability, adequate convergent and discriminate validity (Crawford & Henry, 2003).

5) The *Visual Analogue Scale of Process Change (VAS)* was constructed by the researcher. This is a 7-item, self-report scale which includes three statements from the *PS*, three statements from the *PSOC* and one statement from the *DASS*. Each statement had a 10cm line drawn underneath it. Participants were asked to mark the line at the point where they felt they fit best. The line represents a continuum of agreement with the corresponding statement. The line was anchored at the left "not at all" and on the right "very much". However, two of the items were reverse-scored. Scores for each statement ranged from 0 to 10 with lower scores representing a more "ideal" score. Brief visual analogue scales have been shown to have good reliability and validity (Miller, Duncan, Brown, Sparks, & Claud, 2003).

In addition to the above questionnaires, the *Triple P Consumer Satisfaction Questionnaire* (see Appendix F), was also given to the participants to complete at the

end of the programme. This is a 6-item, self-report scale which gives the participants an opportunity to indicate the usefulness, and acceptability of the programme.

#### *2.4 Setting*

The programme was delivered in the Psychology Department of the University of Canterbury. All sessions except 6, 7, and 8 (which were home visits) were conducted in the researcher's office in the Psychology Department. A variety of toys, felt pens and paper were available for the child on the occasions when the child accompanied the parent to an office visit.

#### *2.5 Therapist*

The researcher, a female post-graduate student, served as the sole therapist in this study. She had received prior training in Triple P Level 4 Intervention. Peer supervision was conducted weekly with the researcher and a trained Level 4 Triple-P therapist for the duration of the intervention for quality assurance.

#### *2.6 Design*

A multiple baseline design (Cooper, Heron & Heward, 1987) was used to assess the effectiveness of the intervention. Semi-concurrent multiple baselines of different lengths were used, and the intervention was phased in at different times across the participants. Different lengths of baseline data are critical as change can then only be attributed to the intervention, and not to any other influences. Advantages of this design are that no reversal is required (Kazdin, 2001) and that individual behaviours are plotted while attributing this change to the intervention (Stiles, 2002).

## *2.7 Procedure*

### *2.7.1 Baseline Data*

Participants were randomly assigned baselines of varying lengths. Family ones (Liam and Sarah) baseline was 7 days, family twos (Gary and Zack) baseline was 10 days, and family threes (Wilson and Daniel) baseline was 13 days. Parents were required to keep a daily record of the child's non-compliance by marking each instance of non-compliance on a tally sheet. This information was included to ensure data were gathered from the child's home, which is an ecologically valid setting. The parent was required to be the observer/recorder of their child's non-compliance. Non-compliance was chosen as the target behaviour because an increase in compliance is associated with a decrease in other problem behaviours (Atwater & Morris, 1988). Furthermore, it is an overt behaviour that is able to be monitored easily.

### *2.7.2 Intervention*

The Triple P standard programme, level 4 was the intervention given to the participants. The programme is a standardized, manualised treatment package, and consists of ten weekly sessions with the parent. The child was required to be a part of six of those sessions.

At the beginning of each session the participants were asked to fill out the VAS to monitor process changes from week to week.

Families began the programme sequentially, following the completion of the baseline collection phase. Parental recordings of the child's non-compliance continued throughout the intervention. In addition, pre- and post-intervention data



were collected from parental report measures concerning child behaviour, parenting practices, parenting sense of competency, and parental mood. These measures were the *ECBI*, (Robinson, Eyberg, & Ross, 1980), the *PS* (Arnold, O’Leary, Wolff, & Acker, 1993), the *PSOC* (Johnston & Marsh, 1989), and the *DASS* (Lovibond & Lovibond, 1993). Each father completed these measures at the commencement, the completion and after the follow-up period of the intervention. All of the measures were completed by the fathers at home apart from when the program was completed where they were completed at the end of the last session.

Session one of the programme is dedicated to clarifying what concerns the parent has about their child’s behaviour. In this session, a full developmental history of the child and the family was taken which included a medical and psychiatric history. In addition, the father was asked to establish personal goals for the intervention, and to identify any obstacles there may be to change. At the end of the session, the father was given the *Eyberg Child Behavior Inventory*, the *Parenting Scale*, the *Parenting Sense of Competence Scale*, the *Depression, Anxiety and Stress Scale* and the *Family Background Questionnaire* to complete at home.

During the second session the parent and child were observed during a 30-minute structured task. This interaction was video taped and coded to determine the quality of the parent-child relationship and indicators of attachment style. Three video tapings were recorded: pre- and post-intervention, and at follow-up. The parent was instructed to spend the first five minutes choosing an activity, to spend the next 20 minutes engaging in that activity with their child, and to then instruct their child to pack up in the last five minutes. During this period, the researcher recorded her observations about the interaction between the parent and the child. After the

observation, session two was primarily devoted to assessment feedback and the discussion of the possible causes of child behaviour problems.

The assessment information can sometimes be difficult for parents to understand, so the guided participation model of information sharing (Sanders & Lawton, 1993) was used in preparing, organizing and discussing the information with the parent. This strategy combines descriptive, factual information in a sequential manner with giving the parents opportunities to question and challenge the information. After the assessment findings were shared with the parent and a mutual understanding of the nature of the child's problem behaviours was achieved, the possible causes or maintaining factors of the behaviours were reviewed. The *Every Parent's Survival Guide DVD* was used in this session to show the parent the possible causes of child behaviour problems. Parents were asked to write down causes that they believed could have contributed to their own child's behaviour whilst watching the DVD. Parents then worked through *Every Parent's Workbook* pages 19-27, identifying and commenting on possible causes of their child's behaviour. These causes are grouped into three categories; genetic make-up, the family environment, and influences outside the home. Finally, parents were asked to identify specific and achievable goals for change for their child's behaviour and for their own behaviour.

During session three, the therapist introduced the parent to the principles of positive parenting by teaching three types of positive parenting skills: strategies for developing a positive relationship with the child which addresses attachment issues (e.g., quality time, talking with children and showing affection); strategies addressing parenting practices, and encouraging desirable behaviour (e.g., descriptive praise, providing attention, and providing engaging activities for children); and strategies for

teaching and fostering new skills (e.g., setting a good example, incidental teaching and the Ask, Say, Do routine). The *Every Parent Survival Guide DVD* was used in this session. Parents were shown each of the strategies on the DVD and the corresponding activity in the *Every Parent's Workbook* was then completed. This session was devoted to identifying when and how these skills can be used, whilst providing parents an opportunity to practice some of the skills. Finally, the parent was shown how to prepare a behaviour chart. The parent was asked to identify a behaviour they wanted to encourage in the child and to specify how the child would earn rewards for displaying the desired behaviour. Parents were asked not to start implementing the behaviour chart until after the next session. However, they were encouraged to practice the other positive parenting strategies.

In session four, parents were taught strategies for managing children's non-compliance. A total of seven strategies are covered which include: establishing clear ground rules; directed discussion; planned ignoring; giving clear, calm instructions; logical consequences; quiet time and time-out. Similar to the previous session, the *Every Parent Survival Guide DVD* was used to show the parents each strategy. The *Every Parent's Workbook* was then used to review each strategy. Most of this session was devoted to identifying when and how these skills can be used. After reviewing each of these strategies, parents were given an opportunity to practice using the compliance routine through role-play. There was also an opportunity for feedback to the parents after the completion of each stage of the role-play. At the end of this session, the researcher discussed with the parents the behaviour chart and how it can be used in the home in conjunction to the other strategies taught. Parents were asked to start using the compliance routine and the behaviour chart immediately.

Sessions five, six and seven of the intervention were home-based visits which were practice sessions for the parent. At the beginning of each of the session, the rules for home visits were discussed which included no television or outgoing phone calls, and to remain with the child in the researcher's vision. In addition, the parent was encouraged to select specific goals at the beginning of each session. Practicing the use of descriptive praise and correctly using the compliance routine were always suggested as goals. The parent was asked to engage in an activity with their child/children for 15 minutes. During the observation, the researcher recorded the number of descriptive praise comments, clear instructions, and the strengths and weaknesses of the parent's use of the strategies. At the completion of the observation, the parent was asked how they thought the observation had gone. If necessary, they were prompted to identify two things they did well and two things they thought they needed to work on. The researcher provided corrective feedback. The parents were then asked to think of specific goals for the next practice session.

The next three sessions were conducted in the therapist's office and focused on promoting the generalization of the parenting strategies learned to other behaviours and settings by using planned activities training.

Session eight was the beginning of the planned activities training. The parent was asked to identify high-risk situations in the home or community when their child is more likely to be difficult to manage. In preparation for designing the planned activities routine, six steps were outlined: prepare in advance, talk about the rules, select engaging activities, use rewards for appropriate behaviour, use consequences for misbehaviour, and hold a follow-up discussion. After each step was reviewed,

parents were asked to specify a high-risk situation and practice preparing a planned activities routine for that situation, following the six steps.

Session nine gave the parents an opportunity to practice three planned activities routines. The parent was prompted to set their child up in an activity before briefly reviewing the homework with the therapist. This gave the parent an opportunity to practice the planned activity routine of encouraging independent play. During this period, the parent was encouraged to praise the child at regular intervals for the child not interrupting and playing in an appropriate manner. The next planned routine involved using all six steps to engage in an activity with their child. The parent was instructed to engage in an activity with the child for 15 minutes whilst the researcher observed quietly. Before the parent began, the researcher reminded the parent that the main aim was to practice strategies like talking with their child, descriptive praise, and incidental teaching to encourage the child's involvement in the activity. Finally, the parent had a chance to practice the planned activity routine of getting ready to go out. The parent was encouraged to discuss the rules with the child and reminded the child of the consequences for misbehaviour. After each planned activity was practiced the researcher prompted the parent to think of two things they did well and two things they would do differently next time.

Session ten was the closure session which focused on family "survival tips" and ways for the parent to maintain the changes that were made during the program. The parent was asked to bring their child along as the same structured task that was videoed in session two was also done in this session. After this observation was completed and the parent identified what they did well and what they still feel they need to work on, the researcher prompted a discussion identifying possible future

parenting challenges and applying problem-solving strategies to these situations. Finally, the parent was encouraged to review their progress and to set goals for the future. At the completion of the session, the parent was asked to complete the post assessment questionnaires (the *Eyberg Child Behavior Inventory*, *Parenting Scale*, *Parenting Sense of Competence Scale*, the *Depression, Anxiety and Stress Scale*, and the *Triple P Consumer Satisfaction Questionnaire*).

The parent was thanked for their participation in the study and arrangements were made for a follow-up meeting three weeks after the completion of the program.

Every session began with a brief update from the parent of the child's behaviour the previous week and how the parent was coping, and was recorded on the visual analogue scale. The homework, which was assigned at the completion of each session, was reviewed at the beginning of each session. Weekly homework consisted of set chapters of *Every Parent's Workbook*. The parents were required to work through the exercises in the workbook which was designed to help them to apply new parenting strategies to their own circumstances.

### 2.7.3 Follow-up

A follow up session was completed three weeks after each family had completed the programme. In this session the parent was asked to complete the *Eyberg Child Behavior Inventory*, *Parenting Scale*, *Parenting Sense of Competence Scale*, *Depression, Anxiety and Stress Scale* and the *visual analogue of process change*. The parent and child were observed doing the structured task as in sessions two and ten. In addition, the parent was asked to record another three weeks of data

on the frequency of the child's compliance by marking on a sheet of paper in a tally format each instance of child non-compliance.

### 2.8 Coding, Scoring and Data Analysis

Four paternal behaviours were coded in each 30-minute parent/child video-taped interaction. First, *physical affection* included touch, hugs, kisses and tickling; second, *initiating conversation* was defined as the parent addressing the child after a silence or on a new topic; third, *physical orientation* towards the child when the child made an overture was included and lastly, *showing interest* and facial animation when the child made an approach to show or say something to the parent.

All of the videotapes were coded by the researcher after the initial assessment, following the completion of the program and at follow-up. The frequency of each behaviour was recorded and presented in a table.

Paternal daily event recordings of their child's non-compliance were tallied and graphed on a multiple-baseline-across-subjects graph.

Fathers' pre-, post-intervention and follow-up scores on the *Eyberg Child Behavior Inventory* were tallied and presented on a bar graph. The father's scores on the, *Parenting Sense of Competence Scale*, *Depression, Anxiety and Stress Scale* and the *Parenting Scale* were presented in tables. Item analysis was conducted on the responses to the *Triple P Consumer Satisfaction Questionnaire* and the results were tabled. In addition, the sum of the process of change scores were tallied and presented on bar graphs for each father showing the trend of change. The data were analysed using standard behaviour analysis techniques, graphed data were subjected to visual analysis.

## Section 3

### Results

The primary concern of this study was child compliance. The daily frequency of non-compliance reported by the father is shown in Figure 2. Global reports of child behaviour were also recorded (Figure 3). Parent-child relationship aspects, parental efficacy and satisfaction, parental mental health, parenting behaviours, and the level of consumer satisfaction on completion of the program were also measured (Tables 1, 2, 3, 4, and 5 respectively). In addition, a visual analogue of the process of change was obtained from the fathers showing the pattern of the change process overtime (Figure 4).

#### *3.1 Child Non-Compliance*

A visual analysis of the children's non-compliant behaviour is presented in single-case, multiple-baseline across families format, showing the frequency of daily non-compliance (Figure 2). The intervention phase is separated into two sub-phases because before session three of the intervention there is no actual teaching of skills.

##### *3.1.1 Baseline Phase*

Figure 2 shows it was rare for any of the children to have a day where no instances of non-compliance occurred, and only Zack achieved this on occasional days. Zack showed a pattern of low rates of non-compliance with a slight floor effect. Sarah showed very high rates of non-compliance with an overall upward trend as



baseline proceeded. Daniel showed moderate levels of reported non-compliance with a steady rate and not much variability, after one very high initial score. Sarah and Daniel showed higher frequencies of non-compliant behaviour than Zack, typically between two and ten times per day, although Sarah was non-compliant 11 times on one occasion and 12 times on another.

### 3.1.2 *Intervention Phase*

The rates of non-compliance for each child do decrease in the intervention phase, however the trends are very different. All of the fathers reported a reduced rate of their children's non-compliance, however before Triple P session three (day 28 for Sarah, day 31 for Zack, and day 34 for Daniel) this is a general treatment effect as nothing specific is taught before this session.

Sarah shows repeated episodes of high non-compliant behaviour, initially in treatment, and then toward the end of the phase. No reasons for these episodes are known. Reasonably persistent reductions in non-compliance are not evident until day 60. Overall, for this child the treatment effect is fairly slow to develop.

Similarly, Daniel shows a slow reduction in the frequency of his non-compliant behaviour, and not until day 50 is there a first instance of a day where there is zero non-compliance. Time spent at his grandmother's and mother's home is associated with elevated rate of non-compliance on return to his father. This post-visit increase in non-compliance trended down to zero more rapidly at the end of treatment than at the beginning.

Zane has a very different pattern of non-compliant behaviour than Sarah and Daniel. Gary, Zack father reported very low rates of non-compliant behaviour by

Zack, but the behaviour peaked each time after he returned from his mother's home. Day 34 is the first instance of no non-compliance after this transition. For this family the treatment effect is evident in the reduction of the disruption associated with transition between parents, in that Zack recovers consistent compliant behaviour more quickly each time he returns from his mother's home.

### 3.1.3 *Follow-Up*

Three weeks following the completion of the Triple P program there was a further reduction in the children's rates of non-compliant behaviour (Figure 2). At follow-up, Liam (Sarah's father) is reporting considerably lower rates of non-compliance from Sarah and more frequently showing no instances of non-compliance with peaks on only 2 instances. Daniel shows a slow reduction and at day 91 Wilson (Daniel's father) reports three days where there is no non-compliance. Generally in follow-up, Zack continues to be compliant, and only once does a transition between mother and father induce an instance of non-compliance.

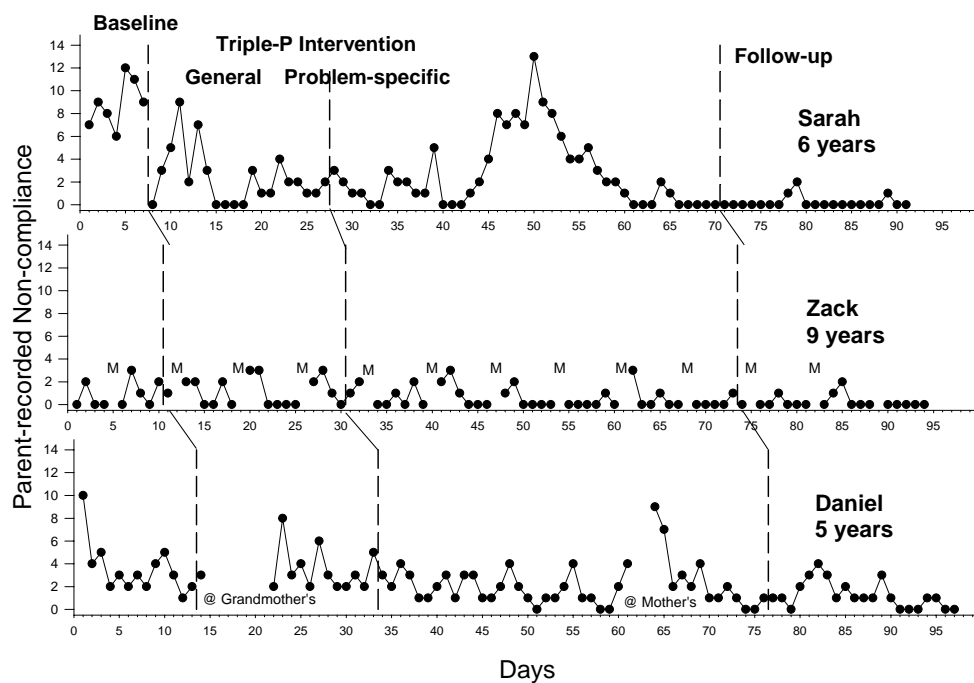


Figure 2. A Multiple Baseline across families showing paternal reports of daily instances of non-compliance during baseline, intervention and follow-up. Time spent at mothers house is indicated by M. Specific parent training skills were taught in week three of the intervention as indicated by the problem specific phase.

### 3.2 Global Child Behaviour Change

Figure 3 below shows paternal reports, at pre-, post-intervention and at follow-up, of global child behaviours as measured the *ECBI*, reported separately as a problem and an intensity score. The results show that all of the fathers reported a decrease in the number of problem behaviours and the intensity of these child behaviours on completion of the program. At follow-up an increase can be seen in the problem behaviours of Zack with Liam and Wilson reporting zero problem behaviours. Liam (Sarah's father) and Gary (Zack's father) report some increase in the intensity of problem behaviours, but below baseline levels at follow-up. The children who were in the clinically significant range for their problem and intensity scores were no longer in this range by the completion of the program, and this was maintained for all of the children at follow-up.

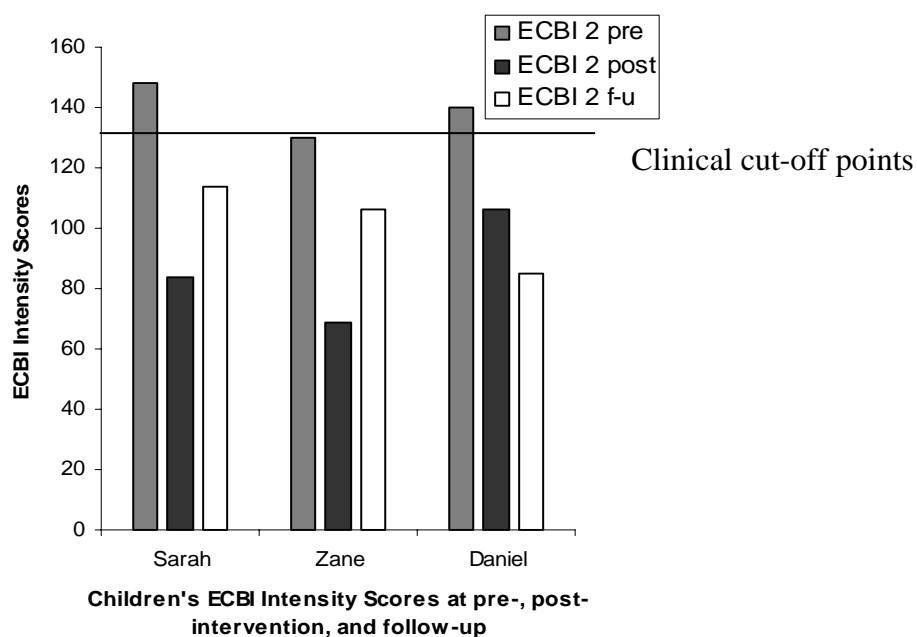
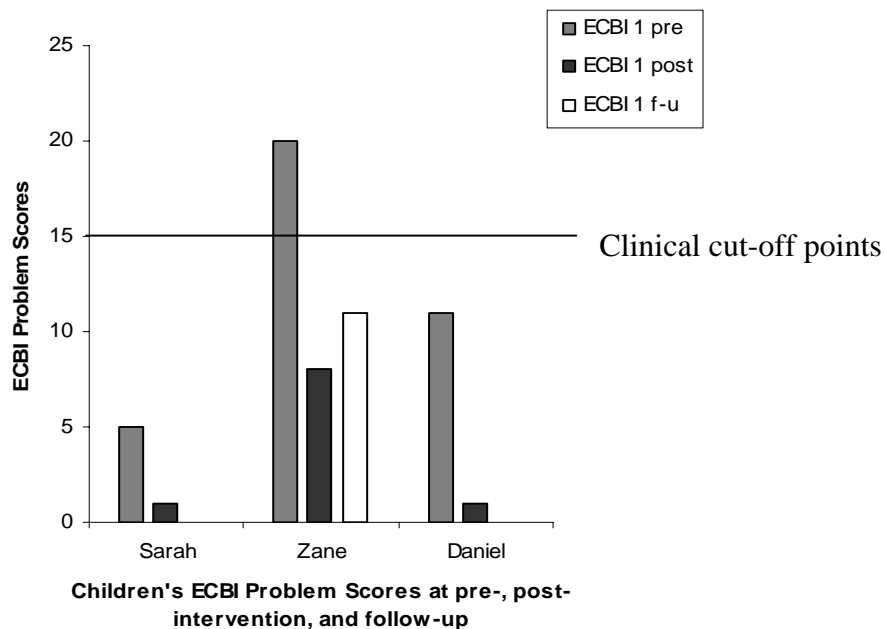


Figure 3. Families' ECBI Scores at pre-, and post-intervention, and at follow-up  
 Note: ECBI Problem Score at follow-up for Sarah and Daniel is zero.

### 3.3 Parent-Child Relationship

Table 1 below shows the scores derived from coding videoed parent-child interactions. The code was developed to identify parent behaviours suggestive of a positive parent-child relationship. There was very little change for all of the fathers in the frequency of physical affection towards their child, but there was a slight increase for Wilson (Daniels father) at the completion of the program. Liam (Sarah's father) and Gary (Zack's father) showed an increased use of initiating conversation at post-intervention. At follow-up all of the fathers had increased this behaviour. Similarly, there was little change in the frequency of physical orientation towards the child. However, Liam did show a slight increase at post-intervention which was maintained at follow-up. By the completion of the program all of the fathers showed an increase in their interest in their child by showing facial animation. The use of this behaviour increased again at follow-up.

Table 1. Parent behaviours suggestive of a positive parent-child relationship

Parent Behaviour	Liam/Sarah			Gary/Zack			Wilson/Daniel		
	Pre	Post	F-U	Pre	Post	F-U	Pre	Post	F-U
Physical affection	0	1	0	10	8	8	0	3	3
Initiating conversation	24	30	32	23	25	30	49	35	50
Physical orientation	2	5	5	6	5	5	1	4	2
Facial animation	13	14	17	5	17	26	11	15	25

### 3.4 Parental self-report measures

#### 3.4.1 Parenting Sense of Competency Scale – PSOC

Father's reports of parenting sense of satisfaction and efficacy at pre-, post-, and at follow-up is reported in Table 2 below. The results show a pattern for Liam and Gary of an increase in their reported satisfaction levels, parental efficacy, and

their total sense of satisfaction and efficacy scores at post-intervention, which is either slightly decreased or maintained at follow-up. Wilson also shows a pattern where his reported satisfaction, efficacy and total score shows a decrease at post-intervention with an increase in scores at follow-up. Gary and Wilson are above the norm at pre intervention for all of the scales and all of the fathers by the completion of the program are well above the norm score for their reported satisfaction, efficacy and total sense of parental satisfaction and efficacy.

Table 2. Fathers' Pre- and Post-intervention, and at Follow-up scores on the PSOC

	Satisfaction			Efficacy			Total		
	Pre	Post	F-U	Pre	Post	F-U	Pre	Post	F-U
Liam	35	43	41	25	27	27	60	70	68
Gary	46	53	52	34	39	37	80	92	89
Wilson	41	40	49	36	32	40	77	72	89

#### Norms for PSOC

	Satisfaction	Satisfaction	Efficacy	Efficacy	Total PSOC	Total PSOC
	M	SD				
Children 4-6						
Boys	39.77	5.44	24.95	4.99	64.72	7.78
Girls	39.42	6.28	25.77	5.29	65.19	10.13
Children 7-9						
Boys	40.47	5.72	25.43	6.21	65.91	8.44
Girls	39.2	5.62	25.42	5.43	64.61	8.98

#### 3.4.2 Depression, Anxiety and Stress Scale – DASS

Table 3 below shows data for paternal reports of depression, anxiety and stress symptoms from the DASS. All of the father's scores in every phase are in the non-clinical range for depression, anxiety and stress. The results show a decrease in the fathers' scores for depression, anxiety and stress symptoms at the post-

intervention stage with the exception of Wilson's depression score and the score stress score for Gary. At follow-up Liam and Gary showed a slight increase for their depression and anxiety scores. Liam showed another slight increase in his score for reported stress symptoms while Gary showed a decrease at follow-up. A pattern can be seen from Wilson's scores, in that his scores either increase or are maintained at the post-intervention stage with a decrease at follow-up for depression, anxiety and stress.

Table 3. Fathers' DASS Scores Pre- and Post-intervention and at Follow-up

	Depression			Anxiety			Stress		
	Pre	Post	F-U	Pre	Post	F-U	Pre	Post	F-U
Liam	8	1	2	7	0	1	9	1	2
Gary	1	1	2	5	0	3	4	7	4
Wilson	3	6	0	1	1	0	9	6	1

Clinical range for the DASS

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

### 3.4.3 Parenting Scale – PS

Paternal reports for three different parenting practices are shown in Table 4 below. The fathers' reports of the extent of their laxness showed a decrease at post-intervention for all except Wilson, with a further decrease at follow-up for all except Liam. A decrease can be seen in over-reactivity for Liam and Gary, with a slight increase at follow-up. Wilson reported an increase in his over-reactivity at the post-intervention stage with a decrease at the follow-up. There was an increase in Liam



and Wilson's reported verbosity with a decrease at the follow-up. A decrease in Gary's reported verbosity can be seen from pre-intervention to follow-up. The father's total score shows a similar pattern where two fathers (Liam and Gary) showed a decrease at post-intervention with Liam showing a slight increase. At follow-up Liam showed a slight increase, Gary's score was maintained and Wilson's score had decreased. The score for verbosity for Wilson was in the clinical range at post-intervention, but this had decreased to within the non-clinical range at follow-up.

Table 4. Fathers' Pre-and Post-intervention, and at Follow-up scores on the PS

	Laxness			Over-reactivity			Verbosity			Total		
	Pre	Post	F-U	Pre	Post	F-U	Pre	Post	F-U	Pre	Post	F-U
Liam	1.91	1.64	2.55	1.7	1.4	2.4	2.14	2.57	2.71	2.13	1.9	2.6
Gary	2.27	1.55	1.45	2	1.4	1.7	2.86	2.29	2.14	2.4	1.8	1.8
Wilson	2.1	3.18	3	2.5	3	2.4	3.86	4.43*	2.43	2.7	3.5	2.6

\* above clinical cut-off

Clinical Cut-off	
Laxness	3.2
Over-reactivity	3.1
Verbosity	4.1
Total	3.2

#### 3.4.4 Triple P Consumer Satisfaction Questionnaire – TPCSQ

Paternal reports of consumer satisfaction after completing the Triple P program are shown in Table 5 below. The scores show that the three fathers reported that the program was helpful for their child's needs, for their needs and for helping them to deal with their child's non-compliant behaviour. Furthermore, the fathers reported that they felt their child's progress was good; they reported high satisfaction on the completion of the program and would use Triple P if they needed to seek help

again. For all of the questions the fathers reported high scores with the scores ranging from five to seven out of a possible seven.

Table 5. Fathers' Reports of Satisfaction on the *TPCSQ*

Question	Father 1	Father 2	Father 3	Average
Program helpfulness for child's needs	5	6	5	5.3
Program helpfulness for parent's needs	7	6	5	6
Program helpfulness to deal with child's behaviour	7	7	6	6.6
How parent feels about the child's progress	6	6	6	6
Satisfaction level of program overall	6	7	6	6.3
Would you use Triple P if you needed to seek help again	6	6	5	5.6
Total	37	38	33	

### 3.5 The Process of Change

Figure 4 below shows the sum of the process change scores measured by the visual analogue scale, showing the pattern of change of beliefs about parental efficacy and the effectiveness of parenting practices. Lower scores on these figures represent

increased positive beliefs. The results show that the fathers' pattern of change is that of a gradual positive change, except for Wilson who showed slight resistance to change. In addition, the pattern of the fathers' process of change is unsystematic.

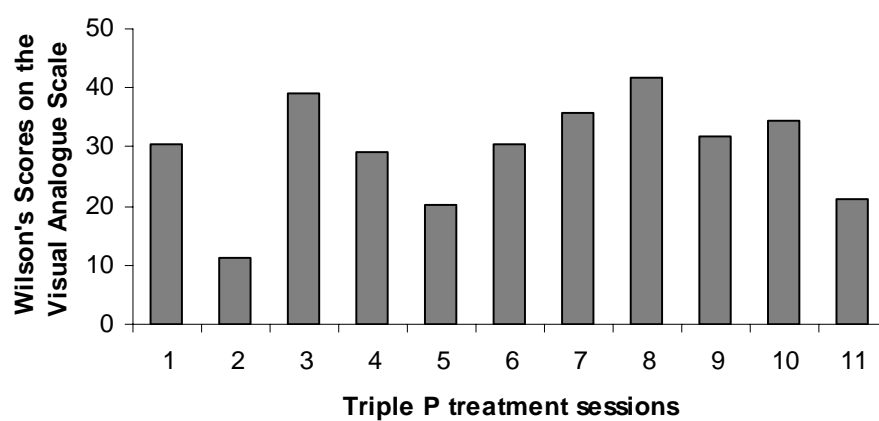
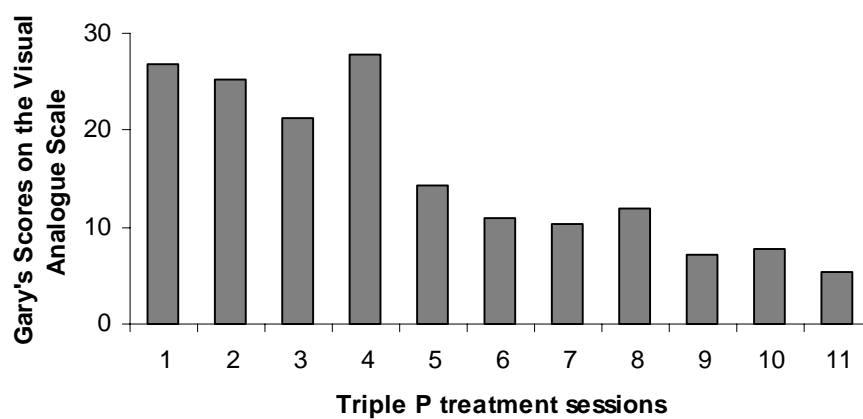
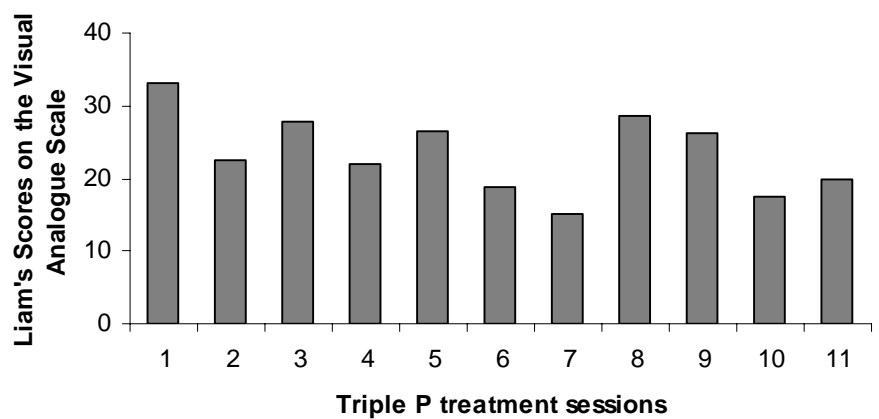


Figure 4. Fathers' weekly process of change as measured by the *Visual Analogue Scale*. The follow-up session is represented by treatment session 11.

## Section 4

### Discussion

Five predictions were made at the beginning of this study. The results show that all of the hypotheses were supported. Hypothesis one was supported as there was a positive change in child non-compliance as measured by paternal ratings of daily non-compliance, and the *Eyberg Child Behavior Inventory*. Hypotheses two, three, four and five were supported as there was a positive change in the parent-child relationship, parental efficacy and competency beliefs, parental mental health, and parenting behaviours.

No hypothesis was made about the process of change during the intervention, as this was an exploratory aspect to the current study. However, the results show that the process of change is measurable using the instrument designed for this purpose. Furthermore, there was a general gradual pattern of positive change reported by all of the fathers.

These findings are consistent with the model that was designed in the introduction to this work about the factors that influence the development of child non-compliance. The findings from the current research will now be discussed with reference to the individual families, and linking this study to previous research. Limitations of the study and future directions will also be addressed.

#### 4.1 *Child Non-Compliant Behaviour*

There was a change in the children's non-compliance behaviours in the predicted direction. Even though there was a positive change, the rate at which the non-compliance reduced was different for each child. Although Liam recorded a reduction in the instances of Sarah's non-compliant behaviour, the major improvement occurred at the beginning of the intervention, directly after the baseline phase. There is no way of knowing the reason for this step reduction. However, the early reduction may have been due to Sarah realising that her father was serious about reducing her non-compliant behaviour as evident by his participation in the program. The fact that her father was actively seeking help with his parenting may well have alerted her to the idea that subsequent non-compliance would not be tolerated. While this explanation may have accounted for the early reduction, it is unlikely that these reduced instances of non-compliance would have been maintained throughout the programme, and at follow-up, if Liam had not gained skills and confidence from the program in the management of her behaviour. Another noteworthy point in this particular case is that, between weeks seven and ten, Liam (Sarah's father) reported increased rates of Sarah's non-compliant behaviour. This spike in the child's behaviour corresponds with a negative change in Liam's beliefs about how effective he was as a parent. Parental self-efficacy beliefs are a central correlate of parenting behaviour, with evidence to suggest that efficacy beliefs may mediate the effects of various child and parent variables on the quality of parenting (Teti & Gelfand, 1991). Furthermore, there is strong evidence linking parenting self-efficacy to parental competence (Jones & Pritz, 2005).

The instances of non-compliance, reported by Gary, were low for Zane throughout the study. However, there is evidence that the intervention did reduce Zane's rate of non-compliant behaviour in a particular situation. The data showed that the instances of non-compliance were much higher when Zane returned home from staying at his mother's home each week. However, by day 55, the instances of Zane's non-compliance were reduced after the transition from his mother's home to his father's home. This showed that Gary seemed to be managing this high risk situation (the transition from home to home) better. This finding makes several important points. First, it emphasizes the importance of including training for managing high risk situations in the Triple P program. This is especially important for single parent families where the children stay with the non-primary caregiver on a regular basis. The management of child behaviours at high risk times is achieved by teaching the parent to use a planned activity routine to help prevent problems at these times (Sanders et al., 2001). It is evident in the reduction of Zane's non-compliant behaviour that by the end of the program, and during follow-up, it is likely that Gary has learnt to handle this high risk time where Zane is transitioning from his mother's home to his father's home.

Second, even though the current study does not have data on the mother's parenting behaviours, a possible explanation for the increased rates of Zane's non-compliance after being at the mother's house may be she could have a more permissive view of parenting practices than Gary. Research focused on divorce education suggests the importance of unified parenting behaviours after separation (Braver, Salem, Pearson, & Deluse, 1996; Geasler & Blaisure, 1998; Shifflett & Cummings, 1999; Thoennes & Pearson, 1999). It is important that there are

consistent rules and discipline techniques in each household so that the child knows what to expect with each parent, and views the parents as a united front even though they are no longer living together. The current study found that on the completion of the Triple P program, Gary had learnt to manage his child's behaviour during this transition period. The Triple P program managed to address issues of managing consistent behaviour with separated parents. This finding holds many implications for the success of Triple P with separated parents.

Wilson (Daniel's father) reported reduced rates of non-compliance across the intervention. However, the instances of Daniel's non-compliance showed more variability than Sarah's and Zane's, and seemed to reduce more gradually than the other two cases. Similar to the pattern seen in Zane's non-compliance, Daniel seemed to be less compliant when he returned from his grandmother's and his mother's homes. Similar conclusions can be drawn to suggest that Wilson seemed to be able to manage Daniel's behaviour better in this high risk time after the intervention than pre-intervention. This was evidenced by a steep reduction in the frequency of non-compliance immediately after Daniel returned from his mother's home. The importance of unified parenting practices after separation, and the inclusion of managing high risk situations, also applies to this case.

Paternal reports of a wider range of child behaviour problems (beyond non-compliance) on the ECBI showed a clear treatment effect, with all parents reporting a marked drop in the number of problem behaviours following treatment. This was maintained in all except one family at follow-up. The intensity scores showed all problem behaviours were rated to be less intense for all families after the intervention. This score reduced further for Daniel at follow-up. However, this rating



had increased by follow-up for Sarah and Zack. This increase could be due to the other inappropriate child behaviours being more salient and noticeable for Liam (Sarah's father) and Gary (Zack's father) following the reduction of non-compliance at follow-up. It has been suggested that non-compliance reflects an underlying attitude of willingness to break set rules so that when non-compliant behaviour improves, an overall improvement in the child's behaviours can be observed (Kalb & Loeber, 2003). This could be an explanation for the marked improvement in the problem and intensity scores as reported by the fathers.

The current study showed positive changes in the children's non-compliant behaviours after the fathers completed the Triple P parenting program. Particular patterns in the rates of non-compliance by Zane and Daniel showed the need for the inclusion of managing behaviour around transitions from home to home (high risk times) as the data suggests both fathers showed improvement in managing these transitions. Furthermore, this pattern highlights the importance of ensuring consistent parenting practices after parents separate. In addition, both problem and intensity scores of the children's wider problem behaviours (beyond non-compliance) decreased, indicating an overall treatment effect.

#### *4.2 Parent-Child Relationship*

The data obtained from the behavioural coding system showed that by follow-up, the parent-child relationship had changed in a positive way for all of the families. By follow-up, all of the fathers showed increased rates of initiating conversation with their child, and showing interest in their child. These two behaviours increased from pre- to post-intervention (except for one father) and with a further increase at follow-

up. This finding demonstrates the importance of gathering follow-up data, as immediately post- intervention may be too soon to determine the extent of the change, and whether this change was positive. The positive mutuality in the parent-child relationship is critical to fostering compliant behaviours in children (Schaffer & Crook, 1980). Furthermore, a parent's level of attention, interest, support and encouragement is crucial to encouraging desirable behaviours (Sanders et al., 2001) with parental acceptance of the child positively relating to the quality of the parent-child relationship and parental control (Sinha & Mishra, 2007).

At pre-intervention assessment, all three fathers demonstrated lower frequencies of physical affection and orientation towards the child than at post intervention. Physical affection from fathers is reported to be lower compared to physical affection from mothers (Ferreira & Thomas, 1984). The increased rates of physical orientation and affection are important contributions to the parent-child relationship, as giving positive physical affection is an important means of conveying positive regard, promoting a secure attachment and preparing children for appropriate intimacy in their adult lives (Sanders et al., 2001; Barber & Thomas, 1986).

The Triple P parenting program was successful in increasing a range of parenting behaviours that are suggestive of an improved parent-child relationship. This positive change may well have been causally implicated in the positive change in the child's non-compliance as suggested by the model in the introduction.

### *4.3 Paternal Self-Reports*

#### *4.3.1 Parental Self-Efficacy*

The fathers' reports of their sense of competency and efficacy as parents reflected an improvement in their parenting satisfaction and parental efficacy from pre- to post-intervention. Parental self-efficacy involves a parent's belief in their ability to foster the child's success and development (Ardelt & Eccles, 2001; Jones & Pritz, 2005). All of the fathers in the current study rated themselves above the norm for their satisfaction and parental efficacy at the end of the study, except for Liam (Sarah's father), whose rating was below the norm for parenting satisfaction at initial assessment. This father's rating increased above the norm post-intervention, and at follow-up. The increase in parenting satisfaction and parental efficacy may have contributed to the positive change in the children's rates of non-compliance. Previous research has shown that high parental efficacy is predictive of child compliance (Coleman & Karraker, 2003).

#### *4.3.2 Parental Mental Health*

All of the father's scores were in the non-clinical range for depression, anxiety and stress. This finding is not surprising as it is generally reported that there is higher prevalence of anxiety and depression in females than males (Horwath & Weissman, 1995). In a study assessing the DASS with the general population, Crawford and Henry (2003) found significantly higher scores for females than males on the depression and anxiety scale but not for the stress scale. However, there may be cause for concern as research has shown that men under-report mental health

problems (Goldney, Hawthorne & Fisher, 2004) and separated fathers are at higher risk of psychological impairment and suicide than married fathers (Bartlett, 2004).

None of the fathers reported clinically significant levels of depression at the pre-, post-intervention or at follow-up stages. Their ratings were either unchanged across the study, or had reduced from pre-intervention to follow-up stage. However, Wilson (Daniel's father) reported slightly higher depression symptoms at post-intervention than pre-intervention, but reported a reduction in symptoms at the follow-up stage. Similarly, the fathers' reports of anxiety symptoms were within the normal range. Reported symptoms were maintained or reduced from pre- to post-intervention stages. At follow-up, there was a slight increase in reported anxiety symptoms for Liam (Sarah's father) and Gary (Zane's father). An explanation for this reported increase in anxiety symptoms could be that these two fathers might have been anxious about the parenting role without the weekly support from the researcher after the completion of the program. The fathers' stress scores showed improvement at post-intervention, and by follow up, a further reduction in their stress scores had occurred.

The experience of living with a parent with mental health problems increases the risk of children developing behavioural problems (Downey & Coyne, 1990; Jaffee, Moffitt, Caspi, & Taylor, 2003). All of the fathers in the current study reported no clinically significant levels of depression, anxiety or stress. Their mental health scores were in a normal range which may have reduced the child's risk of developing severe non-compliance, and may have contributed to the relatively low instances of non-compliance in Zane and Daniel.

### 4.3.3 *Parenting Behaviours*

The findings from the *Parenting Scale* on each father's laxness, over-reactivity, and verbosity scores showed different trends among fathers. Due to this, all three of these scales will be discussed individually. First, the laxness scale indicated the degree of permissive discipline the fathers reported using. At post-intervention Liam (Sarah's father) and Gary (Zack's father) reported lower laxness than at the pre-intervention stage. Gary and Wilson (Daniel's father) also reported a decrease in the use of permissive discipline at the follow-up stage. Second, at the post-intervention stage, Liam and Gary reported being less reactive than they reported being at the assessment phase. However, at the end of the study Wilson was the only one who reported a decrease in his reactivity at the follow-up stage. Third, Liam (Sarah's father) and Wilson reported an increase in their verbosity at the post-intervention stage indicating they were more reliant on talking than Gary (Zack's father), who reported a decrease. All of the fathers reported a decrease in their verbosity at the follow-up stage, once again highlighting the importance of gathering follow-up data.

Parenting behaviours impact on the child behaviours. Incompetent parenting practices are associated with child non-compliance and an increased risk for the development of behaviour problems (Haapaslo and Tremblay, 1994; Frick et al., 1992; Loeber et al., 2000). The current study showed that an increase of authoritative discipline, calmer reactions and concise verbal responses is associated with a decrease in child non-compliance.

At the completion of the Triple P parenting program, and at follow-up, the fathers reported increased levels of parental efficacy and parenting satisfaction;

lowered depression, anxiety and stress symptomatology; and a positive change in their parenting behaviours. Each of these factors has been found to influence child non-compliance. Due to the positive change in all of these factors, and the associated positive change in the children's behaviours, it is reasonable to make a causal link between the two. However, it is also possible that the relationship between these paternal factors and children's non-compliant behaviour is bi-directional. Increases in compliance may have caused positive changes in the paternal factors.

#### *4.4 The Change Process*

There was no formal hypothesis about the process of change, as it was included as an exploratory aspect of the study. However, there was an expectation that there may be a pattern of change that might resemble one of the three categories of consistent, interrupted or minimal change (Cumming et al., 1999). The current study found that all of the fathers showed a pattern of change with all of the fathers reporting a gradual positive change. There is minimal research on the process of change and what this change should look like, however, as Cumming et al. (1999) did attempt to put change into three pattern categories, (consistent change, interrupted change and minimal change). Therefore, a discussion of the pattern of change seen in the current study is valid.

This research did find some similarities between these categories and the patterns of change found in the current study. First, the pattern of change that can be seen from Liam (Sarah's father) is similar to the description of interrupted change. Liam showed an improvement at the beginning of the intervention which was followed by setbacks where he returned to increased self doubt. This pattern occurred

throughout the intervention. Second, apart from one week of resistance, Gary (Zane's father) showed a more consistent pattern of positive change in his cognitive beliefs. Lastly, Wilson (Zane's father) pattern of change seemed to be a combination of all three categories but is most similar to that of an interrupted change pattern where there is a brief surge of improvement, which is then followed by a setback. Cummings et al. (1994) did conclude that all of the three patterns of change can potentially lead to successful outcomes in therapy.

It has been suggested that the process of change may be linked to specific points in therapies or intervention (Greenberg & Watson, 2002). However, all of the father's processes and patterns of change appear to be different even though they do follow a gradual positive change. Given the variability in the patterns of change for the three fathers, there were no obvious sessions that precipitated change. Suggested reasons why the change process was so idiosyncratic could be 1) some of the fathers may have been more ready for change than others (Prochaska, 2004); 2) there may have been differences in the fathers support networks to maintain positive change; 3) because these fathers started the intervention with varying parenting beliefs, different topics, factors and methods in the intervention may have been more helpful in precipitating change in some than in others.

Exploring the process of change of the fathers showed an overall gradual positive change in their beliefs about their parental efficacy and parenting practices during the intervention. However, all of the fathers reported varying changes at different times in the intervention. What caused the changes and what precipitated change of their beliefs is unknown. The fathers' openness to change; the extent of their support network to maintain positive changes; and different aspects of the

intervention precipitating change for the fathers were some suggested reasons why an idiosyncratic pattern of change was seen for each.

#### *4.5 Limitations of the Study*

The use of multiple baseline design across subjects in this study was a major strength, allowing for micro-level analysis of treatment response throughout the program, rather than just simply measuring variables pre- and post-intervention. However Cooper, Heron and Heward (1987) outline three scientific limitations to this design. First, a multiple baseline design may not allow a demonstration of experimental control because there is a possibility of a social influence and general participation effects. Second, it is sometimes viewed as a weaker method of showing experimental control than a reversal design. Third, the multiple baseline design provides more information about the effectiveness of the independent variable (parenting practices) than it does about the function of any particular target behaviour (child non-compliance).

There are three limitations in this study that weaken the strength of the inferences that can be made about the treatment effect. First, there was a floor effect in the baseline phase of Zane's non-compliant behaviour; second, the rates of Daniel's non-compliant behaviour in baseline and intervention phase were highly variable; finally, the low number of replications due to the low number of participants reduced the strength of the conclusion that the intervention was the reason for the changes in the children's rates of non-compliance. All of these limitations affect the interpretability of the treatment effect which decrease the strength of a clear demonstration that the program reduced the children's non-compliant behaviour.



Several other limitations were identified in this study. First, the researcher presented a model with factors that have been found to influence the development of child non-compliance and then measured many of the factors. However, it is impossible to know how much of the changes in the children's behaviour is attributable to each factor. This is a major limitation, because the current study cannot draw conclusions about the extent to which each of those factors influenced non-compliance more.

Second, there was a low response rate to participate in this study, with only three participants completing the study. Even though the numbers of solo fathers in New Zealand is increasing, this is still a smaller population group in comparison to solo mothers (Statistics New Zealand, 2002). The researcher did find that recruiting participants that fit the inclusion criteria was difficult. Furthermore, fathers are less likely to attend parent training than mothers (Budd & O'Brian, 1982), which could have also explained the difficulties in recruiting participants.

Third, the behavioural coding system used was constructed by the researcher to assess changes in the parent-child relationship. Even though this coding system was found to be sensitive to changes in the relationship, other psychometric properties of the system are unknown, such as inter-rater reliability or construct validity.

Fourth, self-report measures are a good way of gathering data directly from the individual about various constructs (for example, parenting efficacy and competency, mental health, and parenting behaviours). However, people sometimes present themselves in a more positive light than is really the case. This is known as demand characteristic of the rating scale, and self-report measures are vulnerable to

demand characteristics and social desirability (Eisenberg-Berg & Hand, 1979). There is no way of knowing if parents are ‘faking good’ on self-report measures unless lie scales are included. The standard measures used for the delivery of the Triple P program do not include lie scales. Therefore, none were used in this study.

Finally, there are a few limitations when relying on parental reports which may have lead to the baseline recordings of child non-compliance being an inaccurate reflection of the child’s behaviour for a number of reasons. First, it is possible that despite a clear definition given to the fathers of what constitutes non-compliance, this definition may not have been consistently used for recording instances of non-compliance. Second, the fathers were required to keep these records for an extended period of time (that is, all day, every day for the baseline phase, intervention phase and the follow-up). On reflection, this task may have been onerous and may have lead to inaccurate recordings.

#### *4.6 Future Directions for Research*

The current research provides powerful suggestions for future research. Before we can confidently conclude that a behavioural family intervention like Triple P is effective in helping reduce non-compliance with children where the father is the primary caregiver, further constructive replications are required employing more complete single case research designs than was achieved in this study. Several suggestions for future research will now be discussed.

First, no one factor (such as the quality of the parent-child relationship, parenting sense of competency, parental mental health or parenting behaviours) is solely responsible for predicting or effecting change in a child’s non-compliant

behaviour. It is a cumulative effect of all the factors together influencing a child's behaviour. With this in mind, it would be beneficial for future research to examine the percentage of change that is attributable to each of these factors in influencing the development of children's non-compliant behaviour.

Second, constructive replications of the current study need to be conducted with separated families where the child transitions regularly from one parent to the other. This would be beneficial to further explore the impact the Triple P program may have on reducing problem child behaviours during the transition from one parent to the other. Furthermore, conclusions from this future research may be beneficial to the Family Court, with more information about parenting programs for parents who are separated.

Third, how, when, and why people's attitudes and behaviours change in behavioural family interventions is a relatively unexplored area of psychology. While, the current project did find a general pattern of gradual change throughout the Triple P intervention, there were idiosyncratic patterns of change for each parent. Therefore, an interesting area of future research could be exploring the patterns of change of clients with a focus on when change occurs.

Fourth, the promising coding system developed to measure the parent-child interactions needs further work to establish its psychometric properties further.

Fifth, there was a low response rate of solo fathers wanting to participate in this study. Future research needs to find improved methods of encouraging this population to participate in parenting programmes. It has been suggested that recruitment problems may be linked to people's process of change (Prochaska, 2004). Treatment programmes are designed to help people who are immediately ready to

take action and are ready for change to occur. However, not everyone is in this stage of change. There are some people who may be contemplating change in the near future, or not ready to change at all. Therefore, to increase recruitment future research needs to investigate how behavioural family interventions like Triple P can cater to people at any stage of change, especially for solo fathers.

Sixth, including lie scales in parent self-report measures would help to eliminate demand characteristics of the instrument result in 'faking good'. There is a need for self-report measures in the sensitive area of parenting that are able to control for social desirability phenomena.

Seventh, more contributions to the literature need to be made about solo fathers. Exploratory studies need to be conducted to better describe their parenting practices, the quality of parent-child relationship and parental efficacy. The body of research on solo fathers is very small, so any future research exploring solo fathers and what influences successful positive parenting would be beneficial.

Lastly, previous research with single parents suggested that people in the parent's social environment impact on the likelihood of that parent responding to the intervention, with supportive people increasing the response in these families (Webster-Stratton, 1997). It may be that supportive friends and family directly reinforce the behaviour change in the parents. To therefore improve treatment responses for solo fathers, it would be interesting to conduct a group intervention of Triple P to explore if group involvement improves the treatment response of parenting behaviours.

#### 4.7 *Conclusions*

The Triple P parenting program is an empirically validated treatment package for intervention with child behaviour problems that was applied to solo father families. The current study found, by the completion of the program, a positive change in the children's non-compliant behaviour. By offering an intervention that uses methods such as modeling, feedback and role play to teach positive parenting behaviours, it was possible to not only decrease levels of reported non-compliance, but to also show a positive change in the parent-child relationship, parental efficacy, parental mental health, and parenting behaviours, for fathers who are the primary caregiver. Furthermore, by exploring the change process during the intervention, important information was gathered about the pattern of therapeutic change throughout the program.

In particular, the ability of the Triple P intervention to reduce children's adjustment difficulties when making the transition from one family home to another is a valuable contribution to the literature on separated families.

Solo fathers, even though they are a relatively small part of the population are increasing in number. It is imperative that this body of literature is expanded upon. It is important that we understand how best to help these fathers foster a positive parent-child relationship, gain high parental efficacy, ensure a healthy mental health and most importantly have support and education to use positive parenting. The current study is a useful addition to the literature and provides encouraging and powerful suggestions for future research.

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## Appendix A.

**Newspaper Advertisement**

**Participants needed  
for research offering  
a free parenting  
course**

**Would you like to gain  
more skills in parenting  
and be the best parent you  
can be?**

A researcher completing her Masters  
Degree in the Psychology  
Department at the University of  
Canterbury needs participants to  
participate in an internationally  
recognised parenting course free to  
fathers who have sole care of their  
children 40% or more of the time  
with children aged 5-10.

**Please phone Elaena on  
366-7001 ext 7197, and  
leave a message**

## Appendix B.

**Information Sheet**

My name is Elaena Havell and I am a Master's Degree student at Canterbury University. My particular area of interest is families, and how they interact. As part of my Master's Degree thesis I am studying the effectiveness of a treatment programme which helps teach parents new, positive ways of dealing with children's misbehaviour. The program I am researching was developed at the University of Queensland by Dr. Matt Sanders and is called the Positive Parenting Programme (Triple P). This parenting programme has been found to be very effective in enhancing parenting practices. However, the programme has not been evaluated whether or not it is as effective in helping solo fathers with parenting. Therefore, the aim of the investigator for this study is to evaluate the effectiveness of the Triple P program for fathers who parent alone.

The programme runs for 2 ½ months and includes 10 weekly meetings during which you will have a chance to learn and practice new parenting skills. At the first session we will discuss any concerns you may have about your child's behaviour, and you will be asked to fill in several questionnaires. During the following 9 sessions we will work through the programme, which covers topics such as causes of any problem behaviours your child has, and skills to help you manage your child's behaviour more effectively. Most of these sessions will be at the University of Canterbury (sessions 1-4 and 8-10), except for three home visits when I will come to see you (sessions 5-7). You will be asked to do some reading, and complete a small amount of homework. I will provide you with a copy of the *Every Parent* book and workbook to use through out the programme. These books will be yours to keep at the end of the programme. However, I will need them to be returned if you do not finish the programme. At the beginning and the end of the programme I will ask you to fill in questionnaires about your child's behaviour, your parenting practices, how you feel about being a parent and how confident you feel as a parent. In addition, you and your child will be asked to participate in a structured task which will be video taped so the researcher can use it as independent information of how you and your child interact. As a part of the programme I will also get you to keep a record of how things are at home by keeping a written record of your child's behaviour. This should not take more than a few minutes each day. Three weeks after the programme is finished I will contact you to check how things are going and get you to do the questionnaires again and make more records of your child's behaviour.

I have been trained to teach the Triple P programme and I have two supervisors at the University, Mr. Neville Blampied and Dr. Fran Vertue. As this research is part of my Master's Degree it will be written up once the programme is completed. Any identifying details will be kept confidential and only case numbers will be used in the write up of the research findings. In addition, this project may involve the results being written up in journal articles. Publications will not include any identifying

information. Should I have concerns about anyone's safety or well being, I will take these to one of my supervisors and then make the appropriate referral. **This study has been approved by the Human Ethics Committee of the University of Canterbury.**

If you have any questions, please do not hesitate to contact me.

Appendix C.

**Participant Consent Form**

1. I have read and understood the description of the research project in the information sheet. On this basis, I agree to participate in the research project.
2. I consent to Elaena Havell writing up her findings and submitting them as part of her Master's Degree thesis to Mr. Blampied and Dr. Vertue with the understanding that identifying details will be kept confidential.
3. I understand that I am free to withdraw from the project at any point, including withdrawal of any information I have provided.
4. I understand that my child has the right not to participate at any stage and may not be coerced to participate.
5. I give consent to have a colleague of Elaena Havell's be present at sessions 5, 6, and 7 for the home visits to ensure everyone's safety.

Signed

.....

Parent

.....

Researcher



Appendix D.

## Visual Change Analogue Scale

Looking back over last week, which includes today, mark on the line where you feel you fit in accordance to the questions below

If saying no did not work right away...

I took some other  
kind of action

I kept talking and  
trying to get through  
to my child

[-----]

I threatened to do things that...

I was sure I could  
carry out

I knew I wouldn't  
actually do

[-----]

When my child misbehaved...

I handled it without  
getting upset

I got so frustrated  
that my child could  
see I was upset

[-----]

Sometimes I feel like I am not getting anything done

Strongly Disagree

Strongly Agree

[-----]

Being a parent makes me tense and anxious

Strongly Disagree

Strongly Agree

[-----]

I believe I have all the skills necessary to be a good parent to my child

Strongly Disagree

Strongly Agree

[-----]

Being a parent is manageable and any problems are easily solved

Strongly Disagree

Strongly Agree

[-----]