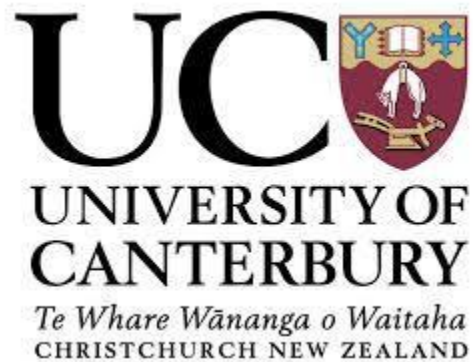


Parents' Need for and Experiences of Teen Triple P following the Christchurch Earthquakes

A dissertation submitted in partial fulfilment of the requirements
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3. Abstract

Triple P parenting programmes have provided promising results for children and families in recent years. The aim of the current project was to explore the experiences of families leading up to participating in a Teen Triple P programme three years following the Christchurch earthquakes and their need for assistance in the management of their teenagers. Parents were interviewed prior to the commencement of the Teen Triple P programme and after its completion. Parents were also asked to complete a journal entry or engage in two brief telephone conversations with the researcher outlining their experiences with the Teen Triple P programme. These outlined the perceived fit of the programme to the needs of the family. Parents provided insight into their family's experiences of the Christchurch 2010 and 2011 series of earthquakes and the perceived impact this had on their lives and the management of their teenagers. The results indicated that parents felt more positively about their parenting behaviours post-programme and were able to identify changes in their teen and/or family that they felt were as a response to participation in Teen Triple P. Parents provided rich descriptions of their earthquake experiences and the immediate and long-term impacts they endured both individually and as a family. Parents did not feel that the earthquakes fed into their decision to do a Teen Triple P Programme. The results helped improve our understanding of the effectiveness of Teen Triple P as a parenting programme as well increased our understanding of the challenges and needs of families in post-earthquake Christchurch.

4. Introduction

Behavioural problems in teenagers have long been a concern of parents, teachers, mental health professionals and the wider community (Black, 1978; Clement, 2010; Koemans, 2010). With violent crime rates increasing in New Zealand over the previous decade, the need for interventions aimed at preventing the delinquent behaviour of young people is crucial (Statistics NZ, 2006). In recent years parenting programmes for pre-school and school-aged children have demonstrated promising results, suggesting the usefulness of early intervention for families struggling with potentially anti-social children (Graaf, Speetjens, Smit, de Wolff & Travecchio, 2008). Less research, however, has focused on the effectiveness of parenting programmes that target teenager behavioural problems, in particular in a post-disaster environment such as Christchurch, New Zealand, after the 2010 and 2011 series of earthquakes.

This study dealt exclusively with parents who participated in Teen Triple P in 2014, three years after experiencing the earthquakes. One year post-disaster is often acknowledged as a time when stressors and problems resulting from a disaster peak (Norris, Friedman & Watson, 2002). However, research highlights that problems can linger for a number of years following the actual event (Norris, Friedman & Watson, 2002). The ways in which adolescents and families respond to disasters is important as these occurrences can increase the risk of teenagers experiencing social, emotional, behavioural and psychological problems in the post-disaster context (Crane & Clements, 2005). Crane and Clement (2005) highlight that adolescents are particularly vulnerable to psychological distress post-disaster due to their progression through, “the disquieting journey of self-discovery” and their, “shifting repertoire of coping skills” (p.31). Parental awareness and understanding of the experiences of teenagers post-disaster may improve positive responses from teens (Masten & Narayan, 2011), thus enabling parents to better manage their teen’s behavior.

The literature review will define behavioural problems and the implications these have on individual functioning. It will highlight a number of factors that play a role in the development and continuation of behavior problems and identify the developmental trajectories associated with both early onset and adolescent-onset problem behaviour. It will briefly discuss familial and parenting factors that influence child and adolescent development that influence the development of behavioural problems. Further, it will review the Social Learning Theory (SLT) principles that theoretically underpin many of the parenting programmes and discuss each parenting programme, providing additional evidence-based research examples. A brief synopsis of the Canterbury earthquakes will be provided, including the impact they had on the community and the definitions of a natural disaster. Research relating to both adolescent and family coping abilities following a disaster will be presented as well as parenting in a post-disaster context.

5. Literature Review

The parent-teen relationship is of particular importance for the developing teenager (Riesch, Anderson, Pridham, Lutz & Becker, 2010), as is an understanding of the myriad of other factors that are beneficial and/or detrimental to a teen's well-being and functioning. An aspect of teen functioning that has been extensively researched is the factors contributing to and precipitating the development of behavioural problems. Behavioural problems are characterised by behaviour that violates the rights of others, is destructive and aggressive and has negative ramifications for the individual, families and society (Calkins & Keane, 2009). Prior research has identified a number of familial factors such as poverty, parental psychopathology and substance abuse that if collectively present, render a child at increased risk of developing and displaying behavioural problems (Bor, McGee & Fagan, 2004; Breitenstein, Hill & Gross, 2009). Other research

indicates that factors inherent in a child such as poor verbal skills, impairments in executive functioning and low IQ leave a child vulnerable to developing problem behaviour (Baker, 2006; Barker, Oliver & Maughan, 2010). The outcomes associated with behavioural problems in the teenage years are typically negative and can include increased criminal offending, substance abuse, reckless driving, sexual promiscuity as well as an inability to hold down a job (Farrington 1993; Casoli-Reardon & Penn, 2001).

Much research has suggested that those displaying early onset behavioural problems are increasingly likely to present with similar behaviours as they progress developmentally (Campbell, 1994, 1995; Shaw, Bell, & Gilliom, 2000; Shaw, Hyde & Brennan, 2012). Longitudinal studies have demonstrated that the presentation of behavioural problems in toddlerhood and young childhood is associated with similar patterns of behaviour during the primary school years and adolescence (Baker, 2006; Shaw, Hyde & Brennan, 2012). Research identifies early anti-social behaviour as the single most critical behavioural risk factor for anti-social behaviour later in life (Eyberg & Bussing, 2010; White, Moffit, Earls, Robins, & Silva, 1990). This often results in adverse outcomes in adulthood such as employment difficulties, criminal behaviour, high rates of alcohol consumption and substance abuse as well as difficulties with interpersonal relationships and mental health related concerns (Baker, 2006; McGee et al. 2011).

Research conducted by Frick and Viding (2009) suggest there is a distinction between those individuals who present with behaviour problems in childhood, compared with those who develop these behaviours at the onset of adolescence. In the early onset group, individuals typically display signs of behavioural problems as toddlers and throughout their childhood - with behaviours often continuing and worsening as they age. Individuals on this developmental

trajectory tend to have worse overall outcomes that extend into adolescence and adulthood (Frick & Loney, 1999). In comparison, a number of individuals develop behaviour problems during the adolescent period, despite showing few signs of the behaviour as children (Frick & Viding, 2009). More promising prognoses have been associated with this group, with behaviour typically being less persistent and enduring (Moffitt, 2006). However, several factors, including natural disasters, can precipitate an individual toward a more unfavourable path during the adolescent period (Rainekei, Cortés, Belnoue, & Sullivan, 2012).

The idea that inconsistent and dysfunctional parenting practices increase a child's and/or adolescent's risk of developing behavioural problems has gained widespread support in recent years (Patterson, DeBaryshe & Ramsey, 1989; Ralph & Sanders, 2006). Rhule, McMahon and Spieker (2004) suggest that parents of anti-social children often unintentionally reinforce coercive behaviour in their child, whilst infrequently reinforcing pro-social behaviour. These parents typically share a number of characteristics including harsh and inconsistent discipline styles, poor monitoring and criticism and engaging in more negative interactions with their child, compared with parents who do not have children with behavioural problems (Rhule, McMahon & Spieker, 2004). Sobotkova, Blatný, Jelínek and Hrdlička (2012) note that the parent-child attachment style and the degree of intimacy and closeness experienced within the family unit all impact the potential risk that children will develop behaviour problems. This knowledge has enabled researchers to develop parent training programmes that improve parenting skills and promote positive parent-child interactions. The next section will briefly summarise the concepts surrounding Social Learning Theory (SLT) and highlight various parenting programs that are based around this.

5.1. *Social Learning Theory (SLT)*

According to O'Connor, Matias, Futh, Tantam and Scott (2013), the most common principles that parenting programmes targeting toddlers and school-aged children utilise, are those developed as part of Social Learning Theory. SLT emphasises that, “children’s real-life experiences and exposures directly or indirectly shape behavior; processes by which this learning occurs can be diverse, and include imitation and reinforcement” (O'Connor, Matias, Futh, Tantam & Scott, 2013) (p.359). Much of children’s learning is observational and reflects their environment and their subsequent experiences, in particular those in their immediate familial environment. For example, Patterson, DeBaryshe and Ramsey (1989) outline a developmental model of behaviour problems that highlight processes within the family that significantly contribute to the development of these problems in children. They argue that in families with children exhibiting behaviour problems, the daily social interactions between parent/s and children often reinforce coercive behaviours in a child. Children learn that escalating behaviour often results in parents complying with their requests (Patterson, DeBaryshe & Ramsey, 1989). With prolonged parent-child interactions of this nature, a child learns that this strategy works to achieve their needs, and subsequently they may transfer this approach to other aspects of their lives (pre-school, kindergarten, peer relationships) (Patterson, DeBaryshe & Ramsey, 1989).

Extensive research has demonstrated the effectiveness of SLT-based programs with children (Eyberg & Bussing, 2010; Webster-Stratton & Reid, 2010), suggesting the usefulness of early intervention. Less research, however, has been conducted to establish whether these programmes are effective for teenagers and their parents. In particular, there is a need for qualitative research regarding the parenting programme available for this study, Teen Triple P, as it will provide an in-depth look at parents’ needs and reasons for seeking out parenting support and highlight whether

Teen Triple P is a useful programme for parents wanting additional support in a post-disaster environment. More qualitative research on Teen Triple P will contribute to our understanding of family's attitudes, thoughts and feelings regarding the programme, through the process of getting parents to reflect on how they felt their participation benefitted and/or impacted their family life. This review will briefly summarise a number of SLT-based parenting programmes as well as highlight some evaluative research that has been conducted regarding both Triple P (children up to twelve years) and Teen Triple P (teenagers aged from twelve to sixteen years).

5.2. *Incredible Years Parenting Programme (IY)*

The Incredible Years Parenting Programme (IY) was developed to assist parents, teachers and mental health professionals to reduce the intensity and severity of anti-social behaviour and conduct problems in children and adolescents (Webster-Stratton & Reid, 2010). IY has a number of specific aims that include enhancing parents' ability to engage in positive parenting behaviours, improving and strengthening the attachment relationship and promoting self-confidence and self-control among parents (Webster-Stratton & Reid, 2010). The IY programme also focuses on improving a range of other factors within the family and their environment, including communication and problem-solving as well as facilitating enhanced family support networks and parental involvement in school-based activities (Webster-Stratton & Reid, 2010). Webster-Stratton and Reid (2010) highlight that, "after more than 28 years of program development and evaluation, the IY parent treatment consists of a variety of comprehensive, empirically validated programs" (p.119). For example, an initial parent training programme under the umbrella of IY named *Basic* was established in 1980 and aimed to provide encouragement and support to parents through the use of interactive videos (Webster-Stratton & Reid, 2010). This initially targeted children aged between two and seven years but was further developed to encompass three separate

age ranges; zero to three years, three to five years and six to thirteen years. The programme is delivered via a series of video-recorded vignettes where positive parenting skills and problem-solving strategies are demonstrated, information relating to childhood development and temperament is discussed and parents are taught to use praise, incentives and consequences to enhance child functioning and development (Webster-Stratton & Reid, 2010).

Throughout the previous decade much literature has focused on evaluating the IY, thus providing a rich evidence base for the parenting programmes. The two studies discussed here both involve a qualitative component. Marcynyszyn, Maher and Corwin (2011) evaluated whether participation in an IY programme was associated with improvements in parenting behaviours and overall participant satisfaction. They utilised qualitative interviews and surveys to measure changes in parenting behaviour and satisfaction scores. They found that participating in the programme directly related to less parental distress, less dysfunctional parent-child interactions, fewer child difficulties and improved empathy and social support (Marcynyszyn, Maher & Corwin, 2011).

Furlong and McGilloway (2011) conducted a qualitative study that aimed to better understand how the IY Basic programme facilitates change within disadvantaged Irish families. Semi-structured interviews were conducted with thirty-three parents who had recently completed the IY Basic programme and a constructivist grounded theory approach was utilised for data analysis purposes. A number of the themes that emerged were congruent with the idea that completing an IY programme leads to positive outcomes for families. For example, parents indicated that participation in the programme contributed significantly to improvements in their children's behaviour, the parent-child relationship and in addition to this, that their own mental health improved (Furlong & McGilloway, 2011). The parents felt that learning positive parenting

strategies and increasing their self-confidence reflected what they had gained from the programme and facilitated positive changes in their child's behaviour (Furlong & McGilloway, 2011).

5.3. *Parent Management Training - Oregon Model*

A further parent training programme, The Parent Management Training Oregon Model (PMTO), has been utilised extensively throughout the last thirty years and aims to assist families who are dealing with behavioural problems in their child and/or teen (Patterson, 2005). PMTO is based around the Social Interaction Learning (SIL) theory that stipulates 'coercive processes' and 'ineffective parenting skills' act as catalysts for the development of behavioural problems. The model is based around five core principles that were created by Patterson (2005) and focus on improving a range of parenting skills, such as knowledge, self-efficacy and understanding. Patterson (2005) believed that teaching parents these five principles namely; encouragement, limit setting, monitoring and supervision, family problem-solving and positive parent involvement would be beneficial in reducing the coercive and anti-social behaviour exhibited by children and adolescents. While the programme was developed and successfully implemented in America (Patterson, Chamberlin & Reid, 1982; Knutson, DeGarmo & Reid, 2004), it has also been effectively utilised and evaluated in other parts of the world (Ogden & Hagen, 2008).

A qualitative study that aimed to understand whether parental participation in the programme of choice PMTO, led to changes in parenting behaviours provided some promising results. Holtrop, Parra-Cardona and Forgatch (2013) used qualitative interviews with parents to gain insight into how they felt their parenting behaviours changed and/or improved between pre and post-programme stages. A grounded theory approach was utilised for data analysis purposes. The results suggested that parents demonstrated three core parenting behaviours that reflected the overall improvement in their parenting. By simply *attempting* the skills taught in PMTO, whether

in role plays or in person, it was beneficial in helping them learn new ways of interacting with their young person. Further, parents also frequently *appraised* the PMTO programme, asking questions such as ‘Is this appropriate for my family?’ and reflecting on the positive changes they found in their young person. Frequently *applying* the strategies learnt also reinforced their ability to create improvements in their own behaviour repertoire as parents. Overall, parents described positive changes in both their parenting behaviour and their child’s behaviour and attributed this to their participation in the programme (Holtrop, Parra-Cardona & Forgatch, 2013).

Ogden and Hagen (2008) conducted a randomised control trial that focused on families with children displaying behavioural problems in Norway. Parents were either assigned to the Parent Management Training - Oregon Model (PMTO) group or a comparison group that offered standard services. Parents completed a battery of measures prior to the commencement of the programme including the Child Behaviour Checklist (CBCL) and the Family Satisfaction Survey. Teachers completed additional measures such as the Teacher Report Form (TRF). After post-programme assessments were completed, the results indicated that children of parents in the PMTO group exhibited fewer externalising behaviours, were more compliant and parents felt more competent at utilising effective discipline strategies, compared with those who received standard services (Ogden & Hagen, 2008). This suggests that participation in a PMTO programme was useful in improving child behaviour and provided parents with practical and useful behaviour management skills.

A study by Wachlarowicz, Snyder, Low, Forgatch and DeGarmo (2012) similarly found that parental participation in a PMTO programme resulted in significant increases in positive parenting behaviours with fewer demonstrations of coercive parenting, compared with those parents in a non-intervention condition. Parents who participated had children that displayed anti-social

behaviour and were considered at-risk of developing further complications as they progressed developmentally. According to Wachlarowicz et al., (2012), this research suggests that coercive parenting and behaviour is adaptable and can be reduced through parental participation in a parenting programme such as PMTO. Parents can learn to utilise more positive parenting behaviours and minimise negative interactions with their child.

5.4. *Parent-Child Interaction Therapy (PCIT)*

Parent-Child Interaction Therapy (PCIT) was developed specifically for pre-school aged children displaying behaviour problems and for their parents (Eyberg & Bussing, 2010). PCIT aims to assist parents in establishing a warm and nurturing relationship with their child combined with enhancing pro-social behaviour and reducing negative behaviour (Eyberg & Bussing, 2010). The programme is based around Baumrind's theory of attachment that highlights authoritative parenting (parents are responsive, nurturing and set reasonable limits) which facilitates the development of healthy and securely attached individuals. The programme consists of two key phases namely; child directed interaction (CDI) and parent directed interaction (PDI), where parents first work to improve the parent-child relationship and apply positive parenting strategies and secondly, work on discipline and decreasing anti-social behaviour (Eyberg & Bussing, 2010). These are typically conducted as family sessions where parents are taught effective ways of responding to their child, are given time to practice these and then implement them in a role play situation.

CDI focuses more so on the parent being passive and letting the child take the lead in the situation. Parents learn to utilise three separate skills to improve their interactions with their child, namely reflections, labelled praises and behavioral descriptions (Eyberg & Bussing, 2010). Parents are taught to refrain from interacting in a negative manner with their child such as

avoiding directions, criticisms and raising their voice (Eyberg & Bussing, 2010). By only giving attention to positive behaviours, parents encourage repetition of pro-social behaviours and simply ignore minor negative behaviour. Parents are encouraged to practice these techniques during play times with their children at home and these are reviewed during the next family therapist session.

In comparison, PDI aims to reduce the extent of non-compliant and negative behaviour that a child presents (Eyberg & Bussing, 2010). Parents learn to respond to the child by reframing requests into more calm, supportive statements, for example “Give me that” reframed as “Would you please hand it over”. The ‘labelled praise’ aspect of CDI is also utilised so parents continue to give positive feedback when their child complies with a request. When a child does not comply, the therapist guides parents through a timeout procedure. This initially involves a warning where parents give the child five seconds to obey, however, with continued disobedience a specific timeout chair or room is utilised (Eyberg & Bussing, 2010). Parents continue to use the skills and techniques they have learnt during both phases of treatment and practice implementing them in the home environment (Eyberg & Bussing, 2010). Parents are coached toward a mastery level in which they successfully demonstrate the use of skills they have learnt in both CDI and PDI.

While little qualitative research has sought to evaluate PCIT, one study utilised a qualitative component to better understand some of the cultural aspects of PCIT as well as the perceived effectiveness of the programme. Matos, Torres, Rocheli, Jurado and Rodriguez (2006) conducted in-depth interviews with fifteen parents who had completed a PCIT programme. The results demonstrated that parents perceived the programme to be particularly useful and an effective treatment for reducing the behavioural problems of their child. Additionally parents felt it was beneficial in improving family relationships and improving their sense of capabilities in their role

as parents. Parents demonstrated a sound understanding of the strategies and techniques they had learnt and indicated they would be willing to recommend the programme to other families in need.

5.5. *Helping the Non-Compliant Child (HNC)*

According to McMahon, Long and Forehand (2010), “the long-term goals of HNC are the secondary prevention of serious conduct problems in pre-school and early elementary school-aged children and the primary prevention of subsequent juvenile delinquency and related problems (e.g., substance use, school dropout)” (p.166). Helping the Non-Compliant Child (HNC) is a parenting programme that focuses on families with three to eight year old children with behavioural concerns. The aims of HNC are similar to those of the other parenting programmes discussed above. That is, they seek to educate parents about how to effectively address non-compliant and coercive behaviour, as well as improve parent-child interactions and relationships. Specifically, HNC involves individual family sessions in which a trained therapist aims to enhance a family’s knowledge and understanding of appropriate ways of responding to their child. Role play activities are used to provide families with an opportunity to practice and demonstrate these skills in a comfortable and safe environment. Overall, preventing the progression of non-compliant behaviour in children to conduct problems is the aim.

According to Eyberg, Nelson and Boggs (2008), HNC has been present on lists regarding the most efficacious programmes for treating child conduct problems. Forehand and Long (1988) found that compared with a non-intervention group, those children who had completed an HNC programme demonstrated more positive social, psychological and emotional outcomes four and a half to ten and a half years later. Further, a longitudinal study conducted by Long, Forehand, Wierson and Morgan (1994) indicated that those young adults who were involved in an HNC programme when they were young demonstrated similar substance use, mental health issues, self-

esteem and delinquency compared to a general sample of adults from the community.

Participation in a HNC has also shown to be associated with reductions in aggressive behaviour, tantrums and whining (McMahon, Long & Forehand, 2010).

Jones et al., (2014) explored whether low income families benefitted from a HNC parenting programme and whether a technology enhanced version of HNC yielded improved results compared with standard HNC. Parents who had children between three and eight years of age who demonstrated disruptive behaviour patterns were randomly assigned to either Technology Enhanced-HNC (TE-HNC) or general HNC (Jones et al., 2014). TE-HNC provided parents with the same skills taught in HNC, while additionally enabling them access to smart phone enhancements such as brief daily surveys, text message reminders, video recording home practice and mid-week phone calls (Jones et al., 2014). The results indicated that families in the TE-HNC group were more engaged, needed fewer sessions to complete the programme and children demonstrated significant reductions in disruptive behaviour. While children in the standard HNC group also showed reductions in disruptive behaviour, it is important to note that comparable levels of efficacy were achieved from TE-HNC, suggesting a technology-related component to HNC is useful.

5.6. *Teen Triple P*

Ralph and Sanders (2006) describe the Positive Parenting Programme (Triple P) as a “unique parenting and family support system developed at the University of Queensland that uses a tiered system of intervention” (p.42). The Triple P Programme utilises a number of different levels to provide the appropriate level of support and intervention for parents. Basic assistance involves the delivery of information and parenting strategies via social and public media campaigns (Ralph and Sanders, 2006). Parents requiring short-term consultations to reinforce implementation of

positive parenting skills are able to access this if they feel media based strategies are insufficient. When more extensive interventions are required, a comprehensive family behavioural intervention is provided with more in-depth parent training (Ralph and Sanders, 2006).

5.7. *Prior Research on Teen Triple P*

The aim of Teen Triple P is to facilitate improved parent-teen communication, reduce conflict and provide parents with a range of skills to effectively address non-compliant behaviour. Parents learn to use more assertive discipline styles and how to address behaviour problems without unintentionally reinforcing them (Patterson, 2005). Ralph and Sanders (2006) evaluated a Teen Triple P programme targeting parents with teenagers transitioning from intermediate to secondary school. They employed the Strengths and Difficulties Questionnaire (SDQ) and the Family Background Questionnaire (FBQ) to measure parents attitudes around family dynamics, parent resources and their teenager's behaviour. Consenting teenagers were also asked to complete the Adolescent Health and Well-being Survey. Both parent/s and teenager completed additional forms regarding the level of conflict within the family, parenting styles and levels of depression and anxiety (Ralph & Sanders, 2006).

After completing the programme, participants were asked to respond to the questionnaires they had filled out prior to commencing Teen Triple P. Statistically significant improvements had been made on all but one aspect of the assessment measures (Ralph & Sanders, 2006). Some crucial areas of improvement were a reduced amount of parent-teen conflict and improved parental scores of self-efficacy and self-sufficiency. Parents also reported experiencing less stress, anxiety and depression (Ralph & Sanders, 2006). Satisfaction scores with the overall fit of the programme to parental needs were also significant. In terms of increasing the reliability and validity of these findings, Ralph and Sanders (2006) advise that replication of the study over a longer time period

and with more families would be beneficial. However, this study is useful in that it provides evidence for the effectiveness of the Teen Triple P Programme.

Salari, Ralph and Sanders (2014) conducted a further study that aimed to assess the effectiveness of a Teen Triple P programme for teenagers with externalising problems. They recruited forty-six families to partake in the intervention and utilised a wait-list control group for comparison purposes. To measure behaviour change, parents completed a number of questionnaires such as the SDQ, the Conflict Behaviour Questionnaire (CBQ), The Parent-Problem Checklist (PPC) and the Relationship Quality index (RQI) prior to and following completion of the intervention phase. In line with other studies that have evaluated Teen Triple P, positive outcomes for both parents and children were evident. Parents demonstrated a significant decrease in the use of coercive parenting behaviours as well as less spousal disagreement with regard to child rearing strategies (Salari, Ralph & Sanders, 2014). Children also demonstrated promising outcomes including less disruptive behaviour, reduced argumentativeness and defiance and the ability to maintain an improved parent-child relationship. These outcomes were significantly more positive than those in the wait list control condition.

Other research has highlighted the effectiveness of Teen Triple P as a Parenting Programme. Wetherall (2010) assessed the effectiveness of a Teen Triple P intervention on four families with teenagers aged between twelve and thirteen years. Each family completed a number of questionnaires prior to the commencement of the intervention, including the Strengths and Difficulties Questionnaire (SDQ), The Conflict Behaviour Questionnaire (CBQ-20), The Parent Problem Checklist (PPC) and the Parenting Scale for Adolescents (PSA). Wetherall (2010) assessed whether improvements in specific behaviours such as positive parenting skills, conflict with the teenager and parenting style were evident between a baseline and post-intervention

phase. These were based on self-report measures from the adolescent and parent/s behaviour diaries as well as direct observations. Three out of four of these families demonstrated post-programme improvements, suggesting the efficacy of Teen Triple P for both teenagers and families.

5.8. *Qualitative Studies with Triple P*

Au et al., (2014) evaluated whether a Triple P programme was effective for Chinese parents who had a child diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). They utilised a mixed method design, employing both quantitative and qualitative measures, to assess whether parenting behaviours and child behaviour improved between pre and post-intervention, and at a three month follow-up. A control group of nine parents were included for comparison purposes and the intervention group contained eight parents. Parents completed three questionnaires at consecutive stages throughout the study; the Eyberg Child Behaviour Inventory (ECBI), the Parenting Sense of Competence Scale (PSOC) and Service Needs Questionnaire (SNQ). The intervention group was also involved in a follow-up focus group interview where they were asked questions regarding their perceptions of the Triple P Programme. These included ‘What have you learnt in the programme that is/are useful for daily life?’, ‘What changes do you observe in yourself, your child and your family after learning the strategies in the programme?’ and ‘What do you think others can learn from your experiences?’

The results indicated that parents in the intervention condition showed significant decreases in the extent of child behaviour problems as well as improved scores of parental efficacy (Au et al., 2014). Further, the qualitative results indicated that parents had gained more extensive knowledge and greater empathy regarding their child’s behaviour and its etiology. Emotional regulation was a positive factor that changed throughout the course of the intervention with parents learning to

more frequently express warmth and acceptance as opposed to negative emotions, such as criticism and intolerance (Au et al., 2014). This study also revealed that the parent-child relationship improved and resulted in enhanced parent-child communication, interaction time and acceptance. Levels of conflict decreased and overall parents felt that participation resulted in successful outcomes for themselves and their children. This study provides both quantitative and qualitative evidence for the efficacy of the parenting program, Triple P.

Rahmqvist, Wells and Sarkadi (2013) conducted a qualitative study in Sweden to understand (a) the reasons parents opted to participate in a Triple P Programme, (b) their perceptions of the content of the programme and (c) if the programme related to their beliefs around parenting in general. Semi-structured interviews were conducted to gain information on the attitudes of three fathers and seven mothers who were all involved in a Triple P Programme. The majority of parents reported that they chose to participate in Triple P as they associated it with benefits for themselves and their children (Rahmqvist, Wells & Sarkadi, 2013). Although feeling relatively confident in their parenting, a number wanted to further develop their parenting skills and be able to adequately handle a variety of situations. Parents commented that they were able to select certain aspects of the course that fit well for them and disregard others that did not suit their family's needs (Rahmqvist, Wells & Sarkadik, 2013). 'Positive reinforcement' and 'directed discussion' were key tools that most parents found useful. More research, however, needs to be conducted around parents' perceptions of the usefulness of Teen Triple P.

5.9. *Christchurch Earthquakes*

The aftermath of natural disasters and the ways in which communities respond has generated much public interest throughout history and in recent years. The Christchurch earthquakes resulted in significant devastation, loss of life and disruption to the lives of many families

(Canterbury Earthquake Recovery Authority CERA, 2013). Extensive infrastructure damage was present in the central business district and many suburban houses and streets were structurally damaged and covered in liquefaction (Newell, Beaven & Johnston, 2012). On 4 September 2010 at 4.35am the first major earthquake occurred. Centered in Darfield with a magnitude of 7.1, this earthquake caused structural damage to older buildings in the Central Business District (CBD) and left parts of the city covered in liquefaction (Davey, 2011). This was followed by frequent aftershocks that left Christchurch residents unnerved and on edge (Davey, 2011). Five months later, on the 22 February 2011, a 6.3 magnitude earthquake hit Christchurch that involved particularly strong shaking, rock falls, liquefaction and caused extensive damage to buildings throughout the CBD and residential suburbs (Davey, 2011). This earthquake occurred during the middle of the working day, thus fatalities and injuries were extensive (Davey, 2011).

Seven thousand households in the eastern suburbs of Christchurch were forced to permanently relocate due to profound structural damage and the land being deemed unsafe to rebuild on (Newell, Beaven & Johnston, 2012). Population data gathered in the post-earthquake phase indicated that approximately 55,000 residents had temporarily left Christchurch over the first week following the 22 February 2011 earthquake (Newell, Beaven & Johnston, 2012). Christchurch residents endured approximately 13,000 aftershocks following both the September and February earthquakes (Richardson, 2013). Residents faced ongoing stressors with many displaced from their homes that were destroyed, others experienced battles with insurance companies and waiting for EQC repairs to commence (Richardson, 2013). Children and teenagers were required to cope with disruption to their schooling, with many having to temporarily or permanently shift to different locations and attend school at unfamiliar hours (Richardson, 2013). Richardson (2013) captures the psychological impacts of the earthquakes clearly stating, “It is not

possible to escape the lingering hypersensitivity to potential danger - living on high levels of adrenaline wreaks havoc with cortisol production and use, and leaves many irritable, exhausted and quick to anger” (p.1).

The effects of the Christchurch earthquakes on residents’ mental health four years post disaster highlight the ongoing psychological toll the earthquakes have had on the Christchurch community. Meates (2015) indicated that as of June 2015, child and youth mental health cases were up by 67 percent with rural adult cases also having increased by a staggering 80 percent, compared with 2012 statistics. Similarly, the demand for child and youth inpatient psychiatric care has increased by 92 percent, with the amount of psychiatric ED presentations of adults having increased by 102 percent. Meates (2015) reported that mental health services required more extensive funding to cope with the influx of psychiatric presentations by Christchurch residents over three years post-disaster.

5.10. Natural Disasters

According to the Centre for Research on the Epidemiology of Disasters (CRED) (as cited in Lukic et al., 2013) a natural disaster is defined as:

a sudden and unpredictable situation or event which causes great destruction, material damage and human suffering while these problems overcome the possibilities of local communities to solve them, on the basis of which a need is created for the outside humanitarian intervention (2013, p.153).

For a disaster to be classified in the International Disaster Database (EM-DAT), it needs to present with one of either:

- a) ten or more human victims
- b) a hundred or more local inhabitants struck by natural disaster
- c) proclamation of a state of emergency and/or

d) a call for international intervention/assistance (CRED, as cited in Lukic, et al., 2013).

Lukic, et al., (2013) suggest that natural disasters fall into one of five categories namely; biological geophysical, hydrological, meteorological and climatological. Each represent a different type of natural disaster ranging from an earthquake or volcano in the geophysical category to heatwave or drought categorised as climatological (Lukic, et al., 2013). Data on the frequency of natural disasters around the world indicates that they have increased in the previous few decades; however this may reflect an improved capacity to actively record them according to Lukic et al., (2013). Of concern is the lives lost and cost of damages have increased dramatically in the last two decades with 75,000 deaths occurring on average per year and \$115billion worth of damages (Zorn & Komac, 2011).

5.11. Adolescent Experiences following Disaster

The adolescent period has long been described as a tumultuous time for many individuals (Erikson, 1968; Steinburg & Morris, 2001). Erikson (1968) proposed that adolescence is a developmental period characterised by intense self-exploration and analysis, where individuals progress through a number of stages before committing to an identity. Steinburg and Morris (2001) stress that adolescents are presented with a number of unique challenges including increased parent-adolescent conflict, developing autonomy and gaining acceptance and inclusion from peers. In relation to this, Crane and Clement (2005) highlight that the “effects of disasters may predispose many adolescents to psychological stress, which can interfere with their growth and development” (p.31). Crane and Clement (2005) suggest that adolescents who experience disasters are at an increased risk of developing subsequent post-traumatic stress disorder (PTSD), other psychopathology as well as experiencing adverse behavioural and psychological outcomes.

Despite this Jacobs, Vernberg and Lee (2008) suggest that there is still considerable variability in how children and adolescents cope in a post-disaster context. Some experience mild to moderate effects and are able to continue to function adequately without intensive external support (Jacobs, Vernberg & Lee, 2008) whereas others are increasingly vulnerable to the negative effects that often accompany traumatic events such as natural disasters (De Brito et al., 2013; Raineki, Cortés, Belnoue, & Sullivan, 2012). According to Jacobs, Vernberg and Lee (2008) these can include nightmares and worrisome thoughts, sleeping and concentration difficulties, regressive behaviours as well as fear that the disaster may re-occur. These symptoms may escalate, enhancing the risk that a child and/or adolescent experiences adverse social, emotional and psychological outcomes. Feelings of hopelessness and pessimism may result leading to drug and alcohol issues as well as other risk taking behaviours (Jacobs, Vernberg & Lee, 2008).

Whether a child and/or adolescent progresses to develop PTSD is dependent on a myriad of internal and external factors. For example, Crane and Clement (2005) suggest that being female, the proximity of the individual to where the disaster occurred, personal injury or the injury or death of an immediate family member and parental psychopathology all increase an adolescent's susceptibility to developing PTSD and other psychopathology. Similarly, pre-existing genetic and psychological factors such as personality characteristics, temperament and attachment style all influence an adolescent's ability to cope with adversity (Shaw, 2000). Children and adolescents who are prone to a negative and/or depressive style of thinking often make attributions that predispose them toward difficulties coping in a disaster-related context (Shaw, 2000). Pre-existing psychopathological conditions are often exacerbated with the occurrence of trauma, suggesting that these individuals require additional support (Crane & Clement, 2005).

Research indicates that the adolescent response to disaster is similar to that of an adult (Dogan-Ates, 2010). However, adolescents focus more so on the potential of having an unlived life and portray a heightened awareness of the fragility of life (Dogan-Ates, 2010). Cognitive interpretations regarding life may shift toward a more fatalistic approach such as, ‘Well I’ll probably die tomorrow so may as well make the most of today’. Studies have demonstrated that adolescents are increasingly likely to exhibit depression and aggressive behaviour following a disaster, compared to younger children (Dogan-Ates, 2010). Further, the degree of comorbidity evident among depression, anxiety and PTSD in adolescents post-disaster is high. Kar and Bastia (2006) studied adolescents who had experienced a severe cyclone in India. They discovered that thirty-five percent of adolescents exhibited both PTSD and depression symptomology and twenty-eight percent demonstrated concurrent PTSD and anxiety symptoms (Kar and Bastia, 2006). Table 1 indicates the different reactions that adolescents may experience post-disaster (Dogan-Ates, 2010).

Table 1

*Adolescent’s Post-Disaster Reactions***Adolescents (Ages 12–18) Effects Following a Disaster**

Somatic: eating disturbances, loss of energy, physical complaints (e.g., headache, stomach ache) sleep disturbances (e.g., insomnia).

Cognitive: attention and concentration problems, poor school performance, memory problems, recurrent intrusive visual images, thoughts, sounds, and smells.

Emotional: anxiety, belligerence, denial, fear of growing up, grief reactions, guilt for being alive, shame, humiliation, depression, resentment, suicidal thoughts, wish for revenge, poor impulse control, rage, despair.

Behavioral: startle response, acting-out behaviors, accident proneness, disruption of peer relations, premature entrance into adulthood, social withdrawal and isolation, deviance, delinquency, school refusal, lack of responsibility, loss of interest in pleasurable activities, alcohol/drug use.

Self: sense of hopelessness, isolation, increased self-focusing and self-consciousness, loss of self-confidence, low self-esteem, negative self-image, personality changes, pessimistic world view, high level of worries and concerns about future, a sense of foreshortened future.

As outlined in Table 1, adolescents are at risk of developing a range of disaster-related effects that may compromise their well-being and quality of life.

5.12. Post-Disaster Resilience in Teenagers

Despite the deleterious effects described above in terms of children and adolescents social, emotional and psychological well-being, there is substantial evidence to suggest that coping and even thriving in a post-disaster context is a possibility (Boon, 2014). Extensive research on child and adolescent development has illustrated that resilience is an important factor in determining the outcome for children and/or adolescents following adversity (Masten & Narayan, 2011). Masten and Narayan (2011) define resilience as, “the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development” (p.232). Research has demonstrated that adolescents who utilise adaptive coping strategies and have high levels of resilience are less likely to experience adverse emotional and psychological effects following a traumatic event and/or disaster (Masten & Narayan, 2011). These factors include good problem-solving capacity, intelligence, self-efficacy, a high level of self-control as well as community based factors such as safe neighborhoods (Masten & Narayan, 2011). Crane and Clement (2005) emphasise that social and familial support act as protective factors for young people following a disaster. They argue that good parent-child attachments and a stable home life are beneficial to fostering resilience and a strong capacity to cope in young people. This suggests the importance of parenting and the role it has in assisting a teenager’s transition through a post-disaster phase without extensive disruption and difficulty.

Rather than resilience being an intrinsic personality characteristic, Luthar and Zelazo, (2003) purport that it encompasses a multitude of internal, social, psychological and community-based

factors. The systems both within and around an individual collectively impact an adolescents well-being and functioning in a post-disaster context, in accordance with Bronfenbrenner's ecological perspective (Swick & Williams, 2006). Lee, Kwong, Cheung, Ungar and Cheung (2010) support the idea that, "cultural beliefs play a significant role in shaping how people perceive, interpret, and approach adversity in their lives" (p.476.), suggesting the importance of considering cultural differences in resilience research. The benefits of the school environment for children and/or adolescents who have experienced adversity are well documented. Similarly, Noltemeyer and Bush (2013) suggest that, "relationships developed within the school setting can influence the capacity of children to thrive in adverse situations" (p.479), highlighting the importance of regular school attendance following a disaster. Lastly, community based factors such as access to healthcare providers; social and financial capital, feelings of belonging and identity all act as protective factors for adolescents following disasters (Noltemeyer & Bush, 2013). One of the crucial factors that influences teen coping in a post-disaster phase is the parental and familial response to the event and the teen's needs at this time (Cobham & McDermott, 2014).

Research by Hobfoll, Watson, Bell, Bryant & Brymer (2007) proposed that five intervention principles foster increased resilience in adolescents post-disaster. These are promoting a sense of safety, promote calming, promote a sense of self and collective efficacy, promote connectedness, and promote hope. Masten (2001, 2011) agrees that, "these recommendations align well with the broad implications of the resilience literature in regard to protecting, supporting, or restoring the most fundamental adaptive systems believed to generate the capacity for resilience" (p.248). This research provides additional insight into the protective factors needed to enhance resilience in disaster affected young people.

5.13. *Families' Experiences Following Disaster*

Enhancing adolescent coping abilities and the role that parents have in facilitating this has provided an improved understanding of familial protective factors following a disaster. Certain characteristics present in the parental and/or family system act as buffers against adverse outcomes in adolescents following disaster. These factors are also associated with increased resilience in adolescents (Masten & Narayan, 2011). They include the quality of the parent-child attachment relationship, supportive and competent parenting abilities and the perceived family acceptance of the adolescent (Masten & Narayan, 2011). Research has also studied ways in which parents can promote less favorable outcomes for their adolescent in the post-disaster context. For example, Bokszczanin (2008) found that high parental involvement after a natural disaster was associated with an increased risk of the adolescent developing PTSD. Bokszczanin (2008) argues that parents who use an over-involved parenting style in the post-disaster context undermine adolescent self-efficacy and their perceived ability to cope. More research, however, needs to be conducted around how parents can best support adolescents following disasters.

Walsh's (2003) family resilience approach asserts that following traumatic events, family members and their subsequent relationships with each other are all affected and can lead to family conflict and/or breakdown of the familial routine and structure. Walsh (2003) recognises that, "how a family confronts and manages a disruptive experience, buffers stress, effectively reorganizes, and moves forward with life will influence immediate and long-term adaptation for every family member and for the very survival and well-being of the family unit" (p.15). The family is constantly adapting in response to the respective demands placed upon it whether that be in a positive or negative way. Walsh's (2003) theory notes three key indicators of resilient families, namely; their communication practices, their organisational patterns and the family's

belief structure. Consistency and the strength of these aspects of the family unit all predict functional coping in a post-disaster context.

Other research has sought to determine the variables that predict positive outcomes for families following disaster. Hackbarth, Pavkov, Wetchler and Flannery (2012) aimed to understand whether increased levels of three variables; hope, family hardiness and spirituality were related to higher levels of resilience and the ability to cope within families post-disaster. Hackbarth, Pavkov, Wetchler and Flannery (2012) define hope as a “belief that suffering can stop and that comfort is possible in the future (p.341). Their findings were that a positive outlook and/or hope were key qualities present in resilient families. Further, McCubbin and McCubbin (1989) define family hardiness as, “the internal strengths and durability of the family unit which is characterised by a sense of control over the outcomes of life’s events and hardships, a view of change as beneficial and growth producing, and an active rather than passive orientation in adjusting to and managing stressful situations” (p.20). This also has been associated with improved ability to cope with and positively adapt to stressful and traumatic events. Finally, strong spiritual beliefs have been linked to positive coping in families. Families displaying one or more of these characteristics were less likely to experience trauma-related PTSD, had lower psychological distress and displayed better understanding and acceptance of what had occurred and its ramifications (Hackbarth, Pavkov, Wetchler & Flannery, 2012).

Teen Triple P aims to improve a number of the familial and parenting variables mentioned above. For example, Teen Triple P seeks to enhance parenting abilities, which as suggested above, can help foster resilience in teenagers in a post-disaster context. Factors such as effective communication and family hardiness are thought to play a role in the ability of families and teens

to cope post-disaster, which again is addressed in Teen Triple P. Further, it aims to strengthen the parent-teen attachment relationship, which is linked with resilience in teens.

5.14. Disaster Recovery Triple P

Cobham, McDermott, Richardson, Ronan and Sanders (2011) developed a Disaster Recovery Triple P Programme (DRTP) at the University of Queensland in response to Cyclone Yasi and widespread flooding that occurred throughout parts of Australia in 2010 and 2011. After identifying the increased risk of children developing psychopathology and other adverse outcomes in response to the disaster, Cobham, McDermott, Richardson, Ronan and Sanders (2011), felt it important to offer parents additional support at a particularly vulnerable time. DRTP was advertised via posters, flyers, community-based newsletters, word of mouth, websites, radios, text messages and media releases. The project aimed to improve parents' ability to manage child reactions to the disaster, and reduce the likelihood of post-disaster psychological and emotional problems in children. Cobham, McDermott, Richardson, Ronan and Sanders (2011) were interested in understanding why there were low numbers of parents who attended the program and ways in which they could improve delivery in the future.

They asked parents who participated in DRTP questions such as:

- What were families post-disaster experiences, and needs over time?
- How did parents think their children were doing?
- Barriers to seeking support?
- Relevance of programmes like DRTP?
- How can we improve the uptake?
- Methods of delivery
- Ways of promoting

Parents indicated that their disaster experiences were 'prolonged' and 'ongoing' and that aspects of their lives rarely returned to 'normal' (Cobham, McDermott, Richardson, Ronan &

Sanders, 2011). They highlighted a number of reasons for not seeking support, such as stigma (feeling inadequate for seeking help) and not wanting to be perceived as vulnerable or incapable as well as having to deal with a number of practical challenges which took precedence over their need to participate (Cobham, McDermott, Richardson, Ronan & Sanders, 2011). Parents tended to experience conflicting priorities in the aftermath of a disaster and were often not ready to partake in a parenting programme such as DRTP, until other needs were met (Cobham, McDermott, Richardson, Ronan & Sanders, 2011). As this was a pilot study, DRTP does not have much empirical evidence supporting it, thus it was more appropriate to use a more evidence based programme such as Teen Triple P.

5.15. *Qualitative study on Christchurch Earthquakes*

Gawith (2013) conducted a longitudinal study to explore the experiences of families following the Christchurch earthquakes. Using a qualitative approach, Gawith (2013) interviewed families at one, two and three years' post-earthquake and explored the different phases of psychological recovery they progressed through, relating the Christchurch experience to previous literature on post-disaster recovery. The results demonstrated that Christchurch residents progressed through similar stages consistent with prior research. Drawing on literature by Myers and Zunin (as cited in Gawith, 2013), Gawith (2013) suggested that the first 12 months post-disaster are comprised of a number of phases such as the heroic, honeymoon and impact phases. For example, one parent praised the heroism of the school that was responsible for hundreds of children at the time of the 22 February Christchurch earthquake. She stated, "The school was phenomenal. The children streamed out of the classrooms and down onto the field - the teachers were incredible" (p.398). Characteristic of the second phase of recovery is the disillusionment phase that typically occurs during the second year post-earthquake and involves confusion around whether one can cope.

During the third year participants responded to a survey that aimed to provide insight into some of the continual stressors they were facing. Gawith (2013) found that some of the issues facing women were around anxiety, depression and despair, whereas men continued to show more aggression and anger. It is evident from Gawith's (2013) work that Christchurch residents continued to face psychological issues for a considerable amount of time post-earthquakes.

5.16. Rationale

It is particularly important to ascertain parents' experiences of parenting programmes, as the delivery in which programmes are run and information conveyed are often related to feelings of comfort and willingness to learn (Rahmqvist, Wells & Sarkadi, 2013). Parents need to feel accepted, supported and heard as well as being gently encouraged into implementing new techniques and strategies in their home environment (Rahmqvist, Wells & Sarkadi, 2013). They need a non-judgmental place to debrief regarding their experiences during the week, how their homework tasks went and how they are progressing overall. Some may require more extensive support and assistance from the group facilitator and need questions to be addressed regarding the content of the course. Without parental feedback it is difficult to ascertain how their experiences influenced their perceptions, their willingness to engage and outcomes for themselves and their young person.

Little research has looked at the experiences of families following the Christchurch earthquakes and how these events affected parents' ability to manage their teen. The Christchurch earthquakes provided a unique opportunity to study the experiences of families with a Teen Triple P Programme in a post-disaster environment. The current study aimed to explore, using a phenomenological approach, the experiences of families in managing their teen and gain insight into how their lives changed as a result of the earthquakes; their perception of the role the

earthquake experiences had in contributing to the struggles with their teen; and their experiences undergoing a programme which aimed to improve aspects of parenting which may well improve both teen behaviour and family well-being at a stressful time.

The current study employed a qualitative design. While a number of research projects relating to Triple P have utilised quantitative methods, less research has focused on Triple P through a qualitative lens. According to Jackson, Drummond and Camara (2007) qualitative research is, “primarily concerned with understanding human beings’ experiences in a humanistic, interpretive approach” (p.21).

5.17. Research Questions

Therefore the research questions are:

1. What earthquake experiences are reported by Christchurch parents involved in Teen Triple P?
2. What, if any, role do they believe these experiences may have had in contributing to their difficulties in managing their teen?
3. What were their experiences of Teen Triple P?

6. Method

This project arose through the Ministry of Education (MOE) offering Teen Triple P Programmes to selected schools throughout Christchurch. The MOE contacted the University of Canterbury and indicated they had an opportunity for thesis students to conduct research on the usefulness of these programmes for participating families in the post-earthquake environment. An e-mail was sent out to child and family psychology students. Interested students responded via e-mail to the Co-ordinator of the Child and Family Psychology Programme. Three students indicated their willingness to pursue the research project. Subsequent meetings were held between

the MOE, Canterbury University staff and students to plan the implementation of the Teen Triple P Programmes and discuss what the student involvement would look like. It was decided that one student would conduct a quantitative project, one student a single case research and the other student a qualitative design.

With a strong personal interest in the aftermath of the Christchurch earthquakes, in particular the impact they had on the development and behavior of teenagers, I decided to pursue this research topic. Having some previous experience with qualitative methodology, I identified the need for more qualitative research regarding teenagers and families (in particular relating to Teen Triple P) as well as their experiences post-disaster.

6.1. Qualitative Methodology - Interpretative Phenomenological Analysis (IPA)

According to Vanscoy and Evenstad (2015), “phenomenological approaches are based in a paradigm of personal knowledge and subjectivity, and emphasise the personal perspective and interpretation” (p.339). They provide useful ways of understanding people’s experiences and gaining insight into their world as they see it (Vanscoy & Evenstad, 2015). One method inherent in this approach is labelled Interpretative Phenomenological Analysis (IPA) which seeks to extract the thoughts and feelings of a person in relation to a certain topic. Rather than making general statements about populations, it focuses more on understanding the experiences and perceptions of the specific group being studied (Chapman & Smith, 2002). It is arguable that with only five participants, the study may not accurately represent the views of all people doing Teen Triple P in a post-disaster context; however, this was not the aim. In accordance with Chapman and Smith (2002), the study aims to provide a comprehensive and detailed analysis of a small number of participants, with the hope of establishing new insight on a topic that has been relatively under

studied to date. Thus, it typically involves an analysis of personal transcripts and this was the method of choice for the project.

To achieve a detailed understanding of how participants perceive and interpret what is happening to them, Chapman and Smith (2002) state that utilising semi-structured interviews is the best method to do this. Their viewpoint is that it provides the researcher with an opportunity to ask questions thereby gaining valuable information on how a participant interprets their surrounding phenomena (Chapman & Smith, 2002). The current study aimed to elicit information regarding the experiences of families participating in a Teen Triple P Programme and their responses to the Christchurch earthquakes through semi-structured interviews. According to Chapman and Smith (2002), the flexibility and detailed nature of IPA make it particularly useful when studying a relatively new phenomenon and also one that deals with sensitive information on the part of the participant. There is an evident lack of research concerning parents' perceptions of Teen Triple P in relation to natural disasters, in particular the Christchurch 2010 and 2011 series of earthquakes. Discussing traumatic events such as the Christchurch earthquakes, may be distressing for individuals, thus the need for empathy, understanding and sensitivity is paramount. Therefore, the IPA methodology was deemed suitable and the preferred method for the current project.

6.2. *Participants*

Participants were five parents who completed a Teen Triple P Programme that was offered to parents throughout Christchurch. This programme was advertised in high school newsletters as well as through leaflets that were dropped in letterboxes in suburbs of Christchurch. Teens of these parents were also invited to participate but all declined. They were aware that their parents were attending Teen Triple P and taking part in a research project. The first Teen Triple P

Programme was run at a secondary school in Christchurch and one parent from this group participated in the current study. This parent saw the programme advertised in her child's high school newsletter and contacted the school counsellor asking to become involved. The parent was given an outline of the study in the first Teen Triple P session and gave her written consent to participate. The other four participants were recruited for the second Teen Triple P Programme which was run through a clinic which employed an accredited psychologist. The Teen Triple P facilitator contacted the principals of selected secondary schools in Christchurch by e-mail as well as through telephone contact and asked if they would be willing to advertise a parenting programme that was being offered by this clinic. A flyer outlining information relating to the programme was attached to the e-mail. These were distributed throughout the school and community with the principal's consent. Interested parents contacted the Teen Triple P facilitator either by phone or e-mail and were provided with more information relating to what the programme was about and the dates and times.

At this point, parents were asked if they would be interested in hearing more about three separate research projects that were being run alongside the Teen Triple P Programme. Interested parents were provided with a letter explaining more about the projects and asked if they would be willing to be contacted by a student researcher. Sixteen parents indicated that they were interested in learning more about the projects and were contacted via telephone. Four parents agreed to participate in the current study. Table 2 indicates the parents' pseudonyms, gender and the number of children in each family.

Table 2

Summary of participants' pseudonyms, gender and children in the family

Pseudonyms	Parent	Triple P Group	Number of children(teens)
Janet	Mother	Group One	3(2)
Alice	Mother	Group Two	2(1)
Kelly	Mother	Group Two	3(1)
Sarah	Mother	Group Two	3(2)
Ella	Mother	Group Two	3(2)

As outlined in Table 2, all participating parents were mothers, four of whom had three children and one was a parent to two children. The number of teenagers in each family is indicated in brackets above. Hereafter the “parents” will be referred to as the “mothers”. The children’s ages ranged from five to twelve. The teenagers were aged between 13 and 17 years.

6.3. *Materials*

While Teen Triple P is based on the same underlying principles of standard Triple P, it focuses on parents of teenagers between the age of 12 and 16 years. Therefore, some aspects of the parenting programme are different. Parents who were enrolled in the Teen Triple P Programme were provided with Teen Triple P workbooks that provided information, homework activities and learning tasks. Below is a summary of the main aims of each session.

Table 3

Aims of Teen Triple P Sessions

Session	Objectives
Session 1: Positive Parenting (Face to Face)	<ul style="list-style-type: none"> • describe positive parenting and what it involves • identify factors that play a role in your teenager’s behaviour patterns • set goals for change in your teenager’s and your own behaviour

	<ul style="list-style-type: none"> • start monitoring one of your teenager's behaviours
Session 2: Encouraging Appropriate Behaviour (Face to Face)	<ul style="list-style-type: none"> • use the strategies for developing a positive relationship with your teenager • use the strategies for encouraging desirable behaviour • use the strategies for teaching teenager new skills or behaviours • choose two positive parenting strategies to practice and monitor for 7 days • set up a behaviour contract with appropriate rewards for your teenager
Session 3: Managing Problem Behaviour (Face to Face)	<ul style="list-style-type: none"> • set appropriate family rules and discuss them with your family • use directed discussion to deal with mild problem behaviour • make clear, calm requests • back up your requests with logical consequences • deal calmly with emotional behaviour • put into practice a behaviour contract to manage problem behavior
Session 4: Dealing with Risky Behaviour	<ul style="list-style-type: none"> • identify situations that may put your teenager's health or well-being at risk • describe the six steps involved in designing a routine to deal with risky behaviour • construct a community contact network to help monitor your teenager's behavior
Session 5: Implementing Parenting Routines 1 (Telephone)	<ul style="list-style-type: none"> • set a clear, specific agenda for future sessions • set goals and tasks independently • plan, use, monitor and modify behaviour contracts as required • plan, use and evaluate routines for dealing with risky situations as required • access information on parenting issues, if needed • get support from family, other parents and group members when needed
Session 6: Implementing Parenting Routines 2 (Telephone)	<ul style="list-style-type: none"> • set a clear, specific agenda for future sessions • set goals and tasks independently • plan, use, monitor and modify behaviour contracts as required • plan, use and evaluate routines for dealing with risky situations as required • access information on parenting issues, if needed • get support from family, other parents and groups members when needed • solve any parenting problems with minimal help from the group leader
Session 7: Implementing Parenting Routines 3 (Telephone)	<ul style="list-style-type: none"> • set a clear, specific agenda for future sessions • set goals and tasks independently • plan, use, monitor and modify behaviour contracts as required • plan, use and evaluate routines for dealing with risky situations as required

	<ul style="list-style-type: none"> • access information on parenting issues, if needed • get support from family, other parents and group members when needed • solve any parenting problems with minimal help from the group leader
Session 8: Programme Close (Face to Face)	<ul style="list-style-type: none"> • design, implement and evaluate (i) appropriate parenting strategies to improve desirable behaviour and manage problem behaviour with your teenager, and (ii) routines to assist your teenager deal with potentially risky situations • use information resources independently • obtain support from family, friends and group members, as well as from your parent support network • solve parenting problems independently

6.4. Measures

Data were gathered using semi-structured interviews. According to Given (2008) “a semi-structured interview is a qualitative data collection strategy in which the researcher asks informants a series of pre-determined plus open ended questions” (p.810). In the current study a brief outline of initial questions were established prior to the interviews taking place. Participants’ responses were explored and elaborated by using questions such as, ‘Can you tell me more about that’ or ‘Give an example of a time when that occurred’. This is congruent with Given’s (2000) idea that even when some structure is applied by the researcher, the participant still has the flexibility to shape the interview based on the information they choose to share.

Bogdan and Biklen (2007) stress that an important aspect of the qualitative interview is avoiding closed questions that can be answered by a simple “yes” or “no” answer. In the current study the researcher frequently used open ended questions as a tool for gaining more information such as, ‘Tell me about how the programme was successful for you and your family’.

For the purpose of recording interviews an Apple i-phone 5 was used. All participants consented to having the interview recorded and were given the opportunity to view the transcripts

thereafter. The mothers were interviewed twice, once prior to the commencement of the Teen Triple P Programme and once following the completion of the programme. The three stages of data collection will be referred to as Interview One, Telephone Interview/s and Interview Two.

6.5. Interview Questions

The questions below aimed to gather qualitative data on families' earthquake experiences and their reasons for wanting to participate in a Teen Triple P Programme, as related to their experiences with the earthquakes. The purpose of the telephone conversation and second interview question was to obtain information relating to mothers' perceptions of the Teen Triple P Programme after completing it.

Interview One:

- Tell me about life in Christchurch over the past few years? What was your families' earthquake story?
- What experiences led you to want to participate in the Teen Triple P Programme?
- What do you hope to get out of participating in this programme?
- How has that led into you wanting to do Teen Triple P?

Telephone Conversations:

- How did the most recent session go for you? What stood out about it?
- Looking back over the week has your involvement in the programme affected you and your family?
- What parts of it seem to fit or not fit with your family?

Interview Two:

- How did the programme go for you?
- What parts did you find useful and/or not so useful?

- Have there been any changes in your teen and/or in the family following this programme?
- Looking back over the programme is there anything you would like to add or clarify about how it went for you?

6.6. *Ethical Approval*

Ethical approval was obtained from the Educational Research Human Ethics Committee (See Appendix A) on 28 April 2014 (Ref: 2014/16/ERHEC).

6.7. *Procedure - Outline of study*

Parents interested in learning more about the study were contacted via telephone and provided with information relating to the nature of the study and what was involved. Parents who agreed to participate were asked if they could find an appropriate time for the researcher to give them the information sheets and consent forms (See Appendix B and C). Parents had the opportunity to read through these and contact the researcher and/or their supervisor if they had any questions or decided not to participate in the project. It was made clear to the participants that they could withdraw from the study at any stage. The parents who provided written consent were contacted via telephone and a time was arranged to meet up with them and conduct the first interview. One parent came into the university to be interviewed and the other four preferred to be interviewed at their own homes. Interviews were approximately one hour in length.

It was possible that asking parents to share information about sensitive topics such as their teenagers' behaviour and their experiences with the earthquakes may have been emotionally distressing for these participants. The researcher was particularly mindful of this during the interview process and was understanding and empathic when parents were sharing their experiences. The researcher's supervisor, Professor Karyn France is a registered Clinical Psychologist, and any issues or concerns that arose were discussed collaboratively with her.

Participants had the option of viewing their transcripts and providing feedback with regard to any changes they wanted to make.

Following the first interview parents were asked if they wanted to give feedback on how the programme was going by writing journal entries or being asked questions over the phone. All four parents from the second Teen Triple P Programme group agreed to be contacted via telephone at two different points throughout the programme. The first was after the second Teen Triple P session and the second was scheduled for after the first telephone session. All four parents were contacted after the second Teen Triple P session; however only one parent was able to be reached after the first telephone session. The telephone calls were about providing verbal feedback on how they felt the programme was going for them. This took approximately fifteen minutes to complete each time. The researcher had a loose outline of questions for parents and then recorded their responses by hand. The parent from the first group's feedback was not captured during the telephone programme, as this methodology was introduced to the project following the first Teen Triple P Programme. However, feedback from this parent was obtained during the post-programme interview.

After the completing the Teen Triple P Programme families were asked to participate in a final face-to-face interview. This followed a similar procedure to the initial interview and was recorded. Families were asked to outline their experiences during the Teen Triple P Programme and express and explain any changes to family life as a result of participation.

6.8. *Design*

As highlighted by Saldana (2011) qualitative research is primarily concerned with understanding human experience and is less focused on cause and effect. It is largely comprised of textual data such as field notes, interview transcripts and other written documents and

observations (Saldana, 2011). An inductive or bottom-up approach was utilised for data analysis purposes. According to Elo and Kyngas (2007) an inductive approach is typically used when there is little previous knowledge on the topic being studied. It is typically a progression from the specific to the general and is the preferred approach when dealing with a relatively new phenomenon or topic (Lauri and Kyngas, 2005). This is distinguished from the deductive approach in which previous knowledge of the topic of interest is more extensive. While research exists regarding Triple P and experiences after a disaster as separate entities, little research examines families' experiences with a Teen Triple P Programme in a post-disaster context. Therefore, themes and categories were extracted from the data, consistent with the inductive approach. Bogdan and Biklen (2007) highlight the, "evolving nature of the qualitative design" (p.76), which lends itself to the idea that aspects of the project will emerge as the research progresses.

6.9. *Data Analysis*

According to Eatough and Smith (2008), Interpretative Phenomenological Analysis (IPA) is concerned with gaining a thorough understanding of lived experience as well as an exploration of how people make sense of these experiences. Smith and Osborn (2003) claim that to achieve such insight, "requires interpretative work on the part of the researcher" and "each case is examined in great detail as an entity in its own right before a move to more general claims are made in a narrative account that includes detailed extracts from the individual participants' accounts" (p.58). The current analysis is based on these principles of IPA.

Hunter, Lusardi, Zucker, Jacelon & Chandler (2002) stress the importance of "viewing data from several perspectives facilitating multi-dimensional thinking and offering different ways of making meaning of the interview data" (p.5). Dierckx de Casterlie, Gastmans, Bryon and Denier

(2012) support this view, suggesting that a team approach facilitates improved creativity and diversity when seeking to understand data. In the current study the researcher conducted the data analysis procedure alongside an experienced qualitative researcher and a clinical psychologist. Both supervisors and the researcher thoroughly read over each participant's transcript and noted their thoughts and comments in the margin. The two supervisors and the researcher separately coded the data and then collaboratively discussed and reviewed these to ensure consistency and reliability of themes.

While there is always potential for some discrepancy between individual interpretations of data, the analysts in the current study produced sufficient similarity in their interpretations. Corbin and Strauss (2008) emphasise that “coding involves interacting with the data, making comparisons between data and so on, and in doing so, deriving concepts to stand for those data” (p.66). Thus, the researcher and supervisors asked detailed questions relating to the data and comprehensively discussed possible trends and themes. Comparisons between each pre and post-transcript were made to look for similarities and differences in participant experiences before and after the programme. A set of superordinate themes were created and within these a set of subordinate themes. Tables were created that displayed the themes and the frequency of these themes for each participant (see Appendix H). Again the researcher and supervisors scrutinised the transcripts for any additional emerging themes. These were supported by evidence within each participant transcripts, as is suggested by Smith and Osborn (2007).

6.10. Guarding Against Researcher Bias

As is evident throughout much psychological research it is impossible to eliminate all forms of bias that may occur. Ogden (2008) argues that, “the potential for bias enters the research enterprise the moment a researcher chooses one topic over another, one research question to the

exclusion of another, and one particular theory over another” (p.61). There is complexity and multi-faceted ways in which every individual develops results in some propensity to select a certain topic and research question and interpret data subjectively. With this awareness, part of the researcher’s role is to minimise the extent of bias inherent in each aspect of research. The researcher was consistently mindful of the potential for bias to occur and made every effort to prevent personal, academic and social influences that may have an effect on the data and the interpretation. A number of strategies were employed. These reflected some of Guba and Lincoln’s (1985) ideas that according to Porter (2007) are pivotal ways of enhancing the trustworthiness (extent of which the data accurately reflects the meaning of the participants) of the research. Bogdan and Biklen (2007) also touch upon a number of these strategies. They include five themes namely: credibility, dependability, transferability, confirmability and authenticity.

According to Polit and Beck (2012) credibility refers to how accurately the researcher represents the themes of the participant. In relation to the current study, this was enhanced by credibility:

- Peer reviewed - the researchers’ supervisors also analysed and coded the data, thus minimising the likelihood that individual bias occurred and increasing inter-rater reliability. Throughout the analysis process the researcher and supervisors continuously reflected back on each participant transcript and the themes that emerged. Collaboration and agreement between the researcher and supervisors enhanced the likelihood that the information reflected genuine themes and trends in the research.
- Member checks - participants had the opportunity to read over their transcripts, alter them to better fit their perceptions and experiences as well as comment on the accuracy of the themes derived by the researcher.

Dependability refers to the consistency of data if replicated in similar conditions and involving similar participants (Polit and Beck, 2012). In the current study this was done by:

- An academic with extensive knowledge regarding qualitative research undertaking a thorough examination of the data collection procedure and transcripts to ensure its consistency (as discussed above).
- Providing a comprehensive description of the data collection strategies.

Confirmability refers to the extent to which data reflects the views and experiences of the participant, as opposed to any pre-conceived ideas or beliefs the researcher may hold (Polit and Beck, 2012). In the present study this was done by:

- Clear and precise examples of participant viewpoints and reflections that were relevant to each theme.
- The researcher being consistently mindful of their own personal beliefs and values and a dedication to setting these aside for the purpose of this research.
- A discussion of the limitations of the current research and how these were addressed.

Transferability refers to whether others not involved in the study can relate to and derive meaning from the results, in relation to their own experiences (Polit and Beck, 2012). In the current study this was done by:

- Comprehensive descriptions of participant experiences.
- Participants were recruited from a variety of schools throughout Christchurch.
- Participants all had teenagers and wanted guidance around how to best manage them.

Authenticity refers to the degree to which the researcher captures the views of the participant and conveys these in a suitable manner - so the reader can understand the 'essence' of the experience (Polit and Beck, 2012). This was done by:

- Comprehensive descriptions of participant experiences with extensive supporting evidence.
- Immersing oneself in the data repetitively to provide opportunity for new insight.

7. Results

In this section the interview data is presented in response to the semi-structured interview questions. Firstly, addressing research question one and the subsequent questions that were asked in each interview relating to this. Research question two is then addressed, followed by the telephone interviews and finally focus on research question three and the data relating to this. Participant responses are illustrated with quotations in which specific details such as location have been anonymised.

7.1. Interview One Data: Experiences with Christchurch Earthquakes

Research Question One

- What earthquake experiences are reported by Christchurch parents involved in Teen Triple P?

Interview Question

- Tell me about life in Christchurch over the past few years? What was your family's earthquake story?

7.2. Immediate Effects

Each mother recalled what was happening for them at the time of the February and September earthquakes. For example, Janet explained that:

“I was stuck in traffic and couldn't get near the west side to pick up the girls from school, so I ended up abandoning my car on [Craven Street] and walking home to [Chelsea Place] (11km)”.

As indicated above, Janet experienced logistical problems around not being able to make it to her daughters, which resulted in her having to walk home. After getting home she described experiencing more problems. She stated:

“We didn’t have electricity so we camped out at Mum’s...and we made our way through the night that night. The next night we were back at home and had gone and tidied up as much as we could”.

Similarly, Sarah described some immediate effects that her family experienced. She stated:

“Well we couldn’t stay at our place because there was no power and no water. And I remember the first night being the worst because we stayed in [Worthington] (damaged suburb). I remember [Child 1] being scared and crying, saying that she wanted to sleep in my bed”.

Relating to the first night after the February earthquake Sarah said:

“Everyone was sleeping anywhere. I remember sleeping in my husband’s mothers’ spare room. It just felt like every time there was an earthquake there was a big bang and it felt like it just rolled through the house”.

Sarah talked about the children’s experiences when she went to pick up her daughter from school:

“And I remember going down to the school after I picked up [Child 3] from kindy and there was flooding and those kids looked so freaked out and everything. I remember [Child 2] telling me that when it happened she had been on the court and it had cracked”.

Sarah highlighted the initial impacts of the earthquake in terms of being displaced from her house and having to emotionally support her children. She described the environmental disruption she and her family faced. An example she stated:

“The whole street was flooded, the whole next street was flooded and stayed flooded for a few days. And I remember walking through it and I got this guy to kick my fence in and I grabbed any money and our passports”.

Sarah’s emotional distress was apparent when she stated:

“I think I lost it after a couple of nights, I just thought what’s happening - I can’t handle it here and I actually had my wobbly which was throwing a chair”.

This exemplifies Sarah’s distress at the circumstances she and her family faced immediately after the earthquakes. Ella also highlighted the distress and disruption her family faced in both the September 2010 and February 2011 earthquakes. In relation to the September earthquake she stated:

“And then they heard me yelling, it’s an earthquake, get under the door! I dragged my daughter out of bed..... and got whacked in the head by one of the doors”.

She further states:

“So we all sort of sat upstairs in the doorways and we were jumping in and out of the rooms to grab blankets in between big shakes. So they said can we go downstairs, can we go downstairs and I said no not until we hear somebody outside and it’s light and stopped shaking”.

After the February earthquake, despite saying that she felt distressed, Ella attempted to put on a brave face for her children and did not let them witness the full extent of her distress:

“.....he jumped out of the car and gave me a hug and it wasn’t until then that I went sniff sniff. But I knew I had to hold it together, so in the process of holding it together for the kids I haven’t broken down”.

In relation to not feeling safe in her house Ella said:

“So we pitched the tent outside and slept there for three days because I wouldn’t come back in the house, we couldn’t get in the front door because it was completely jammed closed”.

In relation to Alice and her families’ earthquake experience she stated:

“We were having this birthday here with five other girls and that’s just the most terrifying thing in the world and they all just went under the table. And my husband said ‘next time take a plate of food down’ and everybody laughed and we were feeding food under the table and they still talk about that now”.

Kelly also discusses her immediate experiences with both the September 2010 and February 2011 earthquakes:

“So trying to think, the first one was in the middle of the night wasn’t it, I was home alone and the children were down the road at their father’s house, but I couldn’t get hold of them. So I was here by myself and I went to a neighbour’s place”.

Relating to the February earthquake she briefly stated:

“I will never forget the second one, what was it 22 of February about 12.54, sitting there and the crockpot coming down and just the chaos, but we were all part of that”.

In summary, it appears that the participating parents experienced major inconveniences and concerns immediately after the February and September earthquakes. These included having to walk long distances home, apprehension around reaching loved ones, having no power and water, dealing with property damage and disrupted sleeping arrangements, enduring continued shaking and aftershocks following the major earthquakes as well as supporting distressed children.

Amidst the distress that mothers described, there were indications of personal strength, resilience and humour. One mother mentioned her need to remain ‘strong’ and ‘together’ for her children, highlighting her emotional strength. Another mother described a comical moment during the

earthquakes where guests at her daughter's birthday party were under the table eating food and laughing. These events are indicative of the fact that despite experiencing a distressing event, families continued to look for adaptive ways of coping immediately after the event had occurred.

7.3. *Longer Term Effects*

There were a range of longer term impacts from both the September 2010 and February 2011 earthquakes reported. These included inconvenience and emotion-related attributions, that described personal or individual experience, or which were entwined with concerns about their children. For example, speaking personally Kelly said:

"I can't go upstairs without thinking about it [earthquakes], whenever I get into bed I think about it because that's where I was".

This explanation is indicative of a persistent thought that is triggered by being in the same situation, in this case referring to the September 2010 earthquake that occurred at 4.35am jolting sleeping citizens out of bed. Kelly believed that her children demonstrated resilience and coped relatively well following the earthquakes and series of aftershocks. In relation to her children she stated:

"The children actually coped with it pretty well. Yeah pretty well - but not to say that I didn't have them in my bed, but pretty normal and within range how they coped".

Similarly, Sarah discussed the effects of the aftershocks on her child's sleep:

"And I remember [Child 2] being so scared that she wanted to sleep in my bed, and I couldn't fit her in my bed so I remember just holding her hand".

Ella also alluded to the effects that the ongoing aftershocks had on her own sleep. She stated:

"So it got into a routine and then of course with the earthquakes my whole routine of sleep you know".

Kelly, Sarah and Ella's descriptions reveal ways that the earthquake/s impacted their sleep, the former showing some thought intrusion reminding her of what happened, and the latter two being due to the interruptions to sleep as a result of ongoing aftershocks. Bearing in mind the thousands of aftershocks experienced since the September earthquakes, in relation to the importance of parents' need for sleep (Bruni, 2010; Loft and Cameron, 2014), the effect of the earthquakes on sleep cannot be minimised.

Alice referred to the more subconscious impacts the earthquakes had on her by indicating some of her emotional responses that she attributed to the earthquakes and reflected on her unexpected emotional response during a meeting about coping after the earthquakes. Alice had attended a coffee morning that took place at her children's school to discuss the impacts of the earthquakes on parents and how they were coping. She said:

"So I went in there for my coffee and I just burst into tears. And I thought I wonder why I've done that. And it appeared that when it started I just couldn't stop. And that surprised me because as I say we are the good earthquake story".

This highlighted the subtle and underlying effects the Christchurch earthquakes had on Alice who had reported that overall, she was relatively unaffected by the earthquakes up until this event which she found surprising. She further explained that:

"I have no idea. That's what I find so weird. And when I went to counselling they were lovely and it was a very good thing to do. And they said it was actually quite common, they seem to think it's that guilt stuff. So it's just weird. Even I know it doesn't make sense, I had really really dark days, it was terrible".

Janet also highlighted the long-term impacts the February 2011 earthquake had on her contingency planning for keeping her three daughters safe:

“But I think because I couldn’t get to the girls and I couldn’t rescue them so to speak, I think that’s probably why I need to know where they are - so if any other emergency happens, I know where to find them and/or get to them”.

Her explanation for this was:

“You’re just conscious of it a bit more than you would of thought. You wouldn’t have consciously thought that you were concerned about where they were, whereas now you’re probably a bit more conscious because of what has happened in Christchurch”.

Janet was unsure of the extent to which the earthquakes affected her children:

“It’s probably affected them but not to the extent where they need to get emotional help or anything- it’s just probably changed their outlook on things. And if you probably asked them they may not be able to tell you why”.

Alice mentions one of her children’s comments regarding the earthquakes and the ramifications she felt the earthquakes may have had on her children:

“And then my wee girl who’s the brighter said, we were just sitting here having dinner and she said ‘if you two die in the earthquake say, I suppose that means we’ll just stay in the house’ and there was just this silence”.

In response to this she stated:

“So that was a bit of an eye opener to know that while they function on the outside and we thought they were good, I thought maybe they’re not so good”.

The mothers often talked about their experiences being less severe and concerning than what other families in Christchurch experienced. They appeared to minimise the impact of the earthquakes on themselves and were particularly mindful and empathic of the others who were suffering possibly more extensively than themselves. As an example, Janet said:

“It’s nothing compared to what some of the families have gone through. They’ve lost lives, lost loved ones, lost friends, lost houses, they’ve lost everything. We came off quite lightly”.

Further, Alice felt similarly about her earthquake story in comparison to others. She stated:

“When we went to husband’s side every one of them had an earthquake story and they were from terrible to disastrous, there was just like this list of everything you could imagine...and they’re still going through it”.

In terms of lasting effects of the February earthquake, Ella mentioned the uncertainty she now has around her housing situation:

“Living in this house and not knowing where I’m going to end up and whether it’s going to be pulled down, that’s my biggest stress because [they] don’t tell us what’s going on. My kitchen is cracked to the point that the whole kitchen is going to be ripped out, but they could come here and say right that’s it you have to move on. So I’m living in a limbo sort of thing, I don’t know what’s going on”.

Other mothers also mentioned concerns they had around their housing situation:

“Husband was coming out and basically sitting in a broken house, trying to sort insurance every day. And husband kept saying are we going to rent something? So we looked at this place two blocks from the beach about a mile down from us, we were trying to keep regularity for the kids at school”.

The mothers also mentioned the impact leaving their houses and changing suburbs had on their children. As an example, Sarah mentioned:

“In terms of [Child 2] she started becoming quiet when we came out here just after the earthquake - really quiet. She hated it, hated the earthquakes, she wanted to get out of here”.

Other disruptions that the mothers discussed in relation to their children were:

“[Child 1] was at high school, so she had a bit to do with after the earthquakes because she had to do the school share with [Compton] (different high school). So they did the early shift and then the others came in at lunch time”.

The mothers also mentioned how they did not feel the earthquakes led into them wanting to do Teen Triple P. For example, Janet stated:

“No, it was just the stage of life that we’re in more than anything and just feeling that things weren’t going as smoothly or calmly as they could have been. So the earthquakes in my mind didn’t have anything to do with it”.

Ella also did not feel the two were related stating:

“No I don’t think the earthquakes in any way were responsible for me wanting to do Teen Triple P”.

7.4. Summary of Interview One Data (Research Question One)

In summary, the data presented above provides examples of the impacts of immediate and longer-term effects the earthquakes had on the participating mothers and families, as reported in the preamble to participating in the Teen Triple P Programme. The immediate impacts of the earthquake were extensive with families presenting as distressed, anxious and possibly traumatised with regard to their personal and their families’ safety amidst the ongoing aftershocks. Significant immediate disruptions were present with mothers reporting damage to houses, flooded streets and streets covered in liquefaction, being stranded without transport, having to walk long distances home from work, having no electricity and having to camp out at others houses and support distressed children.

The longer term effects of the September 2010 and February 2011 earthquakes were also concerning. Mothers reported ongoing disruptions to sleep three years after the earthquakes. Some

reported difficulties with their own sleep whereas others mentioned the disruptions the earthquakes had on their children's sleep. Mothers reported feeling apprehensive around their housing situation, with some having to permanently relocate and others sharing ongoing concerns that their houses would be deemed unsafe to live in. One mother described a persistent thought that was triggered every time she went upstairs, suggesting an ongoing fear response that occurred due to the earthquakes. Another reported having increased vigilance around needing to know her teens whereabouts and attributed this to 'not being able to get to them' in the quakes.

The impact on teens was also apparent with one mother reporting her daughter's distress at having to move house and hating the earthquakes. Mothers tended to minimise the impact of the earthquakes on their own families and were quick to empathise with the experiences and difficulties of other earthquake victims.

7.5. Interview One Data: Reasons and Expectations of Teen Triple P

In this section I address research question two and the subsequent questions that were asked in each interview relating to this. While mothers did not consciously link their earthquake experiences with their need for Teen Triple P training, it appears that the myriad of disruptive factors experienced by these families post-earthquake may have had an indirect but underlying effect on their need for Triple P. Alternatively, the challenging behaviour may have arisen in these families regardless due to the age of the teenagers at the time of the study. It should be noted that the children were not teenagers when the earthquakes occurred and mothers did not report difficulties with their children's behaviour immediately after the earthquakes.

Research Question Two

What role do you believe these experiences may have had in contributing to your difficulties in managing your teen?

Interview Questions

Having described their earthquake experiences, the mothers were asked:

- What experiences led you to want to participate in the Teen Triple P Programme?
- What do you hope to get out of participating in this programme?
- How have the earthquakes led into you wanting to do Teen Triple P?

7.6. Analysis Procedures

As the mothers answered these questions and responded to the active listening process, the unique experiences of each participant became evident. Using the interpretative approach (Vanscoy and Evenstad, 2015), each interview was coded. Firstly, each mother's transcript was read and re-read to gain a 'feel' for the data and enhance insight into the material mothers had provided. Comments were made in the margins noting interesting points each mother had made. Phrases and words were highlighted that related to the research questions and the frequency of similar phrases and words were noted for each individual and then across the five mothers. I coded the data initially and both supervisors coded it separately, before we met on several occasions until the codes were confirmed. This process continued until there was 100% agreement between myself and the supervisors.

7.7. Coding

For example one of the early themes noted was categorised as "connectedness". This category included a variety of utterances that had this as the common theme. For example the list of sub-codes for 'connectedness' is as follows:

1. Connectedness

- 1.1. Reassured that can connect with/contact girls school counsellor
- 1.2. Felt connected (to what another parent in group was going through)
- 1.3. Wanted more time to connect with parents during Teen Triple P Programme
- 1.4. Feeling isolated

- 1.5. Utilises facebook to stay connected to friends
- 1.6. Values friendships/connections with other
- 1.7. Communication

See Appendix H for the list of codes for each participant and for the tallied frequencies.

The full sets of categories and sub-codes were derived from all participant responses. The same codes were used for all five mothers. The frequencies of utterances within the coded data differed between the mothers. There were also some codes that applied solely to an individual mother.

Analyses using these codes were used to:

- a) identify the individual priorities for each mother, and
- b) to note the specific areas of change in the post-interview. This coding provided a “first cut” and gave an indication of aspects to focus on.

Overall five main categories were established for each mother based on the frequency of the sub-codes relating to each. There were some commonalities and some differences between mothers. In addition discrete emotion words were collated under the “emotion” category. Emotion words were elicited in a number of themes.

The frequencies of utterances within the coded data differed between the mothers. There were also some codes that applied solely to an individual mother. For example, Alice made three utterances with regard to the broad category of “work stress”.

In this section a summary table will be presented for each mother’s first interview, showing the five most relevant categories and an example from one of the sub-codes for each. Each table will be followed by a brief explanation. Table 4 shows selected codes for Janet, as derived from her first interview.

7.8. *Participant Codes Interview One*

Table 4

Codes for Participant One Janet - Interview One Data

Category	Interview Response & Sub-Code	No. of Utterances
1. Connectedness	1.5. And so I had some good connections there(In Australia) And I think if we were still there, we Wouldn't be as isolated as what we've become. I don't think [husband] notices it, but I do.	1
2. Earthquake Story	2.1. Mum was on her own but she had electricity, we didn't have electricity. So the two families went over to mum's and we camped out at mum's.	7
3. Stated Goals	3.1. Just needed help to get back on track again.	11
4. Overwhelmed	4.0. Changing jobs and going out on my own, been a combination of things. It has been overwhelming.	4
5. Insight (Into self or others)	5.3. The older two have certainly stepped up with hormones this year and the girl stuff coming in, so that's played a part of it.	14

As illustrated in Table 4, five broad categories are shown. These are connectedness, earthquake story, stated goals (for Triple P), references to feeling overwhelmed and “insight”. This “overwhelmed” category was named as such in reference to Janet’s descriptions of feeling stressed and under pressure. The code of “insight” was used for any statement that showed understanding of a situation or family member or teenage behaviours. The frequency for each broad category has been recorded. For example, in Category 1 “Connectedness”, Janet has referred to this term directly. However, this was her single utterance that came under this broad code. This utterance has been sub-coded 1.5. Sub-code 1.5 is “values friendships and connections with others” as noted above (See Appendix H for the sets of codes for Janet.) Although Janet has made only one utterance in this category in her first interview, it is included in this excerpt because in her post-interview, Janet’s utterances about connectedness increased 14 fold. In her

post interview Janet stated something about connectedness 14 times, which will be reported in Section 7.13.

As shown in Table 4, Janet made 14 utterances showing her insight into her children’s personality and behaviour (coded 5.3). However, she also mentioned other aspects of insight such as insight into self (coded 5.1, not included in Table 4) and insight into what other parents are experiencing (coded 5.6). Janet has also described a variety of needs as she looked ahead to her reasons for taking Triple P training. Under the broad category of “goals” (Category 3, Table 4), her first statement was “(I) need help to get back on track again”. As she talked further, she explained in more detail a range of areas of concern such as feeling overwhelmed and struggling to manage teen behaviour. The category “overwhelmed” referred to comments mothers made relating to the difficulties they were experiencing in their lives and with the management of their teenagers, as well as direct references mothers made to feeling overwhelmed. This procedure was followed for each of the participants. Their data are presented in Tables 5-8.

In order to determine whether Teen Triple P had any qualitative impact, the telephone interview and post-interview were also coded for each participant.

Table 5 presents the codes for Participant 2, Alice.

Table 5

Codes for Participant Two Alice - Interview One Data

Category	Interview Response & Sub-Code	No. of Utterances
2. Earthquake Story	2.9. We were one of those families who gained financially; we had the whole house painted.	2
3. Stated Goals	3.1. Well I’m hoping when someone says are there any issues in the group and I’ll say my daughter is calling her sister a douche.	2
4. Overwhelmed Feeling	4.0. Sometimes I find that there is so much going on that it’s hard to keep up.	8

5. Insight (Into self or others)	5.3. Yes and I realise it's all about her stepping out and being independent and that's all good too, because I realise that's an important step and skill she's displaying.	15
6. Work Stress	6.1. No what has happened is I'm finding work to be a struggle. I find being a [secretary] full-time I can't mentally cope with.	3

Table 5 reveals Alice has made utterances under similar categories to Janet. These included reference to her earthquake story, stated goals, overwhelmed feeling, and insight. Note the category of 'work stress' which was her unique code. Three times she mentioned experiencing stress with regard to her work situation. Similar to Janet she has talked about being overwhelmed with eight utterances referring to this in her data from Interview One. Importantly, no mentions of feeling overwhelmed were apparent in her data from Interview Two (post Teen Triple P Programme). In relation to the Category "Insight" Alice made 15 utterances regarding observations she had made of her own and her teenagers' behaviour.

Table 6:

Codes for Participant Three Kelly - Interview One Data

Category	Interview Response & Sub-Code	No. of Utterances
1. Connectedness	1.5. I've explored everything, I've googled everything and there doesn't seem to be a lot in terms of community help.	1
2. Earthquake Story	2.1. So I was here by myself and as a Single parent, so I went to neighbour's place.	2
3. Stated Goals	3.2. But I seek a happier family life	2
4. Overwhelmed Feeling	4.0. So we're looking at difficult behavior For a six year period. It's been debilitating, totally.	2
5 Insight (Into self or others)	5.3. Complete defiance and sometimes aggressive behaviour, when his toys such as his laptop are taken away from him. I've noticed it's harder to manage the older he gets.	7

Demonstrated in Table 6, Kelly's main categories included connectedness, her earthquake narrative, stated goals, reference to feeling overwhelmed and insight. Kelly provided seven utterances relating to insight into herself and others. Twice she verbalised her feelings in relation to feeling overwhelmed, once in reference to her teen and the other relating to feeling as though she is behind with everything in her life and has too much going on. Alice did not end up participating in the Teen Triple P Programme and therefore did not partake in Interview Two relating to the current study. Therefore, her data from Interview One could not be compared to potential information she may have shared in the second Interview.

Table 7

Codes for Participant Four Sarah - Interview One Data

Category	Interview Response & Sub-Code	No. of Utterances
2. Earthquake Story	2.1. And I remember walking through it and it would have been just below my knee, so I picked up the kids and said stay in the car.	5
3. Stated Goals	3.1. Yeah so basically it's come at the right time, because I really want to know how to handle things and talk to her without coming across as the big boss.	8
4. Overwhelmed feeling	4.0. I do actually feel overwhelmed Because it's starting to be one thing on top of another.	3
5. Insight (Into self or others)	5.3. And you always have this thing where you don't want to bring up your kids how your parents did.	13
7. Communication	7.0. I realised that I'm not close to [Child 2] and I want to be closer.	3

As shown in Table 7, Sarah stated some clear goals that she wanted to address during participation in Teen Triple P. Included in her eight utterances regarding "goals" she mentioned

wanting to learn how to improve her communication with her teenager, how to implement boundaries and getting her teenagers to comply with her requests. Three of her utterances were around feeling overwhelmed.

Table 8

Codes for Participant Five Ella - Interview One Data

Category	Interview Response & Sub-Code	No. of Utterances
2. Earthquake Story	2.1. My oldest said later that I didn't scream, I didn't yell but he could hear the urgency in my voice.	10
3. Stated Goals	3.1. The strategies on what to do and new ideas on how to discipline her and things to do to get her to co-operate more.	17
4. Overwhelmed feeling	4.0. It's just a push to get her to do anything. So it just ends up I'll be screaming at her. Sometimes it gets to the point where I can't get her to do anything at all.	4
5. Insight (Into self or others)	5.3. And the talking side of things because As a child we were never allowed to speak up or have our say, we were always told off for being rude or disrespectful.	1
8. Valuing relationships with children	8.2. Like I want to teach her to sew and want to teach her to cook.	2

Ella highlighted a substantial number of goals (17 utterances) she had in relation to her need for Teen Triple P. These were around gaining knowledge and understanding on how to more effectively discipline and set boundaries for her teenager. She also wanted to improve her own confidence as a parent and not give in to her teens' demands. Rather than being in frequent arguments, Ella wanted her home environment to be calmer and more enjoyable. In Interview Two Ella made four utterances regarding applying what she had learn at course. These were

around rule setting and discussing these with her teenager, trying not become escalated and praising and rewarding her teenager more frequently. Similar to all the other mothers, Ella indicated her sense of being under pressure and overwhelmed (four utterances). This was around a sense of being “stuck” when she feels unable to get her teenager to comply with any rules. She also mentions never having any time to herself as a contributing factor to her sense of being overwhelmed.

7.9. *Summary of Interview One Data (Research Question 2)*

The analyses above provide individual and comparative data to show the participants’ expectations and hopes for the Teen Triple P Programme.

- What experiences led you to want to participate in Teen Triple P?

The mothers’ experiences prior to Teen Triple P were centered on the difficulties and hassles they had around managing their teens’ behaviour in everyday life. The data showed that mothers had similar experiences leading up to the wanting to participate in Teen Triple P. Four out of the five mothers reported feeling overwhelmed with their teens’ behaviour and in need of some external guidance and support to help them get back on track. Other issues the mothers presented with were feeling unsure around how to best communicate with their teens.

- What do you hope to get out of participating in this programme?

All mothers stated a number of goals that they had for their participation in the programme. Things they hoped for included, improved communication with their teens and knowledge of how to appropriately manage specific behaviours, learning new strategies to enhance co-operation and compliance were also mentioned as key goals. Two parents felt that the chance to connect with and relate to other parents experiences would be a beneficial aspect of the programme.

- How has that [earthquakes] led into you wanting to do Teen Triple P?

The mothers did not overtly associate their earthquake experiences with their need for Teen Triple P. However, their descriptions of the long-term impacts they had from the earthquakes such as disturbed sleep and persistent thoughts were indicative of the fact that these may have had an effect on their daily functioning and subsequent management of their teens.

7.10. Telephone Interview Data - Call One

Below are the reported results from the telephone sessions with mothers. The telephone call was made after mothers had completed two out of the eight Teen Triple P sessions. A second telephone contact was scheduled after the fifth Triple P session; however, only one mother was able to be reached through telephone contact at this point. Their responses were indicative of the thoughts they shared relating to research question three. Their answers are expanded on in the next section.

Research Question Three:

What were your experiences of Teen Triple P?

Telephone questions

- How did the most recent session go for you? What stood out about it?

The mothers all demonstrated positive emotions regarding their experiences with Teen Triple P to date. For example, Ella mentioned:

“I feel as though the programme is going really well and am enthusiastic about continuing to learn more from the programme”.

Similarly, Sarah said:

“I have enjoyed the first few nights and am keen to get into the nitty gritty stuff as the programme moves forward”.

Kelly and Alice also referred to their positive feelings around the programme stating respectively: *“It’s such a relief to be finally accessing supporting and the learning and growth that comes with it”*.

Further:

“The programme has been good so far, reassured me that’s it’s okay to ask for help and to not know everything as a parent”.

Sarah mentioned an important aspect of the programme for her when she stated:

“Something I have taken note of so far is definitely the escalation trap”.

In summary, in response to this first question, the mothers’ reactions and emotions during their telephone conversation were typically positive. Their excerpts above indicate their satisfaction with how the group and their learning were progressing and how they were eager to continue gaining skills and knowledge around parenting. It was interesting to note that Sarah had referred to the “escalation trap” which is a concept embedded in Triple P. Other than Sarah, the other mothers did not comment specifically on what stood out from the previous session in the telephone interview.

• *Looking back over the week has your involvement in the programme affected you and your family?*

The mothers reported some changes to their family life that they felt were in relation to their participation in Teen Triple P. For example, Sarah said:

“I am trying to be calmer at home and more fun and enjoy the time I have to spend with my kids”.

Similarly, Kelly said:

“I am trying to not use work as an excuse for not being able to have fun and make time for my

teenagers”.

Yet another mother mentioned different aspects of their parenting they had been working on.

For Alice this related to escalation and was evident when she said:

“Something that I’ve taken note of so far is the escalation trap. I am trying to not escalate when they become angry and approach the situation in a calmer manner”.

Alice felt that this approach had affected her teens’ behaviour. She stated:

“Things feel calmer at home and we are definitely getting fewer arguments already”.

Sarah stated:

“I’ve been trying some of the positive parenting strategies such as praising and rewarding them for good behavior”.

Sarah went on to say:

“Even I’ve been feeling slightly less stressed - it’s such a good thing”.

In summary, in response to the second question, mothers reported some changes and benefits to their family life that they felt were reflective of their participation in the programme to date.

Alice has referred to learning about the escalation trap and has described how things at home were calmer, with fewer arguments. Noticeably, Sarah mentioned the positive parenting strategies that she has been using at home which relate to content taught in the first Triple P session.

- *What parts of it seem to fit or not fit with your family?*

Alice reported that some of the content was not applicable to her teen due to her age. She stated:

“I don’t have a lot of the other stuff because I suppose her age, we don’t have a lot of the issues of her going out and wanting to do things with her friends”.

Ella mentioned how escalation was relevant to her family. She said:

“I can definitely relate to becoming escalated as I often end up in arguments with my teen”.

Sarah felt that the videos utilised in group sessions represented similar situations that occurred in her household. For example, Sarah stated:

“I like the videos as they give examples of how to deal with certain situations. Some of them I can relate to my family”.

As demonstrated above, Ella also identified escalation as an issue in her home. Alice reported that the material and behaviour strategies discussed primarily focused on older adolescents and were not relevant for the younger teen population. Sarah felt the videos presented in class related to what her family experienced.

7.11. Telephone Interview Data - Call Two

Sarah was contacted after completing the sixth Teen Triple P session and was again asked the above questions via telephone. This was to gain a brief insight into further changes that had been made to her family at a later point in the programme. Sarah’s responses are demonstrated below.

- *How did the most recent session go for you? What stood out about it?*

Sarah mentioned how the most recent session had involved being contacted by a co-leader assisting with the running of the Teen Triple P Programme. In response to this Sarah stated:

“It’s good having some one-on-one time talking to someone about my issues. I was able to ask questions around boundaries and bounce ideas off them for ways of disciplining my teens when needed”.

Something that had stood out for Sarah was around implementing behaviour contracts. She said:

“Behaviour contracts have definitely been a key thing that has been working well in our house. My teen more often than not does her homework without being asked - so I don’t have to nag.

- *Looking back over the week has your involvement in the programme affected you and your family?*

Sarah identified ways that the programme had affected herself and her family. She stated:

“At this point I definitely feel more confident around managing my teens’ behaviour. I have things in place that I can use when things get difficult such as behaviour contracts”.

She also mentioned:

“My teen is responding well to having clear rules and guidelines that we have discussed together. Her compliance has increased and she now knows what she needs to be doing to earn rewards”.

In relation to escalation, Sarah said:

“I am still keeping up with the not getting into verbal battles with my teen so and things seem calmer at home. My teen is finding other ways of expressing their anger which is good”.

- *What parts of it seem to fit or not fit with your family?*

Sarah identified parts of the programme that fit with her family. She could not think of any immediate things from the programme that did not fit with her family. She said:

“Definitely the behaviour contracts have proved successful so far. Also, sitting down and establishing the rules with my teen that we both agree on has been helpful”.

She further stated:

“Being able to receive feedback and have discussions with other parents and the people from the Teen Triple P group has alleviated some of my concerns”.

She also mentioned:

“Seeing how the techniques learnt in group transfer to my home environment is also encouraging”.

7.12. Teen Triple P Language or Terminology revealed in the utterances

From the above responses, a number of Triple P words have been used in the mothers’ utterances, during the telephone interviews. For example, Janet explained she was feeling calmer.

She stated her need to feel calm in her first interview in which she had said “I want our home environment to be calmer and the girls to be more settled.” Three out of four mothers in the second Teen Triple P group also utilised the term ‘escalation’ in their reference to new learning that had occurred and/or the changes they had made to their family life as a result of the programme. Keeping calm and avoiding escalation are both strategies that are taught in the first Teen Triple P Session. As shown in her telephone interview excerpt above, Sarah stated the positive parenting strategies that she had been using with her teens such as ‘praising’ and ‘rewarding’. This also relates to Session 1 of the Teen Triple P Programme where parents are taught a number of ways of enhancing positive parenting. Two mothers reported giving their teens more attention and encouragement by spending more time with them. This is relevant to Session 2 of Teen Triple P where parents are taught to ‘encourage appropriate behaviour’ using strategies such as providing attention and giving them time as mentioned above. In the second telephone interview Sarah discussed her use of behaviour contracts and her collaborative discussion with her teen around appropriate rules and guidelines, both key concepts introduced in Teen Triple P.

7.13. Interview Two Data: Impacts of Teen Triple P Programme

From the analyses in the preceding section, the different utterances provided a focus for considering the impact of Teen Triple P for each participant. This section addresses Research Question Three and I present the responses to the interview questions below. There is no data from Kelly as she did not complete the Teen Triple P Programme and therefore could not partake in the post-programme interview.

Research Question Three

What were your experiences of Teen Triple P?

Interview Questions

Having completed the Teen Triple P Programme, mothers were asked:

- How did the programme go for you?
- What parts did you find useful and/or not so useful?
- Have there been any changes in your teen and/or in the family following this programme?
- Looking back over the programme is there anything you would like to add or clarify about how it went for you?

Interview Excerpts Interview Two

Each mother responded to the questions. For example, Janet stated:

“I now let her know how I feel about it all in a calmer way - rather than just losing the rag and screaming at her or yelling at her”.

She also stated:

“I’ll give them my attention more and they’ll tell me their news and then I’ll carry on”.

In relation to new learning Alice stated:

“But I have learnt of a couple of easy ones which is the fact that I escalate stuff. And the couch parenting has lessened, it hasn’t stopped, it’s lessened- and I’m feeling better about that”.

She stated benefits for her teenagers:

“Yes I think they have benefited from that whole talking to them more, you know getting up and doing it and just being a bit more proactive - that’s been good”.

She indicated her feelings around the availability of Teen Triple P Programmes. She stated:

“There needs to be more of them, just more programmes. Why they’re not funded more widely And freely in every community, for anyone who wants them”.

Sarah mentioned:

“I think I learnt more from the content - yes definitely the content and the one to one with th

people working on it more than sharing personal stories”.

She further stated:

“Yes, I’ve started giving them a time frame and agreeing upon it with them”.

With regard to the telephone sessions she stated:

“That was probably the most helpful because it’s one-on-one. They show you if you’re going the right way, you’re doing okay”.

Ella commented on how she felt the programme went. She stated:

“I found it really good, I picked up on somethings that I didn’t know before”.

In relation to new learning that had occurred Ella stated:

“But because we’d started the two new behaviour contracts, we’ve done the homework one and the bedtime routine and the first time she got up in the morning she got a special milo”.

In reference to feeling more connected, Ella stated:

“talking with the other parents and suddenly realizing you know what I was going through, it was the same as what other parents were going through”.

Below are the data representing the occurrences of different codes for mothers’ who participated in Interview Two (except Kelly).

7.14. Participant Codes Interview Two (Research Question Three)

Table 9

Interview Two Codes for Participant One Janet

Category	Interview Response & Sub-Code	No. of utterances
1. Connectedness	1.4. That’s probably why Facebook is so important to me, because that’s the way we keep in contact.	14
2. Improvement in parenting behaviours	5.2. Once I learnt the technique of repeating what they say, understanding and keeping calm, I put that more into practice.	4

3. Getting back on track	3.4. That was fine, but again boring, because things are going nicely for us at the moment.	1
5. Insight (Into what was learnt at course).	5.5. So now I'm more conscious of it, so I'm trying to not let it get to that point in the first place and if it does just nip it in the bud.	6
5. Critique of Teen Triple P Programme	5.8. At times it felt rushed through and um overall it was good, but at times I felt we rushed through information.	9

As shown in Table 9, Janet has made 14 utterances that have been coded under 'connectedness', compared to her single utterance in her first interview (Table 4). As an example, the improvements that came through in the interviews were evident when Janet said, "I now feel more connected to other parents in the girls school". She also talked about feeling more connected and supported by a Teen Triple P facilitator.

Janet made four utterances regarding feeling that her parenting behaviour had improved. She also explained how she was implementing techniques with her teens that she had learnt in the Teen Triple P Programme. In addition to this, she made six references relating to new insight she had discovered as a result of the programme such as learning to keep calm and not escalate in response to teen defiance, as well as implementing behaviour contracts to encourage appropriate behaviour.

Table 10

Interview Two Codes for Participant Two Alice

Category	Interview Response & Sub-Code	No. of utterances
1. Connectedness	1.5. And husband has taken that on board too, even though he never went to the thingy.	2

2. Understanding of what other parents are experiencing	5.4. So it wasn't sounding very good, wasn't very good at all by the sound of it. For those few minutes I think oh dear you are going to have five years of hell.	2
3. Behaviour management/ behavioural concerns	3.11. Well I don't tend to start it [escalation], I'm getting better.	4
5. Insight (into what was learnt at course)	5.2. Yes I think they have benefitted from That whole talking to them more. You Know getting up and doing it and just being a bit more pro-active.	8
5. Critique of Teen Triple P	5.8. Yes, you need to separate ages, need to separate sexes and also it would be beneficial I think to separate people who have support in the home.	5

As demonstrated in Table 10, Alice provided eight utterances of what she had learnt at the Teen Triple P Programme. In the pre-programme interview (Table 5), eight utterances were made about feeling overwhelmed, compared with no utterances relating to an overwhelmed feeling in the post interview. Alice provided eight utterances around new insight into things she had learnt at course. For example, she mentioned talking to her teens' more and being increasingly pro-active as key skills she has begun to implement at home. Other techniques she mentioned were around using reward charts to encourage compliance and rewarding and praising her teens for good behaviour. She also mentioned twice that she valued feeling more connected to her husband as well as other parents experiencing similar issues.

Table 11

Interview Two Codes for Participant Four Sarah

Category	Interview Response & Sub-Code	No. of Utterances
1. Understanding of what other parents are experiencing	5.4. But there were a couple of people who Had really heavy problems.	2
2. Improvement in parenting behaviours	5.2. Yes, giving them a time frame Agreeing on it. And I took from that	2

	jobs list and we agreed upon it.	
3. Application into what was learnt at course	5.6 Yeah it was more like that, it was just actually planning ahead- that's what I got out of it.	6
4. Insight (Into self or Others)	5.3. I suppose I expected one thing fits all and it doesn't.	9
5. Critique of Teen Triple P	5.8. Yes, I recommend you start younger.	6

In the pre-programme interview (Table 7), Sarah made two utterances around feeling overwhelmed. Comparatively she did not mention feeling overwhelmed at all in the post-programme interview, instead provided two utterances around how her parenting behaviour had improved.

Sarah mentioned two improvements that she felt had been made to her parenting behaviour. These were around communication and included giving teens a time frame to get things done and collaboratively discussing the rules regarding chores and bedtime routines. In relation to the category "insight" Sarah reported nine times new learning that she felt had occurred as a result of the programme. This included being more responsive to her teens' by showing affection, giving them attention and spending more time engaging with them in leisure activities. She also made six utterances regarding applying what she had learnt at the course including not becoming escalated, making time for her teenagers and implementing behaviour contracts.

Table 12

Interview Two Codes for Participant Five Ella

Category	Interview response & sub-code	No. of utterances
1. Connectedness	1.2. I suppose talking with the other parents and realising you know what I was going through, it was the same as what the other parents were going through.	1

2. Feeling of worthlessness	5.14. I basically felt that I was a Worthless parent and I wasn't doing anything right and everything was my fault.	1
3. Application of what was Learnt at course	5.6. Well we discussed the family rules, I set a couple up and [Child 2] set a couple and we discussed them and then we slotted them in.	4
5. Insight (Into self or others)	5.3. I had a bit of an issue with Rewarding the kids for doing things Because whenever I did reward charts they always reverted back to what they were doing.	6
5. Critique of Teen Triple P Programme	5.8. I probably thought the programme running a bit longer than eight weeks would have been helpful.	1

Similarly, Ella made two utterances around feeling overwhelmed in the pre-programme interview (Table 8) and zero in the post-programme interview. Instead she made four utterances relating to her application of what was learnt at course. In relation to the category, "Application of what was learnt at course", Ella indicated that she was better at 'identifying risky situations' and putting a plan in place with her teen to ensure safety could be achieved.

Ella also reported that when "consequencing" (Triple P Term) her teen, she now does this in a clear and calm manner and praises them if they choose to engage in the desired behaviour. Ella also gave examples of how she was more insightful into her teens' behaviour. She referred to how she felt her teens are more defiant when she is less engaged and responsive to their needs. As a result Ella is now trying to remain involved and communicative with her teen.

7.15. Summary of the Interview Two Data (Research Question Three)

- *How did the programme go for you?*

The mothers responded similarly to a number of aspects of the programme that were beneficial for them. The commonalities included parents found it a positive experience, would recommend it to other parents and felt they improved their knowledge, skills and understanding of how to effectively parent. The pre- intervention interview responses focused on parents need to be more connected, their goals for the programme and their feelings of being overwhelmed. In the post intervention interview utterances changed toward more positive themes such as feeling more connected, applying new strategies with their family, and feeling less overwhelmed and stressed. Compared with pre- intervention interview utterances, mothers used more positive language and demonstrated positive emotions more often.

- *What parts did you find useful and/or not so useful?*

Aspects that mothers found useful included learning new skills and techniques such as not letting arguments escalate and acting in a calmer manner and learning to implement behaviour contracts and reward charts. They also felt having additional support in terms of the facilitator and other parents was beneficial as this provided guidance around how to put their knowledge into practice at home. Having the opportunity to share aspects of parenting they were struggling with and receive feedback around these was also highlighted as worthwhile.

Aspects the mothers did not find particularly useful included the number of mothers participating in the programme was too many - the mothers recommended a smaller group size. Some mothers felt that information was rushed through and they recommended allowing more time to discuss parenting strategies. Further, some mothers felt that the age ranges of teenagers were not separated, namely the programme was generalised to all teenagers rather than younger versus older teenagers and the different behaviours they present with. Two mothers also advocated for less time being spent sharing personal stories and more time focusing on content.

- *Have there been any changes in your teen and/or in the family following this programme?*

Mothers consistently reported that things in their familial environment were calmer and their teenagers were more settled. This is in contrast with the pre-programme interview where all the mothers reported feeling overwhelmed and stressed and had significant complaints about how to manage their teen's behaviour. Teenage displays of aggression and defiance had decreased for all mothers and two out of four mothers indicated that it had subsided completely. Four out of five mothers felt more competent and able to communicate with their children and had established clearer rules and boundaries that they discussed collaboratively with their teens.

- *Are there any ways you think the programme could be improved?*
 - a) Two mothers indicated that having an open night prior to the commencement of the programme where parents could meet and greet each other and the facilitators would be useful.
 - b) One mother felt the programme could have gone on for longer than eight weeks.
 - c) Two parents wanted more time to share their personal stories. In comparison to one mother who mentioned she would prefer to focus more so on the content.

7.16. Teen Triple P Utterances

Overall mothers' utterances during interview two (post-intervention) were more encouraging and hopeful than their utterances after interview one (pre-intervention) regarding their parenting. Table 9 provides an example of the difference in frequencies of Sarah's utterances about her parenting before and after the programme.

Table 13

Differences between Pre and Post Intervention Utterances

Sarah Interview	Interview Response	Negative Utterances	Positive Utterances
Interview One (Pre-Intervention)	I never feel good as a parent. It always feels like I should be doing things differently.	8	2
Interview Two (Post-Intervention)	I feel more confident in my parenting abilities. Some of the skills I have learnt have been very useful so far.	2	13

As demonstrated in Table 13 above this mother mentioned eight times that she was dissatisfied with her parenting abilities at the pre-intervention interview. In comparison, during interview two, Sarah mentioned only two negative statements regarding her parenting. In interview one, Sarah made two positive statements relating to her parenting and at the time of the second interview this had increased to thirteen positive statements.

7.17. Emotional Responses

The mothers expressed both positive and negative emotions throughout the interview and telephone contact process. During interview one they typically expressed negative emotions that reflected their experiences with the earthquakes and their subsequent need for Teen Triple P. In comparison, mothers' responses to the telephone interview and interview two focused on positive themes within their family life that had changed as a result of the programme. Table 14 highlights the five most common emotion words across all mothers' sets of data that occurred at both the pre and post-intervention interview stages, providing a glance at the change in mothers' emotion language before and after their participation in Teen Triple P.

Table 14

Five Most Common Words Used Overall by Mothers' at Pre and Post-Intervention Stages

Emotion Language	Interview One Utterances	Telephone and Interview Two Utterances
Stressed	7	0
Overwhelmed	17	0
Anxious	4	3
Frustrated	3	1
Calm	0	8
Connected	2	17
Happy	1	4
Confident	0	5

Identified in Table 14 during interview one, the mothers collectively mentioned feeling overwhelmed 17 times. In comparison there were no utterances of feeling overwhelmed during the telephone contact or interview two. Similarly, seven references to feeling stressed were made by mothers in interview one with no mentions being present in telephone and interview two. No utterances relating to positive emotions were made during interview one but 34 references were made to feeling calmer, more connected, happier and more confident during telephone contact and interview two. These may reflect the focus of the interview, rather than indicating any emotion-related issues. However, the differences were worthy of note and gave the emotional dimension to their reports.

For example, Janet expressed feeling fearful in response to the persistent aftershocks. She stated:

“It’s just when you get another aftershock or something where my fear creeps up”.

Similarly, Alice mentioned the emotional impact the earthquakes had on her when she stated:

“So I went in there for my coffee and I just burst into tears. And I thought I wonder why I’ve done that”.

Relating to mothers’ need for Teen Triple P, Kelly described the emotional distress she faced in response to her teens’ behaviour when she stated:

“It can be so overwhelming and upsetting when I don’t know what to do”.

In comparison to interview one, the telephone and interview two data contained more positive expressions of emotion. These were mainly in relation to the mothers’ feelings of improvement to their family life after participation in the programme. For example, Sarah said:

“It’s such a relief to know I can use what I learnt in course at home”.

Ella also reported her emotions after the programme when she stated:

“I now feel less stressed in my role as a parent”.

7.18. *Minimisation and Connectedness*

Two further themes that were apparent in three out of four mothers’ experiences with the Teen Triple P Programme were in relation to minimisation and connectedness. ‘Minimisation’ was used as the term to categorise statements about comparing their situation as being less serious than someone else. ‘Connectedness’ was used to categorise statements that either directly referred to ‘connected’ such as Janet in Table 4 (above), or indirectly such as Kelly in Table 6 (above), in stating that she was seeking community support through “Google”. The telephone data were not coded to the same extent as pre/post-interview responses as mothers were only briefly contacted regarding their experiences with Triple P to date. Quotes pertaining to the following two themes are presented in Table 15 below followed by a summary of participant responses.

Table 15

Two Common Themes Embedded in Mothers' Responses

Categories	Interview Response	No. of mothers' utterances
1. Minimisation	I felt that my issues were not as bad as some of the parents there.	3
2. Connectedness	I enjoyed meeting and connecting with other parents. I could relate to what some of the other parents were going through.	3

Minimisation

Three mothers minimised or 'played down' the extent of their teen's behaviour problems compared with other parents in the Teen Triple P group. For example, Sarah said:

"My issues are not as bad as some of the parents there and my daughter shows some of the behaviours that other parents talked about in a minimal way".

Similarly Kelly stated:

"I am relatively lucky in comparison to what some other parents have to go through, my issues feel relatively minor".

Alice briefly touched upon her similar feelings when she said:

"I don't have a lot of other stuff like what the other parents have had to go through".

Connectedness

Three mothers mentioned a sense of connectedness and inclusion with other parents and the Teen Triple P facilitator. This was around feeling supported by others experiencing similar issues as well as having the availability of a professional to turn to for guidance. One mother also mentioned how 'feeling connected' to her community after the earthquakes had helped her remain strong and optimistic about the future. For example, Janet said:

“It’s been helpful to have the support of my children’s school and the community to get through the earthquake. It’s amazing how people have pulled together- it has made me feel more resilient and hopeful about the future”.

In relation to feeling connected in regard to her parenting, Janet stated:

“The fact that I’ve got [Alana TTP facilitator], and am still connected with [Belgrad High], that I can call upon if I feel like I’m losing it”.

Janet also mentions feeling reassured that she has some external guidance that she can utilise if she encounters further difficulties with her teen’s behaviour and/or parenting skills. She said:

“So yeah, that’s nice to know and reassuring to know that that facility [school] is available if I feel I need it. Or at least could contact her and she can put me in the right direction”.

Ella felt that being connected to her girls’ school and the potential for support from the school counsellor facilitated a place to turn if in need. She said:

“Um I suppose talking with the other parents and suddenly realising you know what I was going through, it was the same as what the other parents in the group were going through”.

Alice also refers to wanting to feel connected to parents in the group and gain assistance and support from them in relation to specific behavioural concerns. She stated:

“Well I’m hoping that someone says ‘are there any issues in the group’? and I’ll say my issues and I’m hoping someone will tell me what to do”.

The telephone interviews have elicited brief longitudinal real time data on the participants’ ongoing engagement with the Triple P Programme.

7.19. Overall Summary of Results

Overall, the results highlighted a small number of families’ earthquake immediate and long-term earthquake experiences, with distress and apprehension being characteristic of the immediate

impacts, and ongoing sleep concerns, persistent thoughts and emotional responses indicative of longer term effects. Initially, all mothers experienced concerns regarding their teen's behaviour, which resulted in them feeling overwhelmed, stressed and frustrated. They identified areas of their family life they wanted to improve such as wanting better knowledge and understanding around how to manage and support their teen, to effectively manage and reduce defiant behavior. They recognised participation as an opportunity to connect with other parents in a similar situation.

Mothers' critiques of the programme were typically positive, with all noting some encouraging changes to their family life and/or their own behaviour as a result of participation. These included learning to stay calm in conflict situations, being more attentive to their teens and utilising praise and rewards to encourage appropriate behaviour. Notably, mothers expressed more positive emotions after the Teen Triple P intervention, in comparison to the pre- intervention stage. Mothers also made references to Teen Triple P terminology after programme completion and indicated that they had grasped a number of the concepts introduced throughout the programme. All mothers reported some improvement in their teens' behaviour. This included teens presenting as calmer and more compliant, with fewer displays of verbal aggression.

Mothers commented on how they felt the programme could be improved and identified having a 'meet and greet' following programme commencement would be useful, focusing more so on the content of the course and the programme running longer than eight weeks to provide more extensive and long-term support. Overall, the mothers found participation in Teen Triple P a beneficial and worthwhile undertaking and would recommend it other parents.

8. Discussion

The aim of this study was to improve understanding of the experiences of families leading up to participation in a Teen Triple P Programme in relation to management of their teenager. It also aimed to explore the reported experiences of these families during the 2010 and 2011 series of Christchurch earthquakes and understand their perceptions of both the immediate and long-term impacts they had on their parenting and their families' lives. These data were collected three years post-February 2011. Therefore, their reports of the earthquakes and perceived effects at the time were retrospective. The parents who participated were the mothers in their families. The mothers frequently commented on the sense of frustration and lack of control they felt in relation to managing their teenagers prior to the Teen Triple P Programme. Following programme completion they identified a range of benefits as follows:

- a) learning new skills and techniques, such as not letting arguments escalate and acting in a calmer manner
- b) learning to implement behaviour contracts and reward charts
- c) having additional support in terms of the facilitator and other parents, and
- d) being guided about how to put their knowledge into practice at home.

The parents then provided constructive feedback on how they felt the Teen Triple P Programme could be improved in the future.

The mothers provided rich descriptions of their earthquake experiences including both short-term impacts and long-term familial and personal impacts. While the mothers did not attribute their experiences with the earthquakes to their decision to participate in Teen Triple P, their interview data revealed that there were certainly both physical and emotional stressors that affected family life. These included ongoing sleep concerns for both mothers and teens,

environmental disruptions such as moving house and school, and ongoing emotional distress. It is clear that parental difficulties with their teens together with dealing with the aftermath of the earthquakes, the families reported increased extensive and ongoing pressures. Reports from mothers after participation in the Teen Triple P Programme indicated that the programme reduced some of the pressures regarding management of their teens and equipped the parents with techniques and skills for future management.

In this section I address each of the research questions. I also relate the current findings to previous literature, discuss the limitations of the current project as well as implications for future research.

Research Questions

1. What earthquake experiences are reported by Christchurch parents involved in Teen Triple P?
2. What role do they believe these experiences may have had in contributing to their difficulties in managing their teen?
3. What were your experiences of Teen Triple P?

8.1. Research Question One - Earthquake Experiences

Much literature has described the often traumatic and ongoing experiences of individuals and families in a post-disaster context (Crane & Clement, 2005; Jacobs, Vernberg & Lee, 2008). This is congruent with the findings of this study and the information parents shared in response to the Christchurch earthquakes - that is parents frequently expressed feelings of panic and distress and mentioned ongoing emotional, psychological and financial concerns. This concurs with previous study findings by Cobham, McDermott, Richardson, Ronan and Sanders (2011), which showed that parents' disaster experiences were 'prolonged' and that their lives rarely returned to 'normal'. The Christchurch earthquakes appeared to elicit similar effects, consistent with previous research

on disaster-related outcomes for families, as demonstrated by mothers' responses three years post-earthquake. In relation to research by Hobfoll, Watson, Bell, Bryant & Brymer (2007) who highlighted that enhancing connectedness is a key approach that helps facilitate recovery after a disaster, the current study also demonstrated that mothers sought a 'sense of connectedness' primarily in relation to parenting support. However, one mother also mentioned the sense of connectedness she gained from her community after the earthquakes and commented on how this made her feel more hopeful regarding the future.

Kates, Colten, Laska & Leatherman (2006) indicated that the process of recovery from a disaster is ongoing and stressful, often consisting of a number of phases and unique to each individual. For Christchurch residents this was aggravated by the continual aftershocks that plagued the region (Gawith, 2013). Gawith (2013) conducted a longitudinal study that aimed to understand individuals' experiences after the Christchurch earthquakes at one, two and three years' post-disaster. Through the use of qualitative interviews, Gawith (2013) elicited reports of multiple stressors post-quake, including heightened stress and physiological arousal, physical symptoms such as headaches and stomach cramps, damaged houses, loss of income and sleep difficulties. For some people these stressors were still present two years after the event.

While little data were gained on coping at the third year mark from this study, Gordon (2013) argues that the third year following a major disaster is the most difficult. He purports that people reach a level of "cellular fatigue" where the difficulties they have faced due to the disaster experience catch up with them and they experience symptoms such as lacking in energy and "take a long time to recharge their batteries" (p.102). Similar to Gordon's (2013) research, in the current study mothers sought help for their parenting three years post-disaster, which Gordon argues may be a time when the emotional stress due to the earthquakes peaked, thus impacting the

mothers' decision to seek parenting support at this stage. Alternatively, the teenagers would have been children three years ago when the earthquakes occurred, thus timing and age of children may have been a factor in the mothers' reasoning for seeking Teen Triple P.

Disaster Recovery Triple P was an experimental study that sought to provide parents in a post-disaster environment, (namely after the widespread flooding and Cyclone Yasi that occurred in Queensland 2010 and 2011) parenting support to help them manage children's emotional and behavioural problems following two traumatic events (Cobham, McDermott, Richardson, Ronan & Sanders (2011). The aim of this study was to understand the needs of families post-disaster and their reasons for and against participating in a parenting programme.

Cobham, McDermott, Richardson, Ronan and Sanders (2011) highlighted that parents experienced a number of conflicting priorities and challenges in the immediate months after a disaster and these took precedence over them participating in a Teen Triple P Programme. Cobham, McDermott, Richardson, Ronan and Sanders (2011) argued that parents felt an appropriate time for them to address their parenting concerns would be when life had become more stable and settled, namely a few years post-disaster. Similar to this theory, this is reflected in the current study where the mothers decided to address their parenting and their teen's behaviour three years post-disaster. They may have felt this was a time when other pressures such as housing related concerns had reduced, allowing them to focus on accessing support for their issues with teen behaviour. Further, all parents in the present study highlighted the multi-faceted challenges they faced immediately after the earthquakes with housing issues, navigating through flooding and liquefaction and the weeks of disruption to their childrens/teens schooling routines which may have occupied their attention but nevertheless may have compounded and influenced their choice to seek parenting support at a later stage.

Research by Masten and Narayan (2012) highlight a significant lack of research relating to effective interventions for young people and their families in a post-disaster context. They do however; demonstrate a number of protective factors within a young person's environment that promote resilience and adaptive coping, in the instance that they are exposed to a disaster. These factors include supportive and responsive caregiving, promoting the self-efficacy and self-regulation systems of a young person and the presentation of belief systems that encourage hope and meaning (Masten & Narayan, 2012). According to Masten and Narayan (2012) these factors are responsible for "promoting a sense of safety and connectedness" (p.249) in a young person as well as encouraging positive thinking and fostering calmness. Interestingly, these terms are congruent with the findings in the current study where mothers reported that both they and their teenagers were calmer, felt more connected and displayed more hope and optimism following the completion of the Teen Triple P Programme. Participation in Teen Triple P may foster similar outcomes to the protective factors that contribute to resilience in young people post-disaster. Parental participation in Teen Triple P after a disaster may facilitate the development of resilience in teenagers, ultimately benefitting their ability to cope and lessening the potential for negative outcomes as a result of experiencing a traumatic event.

Overall, it is clear that mothers' earthquake experiences created a number of additional stressors in their lives both immediately after the quakes and for others they resulted in ongoing issues. Despite this, it is interesting to note that mothers tended to minimise the impact of the earthquakes on their families. This may reflect why mothers did not feel the earthquakes had an impact on their need for Teen Triple P, when specifically asked this question. With further exploration and discussion, they may be more aware of the extent to which the earthquakes affected their family and influenced their decision to partake in Teen Triple P. However, it is

important not to lose sight of participants thoughts and feelings, (consistent with the IPA approach), which indicated that mothers felt there was no relationship between the earthquakes and their need for parenting support. An explanation for this could be that mothers required the parenting intervention regardless. More research could be undertaken to explore the reasons for this and what other underlying factors and reasons parents had for accessing support via Teen Triple P.

8.2. Research Question Two - Reasons for and Expectations of Teen Triple P

Mothers consistently reported that their reasons for undertaking a Teen Triple P Programme were around managing problematic behaviours and gaining support and advice on how to more effectively parent. This is consistent with previous research relating to why parents choose to participate in parenting programmes (Rahmqvist, Wells & Sarkadi, 2014). However, there were some indicators such as ongoing sleep concerns for both mothers and teens, environmental disruptions such as moving house and schools and ongoing emotional distress that were likely to have affected teens' behaviour, elevated mothers' stress response and impacted their decision to seek parenting support. Discussion of three ongoing effects of the earthquakes that mothers described and the potential impacts on mothers' ability to manage their teen/s will follow and a brief discussion of the impacts of the earthquakes on teenagers and the ramifications these may have had on their functioning and behaviour.

Sleep

Traumatic events such as natural disasters have been implicated in the development of sleep problems and disturbances in both adults and teenagers (Caldwell & Redeker, 2005). An increasing body of literature indicates that, "sleep disturbance contributes to alterations in physiological and psychological processes as well as problems with daily functioning, including

fatigue, excessive daytime sleepiness, and cognitive dysfunction” (Caldwell & Redeker, 2005) (p.722). Other symptomology includes poor physical health and a lowered quality of life (Caldwell & Redeker, 2005). Further, the importance of sleep has been well documented (Bruni, 2010; Perry, Patil & Presley-Cantrell 2013), with adequate sleep reported to play a key role in (1) emotion regulation, (2) learning, (3) brain recuperation processes, (4) memory and cognition, and overall quality of life (Perry, Patil & Presley-Cantrell, 2013).

Mothers in the present study indicated that their personal and/or their teens sleep were impaired with participants reporting sleep difficulties following the Christchurch earthquakes and aftershocks. This finding is consistent with research by Gawith (2013). Tempesta, Curcio, De Gennaro & Ferrara (2013) reported that sleep difficulties post-disaster increased stress and contributed to the development of psychopathology, such as depression and PTSD following an earthquake. It is possible that the sleep issues mothers reported increased their stress levels, their ability to function and exacerbated the difficulties they had in managing teen behaviour. Teens who receive inadequate sleep are also at risk of developing low mood, concentration difficulties, psychopathology and health concerns that may have escalated their problem behaviour (Wiggins & Freeman, 2014). In the present study, one mother noted long-term mood changes in her teen post-earthquake that may reflect an underlying sleep problem or psychological issue. Another mother reported how her own sleep routine became disrupted as a result of the earthquakes.

Displacement from houses

Housing crises such as damages to houses following a natural disaster often result in extensive disruption to individuals, families and their communities (Rakes, Deane, Rees & Fetter, 2014). As Burns (2013) described of the post-earthquake phase in Christchurch 2011, “housing and accommodation issues have been critical..... many faced living in severely damaged homes

lacking basic amenities; others required re-housing” (p.28). In this post-disaster phase (Christchurch 2011), the government ruled seven thousand houses to be so severely damaged that they needed to be demolished (Edgington, 2011). Ten thousand houses required further investigation and were at risk of being demolished and the land cleared (Edgington, 2011). In the present study one mother highlighted significant damage to her family’s house that rendered it uninhabitable, and all mothers reported at least some form of internal damage ranging from broken household items to damaged rooms needing repair.

Dorahy and Kannis-Dymand (2012) suggest that the psychological effects many people suffer following earthquakes are due to the, “sudden and unexpected aggression (of the event) and the potential for damage to life and property” (p.204). Interestingly, combined with the potential for loss of life and the unpredictability of the traumatic event, damage to property is also implicated as a factor contributing to psychological distress. Other research has also shown that housing damage is associated with a heightened stress response following an earthquake (Niitsu et al., 2013). As an example from the present study, one mother had to move houses twice over a two year period as they had experienced extensive damage to property. Other mothers experienced significant loss of contents and an ongoing sense of frustration and apprehension as a result of not knowing whether their houses would need to be demolished or repaired. These factors are indicative of the fact that families were under extensive housing-related pressure. Parenting and teen behavioural issues may have been in the background, as families dealt with more immediate needs such as finding adequate shelter. Alternatively the tension experienced by families may have exacerbated already vulnerable parent-teen relationships.

Jacobs, Vernberg & Lee (2008) highlight that long-term factors such as increased arousal, problems falling asleep and angry outbursts are indicative of teens who are responding negatively

to earthquake related experiences. One teen reported 'feeling unhappy' at having to move and leave her familiar home and 'hating the earthquakes'. Her mother also noted mood changes in her teen after they moved house. This may have resulted in her acting out and presenting as more defiant. Further, all mothers had concerns around their teens becoming escalated and argumentative which may be indicative of long-term distress post-earthquake. Thus, the earthquakes and subsequent distress experienced due to housing and property damage may have had an indirect but causal influence on teens' behaviour and mothers' need for Teen Triple P.

Emotional responses

The negative ramifications of natural disasters such as earthquakes on individuals' mental health and well-being have been well documented (Sattler, 2006; Xu & Feng, 2012). While some individuals experience these reactions temporarily after a traumatic event, for others these issues become ongoing and prolonged, often resulting in impairments in their interpersonal relationships, their ability to function adequately, and decreasing their overall quality of life (Shultz, Besser, Kelly, Allen & Schmitz, 2012). Livanou et al., (2005) found that moderate-intensity earthquakes can and do result in long-term effects on some individuals; however these effects typically decrease with time for most people. Other research has gleaned similar findings (Gawith, 2013; Nakamura, Kitamura & Someya, 2014). Specifically, research by Spittlehouse, Joyce, Vierck, Schluter and Pearson (2014) found that at 18 months after the onset of the Christchurch earthquakes, residents' mental health was considerably worse compared with data on pre-earthquake population norms. Similarly, Meates (2015) highlighted the on-going psychological toll the earthquakes had on Christchurch residents four years after the earthquakes. Meates (2015) indicated that adult psychiatric ED presentations were up by 102 percent and rural adult

psychiatric cases were also up by 80%, compared with 2012 statistics. Child and youth psychiatric presentations had also increased by 67% (Meates, 2015).

The mothers in the present study discussed long-term emotional distress from the earthquakes that were affecting their daily lives. One mother reported an experience where she burst into tears and needed to attend counselling one year post-earthquake. She described experiencing really 'dark' days and attributed this to earthquake-related distress, suggesting that the earthquakes had an effect on her mental health and well-being. Dorahy and Kannis-Dymand (2012) indicate that anxiety and depressive symptoms are common reactions in a post-disaster phase. Goodman, et al., (2011) also suggest that parental stress and psychopathology have a negative effect on parenting behaviour. They argue that it contributes to externalising problems and negative affect/behaviour in children and adolescents. As mentioned above protective factors, such as supportive and responsive caregiving and efficacious self-regulatory and self-efficacy systems in young people, reduce the likelihood that negative psychological and behavioural effects will occur as a result of exposure to disaster. Consequently, it is possible that mothers' emotional distress post-earthquake may have reduced their tolerance and capacity to deal with teen behaviour, and lessened their ability to be responsive and supportive of their teenagers. This may have resulted in their teens exhibiting more externalising behaviour and contributed to mothers' decision to seek additional parenting support.

8.3. *Summary*

As mentioned earlier an accumulation of factors may have contributed to the mothers' need for and decision to participate in Teen Triple P. The Christchurch earthquakes and the stress that resulted from them may have had an indirect but potential role in influencing this decision. While mothers did not consciously identify this, it would be interesting to further explore the role the

earthquakes had in families daily functioning and the possible relationship it had to their need for parenting support.

8.4. Research Question Three - Impacts of Telephone Contact and Teen Triple P Programme

Consistent with other research relating to Teen Triple P, this study provides additional evidence for the effectiveness and applicability of Teen Triple P for mothers in Christchurch. The positive outcomes (both personal and familial) suggest that participation in Teen Triple P provided new learning, insight and understanding for mothers that when applied in the home environment, had positive outcomes on teens and their behaviour. Supporting other research that explored the usefulness of Teen Triple P for parents (Au et al., 2014; Ralph & Sanders, 2006), this study provided qualitative evidence for the effectiveness of mothers' experiences with Teen Triple P in a post-disaster environment. The Christchurch 2010 and 2011 earthquakes provided a unique context in which mothers' experiences of Teen Triple P were explored as well as in relation to the subsequent 13,000 aftershocks that the city underwent. Despite extensive disruptions to their lives immediately after the quakes, combined with lingering effects on sleep, daily routines and housing security, mothers still valued the opportunity to participate in Teen Triple P, albeit three years post-earthquake.

8.5. Limitations of the current study

There are a number of limitations of the current study. As discussed in previous sections, the study did not claim to utilise the results for the purpose of generalisability, and as is typical with qualitative methodology, the sample size was particularly small and not representative of all mothers in Christchurch. It was difficult to ascertain whether the participating families represented a range of earthquake experiences. Other limitations included gender (the parents involved were all female), the ages of the mothers, their socio-economic status, ethnicity and religious

backgrounds. This research had families with either two or three children and did not include families with only one child or families with more than three children. As the programme needed the consent of parents and teenager, it cannot capture what the outcome would be for many teenagers and parents who did not consent and who may be experiencing difficulties.

8.6. Directions for Future Research

Future research could look to capture teenagers' perceptions of their parent's involvement in Teen Triple P and what they felt changed as a result of their parent's participation. Involvement of fathers in the study may have also warranted some fresh insight into their perceptions of Teen Triple P. Understanding how fathers felt their family life changed in response to their spouses' participation in the programme could also prove valuable. Irrespective of the fact that families had experienced two large earthquakes and thousands of aftershocks in the previous three years, it is clear that there is still significant need for programmes such as Teen Triple P. Although experiencing a profound traumatic event such as a natural disaster may deter families from addressing their parenting concerns immediately, ongoing and long-term disaster-related effects may exacerbate families need for these programmes. It would be interesting to further explore the barriers for seeking parenting support in a post-disaster phase and whether some of these can be alleviated with additional supports.

This study was important as it reflected the need for more qualitative research that needs to be conducted to increase the evidence base for Teen Triple P. Local governments may be more inclined to provide funding for the support and delivery of Teen Triple P if multiple studies demonstrate positive outcomes. More widespread access to programmes such as these may not only improve family functioning and cohesion, improve psychological, physical and emotional well-being for parents and teens but could also contribute to safer and more productive

communities. Better teen-parent relationships may develop and parents tooled with better skills and techniques to manage and/or reduce behaviour problems in their teen. An understanding of how behavioural and/or psychopathological risk increases in teens post-disaster may provide some clarity into how parents can best manage their teenagers during this period. This project has clearly identified the benefits of Teen Triple P Programmes for families and provided fresh insight into the challenges and needs of families during a post-disaster period. The outcome of this study should be used to implement and fund more Teen Triple P Programmes in New Zealand.

9. References

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Appendix A

HUMAN ETHICS COMMITTEE
Secretary, Lynda Griffioen
Email: human-ethics@canterbury.ac.nz

Ref: 2014/16/ERHEC

28 April 2014

Joanna Burley
School of Health Sciences
UNIVERSITY OF CANTERBURY

Dear Joanna

Thank you for providing the revised documents in support of your application to the Educational Research Human Ethics Committee. I am very pleased to inform you that your research proposal "An exploration of Teen Triple P following the Christchurch earthquakes: a qualitative approach" has been granted ethical approval.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 2 April 2014.

Should circumstances relevant to this current application change you are required to reapply for ethical approval.

If you have any questions regarding this approval, please let me know.

We wish you well for your research.

Yours sincerely



Nicola Surtees

Chair Educational Research Human Ethics Committee

"Please note that Ethical Approval and/or Clearance relates only to the ethical elements of the relationship between the researcher, research participants and other stakeholders. The granting of approval or clearance by the Ethical Clearance Committee should not be interpreted as comment on the methodology, legality, value or any other matters relating to this research."

Appendix B

Telephone: 022 378 3734

Email: jsb702@uclive.ac.nz

15/05/2014

An Exploration of Teen Triple P following the Christchurch Earthquakes: A Qualitative Approach Information Sheet for Parents

Dear Teen Triple P participant,

My name is Joanna Burley and I am currently undertaking my Master of Arts in Child and Family Psychology at the University of Canterbury. As part of this study, I am required to do a research thesis. For this, I am currently interested in finding out more about parent's experiences with the Teen Triple P Programme you are doing. My focus is on exploring the experiences of families leading up to this point and understanding their experiences throughout the programme and following its completion. The aim of this research is to increase understanding of families' experiences in Christchurch in relation to their teenager and provide insight into how parenting programmes can be improved in the future. It also seeks to better understand families' experiences in the Christchurch earthquakes.

The Ministry of Education has given me the opportunity to do this study. The anonymous results will be reported in to the Ministry of Education, in a thesis publication and may be reported in other communities and academic settings. Your contribution will help to build evidence for the usefulness of programmes such as these.

The Teen Triple P Programme that is being offered is an eight week programme that involves attendance at one session per week. Additional homework tasks will be given during each session

to be completed in between sessions. In addition to participating in Teen Triple P my research will involve taking part in an interview prior to the commencement of the programme to discuss your experiences as a family leading up to this point. It will also involve completing a brief journal following each Triple P session outlining your thoughts and feelings regarding that session. This is likely to take about fifteen minutes each time. Further, you will be asked to take part in an interview following the completion of the Triple P Programme to discuss how this went for you. The interviews will take up to one hour each. They will be audio-taped, then transcribed and you will have an opportunity to check your responses, should you wish.

Participation in this research is completely voluntary and will not affect your eligibility to complete the Teen Triple P Programme. You are entitled to withdraw from the research at any time and should you wish to do so, I will ensure that any information relating to you and/or your family will be removed to the extent I can. I will personally ensure that all information gathered will be kept strictly confidential and complete anonymity in publications of the findings will be ensured. Your interview responses will be pooled with those of other participants and only general themes will be discussed. Lastly, I declare that I nor my supervisors have any known conflicts of interest. If you would like to receive a summary of the final results please fill in your address on the attached consent form.

Thank you for taking the time to read this letter. If you have any questions and/or concerns in regard to the study, please contact Toby Stocks (tobystocks@paradise.net.nz), coordinator for this initiative for the Ministry of Education (0212090981), myself (details above), or one of my supervisors Dr Karyn France (karyn.france@canterbury.ac.nz) or Dr Veronica O'Toole (veronica.otoole@canterbury.ac.nz). If you wish to make a complaint about the study please

contact the Educational Research Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@anterbury.ac.nz).

If you agree to participate in this study please complete the attached consent form and return it to your school counsellor.

Appendix C

Joanna Burley
Telephone: 022 378 3734
Email: jsb702@uclive.ac.nz

14/05/2014

An Exploration of Teen Triple P following the Christchurch Earthquakes: A Qualitative Approach Consent Form for Parents

I have been given a full explanation of this project and have been given an opportunity to ask questions.

I understand what will be required of me if I agree to take part in this project.

I understand that interviews will be audio-taped and I will have an opportunity to check the transcripts should I wish.

I understand that an anonymous report of the data may be given to the Ministry of Education, and the results will be presented in a thesis and may be reported in other communities and academic settings. I understand that any information or opinions I provide will be kept confidential to the researcher and that any published or reported results will not identify me.

I understand that I will receive a report on the findings of this study. I have provided my email details below for this.

I understand that if I require further information I can contact the researcher, Joanna Burley or my supervisor Dr Karyn France. If I have any complaints, I can contact the Chair of the University of Canterbury Education Research Human Ethics Committee.

By signing below, I agree to participate in this research project.

Name: _____

Date: _____

Signature: _____

Email address: _____

Appendix D

Telephone: 022 378 3734

Email: jsb702@uclive.ac.nz

15/05/2014

An Exploration of Teen Triple P following the Christchurch Earthquakes: A Qualitative Approach Information Sheet for Students

Hi,

My name is Joanna Burley and I am currently undertaking my Master of Arts in Child and Family Psychology at the University of Canterbury. As part of this study, I am required to do a research thesis. For this, I am interested in finding out whether participating in a parenting program is useful and worthwhile for parents and families in Christchurch. The programme that your parents are doing is called Teen Triple P. My focus is on exploring the experiences of parents and teens leading up to this point and understanding their thoughts and feelings about the program during it and when they have completed it. The aim of this research is to improve understanding of families' experiences in Christchurch and provide insight into how parenting programs can be improved in the future. It also seeks to better understand families' experiences in the Christchurch Earthquakes.

The Teen Triple P Programme that is being offered in an eight week programme that involves attendance at one session per week. Additional homework tasks will be given during each session to be completed in between sessions. In addition to your parent(s)/caregiver(s) involvement in the Teen Triple P parenting programme, you and your parent(s)/caregiver(s) are invited to participate in the current research study. This will involve being interviewed prior to the commencement of the study to discuss your experiences as a family leading up to this point. Further, you will be asked to take part in an interview following the completion of the Triple P Programme to discuss

how this went for your family. The interviews will take up to one hour each. They will be audio-taped, then transcribed and you will have an opportunity to check your responses, should you wish.

The Ministry of Education has given me the opportunity to do this study. The anonymous results will be reported to the Ministry of Education, in a thesis publication and may be reported in other community and academic settings. Participation in this research is completely voluntary and will not affect you or your parents' eligibility to complete the Triple P Programme. You are entitled to withdraw from the research at any time and should you wish to do so, I will ensure that any information relating to you will be removed. I will personally ensure that all information gathered will be kept strictly confidential and complete anonymity in publications of the findings will be ensured. Your interview responses will be pooled with those of other participants and only general themes will be discussed. Lastly, I declare that neither I nor my supervisors have any known conflicts of interest. If you would like to receive a summary of the results please fill in your address on the attached consent form.

Thank you for taking the time to read this letter. If you have any questions and/or concerns in regard to the study, please contact Toby Stocks (tobystocks@paradise.net.nz), coordinator for this initiative for the Ministry of Education (0212090981), myself (details above), or one of my supervisors Dr Karyn France (karyn.france@canterbury.ac.nz) or Dr Veronica O'Toole (veronica.otoole@canterbury.ac.nz). If you wish to make a complaint about the study please contact the Educational Research Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree to participate in this study please complete the attached consent form and return it to your school counsellor.

Appendix E

Joanna Burley

Telephone: 022 378 3734

Email: jsb702@uclive.ac.nz

14/05/2014

An Exploration of Teen Triple P following the Christchurch Earthquakes: A Qualitative Approach

Consent Form for Students

I have been given a full explanation of this project and have been given an opportunity to ask questions.

I understand what will be required of me if I agree to take part in this project.

I understand that interviews will be audio-taped and I will have an opportunity to check the transcripts should I wish.

I understand that an anonymous report of the data may be given to the Ministry of Education, and the results will be presented in a thesis and may be reported in other communities and academic settings. I understand that any information or opinions I provide will be kept confidential to the researcher and that any published or reported results will not identify me.

I understand that I will receive a report on the findings of this study. I have provided my email details below for this.

I understand that if I require further information I can contact the researcher, Joanna Burley or my supervisor Dr Karyn France. If I have any complaints, I can contact the Chair of the University of Canterbury Education Research Human Ethics Committee.

By signing below, I agree to participate in this research project.

Name: _____

Date: _____

Signature: _____

Email address: _____

Appendix F

GROUP for PARENTS of TEENS

(Triple P) Positive Parenting Programme Group

It's true our kids/children/TEENS didn't come with an instruction manual!

We have courses to become qualified in areas we are interested in.

We have instructions or manuals for pretty much everything we purchase BUT we didn't have to pass anything to become a parent and we have no instructions for growing our children. We are doing our best to raise our TEENS, often with what we have experienced or learnt not to do.

And our TEENS are going through all kinds of changes and facing pressures and circumstances that can be very confusing and distressing and as parents we want to give them the love and support they need BUT

- Do you get stuck with your TEEN in endless debates?
- Do you feel lost at times when trying to connect with and understand your TEEN?
- Do you find yourself shouting at or avoiding your TEEN in exasperation and frustration?
- Do you end up “nagging” your TEEN?
- Are you tired of picking up after them?
- Do you feel guilty for putting in consequences or using threats to get your TEEN to listen?

Come and participate in a safe learning environment where the Triple P Parenting Group will provide you with:

- Skills to strengthen a positive parent-teen relationship
- Skills to encourage desirable behaviour
- Skills for teaching your TEEN new behaviours and skills
- Skills to manage problem behaviours including emotional behaviour
- Skills for teaching TEENS to avoid or to responsibly manage high-risk situations

We all need a little help to develop skills to feel more self-confident and give our kids the love and guidance they require because we know that it gets really tricky and challenging at various stages in parenting. With a focus on positive engagement and a solution focus, this course aims to equip parents with strategies they can implement straight away.

- 5 sessions and 3 “phone coaching appointments” over 8 weeks.
- To be held on Wednesday night starting 20th August; 7.00- 9.00pm, Pukemanu-Dovedale Centre, Dovedale Ave.
- The course is free
- Please contact Suzi Hall for queries or registration; suzanne.hall@canterbury.ac.nz or ph 3667001 ex 8136.

- LIMITED to 20 Parents

For further Information Visit: http://en.wikipedia.org/wiki/Triple_P_%28parenting_program%29

<http://www.triplep-parenting.net/alb-en/positive-parenting/five-steps-to-positive-parenting-teenagers>

Appendix G

Telephone: 3667001 ex 8136
Email: suzanne.hall@canterbury.ac.nz

22/08/2014

Group Teen Triple P (Positive Parenting Programme)

Dear Parents

This letter is to acknowledge your interest in attending the Group Teen Triple P training offered by the Pukemanu/Dovedale Centre. Group Teen Triple P has strong evidence of its effectiveness in Australia and internationally. While the groups are going on, three Child and Family Psychology Masters students are interested to work with staff and research the effectiveness of the programme specifically in the New Zealand context and also in the context of parenting in the time post-earthquakes.

Involvement in the research is completely voluntary. You can take part in Group Teen Triple P regardless of whether you wish to be involved in the research. You can also decide how much of the research you wish to be involved with.

We would therefore like to invite you to participate in the research so we can further help families in New Zealand. If you are interested in finding out more, Frances Sutherland, one of the research students, will call you and let you know what would be involved should you agree to taking part.

I will call you shortly after you receive this to find out if you are willing for Frances to call.

Kind Regards,

Suzie Hall
Registered Psychologist

Group Teen Triple P Facilitator

Appendix H

Frequency of Codes:

Pre Interview Participant One

- 1.5. Values friendships/connections with others: 1
- 2.1. Earthquake Narrative: 7
- 2.2. Lack of control linked to feelings of needing to know where girls are: 4
- 2.3. Minimising own impact of earthquakes compared to others: 1
- 2.4. Anxiety regarding children 2
- 2.8. Empathy/understanding of others/own suffering 2

- 3.1. Stated Goals- getting back on track: 11
- 3.2. Calmer environment/happier home: 1
- 3.3. Insight into self: 4
- 3.5. Awareness, self- improvement: 3
- 3.6. Boundaries: 1
- 3.7. Readiness to change: 2

- 4.0. Overwhelmed: 4
- 4.1. Caring for/looking after family members: 3
- 4.2. Moving house: 1
- 4.3. Supporting girls with extracurricular activities: 6
- 4.4. Logistics: 9
- 4.6. Work stress: 4
- 4.7. Balancing different roles 2
- 4.8. Self-care: 2

- 5.3. Insight (Into self or others): 14
- 6.2. Valuing relationships with husband/children 2

Post Interview Participant One

- 1.1. Reassured that can connect with/contact with girls school counsellor: 2
- 1.2. Felt connected to another parent in the group was going through: 3
- 1.3. Feeling isolated: 4
- 1.4. Values friendships/connections with others: 14
- 1.5. Communication: 4

- 3.4. Getting back on track: 1
- 3.5. Awareness, self- improvement: 2
- 3.6. Boundaries (when/where appropriate): 1

- 4.1. Caring for other family members: 1
- 4.3. Supporting girls with extra- curricular activities: 1
- 4.6. Work stress: 1

- 4.9. Losing control: 2
- 5.2. Improvement in parenting behaviours: 4
- 5.3. Insight into husband's/children's personality and behaviour: 7
- 5.4. Understanding of teenage development and different stages: 5
- 5.5. Application of and insight into what was learnt at course: 6
- 5.8. Critique of Teen Triple P Programme: 9
- 6.2. Valuing relationships with children: 7

Pre Interview Participant Two

- 1.5. Values friendships/connections with others: 1
- 1.6. Communication: 1
- 2.1. Earthquake Narrative: 2
- 2.3. Minimising own impact of earthquakes compared to others: 2
- 2.8. Empathy/understanding of own/others suffering: 3
- 2.9. Financial impact: 2
- 2.10. Delayed reaction: 3
- 2.11. Future strategy for aftershocks: 2
- 3.1. Stated Goals: 2
- 3.3. Insight into self: 5
- 3.5. Awareness, self- improvement: 1
- 3.6. Boundaries (when/where appropriate): 1
- 3.8. Consequences: 2
- 3.9. Uncertainty: 6
- 3.10. Frustration: 2
- 3.11. Behaviour Management/behavioural concerns: 2
- 3.12. Seeking help: 2
- 4.0. Overwhelmed feeling: 8
- 4.6. Work: 3
- 5.3. Insight (Into self or others): 15
- 5.4. Understanding of teenage development: 1
- 5.8. Sibling Rivalry: 1
- 5.11. Ability to cope: 1
- 6.1. Work Stress: 3

Post Interview Participant Two

- 1.5. Connectedness: 2
- 1.7. Perceived need for more programs available: 1

- 3.9. Uncertainty: 1
- 3.10. Frustration: 2
- 3.11. Behaviour Management/behavioural concerns: 4

- 5.2. Insight into what was learnt at course: 8
- 5.3. Insight (Into self or others): 2
- 5.4. Understanding of what other parents are experiencing: 2
- 5.5. Application and insight into what was learnt at course: 8
- 5.8. Critique of Teen Triple P: 5

- 6.2. Valuing relationships with children/husband: 1

Pre Interview Participant Three

- 1.5. Values friendships/connections with others: 1
- 2.1. Earthquake Narrative: 2
- 3.2. Stated Goals: 2
- 3.8. Consequences: 1
- 3.10. Frustration: 2
- 3.12. Seeking help: 1

- 4.0. Overwhelmed feeling: 2

- 5.2. Improvements in parenting behaviours/seek improvements in family life: 1
- 5.3. Insight (Into self or others): 7
- 5.4. Understanding of teenage development and different stages: 1
- 5.9. Motivation and compliance: 3
- 5.10. Wanting improvements in behaviour: 1
- 5.11. Ability to cope: 1

Pre Interview Participant Four

- 1.6. Communication: 2

- 2.1. Earthquake Narrative: 5

- 3.1. Stated Goals: 8
- 3.6. Boundaries (when/where appropriate): 8
- 3.7. Readiness to change: 1
- 3.9. Uncertainty: 1
- 3.11. Behaviour Management/behavioural concerns: 4
- 3.13. Getting closer to child: 2

- 4.0. Overwhelmed feeling: 3

- 5.3. Insight (Into self or others): 13
- 5.4. Understanding of teenage development and different stages: 4
- 5.5. Application of and insight into what was learnt at course: 1
- 5.6. Understanding of what other parents are experiencing: 1

- 7.0. Communication: 3

Post Interview Participant Four

- 1.6. Communication: 2
- 2.8. Empathy understanding of others/own suffering: 1
- 3.8. Consequences: 1
- 3.14. Reassurance: 1

- 5.2. Improvement in parenting behaviours: 2
- 5.3. Into self or others: 9
- 5.4. Understanding of what other parents are experiencing: 2
- 5.6. Application and insight into what was learnt at course: 6
- 5.8. Critique of Teen Triple P: 6

Pre Interview Participant Five

- 1.2. Connectedness: 1
- 1.3. Feeling isolated: 1

- 2.1. Earthquake narrative (what occurred on the day): 10
- 2.4. Anxiety regarding children: 1
- 2.5. Expression of emotion: 1
- 2.9. Financial impact: 3
- 2.10. delayed reaction: 1
- 2.12. Being strong for children: 1

- 3.1. Stated goals: 17
- 3.6. Boundaries (when/where appropriate): 2
- 3.8. Consequences: 4
- 3.9. Uncertainty: 4
- 3.10. Frustration: 2
- 3.11. Behaviour management/behaviour concerns: 5

- 4.0. Overwhelmed feeling: 4
- 4.1. Caring for/looking after other family members: 2
- 4.6. Work stress: 1

- 5.2. Improvement in parenting behaviours: 2
- 5.3. Insight into self or others: 1
- 5.6. Application of what was learnt at course: 4

- 5.8. Critique of Teen Triple P: 1
- 5.9. Motivation and compliance: 2
- 5.10. Wanting improvements in behaviour: 2
- 5.12. Concerned about being reported to CYFS: 2
- 5.13. Not caring what parents think: 2
- 5.14. Feelings of worthlessness: 1

- 8.2. Valuing relationships with children: 2

Post Interview Participant Five

- 1.2. Felt connected (to what another parent in the group was doing): 1
- 1.6. Communication: 1

- 3.6. Boundaries (when/where appropriate): 2
- 3.7. Readiness to change: 1
- 3.8. Consequences: 1
- 3.1. Frustration: 1
- 3.11. Behaviour Management/Behavioural concerns: 1

- 4.1 Caring for/looking after other family members: 2
- 4.5 Time constraints: 1

- 5.1. Insight into self: 6
- 5.3. Children's/husband's personality and behaviour: 6
- 5.6. Application of and insight into what was learnt at course: 4
- 5.7. Critique of Teen Triple P Programme: 1
- 5.8. Sibling rivalry/arguments: 1
- 5.10. Wanting improvements in behaviour: 1
- 5.14. Feelings of worthlessness: 1

- 6.2. Valuing relationships with husband/children: 1