

**Early Intervention for Stealing: Interrupting the antisocial  
trajectory**

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## **Abstract**

This study investigated the effectiveness of the Triple P Programme to reduce stealing behaviour in three preadolescent children. Using behavioural monitoring and self-report questionnaires, outcome measures included stealing behaviour, parenting practices, parenting efficacy, and parental mental health. A measure of change was also included to identify change points in the therapeutic process. Results suggest that parent training is effective in the reduction of stealing behaviours, as positive changes were found across all the measures employed. This early intervention has the potential to disrupt an antisocial developmental trajectory for children who steal. Limitations of the study and directions for future research are discussed.

## **Section 1**

### **Introduction**

The cost of adult property crimes to society is high. Sanders and Markie-Dadds (1992) report the cost of juvenile crime in Australia alone to be in an excess of AUD \$1.8 billion. In New Zealand, the costs of adult property crimes are in the millions of dollars (Police National Headquarters, 2008). In 2007, there were 22930 apprehensions for adult property crimes in New Zealand with over 2399 apprehensions in the Canterbury region (Police National Headquarters, 2008). Adult offenders often begin as child offenders, and there is a great deal of research showing that an early onset of criminal activity is one of the strongest predictors of future, serious offending as an adult (Loeber & Farrington, 2001; Miller & Zimprich, 2006; Snyder, 2001). One of the most consistent findings in research on delinquency and antisocial behaviour is that problem child behaviour is the strongest predictor of adolescent and adult problem behaviour, and indeed, most adult offenders have had previous apprehensions for property crime as youths or adolescents (Farrington, 1996). Childhood antisocial and conduct disordered behaviours that include aggression, stealing and lying are pervasive problems (Kazdin, 1995). In particular, stealing has negative consequences for not only the individual and family but also the neighbourhood and community at large (Alltucker, Buillis, Close, & Yovanoff, 2006; Seymour & Epston, 1989).

Numerous longitudinal studies provide evidence linking disruptive child behaviour to later aggressive delinquent behaviour (Loeber, 1991). A significant proportion of delinquent youths previously apprehended for theft progress on to enter adult mental health or criminal justice systems (Michelson, 1987).

Farrington & West's (1990) Cambridge study found that 73 percent of juveniles

convicted at ages 10 to 16 were reconvicted at ages 17 to 24. This shows evidence for continuity of offending over time, at least from older childhood onwards.

Other longitudinal studies also show that serious juvenile antisocial and delinquent behaviour becomes more stable over time (Michelson, 1987; Loeber, 1991; Loeber, 1996). An American study found that troublesome behaviour in kindergarten at ages three to four predicted later offending and police contact (Spivack, Marcus & Swift, 1986). In New Zealand, it was found that externalizing problems and being difficult to manage at age three predicted antisocial behaviour including lying and stealing at age eleven (White, Moffitt, Earls, Robins & Silva, 1990). These findings also suggest that antisocial behaviours become less malleable as children grow older (Loeber, 1996; Widom & Toch, 1993).

### 1.1 *Child Stealing Behaviour*

Stealing is a relatively common behaviour amongst young children (Sanders & Markie-Dadds, 1992). Experimentation with stealing is considered to be a temporary, age-normative act for most children (Loeber, Keenan, & Zhang, 1997; Miller & Zimprich, 2006), and most children learn from their experiences and cease stealing. However, for some children, isolated incidents of stealing can become persistent problem behaviour patterns.

Serious problem stealing is a behaviour included in Conduct Disorder in the DSM-IV (American Psychiatric Association, 1994) which states “more than one instance of stealing within a six month period is sufficient to be considered an important diagnostic criterion of a childhood conduct disorder” (American Psychiatric Association, 1994).

In the literature, theft is usually included under the general heading of delinquency (Henderson, 1981). The act of stealing may be described with the use of a behavioural chain. The offensive chain of events that results in a child stealing may be similar to the model of general offending proposed by Ward, Loudon, Hudson, and Marshall (1995). This model includes background problems and factors that make the offender vulnerable, a series of steps including active and passive planning, and cognitive and affective consequences to lapses or relapses (Ward et al., 1995).

Childhood crime is influenced by a number of risk factors including antisocial peer groups and poor parenting practices (Farrington, 1996; Miller & Klungness, 1989; Patterson, 1982; Widom & Toch, 1993). Poor parenting is one of the strongest predictors of childhood stealing and antisocial behaviours (Miller & Klungness, 1989, Miller & Zimprick, 2006). As a logical response, teaching parents techniques to change their children's behaviour is one of the most commonly used intervention strategies to combat antisocial behaviour problems (Beauchaine, Webster-Stratton & Reid 2005; Stouthamer-Loeber & Loeber, 1988). Current interventions for the treatment of antisocial behaviours include Behavioural Family Interventions, which aim to change a child's behaviour by changing aspects of the family environment that maintain a child's problem behaviour (Sanders & Markie-Dadds, 1992). This form of intervention has documented efficacy, and produces significant changes in both parents and children immediately following treatment (Morawska & Sanders, 2006). However, families of children who exhibit covert antisocial behaviours such as stealing are less likely to benefit from such interventions than families whose children exhibit overt behaviour problems (Moore & Patterson, 2003; Reid &

Patterson, 1976; Sanders, Markie-Dadds, Tully & Bor, 2000). Therefore, the treatment of stealing is an underdeveloped area in the intervention literature and there is currently a lack of specific interventions for childhood stealing.

### 1.1.1 *Issues of Measurement*

While we all intuitively know what stealing means, it is difficult to measure a covert activity, as most instances of stealing are not directly observed. Recurrent theft generally has a low base rate of suspicion and detection. Adults rarely admit to knowing about stealing behaviour perpetuated by their children (Miller & Klungness, 1989; Tremblay & Drabman, 1997) and many instances of theft are overlooked because the child's explanations of stealing are accepted (Loeber & Schmalings 1985; Miller & Klungness, 1989), for example, 'finding' an object. Parents of children who steal often label only extreme property violations as stealing (Miller & Klungness, 1989; Patterson 1982).

Inconsistent detection and punishment leads to stealing being intermittently punished (Miller & Moncher, 1988), while stealing is typically immediately positively reinforced by access to or consumption of the thing stolen. Behaviour that is maintained by a positive reinforcement schedule is extremely difficult to eliminate (Cooper, Heron & Heward, 1987; Miller & Moncher, 1988), especially by intermittent punishment. In other words, not knowing when a punishment might occur increases the likelihood of the punished behaviour recurring. Correct diagnosis and treatment of stealing is dependent on the use of a more inclusive definition that ensures the labelling of suspected, as well as documented, theft acts (Miller & Moncher 1988; Patterson 1982; Reid & Patterson, 1976). Due to the problems in observing stealing behaviour, the

inclusion of suspected incidents of stealing is critical (Miller & Klungness, 1989; Pawsey 1996). So, in practice, what is recorded is the parent's (and other adult's) suspicions that stealing has occurred.

Patterson (1982) defined *stealing* as “being apprehended or suspected of stealing once every three to four months”. Reid and Patterson (1976) increased the strength of their studies by defining a high rate of theft as “the occurrence of suspected stealing at least once every two weeks”. Pawsey (1996) suggests that if this definition of high rate theft is used alongside the definition of persistence over at least six months, valid behavioural analysis can be conducted. Including sufficient data points minimizes the risk of projecting incorrect patterns from baseline data (serial dependence) or of incorrectly identifying baseline behavioural patterns (Type 1 errors) (Pawsey, 1996).

### 1.2 Prevalence

The worst offenders (according to self-reports) also tend to be the worst offenders (according to official records) (Farrington, 1996). However, official records may not be a true representation of childhood stealing. While official records provide information on detected instances of stealing, they obviously do not measure stealing behaviour that goes undetected (Miller & Moncher, 1988). This is of concern because the low base rate and covert nature of stealing ensures that the majority of stealing behaviour in children goes undetected or unrecorded (Belson, 1975).

### 1.2.1 *Below the age of 12.*

Over 293 children aged ten and younger were apprehended for theft in New Zealand in 2006, and in the Christchurch district, 63 children under the age of ten were apprehended for theft (Police National Headquarters, 2008). Many adults and officials are hesitant to document in official records instances of stealing in young children, that is, children below the age of 12 (Miller & Moncher, 1988). However, studies and official records show that a high number of children under the age of 12 do steal. In Washington, DC, over 3,300 children under the age of ten were arrested for burglary, and 9,900 were arrested for larceny-theft in 1997 (Snyder, 2001).

### 1.2.2 *Below the age of 14.*

Boys are over-represented in apprehension rates in the Canterbury region. In central Christchurch, boys aged 10-14 made up 5.11 percent of police apprehensions for theft in 2005 compared to females who made up only 2.27 percent (Neeson, 2005) and in 2006 in Christchurch, 527 children aged 10-14 were apprehended (Police National Headquarters, 2008). Youths arrested before age 14 are two to three times more likely to become chronic adult offenders compared with youth arrested after age 14 (Alltucker, et al., 2006).

### 1.2.3 *Below the age of 16.*

The majority of children will have taken something that did not belong to them at some stage (Reid & Patterson, 1976). Belson's (1975) longitudinal study of 1,425 youths aged between 13 and 16, found that 70 percent of the youths admitted having stolen from a shop, and 35 percent from friends or family on at

least one occasion. A child who continues to steal is at greater risk of committing further juvenile offences (Tremblay & Drabman, 1997) and this early pathway often leads to more serious adult offending than a pathway that does not begin until adolescence.

### *1.3 Development of Child Stealing Behaviour*

In order to intervene in childhood antisocial behaviours, it is important to understand how behaviour develops over time. There is evidence that a genetic link is involved in the development of antisocial behaviour in children (Burk, Loeber & Birmaher, 2002). However, explanations for antisocial behaviour that appeal to more malleable influences are more amenable to intervention. Therefore, this review concentrates on psychosocial factors rather than biological factors.

The development of antisocial and delinquent behaviour is not the result of one social process. It is influenced by many variables, and these variables can change over time (Thornberry, 1996). There is little agreement regarding what theory explains the emergence and development of antisocial behaviour most adequately. Indeed, no one theory is a fully comprehensive explanatory model of the development of delinquent behaviour (Widom & Toch, 1993). By encompassing aspects of numerous theories, a better understanding of the development of antisocial and delinquent behaviour can be obtained. Two of the most prominent theories used to explain antisocial behaviour are Social Learning Theory and Attachment Theory. There are also many risk factors that have been established as predictors of children's antisocial behaviour.

### 1.3.1 *Social Learning Theory.*

Social Learning Theory (SLT) emerged from the work of B.F Skinner on operant behaviour and Albert Bandura on observational learning. Social Learning Theory explains how children learn new behaviours through observing models in their environment. Bandura stated that “Human behaviour is learned observationally through modelling; from observing others, one forms an idea of how new behaviours are performed , on later occasions this coded information serves as a guide for action” (Bandura, 1977).

Social learning is believed to be important in understanding antisocial behaviour across generations (Kunkel, Hummer, & Dennis, 2006; Widom & Toch, 1993). Social Learning theorists believe that individual differences in antisocial behaviour are the result of daily experiences of children with people in their environment (Reid, Patterson, & Snyder 2002). For example, abused persons and observers of abuse may become abusers (Gelles, 1994); children learn to be aggressive by observing aggression in their environments (Widom & Toch, 1993); and by observing stealing behaviours by family members a child may learn that it is acceptable to steal (Patterson, 1982).

Patterson (1982) constructed a specific social learning model for the explanation of the development of antisocial behaviour from childhood to adolescence. It is based on the idea that prosocial and deviant child behaviours are direct results of social exchanges with family members and peers (Patterson, Reid & Dishion, 1992). This model has been termed the “Vile Weed Model”. Although it is divided into different stages, the stages are descriptive, relating to particular effects at different ages.

At the first stage of the Vile Weed Model during preschool and early primary school, parents exhibit poor monitoring and discipline of their child (Patterson, Reid & Dishion, 1992). This breakdown of effective monitoring and discipline results in an increase in coercive exchanges between the child and the rest of the family. This poor monitoring and discipline leads to stealing being intermittently punished, which can lead to an increase in the child's stealing behaviour (Cooper, Heron & Heward, 1987). Over time, these children also become less responsive to positive social reinforcers and increase their coercive behaviour when punished or threatened (Patterson, 1982). In addition, rejection by 'normal' peers drives them to align with deviant peers, where their antisocial behaviours increase (Farrington, 1996; Patterson, Reid & Dishion, 1992), at least in part through modelling effects (observing other delinquents being antisocial) and through social reinforcement of delinquent behaviour by their peers (Reid, Patterson & Snyder, 2002).

Patterson's coercion theory also describes multiple pathways of development in childhood. One such pathway is what Loeber et al., (1993) described as the Covert Pathway, which begins with minor covert behaviour such as shop lifting and lying, and progresses into property damage and various forms of delinquency such as stealing cars and burglary (Loeber, et al., 1993). Longitudinal research supporting the Vile Weed Model and pathways of development shows that as children continue along the trajectory of antisocial behaviour from preschool to intermediate school, behaviours such as lying and stealing may progress into more serious coercive antisocial behaviours, for example, burglary and fraud (Reid, Patterson & Snyder 2002).

During late adolescence and early adulthood, antisocial children face a wide range of adjustment problems due to their poor social skills and cumulative academic failure (Bank, Patterson, & Reid, 1987). They struggle to hold down jobs and their employment career is chaotic and infrequent. Economic stress increases motivation to steal. This, along with their previous participation in antisocial peer groups, places them at increased risk of arrest for delinquent and criminal behaviour such as stealing (Loeber, et al., 1993).

### 1.3.2 *Attachment Theory.*

John Bowlby developed Attachment Theory to explain why and how children develop strong bonds with their attachment figures. He argued that children's tendency to seek proximity to caregivers reflects the need for protection as a part of a survival instinct (Berlin, 2005; Trees, 2006). Bowlby suggests that a child's primary caregiver acts as a 'secure base' from which the child can explore their environment. The caregiver also acts as a 'safe haven' when the child experiences distress (Widom & Toch; 1993). The relationship between child and parent is termed the attachment relationship. Attachment refers to the strength of the emotional ties and degree of resistance to separation from the attachment figure, and the use of the attachment figure as a source of comfort in times of fear and distress (Trees, 2006).

Attachment Theory has been used to explain and predict cognitions and behaviour. Children's attachment with primary caregivers serves as a vehicle for the learning of rules, social norms and values. These attachment patterns with their caregivers have an influence on children's developmental processes, and attachment security is viewed as having a major influence on children's social

adjustment (Pauli-Pott, Haverkock, Pott & Beckmann, 2007). Secure attachment in childhood helps predict positive development and social interactions later in life. Insecure attachment patterns place the child at risk for dysfunctional behaviour and conduct problems (Bosmans, Braet, Van Leeuwen, Beyers, 2006; White, 2006). Bosmans et al., (2006) found a link between insecure attachment patterns and high rates of antisocial behaviours during adolescence. Over 288 adolescents were followed, examining the relationship between parental attachment and internalizing and externalizing problem behaviour. The study found reciprocal negative effects between attachment and externalizing problem behaviour, which included conduct behaviour problems such as stealing (Buist, Dekovic, Meeus, & van Aken, 2004).

Parent-child relationships predict a positive and negative outcome for children. For example, lower rates of positive parent-child interactions have been observed in families of children who steal, than in families of children who do not steal (Reid & Patterson, 1976). Children who receive unpredictable parental attention may increase their levels of misbehaviour as a means of increasing maternal levels of attention and decreasing unpredictability (Wahler & Dumas, 1987). In these cases, any form of attention from the parents is a reward. Parental inattention also contributes to poor monitoring of child behaviour, thereby increasing exposure to stealing opportunities and contact with antisocial peers (Belson, 1975).

#### 1.4 *Risk Factors*

Aside from the two major theoretical explanations of children's antisocial behaviour, there are numerous psychosocial risk factors that may make a child

prone to delinquency. No one risk factor explains a delinquent behaviour. Rather, the higher the number of risk factors that are present, the higher the likelihood of the development of delinquent behaviour and early offending (Loeber & Farrington, 2001). However, the strongest psychosocial predictors of childhood antisocial behaviour are peer influences, parenting practices, and parental mental health.

#### 1.4.1 *Peer Influence.*

Peer influence is an important factor in the intermediate and later stages of the development of child delinquency (Coie & Miller-Johnson, 2001). Children who are rejected by their peers are at significant risk for chronic antisocial behaviour compared to those who are not rejected (Coie & Miler-Johnson, 2001). Conversely, as a result of the child's antisocial behaviour, the social environment produces two sets of reactions: rejection by normal peers, and academic failure (Patterson, Reid & Dishion, 1992). Children rejected by their normal peers seek out and gravitate towards other children who are similar to themselves, which provides the base for the formation of deviant peer groups. These peer groups then provide a training ground for both covert and overt delinquent behaviour (Elliot, Huizinga & Ageton, 1985; Coie & Miller-Johnson, 2001; Elliot & Menard, 1996; Krohn, Massey & Skinner, 1987). Once having been accepted into such a peer group, children are likely to engage in further acts of stealing in order to gain further peer approval (Coie & Miller-Johnson, 2001). Children below the age of 12 who steal, tend to do so in small delinquent peer groups (Farrington, 1996).

### 1.4.3 *Parenting Practices.*

Poor parenting competence including inadequate supervision of the child, poorly defined rules, and harsh and inconsistent discipline. These factors have been consistently associated with the development of antisocial behaviour, including stealing (Johnson, Smailes, Cohen, Kasen & Brook, 2004; McCord, 2001; Loeber & Dishion, 1983; Miller & Klungness, 1989; Miller & Zimprich, 2006; Patterson, 1982; Sanders 2003a). Children who live in highly coercive families are at risk for developing antisocial behaviours such as stealing (Farrington & Loeber, 2000; Krohn, Thornberry, Rivera & LeBlanc, 2001). There are a number of parenting practices associated with children's antisocial behaviour, including involvement, supervision and monitoring, and behaviour management.

1.4.2.1 *Involvement.* Parents of children who steal have been characterised as more detached, less motivated and less insightful regarding their child management role than parents of either normal or aggressive children (Patterson, 1986; Reid & Patterson, 1976). For example, they tend to ignore rule violations that occur in the home, for example, taking money from mum's wallet, and they are often willing to accept their child's explanation for how they acquired an item in question, for example, 'finding' or 'borrowing' (Patterson 1982). It has been observed that families of children who steal offer and provide little support or praise for any pro-social behaviour (Miller & Klungness, 1989; Moore & Patterson 2003). In one study, Snyder, Schrepferman and St.Peter (1997) noted that the relative rate of positive reinforcement observed in family interactions predicted the likelihood of future police contact.

1.4.2.2 *Supervision and monitoring.* Low supervision and monitoring of children leads to an increase in behaviour problems (McCord, 1982; 2001). Parents of children who steal are generally inconsistent in monitoring and supervising their children, and in applying consequences to any of their child's behaviours (Miller & Klungness, 1989; Miller & Moncher, 1988). Children are more likely to steal if they spend a large amounts of time unsupervised (Sanders, Turner & Markie-Dadds, 1996). Research has found strong negative correlations between parental monitoring and official records of antisocial behaviour and the number of self reported stealing episodes (Patterson & Stouthamer-Loeber 1984).

1.4.2.3 *Behaviour management.* Inconsistent parenting practices are widely accepted as having a causal link to child antisocial behaviour (McCord, 2001; More & Patterson 2003; Patterson, 1982; Patterson, DeBaryshe & Ramsey, 1989). There is strong evidence that inconsistent discipline is a key factor in the emergence and development of antisocial behaviour such as stealing (Born, Chevalier & Humblet, 1997; Burke et al, 2002; Gardner, 1989; Kazdin, 1995; Zurbrick et al, 2005). Gardner's (1989) observational study of inconsistent parenting found a strong correlation between inconsistency and the amount of family conflict. This inconsistency leads to higher rates of antisocial behaviour.

Harsh or over reactive discipline, for example, highly emotional and physical punishment, has also been found to be a contributing factor to antisocial behaviour (Loeber & Dishion, 1983; Miller & Klungness, 1989; Patterson, 1982). Parents of children who steal are more inclined to react with greater emotional intensity when punishing misbehaviour than parents of children who do not steal

(Miller & Klungness, 1989; Patterson, 1982; Reid & Hendriks, 1973; Reid & Patterson, 1976). However, as shown by Forehand and McMahon (1981) highly emotional or physical punishment is not an effective method to reduce undesirable behaviour in children. Parents who provide mixed inconsistent punishments increase the resistance to change of their child's problem behaviour (Patterson, 1982). Behaviour management attempts to modify antisocial behaviours. A child attempts to stop these aversive intrusions from family members by using aversive behaviour in return (Snyder & Stoolmiller, 2002). This pattern is repeated daily and often escalates. The sequence of actions and reactions puts the child at an increased risk for long-term social maladjustment and criminal behaviour (Patterson 1982) partly because the social pattern of coercion is generalized outside the family.

#### 1.4.3 *Parental Mental Health.*

Poor parental mental health has serious consequences for many children, and increases their risk for a number of developmental problems. Children of depressed mothers are at risk for behavioural disturbances (Downey & Coyne, 1990). It has been observed that depressed mothers use coercive parenting practices, and that they are less consistent in their discipline and more rejecting of their children, which may contribute to the development of conduct problems including stealing (Downey & Coyne, 1990; Susman, Trickett, Ianotti, Hollenbeck, & Zahn-Waxler, 1985). Lovejoy, Graczyk, O'Hare and Neuman (2000) found depression in mothers to be associated with disengagement from their child, more specifically low involvement and poor supervision. As noted earlier, poor supervision is a risk factor for stealing.

### 1.5 *Interventions*

The need for early intervention in childhood antisocial and delinquent behaviour is clear. Previously, children with Conduct Disorder (which includes stealing), have been offered little treatment or help (Seymour & Epston, 1989). The treatments that are offered have been aimed primarily at reducing the social rewards for stealing, and punishing the stealing act itself (Reid & Patterson, 1976; Seymour & Epston, 1989; Switzer, Deal, & Bailey, 1977; Venning, Blampied, & France, 2003).

Because stealing is relatively low in frequency, many studies have used controlled settings such as classrooms to increase detection and immediacy of rewards and consequences (e.g., Switzer, Deal, & Bailey, 1977). A group contingency where children were rewarded with extra free time for no thefts and normal free time for returning stolen items, and punished by loss of free time for non-returned stolen items, was used alongside a daily anti-stealing lecture. Results revealed that the group approach significantly reduced the incidence of stealing in the classroom. However, the effects did not appear to generalise to other settings. In addition, it has been observed that public identification or labelling of a child as a thief may result in adverse consequences such as peer and adult rejection (Miller & Klungness, 1986).

In a narrative therapy study by Seymour and Epston (1989), parents were required to set traps for their children and reward resistance to temptation or provide consequences for succumbing to temptation. The study's results showed that 54 percent of the children exhibited no stealing at the end of the programme. Follow up data 12 months from the initial interviews showed that 62 percent of the children still exhibited no stealing at all (Seymour & Epston, 1989). However,

many families of children who present with problem levels of stealing may be ill-equipped to implement aspects of a programme such as Seymour and Epston's (1989) without first gaining the necessary skills to do so.

As mentioned above parent training is an important agent in any intervention programme. Behavioural Family Interventions (BFI) aim to change a child's behaviour by modifying aspects of the family environment that maintain and reinforce the child's problem behaviour (Morawska & Sanders, 2006; Sanders, 2003a). When a parent's behaviours change so that they are reinforcing desired behaviour from the child, and ignoring or effectively punishing undesirable behaviour, the child's behaviour changes in the desired positive direction (Moore & Patterson, 2003; Morawska & Sanders, 2006; O'Dell, 1974). BFIs involve teaching parents effective child management strategies, at the same time as teaching the family effective communication and conflict resolution strategies (Freeman, Garcia, Fucci, Miller, & Leonard, 2003; Morawska & Sanders, 2006).

BFIs based on social learning principles are powerful, and are among the most thoroughly evaluated interventions available for children with conduct problems (Sanders, Markie-Dadds, Bor, & Tully, 2000). BFIs teach parents to increase positive interactions with their children and to reduce inconsistent parenting practices (Sanders et al., 2000). Behaviour management skills taught during BFIs include the use of contingent rewards, effective punishment, and modelling desirable behaviour (Sanders & Dadds, 1993). BFI programmes are associated with large effect sizes and have been shown to generalise to a variety of home settings (Freeman et al., 2006; Sanders & Dadds, 1993).

Substantial evidence from a number of controlled efficacy trials have established that BFIs are effective in reducing conduct and other clinical problems in young children (Sanders, 2003a; Sanders et al, 2000). BFIs have good maintenance of treatment gains and generalization of skills learnt following the treatment (Forehand, Griest & Wells, 1979; Forehand & Long, 1988). Several types of interventions are incorporated within BFIs and are tailored to suit the needs of particular families (Sanders & Dadds, 1993). In a study examining the efficacy of self administered BFI versus self administered BFI with brief therapist telephone assistance, involving 126 families, Morawska and Sanders (2006) reported that both programmes were effective in reducing child behaviour problems immediately after the intervention, and at a six month follow up.

Parents are generally satisfied with BFIs and the techniques used (e.g. McMahon & Forehand, 1983; Morawska & Sanders 2006). A study comparing behavioural parent training versus standard dietary education for children with persistent feeding difficulties, found that parents who received the parent training showed more positive mother-child interactions during mealtimes, and were more satisfied with treatment than parents who received standard dietary education (Turner, Sanders, & Wall, 1994).

### *1.6 Positive Parenting Programme - Triple P*

The Positive Parenting Programme [Triple P] is a multilevel preventatively orientated strategy that aims to prevent severe behavioural, emotional and developmental problems in children, by enhancing the knowledge, skills and confidence of parents (Sanders, 1999). Sanders and Markie-Dadds (1996) suggest that improving parents' skills will help to move children at risk of

the development of behaviour problems away from the developmental trajectory leading to more severe antisocial behaviour. Triple P has three specific aims: a) to enhance the knowledge, skills confidence, self-sufficiency, and resourcefulness of parents of preadolescent children; b) to promote nurturing, safe engaging and low conflict environments for children; c) to promote children's social, emotional, language, intellectual and behavioural competencies through positive parenting practices (Sanders, 1999; Sanders, 2003b).

Triple P is based on several theoretical perspectives. One perspective that has contributed to the development of Triple P is Attachment Theory (Sanders 1999). Triple P assumes that by focussing on the promotion of positive parent-child interactions, the effects of insecure attachment may be ameliorated (Sanders & Markie-Dadds, 1996). The second perspective is Social Learning Theory. Social learning principles highlight the importance of parental behaviours, attributions and expectancies, which contribute to parental self-efficacy and decision-making (Sanders, 1999; Sanders, 2003b). Triple P also recognizes the role of the broader ecological context for children's development. As parents become self-sufficient, they become more connected to social support networks (Sanders, 2003b; Sanders, 1999; Sanders & Markie-Dadds, 1996), enhancing the stability of their parenting and making their parental well being more resilient. Triple P address the risk factors for antisocial behaviour that were outlined in section 1.4, and 1.4.2 namely, parental mental health, parenting practices, involvement, supervision and monitoring, and behaviour management.

### 1.6.1 *Parenting Practices.*

Triple P is a multi-level intervention supporting parents to more confidently raise their children (Sanders, 2003b). Through Triple P, parents learn to become independent problem solvers and increase their self-efficacy, and the belief that they can overcome a parenting or child management problem. Triple P recognizes the important contribution that parents' attributions, expectancies and beliefs make to parental self-efficacy and decision-making. Parent's attributions are targeted in the programme by encouraging parents to identify alternative social explanations for their child's behaviour (Sanders, 1999).

1.6.1.1 *Involvement.* Triple P is based on the use of good communication and positive attention to help children develop. The programme promotes positive parent-child relationships by showing parents how to spend quality time with their child and provide positive attention and affection such as praise and physical contact. Parents are encouraged to praise their child for honesty and acts of desirable behaviour (Sanders & Markie-Dadds, 1996).

1.6.1.2 *Supervision and monitoring.* Children need a safe, supervised environment, allowing them to explore and experiment. This is particularly relevant for older children and adolescents who need adequate supervision and monitoring in an appropriate developmental context (Sanders, 1999; Sanders, 2003b). An environment that is interesting and stimulating helps to keep children engaged and active and reduces the likelihood of misbehaviour (Sanders, et al, 2001, 2003). Triple P teaches parents how to monitor a child's behaviour and provide adequate supervision, knowing where the child is and whom they are

with at all times. Key adults in a child's life play a critical role in the formation of deviant friendships and peer groups (Miller & Zimprich, 2006), and adequate supervision and monitoring helps to ameliorate and prevent the effects of deviant peer groups (Sanders, 1999).

1.6.1.3 *Behaviour management.* When parents use assertive discipline, children learn to accept responsibility for their actions and to develop self-control. Children are less likely to develop behaviour problems such as stealing when parents are consistent (Sanders, et al., 2001). Triple P specifically teaches parents positive child management skills as an alternative to coercive parenting practices, such as discussing ground rules with children; giving clear calm instructions; logical consequences; time out; and planned ignoring (Sanders, 1999; Sanders, 2003b). By focusing on children's positive behaviour, further desirable behaviour is promoted.

#### 1.6.2 *Parental Mental Health.*

Triple P also targets depression, anxiety and the high levels of stress associated with parenting. Triple P works on the premise that stress can be alleviated by parents developing better parenting skills which reduces their feelings of helplessness, depression and stress (Sanders, 1999; Sanders & Markie-Dadds, 1996; Sanders, Markie-Dadds & Turner, 2001; Sanders, Markie-Dadds & Turner, 2003). The more skilled and positive a parent becomes the more likely they are to protect their child from harm by creating a secure, low-conflict environment.

### 1.6.3 *Efficacy.*

Triple P has been used successfully with a wide range of child problems including sleep disturbances, Attention Deficit Hyperactivity Disorder, and child oppositional behaviours (Connell, Sanders, & Markie-Dadds, 1997; Venning, et al., 2003). Venning et al., (2003) conducted a study using the Triple-P programme to train parents of two families whose children exhibited stealing and lying behaviour. The results showed a significant decrease in both boys' stealing behaviour at the end of the intervention and at the 3-week follow up.

## 1.7 *The Process of Change*

The change process is an important area of research examining how people change within and between therapy sessions, before it commences and after it ends. The knowledge of how clients' thoughts and behaviours change through the intervention process is important in understanding why some interventions are successful and why others are not (Prochaska, 2004). The process of change is integral to every phase of treatment (Greenberg & Watson, 2002).

The successful delivery of a treatment requires that the therapist use a set of behaviours that engage the clients in processes known to effect change. For an intervention to be successful, researchers need to distinguish between therapists' contributions and the clients' contributions and the interaction between them. Following specific steps in a manual does not guarantee a successful implementation of an intervention. In order to do so, therapists need to know the active processes that lead to change. Successful treatment requires that therapists are responsive to their clients, and the goal of treatment is to engage the client in

a change process. Without studying the process of change, it is impossible to determine what portion of the outcome or success of the treatment is attributed to the change process represented by the therapeutic model and what portion is attributed to other factors (Greenberg & Watson, 2002).

### *1.8 The Present Study.*

The success of past interventions for stealing has been limited, largely due to the inability of the parents of stealers to adequately monitor their children's behaviour (Patterson, 1982). Interventions for stealing have focussed on parents' suspicions about stealing (Tremblay & Drabman, 1997; Seymour & Epston, 1989) and have trained parents to condemn stealing publicly and to punish children on suspicion of stealing (Venning, et al., 2003). Such interventions often fail to generalize a reduction in stealing across all settings (Switzer, Deal & Bailey, 1977). Programmes aimed at eliminating stealing have focused almost exclusively on the specific behaviour. Focussing solely on stealing behaviour, and not addressing more general parental skills, results in children who steal experiencing fewer gains (Reid & Hendriks, 1973).

Triple P has been used effectively with a wide range of child problems but empirical evidence is needed to establish effectiveness with children who steal. To this end, the present study assessed the effectiveness of a Triple P Level 4 intervention to reduce stealing. Triple P addresses multiple facets of parenting. By addressing multiple aspects of parenting it was hoped that parents would gain the skills necessary to monitor their child's behaviour, improve the parent-child relationship, provide appropriate reinforcers and punishers, and thereby reduce or eliminate the instances of stealing.

The present study examined the efficacy of a Triple P Level 4 programme with children aged seven to ten years whose parents suspected them of stealing at a high rate, (at least once a fortnight). Participants took part in a ten-week behavioural family intervention. The programme's outcomes were assessed in terms of stealing behaviours and maternal self-report measures of perceptions of disruptive behaviour (*The Eyeberg Child Behavior Inventory; ECBI*), parenting practices (*Parenting Scale, PS*), maternal self-efficacy (*The Parenting Sense of Competence Scale; PSOC*), and maternal depression, anxiety and stress (*The Depression-Anxiety-Stress Scale; DASS*),

The current study also examined parents' change process. This measure was included in the study as it is not only important that the efficacy of Triple P programme in addressing child stealing be established, but also it is important to explore where change occurs during the intervention. The research that exists on the subject also suggests that the change process may be linked to points in the intervention. Cummings, Hallberg and Slemon (1994) have identified three patterns of change that may occur: 1) "consistent change", characterized as evidence of a stable pattern of cognitive, affective or behavioural change; 2) "interrupted change", a change pattern that occurs in the beginning of therapy with a brief surge of improvement followed by a setback (resistance) with clients reporting the return of symptoms, and increased self-doubt; and 3) "minimal change", characterized by an initial plateau of no change, then one session of minor change, followed by a long plateau with change occurring, and the acknowledgment of minor change at the end of counselling. All three of these processes can potentially lead to successful outcomes in therapy (Cummings, et al., 1994).

On the completion of the Triple P Level 4 Intervention it was hypothesized that: 1) The frequency of suspected stealing will decrease as measured by the tally sheets recording suspicion of the child's stealing recorded by the parent, and the child's global behaviour will improve as measured by the *Eyeberg Child Behaviour Inventory*; 2) Parents' dysfunctional parenting practices will decrease as measured by the *Parenting Scale*; 3) Parents' efficacy beliefs will increase as measured by *The parenting Sense of Competence Scale*; 4) Parents' self reported depression, anxiety and stress symptoms will decrease as measured by *The Depression-Anxiety-Stress Scale*;

While there is no hypothesis made about the change process as it is an exploratory aspect of the study, research suggests that change in a therapeutic environment does occur (Greenberg & Watson, 2002). Therefore, it is expected the researcher will observe a pattern of change in the parental reports as measured by *The Visual Analogue Scale*. This change is expected to resemble a pattern that may correspond with the categories of change that have been previously identified.

## **Section 2**

### **Method**

#### *2.1 Participants*

Participants were recruited from the Christchurch New Zealand district through schools and the Youth Aid service of the Christchurch Police. Schools were chosen from a list of primary schools representative of the full spectrum of socio-economic status in the Christchurch area. These schools were approached and asked to participate by sending recruitment letters (Appendix A) to parents with children in what they deemed as target classrooms (those classrooms that had children the school suspected of stealing aged between seven and ten years). Youth Aid police officers in the Christchurch area were approached and asked to participate by referring to the researcher any families that met the criteria, and were interested in participating in the programme. Respondents were contacted by telephone and were screened to assess for inclusion criteria.

##### *2.1.2 Inclusion Criteria:*

Parents: 1) must have no significant intellectual disability or history of psychosis,  
2) were not receiving any other treatment for their child's behaviour problems.

Child: 1) aged between seven years, zero months and ten years, five months.

This age bracket was stipulated, as children younger than six years lack sufficient Theory of Mind and moral development to understand the implications of stealing (Papalia, Olds & Feldman, 2002). Children older

than ten were not included as beyond age ten there may be confounding cognitive factors produced by adolescent brain maturation (Feinberg, Higgins, Khaw, & Campbell, 2006; Gur, 2005).

2) child has no significant intellectual disability history or psychosis or a debilitating physical impairment.

3) child is not currently receiving treatment for any behaviour problems.

4) suspected of stealing at least once per fortnight for six months.

An outline of the study was provided to the respondents over the telephone, explaining what would be required of them. Those who indicated interest in participating were sent an information sheet (Appendix B) and consent form (Appendix C) in the mail. Prospective participants were contacted by telephone soon afterwards, their participation was confirmed, and the first appointment date set.

Family 1 was a solo mother Michelle, (all names are pseudonyms) with her 9-year-old daughter, Vicky, and Vicky's 11-year-old sister Mandy. Mandy's behaviour was not monitored during the programme. Michelle reported that Vicky had been picked up by the police for shop-lifting several times over the past two years. She stated that although Vicky had not recently had contact with the police she suspected that she was still stealing things from children and in the neighbourhood. Michelle believed her to be stealing because of accusations from other children and the appearance of new belongings in Vicky's room. She stated that she did not believe Vicky was stealing regularly, only on occasion. She also reported that when Vicky did steal it mainly occurred during the weekend and school holidays. Items that Vicky stole were usually food and toys. Vicky had

also stolen money from Michelle's purse. Michelle held a zero tolerance of stealing view, and she did not condone any stealing regardless of the monetary value of the item.

Family 2 were a couple, Debbie & Bruce, with Debbie's 9-year-old son, Ken, and Ken's 6-year old brother, Jack. Jack's behaviour was not monitored during the programme. Bruce only attended one session and Debbie continued without his involvement. Debbie reported that Ken was stealing around once a week, which was not as often as he had been in the past. She reported that his stealing had started approximately a year ago. He has had contact with the police on several occasions. Both times were for the theft of bicycles from neighbouring garages. Ken has also been caught stealing food from other children several times at school. When apprehended, he continued to deny that he had stolen. Debbie stated she did not condone Ken's stealing. However, she felt that petty theft such as food was not as bad as items of more value, such as five dollars.

Family 3 was a solo mother Diana, with her 7-year-old son, James, and James' 4-year old brother Karl. Karl's behaviour was not monitored during the programme. Diana reported that James stole from his friends at school frequently and often 'found' things. This was occurring around twice a fortnight. She reported that he was usually taking food and small toys and on occasion took coins from her purse, but never an amount over five dollars. To her knowledge, James had not stolen from shops. Diana stated that she has a zero tolerance of stealing regardless of the worth of the item stolen.

The University of Canterbury Ethics Committee reviewed the study. Informed written consent was obtained from the parents involved in the

programme and they were reminded that confidentiality would be maintained at all times.

### 2.2 *Setting*

The programme was run in the researcher's office at the University of Canterbury. Sessions 5, 6 and 7 were conducted in the participants' homes.

### 2.3 *Therapist*

The therapist who delivered the programme was also the researcher, a female Masters level student, aged 23, who had received training in the delivery of Triple P Level Four Intervention. Peer supervision was conducted twice weekly with the researcher and another trained Level 4 Triple P therapist for quality assurance.

### 2.4 *Materials*

Participants were supplied with a copy of *Every Parent: A positive approach to children's behaviour* (Sanders, 2004) which they were able to keep upon completion of the study. They were also given a copy of the accompanying workbook, *Every Parent's Family Workbook* (Markie-Dadds, Sanders & Turner, 2000) which they were able to keep on the completion of the research. Parents watched a copy of the videotape, *Every Parent's Survival Guide*, which they were invited to take home to review if they wished, and asked to return at the completion of the programme. Parents were also supplied with Triple P tip sheets on stealing which they were able to keep. Parents were provided with tally sheets

to record any instances of stealing during the programme. Parents were informed of the programme's definition of stealing:

*“Stealing has occurred when the parent suspects the child of having taken an item, or the child is in the possession of any item that does not belong to them and that they cannot prove they have permission to be in possession of.”*

### 2.5 Measures

Before commencing the programme, parents were asked to complete an adapted version of the *Family Background Questionnaire (FBQ)* provided by the Triple P programme. This questionnaire aims to gather demographic information about the family. Four standardised assessment measures were also used, *The Eyberg Child Behaviour Inventory (ECBI)*, *The Parenting Scale (PS)*, *Parenting Sense of Competence Scale (PSOC)*, *Depression-Anxiety-Stress Scales (DASS)*. A *Triple P Client Satisfaction questionnaire (TPCS)* was completed at the end of the intervention. A *Visual Analogue Scale (The VAS)* measuring the change process constructed by the researcher was also used at each session.

*The Eyberg Child Behavior Inventory* (Eyberg & Pincus, 1999) is a 36-item self-report measure of parental perceptions of disruptive child behaviour for children aged 2 to 16 years. The ECBI has been shown to have high test-retest reliability. It has high internal consistency; has been found to be sensitive to behaviour change; and has satisfactory convergent and discriminative validity (Kelley, Reitman, & Noell, 2003). Parents rate each problem behaviour as present or not (“yes” or “no”), and rate the behaviour in terms of its intensity on a seven-point likert scale anchored at 0 “not at all” and 7 “very much”. In this measure the word “intensity” refers to the frequency of the behaviour. The ECBI yields two

scores; the *total intensity score* is computed from the 7-point frequency rating on each behaviour, and the *total problem score* is tallied from the sum of the ‘yes’ responses circled by the parent. Scores on the intensity scale of 131+, and of 15+, on the problem scale are said to be in the clinical range. This measure was administered before and after the programme, and at the follow-up.

*The Parenting Scale* (Arnold, Oleary, Wolff & Acker 1993) is a self-report 30- item scale measuring dysfunctional discipline practices in parents. Three discipline styles have been identified; Laxness (permissive discipline), Over-reactivity (authoritarian discipline, displays of anger) and Verbosity (overly-long reprimands). The *Parenting Scale* measures parents’ levels and intensity of these styles. The 30 statements about parenting are scored on a seven point scale, ranging from functional to dysfunctional. The score for each of the three styles (laxness, verbosity, and over-reactivity) is the sum of the corresponding items with the total score the sum of all the items divided by 30. The scales have good internal consistency and adequate test-retest reliability (Morawska & Sanders, 2006). This measure was administered before and after the programme, and at the follow-up.

*Parenting Sense of Competence Scale* (Gibaud-Wallston & Wandersman 1978) is a 16-item self-report scale to assess domain-general parenting self-efficacy (Coleman, Hildebrand & Karraker, 2003). Parents were required to read each statement and answer on a 6 point likert scale anchored at 1 (“strongly agree”) to 6 (“strongly disagree”) by circling the number that corresponded to them at that time. This measure yields two scores: an efficacy score and a satisfaction score relating to their parenting role. The total efficacy score and the total satisfaction score are the sum of the corresponding items. There is a

possible total score ranging from 16 to 102 with higher scores represent stronger efficacy and satisfaction. Johnston and Marsh (1989) found the PSOC to have internal consistency and good test- retest reliability. This measure was administered before and after the programme, and at the follow up.

*Depression-Anxiety-Stress Scales* (Lovibond & Lovibond, 1995) is a self-report 42-item measure of the symptoms of depression, anxiety and stress in parents. Parents were required to read each statement and rate themselves according to each statement on a four-point scale anchored at 0 (“does not apply at all”) and 3 (“applies most of the time”). Each scale was scored by adding the sum of the corresponding items. The *DASS* has been found to have good reliability and possesses adequate convergent and discriminate validity (Crawford & Henry, 2003). This measure was administered before and after the programme, and at the follow-up.

*The Visual Analogue Scale* was constructed by the researcher (Appendix D). This is a seven item self-report scale adapted from the Parenting Scale and the Parenting sense of Competency Scale measuring the process of change. This included three items from the *Parenting Scale*, three statements from the *Parenting Sense of Competency Scale*, and one statement from the *Depression, Anxiety and Stress scale*. Under each statement was a 10-centimetre line. The line represented a continuum of agreement with the corresponding statement. Participants were asked to look back over the last week and mark the line where they felt they fitted best in response to each item. The line was anchored at the left “not at all” and on the right “very much”. Scores for each statement range from 0 to 10 with lower scores representing a more “ideal” score. However, the last two items were reverse scored. Visual analogue scales have been shown to

have good reliability and validity (Miller, Duncan, Brown, Sparks & Claud, 2003). This measure was administered at each session and at the follow-up.

A standardized *Triple P Consumer Satisfaction Questionnaire* was completed by parents at the end of the programme. This is a six-item self-report scale, which provides participants with an opportunity to indicate the usefulness of the programme.

## 2.6 Procedure

### 2.6.1 Design

A staggered, semi-concurrent, multiple baseline across subjects design was used. At the first session, families were asked to use a tally sheet, marking each instance they had a suspicion of their child stealing. The tally sheets were supplied by the researcher from the *Triple P Handbook*. Vicky's mother measured suspected stealing for 7 days for the baseline measure; Ken's mother measured suspected stealing for 12 days; and James' mother measured suspected stealing for 14 days, producing the staggered baselines. Parents were requested to continue the recordings of suspected stealing daily throughout the duration of the programme, producing 70 measures of suspected stealing data for Vicky, 75 for Ken, and 77 for James.

### 2.6.2 Treatment sessions

The Triple-P Level 4 programme was the intervention provided to the participants. The programme is a standardised, manualised treatment package. The researcher administered the Triple P Level 4 intervention in ten weekly

sessions with the parent. The child was required to participate in five of those sessions.

Sessions 1-4, and 8-10 were conducted at the researcher's office at the University of Canterbury. Sessions 5, 6, and 7 were conducted in the participants' homes. All sessions were conducted with the parent alone, apart from sessions 5, 6 and 7, which involved the child. Another trained Level 4 therapist accompanied the researcher on the home visits to ensure the safety of all involved.

Session 1: Intake interview. This session was an intake interview that involved establishing rapport with the parent alone and eliciting concerns. A description of the stealing behaviour was obtained, including frequency and severity. Following this, information on the child's developmental history and other family background information was obtained. The parent was given measures *ECBI*, *PS*, *PSOC* and *DASS*, to complete before the next session.

Session 2: Observation and sharing of assessment findings. The child and parent were given five minutes to choose a play activity to do together. After playing together for 20 minutes, the parent instructed the child to clear away the activity. The researcher recorded observations of this interaction. Following the observation, the researcher asked the parent how typical the child's behaviour was during the activity, and any deviations from normal behaviour were discussed. The parent watched Part 2 of the Triple-P DVD *Every Parents Survival Guide* and was encouraged to identify possible causes of their child's problem behaviour. At the end of the session, the researcher provided feedback from the assessment measures completed in the first session. The findings from the intake interview and each of the assessment measures were presented individually. The researcher checked the parent's understanding and reaction to

each piece of information before presenting more data. This enabled the parent to express any concerns they may have felt about the intervention and to correct the researcher if they felt misunderstood.

Session 3: Promoting children's development. This session focused on developing a positive relationship between parent and child and teaching new parenting skills. For example, the parent was instructed to spend quality time with their child, showing affection, encouraging desirable behaviour by using descriptive praise, and monitoring their child's whereabouts. This training was linked to *Every Parent's Family Workbook*. On completion of the session, appropriate homework tasks were assigned in order for the parent to practice the skills learned.

Session 4: Managing misbehaviour. The session focused on teaching the parent how to manage children's general misbehaviour, and helping to develop parenting routines. Strategies included: establishing clear ground rules, using clear calm instructions, logical consequences and planning activities to prevent behaviour problems. Demonstration and role-play were used to help the parent develop these skills. During this session, an update of the child's behaviour was obtained to measure progress. The researcher worked through the Triple P stealing tip sheet (Appendix E) with the parent, which provided strategies for the parent to implement if they suspected, or caught their child stealing. The parent was shown how to construct a reward chart for each day their child did not steal. Before the next session, the parent constructed an honesty contract with their child outlining rewards and consequences. If they suspected their child of stealing they were told to act on their suspicions, informing the child they believed them to have stolen something and tell the child the consequence.

Sessions 5,6,7: Home visits. These were home-based practice sessions where the parent practiced the skills they had learned in the previous sessions. The researchers observations served as a review of the skills the parent had learnt since the first parent-child interaction session. The child and parent were instructed to do an activity together of the child's choosing. After 20 minutes, the parent instructed the child to clear away the activity. During these sessions the therapist observed the parent using the strategies they had learnt. At the end of the activity, the parent was provided with an opportunity to express their assessment of their skills and what they felt they could improve on next time. The researcher also provided constructive feedback.

The use of 'stealing probes' were discussed. Stealing probes are used as 'traps' for children: An item is left out where the child can see it and the aim was to see if the child can resist the temptation to steal it. The parent was asked to implement three stealing probes between sessions six and eight. The parent was instructed that if money was used, then this must have some identifying mark on it. In the event that the child did steal the item, then the parent was to follow the procedures on the Triple P stealing tip sheet.

Session 8 and 9: Planned activities training. During this session, situations that posed a high risk for general misbehaviour were identified by the parent, and activities were planned by the parent with the researchers help, to prevent general misbehaviour and non-compliance in such settings. High-risk situations where their child might steal were identified by the parent, and ways in which the parent could minimize this risk were discussed with the researcher.

Session 10: Closing session. The researcher promoted a discussion with the parent exploring problem-solving ideas for possible future parenting

challenges. The researcher and parent reviewed the parent's progress, and the parent identified changes they had made. Ways to maintain the changes that had occurred were discussed and the parent was encouraged to set goals for the future. During this session, the parent completed post- intervention assessments, the *ECBI*, *PS*, *PSOC*, *DASS*, and the *Triple P Consumer Satisfaction Questionnaire*.

The parent was thanked for their participation in the study and arrangements were made for a follow-up meeting three weeks after the completion of the programme. The parent was asked to continue to record any suspected instances of stealing until the follow-up session.

Follow-up session. A follow-up session was held with the parent three weeks after session ten. The researcher observed the parent and child doing a structured task as in session two, and in the home observation session. During this follow-up session, the parent was asked to complete the *ECBI*, *PS*, *PSOC* and *DASS*, scales as follow-up measures.

### 2.6.3 Scoring and Data Analysis

Maternal daily recordings of their child's stealing behaviour were tallied and graphed on a multiple-baseline-across-subjects graph showing both cumulative and non-cumulative rates of stealing. Mother's pre-, post-intervention and follow-up scores on the *ECBI* were tallied and presented in a bar graph. The mothers pre-, post-intervention and follow-up scores on the *Depression, Anxiety and Stress Scale*, *Parenting Sense of Competency* and *Parenting Scale* were tallied and presented in tables. Item analysis was conducted on maternal responses to the *Triple P Consumer Satisfaction Questionnaire* and the results were tabled. In addition, the sum of the process of change scores from the *Visual*

*Analogue Scale* were tallied and presented on bar graphs for each mother, showing the trend of change. The data were analysed using standard behaviour analysis techniques, graphed data were subjected to visual analysis.

## Section 3

### Results

The primary concern of this study was child stealing behaviour. The daily frequency of parent (maternal) recording of suspected stealing is shown in Figure 1. Global reports of child behaviour were also recorded (Figure 2), and parenting behaviours, sense of efficacy and parental mental wellbeing, and the level of parents satisfaction after completing the Triple P Programme were also measured (Tables 1,2, 3, and 4 respectively). In addition, a Visual Analogue Scale record of the process of change was obtained from the parents (Figure 3), which shows a pattern of the process of change. A visual analysis of the children's stealing data is presented in single-case, multiple-baseline format (Figure 1), showing both cumulative and non-cumulative frequency of the target behaviour. Cumulative frequency is shown as it better represents the changes in a relatively low frequency behaviour.

#### 3.1 *Child Behaviour*

##### 3.1.1 *Baseline*

Figure 1 below shows both the cumulative and non-cumulative stealing events for three children from baseline to follow-up. The baselines were 7, 12 and 14 days long respectively. The baseline data shows that the children's stealing behaviour was episodic. Days on which a child stole were typically followed by days without stealing. The baseline provides no evidence for a trend in the stealing behaviour either up or down. At baseline, Vicky's average daily stealing

rate was 0.43 thefts per day, Ken's 0.3 thefts per day and James had an average daily stealing rate of 0.21 thefts per day during the baseline.

### 3.1.2 *Intervention Phase.*

The daily average stealing rate for each child decreased from baseline to the first phase of the intervention (treatment sessions 2-4). The first phase of the intervention addressed promoting desired child behaviour and managing child misbehaviour. During this phase, Vicky decreased suspected stealing to an average of 0.14 thefts per day, Ken decreased to an average of 0.24 thefts per day and James to an average of 0.09 thefts per day.

In the Triple P training there was no specific mention given to stealing until day 28, 33 and 35 for Vicky, Ken and James respectively. After discussing stealing-specific parent training, the three children's data show a reduction in stealing with one spontaneous instance of stealing (i.e., not in response to a stealing probe) followed by a long period of no stealing. A change in the average daily stealing rate can be seen in all three children. The three children's stealing behaviour decreased from the baseline stage through to the follow-up stage.

The rates of stealing further decrease in the second and third phases of the intervention. The second phase (treatment sessions 5-7) of the Triple P intervention involved home observations, where parents practiced the skills learned and received feedback. During this second phase, Vicky's stealing reduced to an average of 0.05 thefts per day, Ken decreased to 0.09 thefts per day and James stealing reduced to an average of 0.05 thefts per day.

The third phase of the intervention (treatment sessions 8-10) had parents identify high risk situations for child misbehaviour and strategies to combat these.

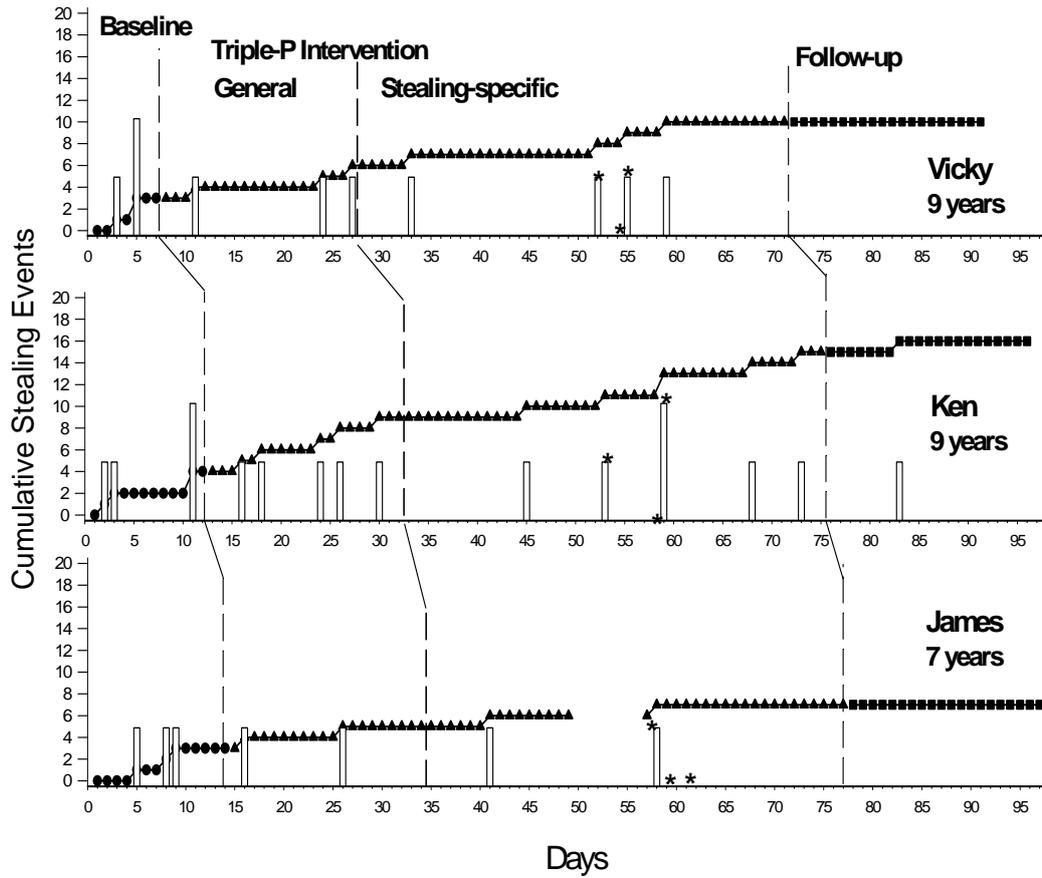
This phase also involved the parents implementing stealing probes. In this phase of the intervention, Vicky's stealing increased slightly to an average of 0.14 thefts per day, Ken also increased slightly to 0.19 thefts per day. However, both children were below their average baseline rates of stealing. James decreased to an average of 0.05 thefts per day.

### 3.1.3 *Stealing Probes*

Stealing probes were implemented between week six and week eight. All three children stole on the first probe. Only James was able to resist the temptation to steal on the second and third probe, while Vicky and Ken did not resist the temptation to steal as successfully and stole on both the first and third probes.

### 3.1.4 *Follow-up.*

The follow-up phase, three weeks after the completion of the Triple P programme, shows a further reduction in the reported stealing behaviour for all three children. At follow-up, Ken had an average daily stealing rate of 0.05 thefts per day. Vicky and James had an average rate of 0, as they showed a long period of no stealing before the follow-up and no instances of stealing during the follow-up.

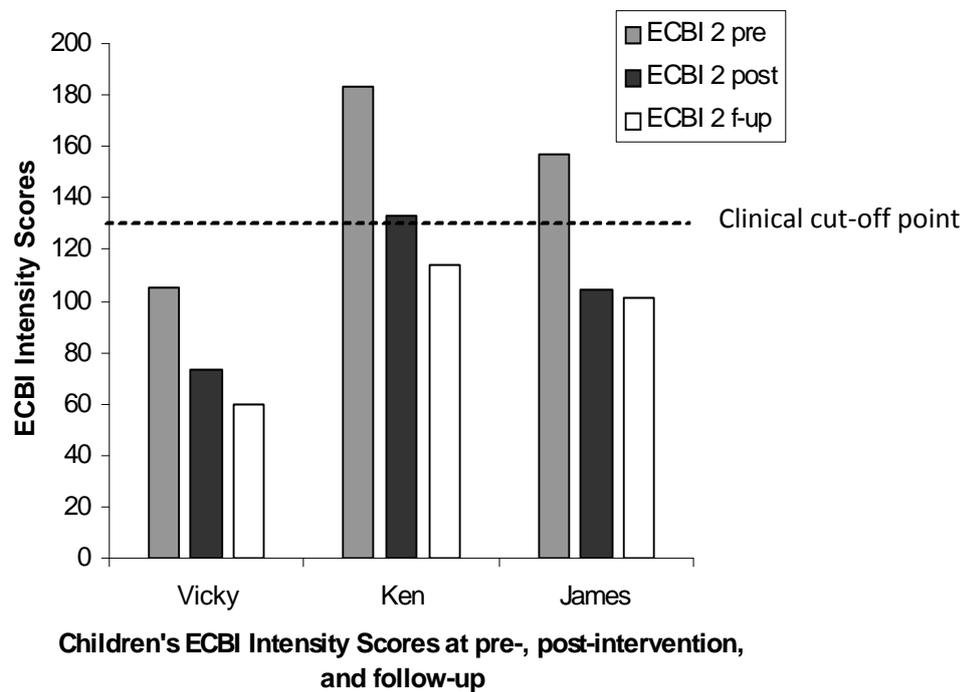
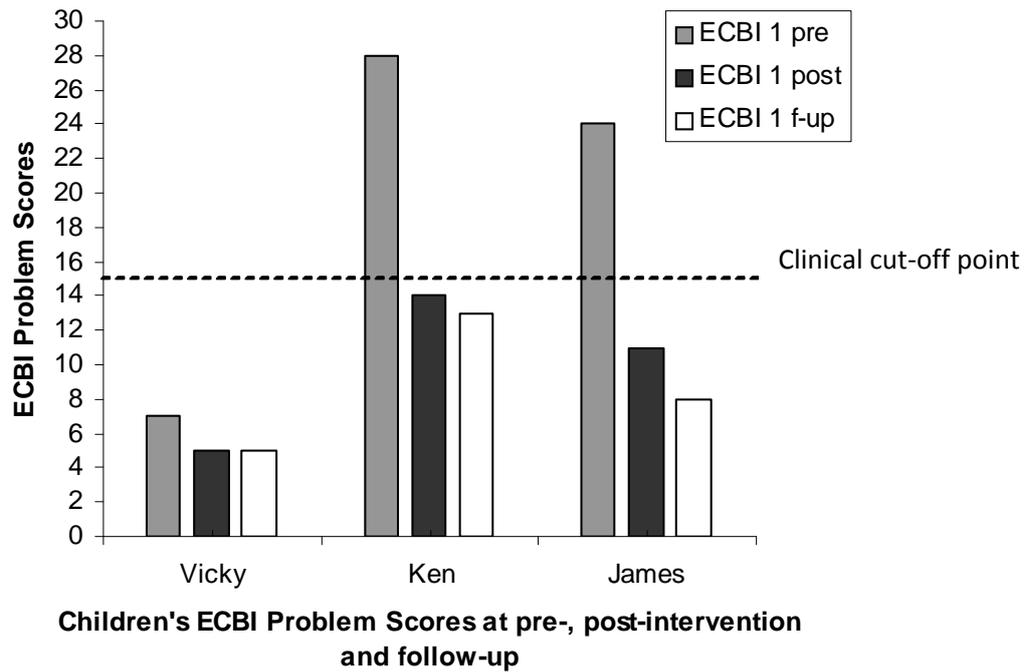


**Figure 1.** Maternal weekly reports of suspected stealing for three pre-adolescent children during baseline (closed dots), intervention (triangles), and follow-up (closed squares) phases of a Triple P Level 4 behavioural family intervention. Stealing probes are included by \*. General parent training was in the initial phase of the programme and was followed by stealing-specific parent training which began at the end of the first phase of the intervention.

### 3.2 Global Behaviour Change: *Eyberg Child Behavior Inventory - ECBI*

Figure 2 below shows pre-, post- intervention and follow-up maternal reports of global child behaviour as measured by the *ECBI*. The results show a decrease in the number of problem behaviours and the intensity of problem behaviour for all three children from pre- intervention to follow-up.

At the pre- intervention stage, the children exceeded the clinically significant level on a number of problem scores and on problem intensity. However, Vicky who had elevated scores, but was below the clinical range, for both problem and intensity scores. For the two children who had significantly elevated levels of problem behaviour and elevated levels of intensity of problem behaviour, their scores were no longer in the clinical range following their mothers' completion of the Triple P programme. In terms of the question on the *Eyberg Behavior Child Inventory* specifically relating to how often the child stole, all three mothers reported that their child's stealing decreased. Vicky and James had pre-intervention scores of 4, which reduced to 2 at follow-up, and Kens pre-intervention score of 5 reduced to 3 at follow-up.



**Figure 2.** *Eyberg Child Behaviour Inventory (ECBI)* scores for Family 1 (Vicky), Family 2 (Ken) and Family (James) at pre-intervention, post-intervention, and follow-up.

### 3.3 Maternal Self-Report Measures

#### 3.3.1 Parenting Scale – PS.

Table 1 below shows the scores for maternal reports of parenting practices. All three of the mothers were in the clinical range for Verbosity pre-intervention. Where Mothers' scores for parenting behaviours were in the clinical range at pre- intervention, they decreased to lie within the non-clinical range following the completion of the Triple P programme, and maintained these reductions at follow-up. The mothers show a pattern of a decrease at post-intervention from their pre- intervention scores, which was maintained at follow-up.

Table 1. Mother's pre-, post-, and follow-up scores on the PS

	Laxness			Over-reactivity			Verbosity		
	Pre	Post	F-U	Pre	Post	F-U	Pre	Post	F-U
Vicky's mother	5.2*	3	2.82	4*	2.7	2.6	4.4*	2.57	2.43
Kens mother	2.82	2.27	2.73	3.1	2.8	2.2	4*	3.14	3
James mother	5.18*	3.82	4	2.7	2.8	2.8	4.86*	3.86	3.57

\* Above clinical cut-off

#### Clinical cut-offs

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

#### 3.3.2 Parenting Sense of Competency Scale – PSOC.

Data from the mothers' reports of parental sense of satisfaction and efficacy at pre- post- intervention, and follow-up stages is reported in Table 2 below. The results show a pattern for all three mothers of an increase in

satisfaction levels post- intervention, which is maintained at follow-up. Maternal efficacy scores increase at post- intervention, reverting to pre- intervention scores at follow-up for Ken's mother. However, James and Vicky's mothers' efficacy scores decreased below baseline levels at post- intervention. The data show an increase in the maternal total sense of satisfaction and efficacy scores at post- intervention for all mothers except Vicky's mother who shows a small decrease.

Table 2. Mother's pre-, post-, and follow-up scores on the PSOC

	Satisfaction			Efficacy			Total		
	Pre	Post	F-U	Pre	Post	F-U	Pre	Post	F-U
Vicky's mother	29	37	39	39	22	20	68	59	59
Kens mother	38	41	40	20	29	20	58	70	60
James mother	19	36	36	23	28	20	42	64	57

Norms for *PSOC*

	Satisfaction		Efficacy		Total	Total
	M	SD	M	SD	<i>PSOC</i>	<i>PSOC</i>
Children 7-9					M	SD
Boys	37.69	6.13	24.79	5.79	62.48	9.72
Girls	38.50	6.34	25.69	6.61	64.19	10.48

### 3.3.3 Depression- Anxiety-Stress Scale – DASS.

Data from the *DASS* is reported in Table 3 below. The results show a decrease in the mothers' depression, anxiety and stress symptoms from the pre- intervention stage to follow-up with the exception of James' mother whose scores for symptoms of anxiety and stress increased slightly at the post- intervention stage. James' mother at no stage met clinical levels of Depression, Anxiety or Stress symptoms. Pre- intervention Vicky's mother was in the clinically moderate

range for depression symptoms, and had clinically severe anxiety and stress symptoms. At follow-up, these had decreased to a non-clinical level. As a result of participating in the programme, Ken's mother who had symptoms of severe clinical depression, anxiety and stress was no longer in the clinical range. These data show that where the mothers had elevated levels of symptomatology at the pre- intervention stage, their scores were no longer in the clinical range after completing the Triple P programme.

Table 3. Mother's pre-, post- intervention, and follow-up Scores on the DASS

	Depression			Anxiety			Stress		
	Pre	Post	F-U	Pre	Post	F-U	Pre	Post	F-U
Vicky's mother	15*	5	1	12*	2	1	20*	10	5
Kens mother	26*	5	4	28*	9	6	29*	11	10
James mother	3	1	1	1	3	2	2	3	2

\*Within Clinical Range

#### Clinical norms

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

#### 3.3.4 Triple P Consumer Satisfaction Questionnaire- TPCSQ.

Maternal reports of satisfaction of the *Triple P Consumer Satisfaction Questionnaire* are reported in Table 4 below. The scores show that the three mothers reported high satisfaction scores for the programme. All three parents report high scores for the programme's possible helpfulness. The three mothers reported that the programme was helpful in dealing with their child's stealing

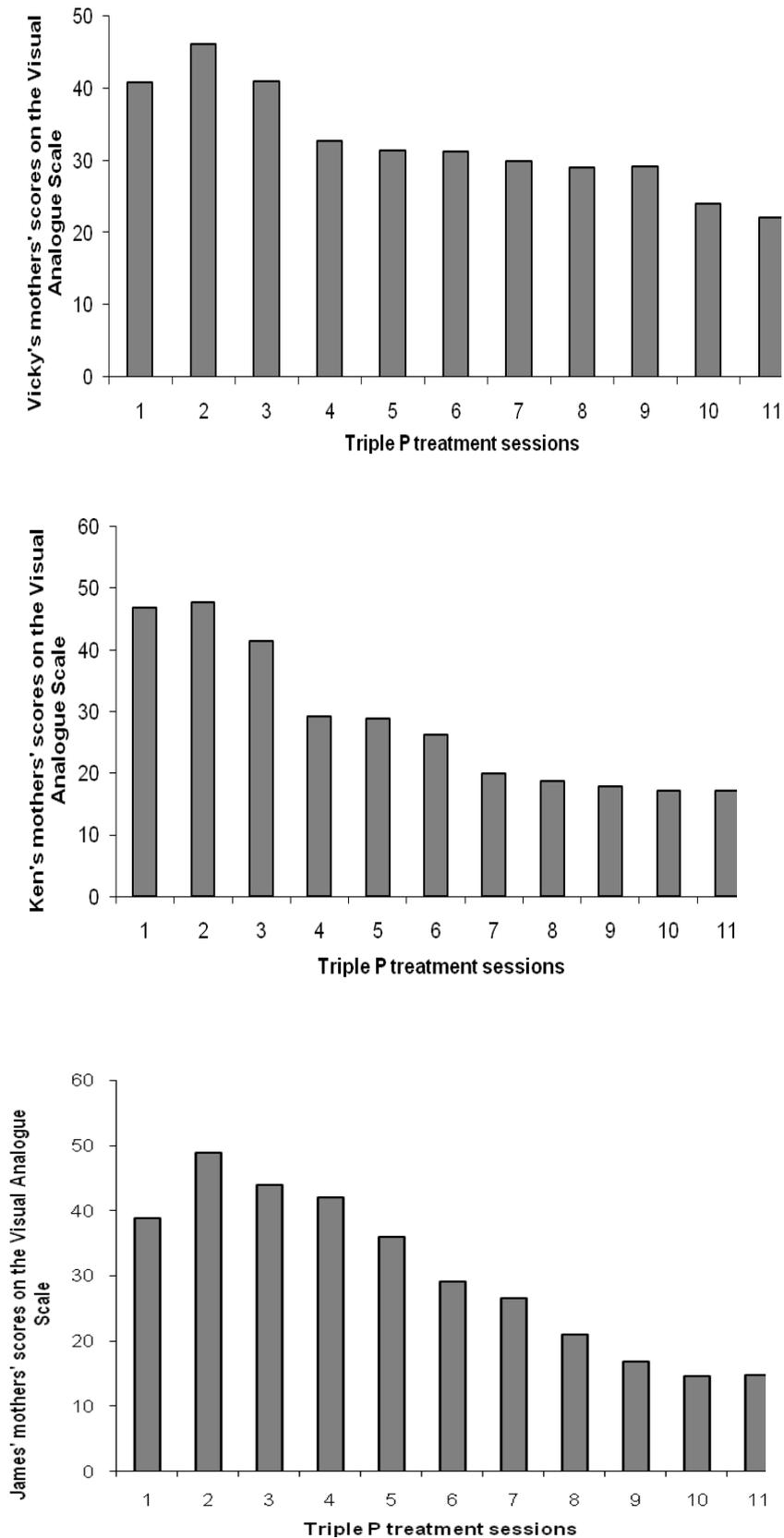
behaviour. The mothers also reported a score of six out of seven in feelings regarding their child's general progress.

Table 4. Mothers' Reports of Satisfaction on the *TPCSQ*

Mother	Michelle	Debbie	Diana	Average
Child	Vicky	Ken	James	
Question				
Program helpfulness for child's needs	6	6	7	6.3
Program helpfulness for parent's needs	5	5	6	5.3
Program helpfulness to deal with child's behaviour	6	5	7	6
How parent feels about the child's progress	6	6	6	6
Satisfaction level of program overall	6	5	7	6
Would you use Triple P if you needed to seek help again	5	5	6	5.3
Total	34	32	39	

### 3.3.5 *The Process of Change.*

Figure 3 below shows the sum of the process of change scores measured by the *Visual Analogue Scale*, showing the degree of change that occurred in maternal beliefs of parental practices and efficacy, with lower scores representing increased positive beliefs. The results show that the three mothers reported a slight decrease in maternal beliefs in week two, followed by a positive change in week three, which continued to the post- intervention stage and follow-up. The mothers show some degree of change at the same points of the Triple P intervention, at weeks 4, 5, 8 and 10.



**Figure 3.** Maternal weekly process of change reports as measured by the *Visual Analogue Scale*. The follow-up session is represented by treatment session 11.

## **Section 4**

### **Discussion**

At the beginning of this study, four predictions were made regarding the impact of Triple P Level 4 intervention on the three families of children who were suspected of stealing. The results show that all four of these hypotheses were supported. Hypothesis one was supported as the frequency of suspected stealing decreased, as recorded by the mothers, and as measured by the *Eyeberg Child Behavior Inventory*. Hypotheses two, three and four were supported as the results show for all three mothers that there was a positive change in their dysfunctional parenting practices, their parental efficacy beliefs, and their depression, anxiety and stress symptoms. There was no prediction made regarding the process of change during the intervention, as it was an exploratory aspect of the study. However, the results show that the change process is measureable using the instrument designed for this purpose. What was notable was that the mothers reported change particularly during the same weeks of the intervention. Marked changes occurred in week three, after teaching of positive parenting practices such as descriptive praise; in week four, after covering managing child misbehaviour and stealing consequences; in week seven, involving the completion of the home observation sessions, and providing parents with feedback; and in week nine, after identifying high-risk situations and ways in which to minimize these.

These results are consistent with the identified risk factors that influence the development of children's stealing behaviour, as described in the introduction to this work. The findings from the present study will now be discussed with

reference to the individual families, and relating to previous research. Limitations of the study, and future directions will also be addressed.

#### 4.1 *Child behaviours*

Changes in stealing may arise either or both because a) child's disposition to steal has decreased; b) mother/family have changed the environment to monitor and manage stealing more effectively. We cannot tell which, as both may operate.

All three children showed a positive change in their stealing behaviour. Because stealing is a covert behaviour, it was the maternal suspicion of stealing that was measured. As seen from the results, Vicky exhibited a change from high frequency of stealing behaviour at baseline to low frequency at follow-up. However, Vicky stole on two of the occasions her mother implemented the stealing probes. The average daily frequency of Vicky's stealing behaviour decreased from 0.43 thefts per day at baseline to zero at follow up. The results suggest that following her mother's completion of the Triple P programme, Vicky's stealing behaviour was reduced in frequency.

Ken's mother reported a positive change in her son's stealing behaviour with high frequency of stealing behaviour at baseline, and lower frequency of stealing behaviour at follow-up. Ken's average daily frequency of stealing decreased from 0.3 thefts per day at the baseline to an average of 0.05 thefts per day at follow-up. His mother reported that he stole on two of the three occasions that she implemented the stealing probes. Although Ken's stealing had not been

eliminated, the results show that following his mother's completion of the Triple P programme, his stealing behaviour had reduced.

James' mother also reported a positive change in her son's stealing behaviour, from an average daily baseline rate of 0.21 to 0.05 thefts per day at the end of the intervention, and zero at follow-up. James stole one out of the three times his mother used the stealing probes. The last time his mother suspected him of stealing was at the first stealing probe. This indicates that following his mothers' completion of the Triple P programme, James' stealing behaviour has been successfully eliminated.

Both Vicky and Ken displayed changes in their stealing behaviour immediately following the commencement of the programme when their mothers began receiving instruction in general parenting skills. Similarly, Pawsey (1996) reported two cases in which there were immediate reductions in stealing as soon as the intervention began. In Vicky and Ken's cases, this reduction occurred as soon as their mothers discussed the definition of stealing with them, and the children became aware that the behaviour was being monitored. It may be argued that the initial reduction in stealing behaviour may have occurred as a reaction to the knowledge the behaviour was being monitored. However, for monitoring and parent training to have begun without the knowledge of the child is incompatible with the Triple P protocol.

It seems unlikely that the reduction in stealing for all three children was merely coincidental with the participation in the programme. For all three children the target stealing behaviour, by retrospective parent report, was well entrenched and had been occurring for a long time at a relatively consistent

frequency prior to the intervention. With this in mind, James's example of successful resistance to the stealing probes provides additional evidence of the change in behaviour. It is also unlikely that the reductions were due to parents suddenly changing their reporting of the behaviour. If that was the case it is expected that there would have been more of a dramatic drop in the reported levels of stealing earlier in the intervention. It may also be argued that the data collected was based on parental reports and may only reflect instances of 'incompetent stealing' as described by Reid and Patterson (1976). However, this seems unlikely, as the mothers reported improvements in their sense of competence and efficacy through the intervention. Therefore, there is no reason to suspect that the ability to identify and make judgments about stealing had deteriorated over the course of the programme.

#### 4.1.1 *Stealing probes.*

Stealing probes are both theoretical and pragmatic. They were implemented to assess whether or not the children had ceased stealing due to a lack of opportunity, or as a result of the intervention strategies. The probes entailed a known sum of money being placed in the mother's purse (which was left in the kitchen), or a known sum of money being placed on the bench. Parents were asked to implement three stealing probes between week six and week eight of the programme.

Stealing probes can be conceptualized by operant psychology's *behavioural momentum theory*. Behavioural momentum refers to the tendency for reinforced behaviour to persist when conditions are altered (Nevin, 1993). At the

most proximate moment the behaviour of interest is resisting the temptation to steal. The stealing probe serves as a behavioural momentum challenge, the probe offering the temptation to steal. The extent to which the child resists the temptation or lapses into stealing is a measure of the strength of their new non-stealing response. The probe was a disrupter, and two of the three children were unable to resist the temptation to steal, while one showed a high level of resistance.

James resisted the stealing probes on the second and third occasion. This gave his mother an opportunity to praise his honesty, as opposed to dwelling on the previous stealing incident on the first stealing probe. Praise for desired behaviour acts as a reinforcer, encouraging the likelihood that the desired behaviour will continue (Sanders, et al., 2001). The last time James' mother suspected him of stealing was when the first probe was implemented. This indicates that the cessation in James' stealing behaviour may be attributed to the intervention, rather than a lack of stealing opportunity. Unlike James, Vicky and Ken resisted the temptation to steal with only one of the three stealing probes. Both Vicky and Ken stole the probe money when the first and third stealing probes were implemented, and resisted the temptation to steal on the second probe. The failure to resist temptation on the first and third probes does not necessarily indicate that their reduction in stealing behaviour was only due to a lack of stealing opportunity. Many factors may have influenced this outcome. The researcher has identified two plausible explanations. First, the failure to resist temptation on the third stealing probe could in part be due to a lack of maternal praise for honesty when the child resisted the previous stealing probe. Second, it may be attributed to maternal monitoring because maternal supervision reduces a

child's opportunity to steal (Sanders et al., 1996). With Vicky and Ken having stolen previously in the week, it is likely that their mothers more vigilant for stealing behaviour and therefore increased their monitoring supervision over the following days. After observing that neither child stole on the second probe, it is possible that they become more relaxed regarding their monitoring, reverting back to a lower rate of supervision. This reduction in monitoring may have provided the children with an opportunity to steal. However, it is also possible that the intervention had not produced a resistance to stealing as strong in these two children then as in James. It may be that some more individualised treatment would have benefited these two families, pointing to a possible limitation in the use of manualised treatments.

#### 4.1.2 *Global Behaviour change.*

The results showed that maternal reports of a global range of child behaviour problems as measured by the *ECBI* also showed a clear treatment effect, with all three mothers reporting a marked decrease in the number of problem behaviours and intensity of problem behaviour following treatment. This decrease was maintained by all three families at follow-up. This is consistent with previous research, which shows that global scores of child behaviour problems decrease following the Triple P intervention (Sanders & McFarland, 2000; Venning, et al., 2003).

From examining the results, it can be assumed that the intervention was successful in eliminating stealing behaviour for James, significantly reducing stealing behaviour for Vicky, and reducing stealing behaviour for Ken. These

results are an improvement on the results of Reid and Paterson (1976) who failed to eliminate stealing in all the families treated. The present results are also consistent with findings from Venning, et al., (2003), in which the Triple P programme was used to successfully eliminate stealing behaviour in two boys. An explanation of the reduction in the child stealing behaviour may be that with a decrease in the global child behaviour problems and intensity of these problems, parents may have been more willing to invest more time with their child. Positive child behaviours have been found to increase paternal involvement and input (Grolnick & Slowiaczek, 1994). In summary, the present study showed positive changes in the children's stealing behaviour following the mothers' completion of the Triple P programme. In addition, problem and intensity scores of the children's general behaviour improved, indicating an overall treatment effect.

#### *4.2 Maternal self-report measures*

##### *4.2.1 Parenting Behaviours*

The findings on the maternal reports of laxness, over-reactivity and verbosity as measured by the *Parenting Scale* varied across the mothers. All mothers' scores decreased from pre- intervention to follow-up, ending up within a non-clinical range. It is noteworthy that all three mothers were within the clinical range for verbosity at the pre-intervention stage. Both Vicky and Ken's mothers were within the clinical range for laxness (which is an indication of the increased level of permissive discipline) at the pre-intervention stage, and Vicky's mother was within the clinical range for over-reactivity.

Parenting behaviours and practices have an impact on children's behaviours, increasing the likelihood of children developing behaviour problems (such as stealing) when parents are inconsistent with their discipline. Highly emotional or physical punishment is not an effective way of reducing undesirable behaviour in children (Forehand & McMahon, 1981; Loeber & Dishion, 1983; Patterson, 1982). Findings from the present study suggest that consistent discipline, calm reactions, and concise verbal responses are an effective way of reducing undesirable behaviours in children, and, in particular, stealing behaviour.

#### 4.2.2 *Parental Self-efficacy*

The mothers' reports of their sense of satisfaction and efficacy showed an increase for Ken's mother from pre- intervention scores to follow-up scores. However, James and Vicky's mother's reported a decrease in their sense of efficacy post- intervention to follow-up.

Parental self-efficacy involves parents' beliefs about their ability to foster a child's success and development (Ardelt & Eccles, 2001; Jones & Pritz, 2005). Self-efficacy beliefs may mediate the effects of various child and parent variables on the quality of parenting (Ardelt & Eccles, 2001). The results from this study are consistent with this suggestion. Ken's mother reported an increase in her sense of satisfaction and efficacy across the intervention, which was maintained up to follow-up. However, James and Vicky's mother's reported a decrease in their sense of efficacy from post-intervention to follow-up. An explanation for the reported decrease in their sense of efficacy could be that James and Vicky's

mother's were feeling less confident about their parenting role without the weekly support from the researcher after the completion of the programme. These data also demonstrate the importance of gathering follow-up data, as immediately post- intervention may be too soon to determine the extent of the change that has taken place or its stability over time.

All of the mothers were above the norms for their parental satisfaction and parental efficacy both post intervention, and at follow-up. The increase in the mothers' parental satisfaction and efficacy may be associated with the reduction of the mothers' suspicions of their child's stealing. High parental efficacy beliefs increases positive parenting practices, including supervision and monitoring of children (Unger & Waudersman, 1985), and increased supervision limits a child's stealing opportunity (Sanders, et al., 2001; Snyder & Stoolmiller, 2002).

#### 4.2.3 *Maternal Mental Health.*

At the initial assessment, the mothers' reports of depression symptoms were above clinically significant levels of depression, with the exception of James' mother. The three mothers' ratings of depression reduced to non-clinical levels across the intervention to follow-up. Similarly, Vicky and Ken's mother's self-report of anxiety symptoms were above clinically significant levels prior to intervention, and decreased to the non-clinical range post intervention.

As stated, all three mothers reported elevated levels of depression prior to the intervention. Depression may influence parenting behaviour directed towards a child's misbehaviour. Depressed mothers often have low self-efficacy beliefs,

which can lead to insensitive parenting marked by withdrawal and impatience (Fox & Gelfand, 1994; Webster-Stratton & Dahl, 1995). In addition, the experience of living with a parent with mental health problems increases the risk of children developing behavioural problems (Downey & Coyne, 1990; Jaffee, Moffitt, Caspi, & Taylor, 2003). Depressed mothers often increase the number of commands and criticisms they give to their child, resulting in the child displaying an increase in deviant behaviours (Webster-Stratton & Dahl, 1995; Webster-Stratton & Hammond, 1988). At the completion of the intervention, and at follow-up, all three mothers' depression scores had dropped to within the non-clinical range. This is possibly a result of the intervention. As the feeling of helplessness was reduced, maternal self-efficacy may have increased along with maternal mood. Through learning to use descriptive praise in response to desired child behaviour, and implementing new techniques for the management of inappropriate child behaviour, not only did the children's stealing behaviour decrease, but the mothers' mood improved as well.

It must be remembered, however, that maternal mood, anxiety and stress are also affected by a myriad of other factors, and therefore, caution must be exercised when drawing causal conclusions about the link between maternal mental state and a parenting intervention.

As predicted, all of the mothers reported a positive change in parenting behaviours; an increase in levels of parental efficacy (with the exception of James' and Vicky's mothers) and parenting satisfaction; and a decrease in ratings of depression, anxiety and stress symptomatology. This suggests that the Triple P programme had its expected general effect on parents' knowledge and skills, with an additional positive effect on mental health and parenting competence. This is

consistent with previous Triple P research, which shows improvements in parental well-being and competence, as well as positive changes in child behaviour (Sanders & McFarland, 2000; Venning, et al., 2003).

Poor parenting practices including involvement, supervision and behaviour management, and poor parental mental health have been associated with the development of antisocial behaviour, and the emergence of stealing behaviour in children. Improving these factors can have a positive impact on a child's behaviour and it is possible that such was the case in this study. As previously mentioned, low maternal self-efficacy has been correlated with maternal depression and behaviour problems in children (Johnston & Mash, 1989). By providing parents with better skills to manage their child's behaviour, and encouraging parents to look after their own well-being, parents' levels of positive parenting practices, and their sense of competency improved as did their levels of mental wellbeing. Positive changes in parenting practices, self-efficacy and maternal mental health such as those seen in the present study may have caused the reduced rates of child's stealing behaviour. However, it is also possible that the relationship between these maternal factors and children's stealing behaviour is bi-directional. Reductions in children's antisocial behaviour may have caused the positive changes in maternal wellbeing.

#### *4.3 The Process of Change*

No hypothesis was made regarding the change process as it was included as an exploratory aspect of the present study. There is limited research on the change process and it is unclear at what point in an intervention change in the

participants beliefs occurs. However, there was the expectation that the pattern of change that emerged may resemble one of the three categories; consistent, interrupted or minimal change, that were identified by Cumming, et al., (1999). The study revealed a pattern in the change process for the three mothers. The results show that all of the mothers had a change in their beliefs regarding parenting behaviours. The pattern of change for Vicky and Ken's mothers is best described as the category of "minimal change". Both mothers scores plateaued slightly but showed an overall improvement on the completion of the programme, and at the follow-up phase. James' mother's pattern of change is best described as a mixture of the categories "consistent" and "interrupted" as the set-back in session two was followed by steady change through the rest of the programme. The process of change results suggest that the three mothers made a positive change in their beliefs regarding their parenting behaviours. All three of the identified patterns of the change process may lead to successful outcomes in therapy (Cummings, et al., 1999).

It has been suggested that the process of change may be linked to specific points in interventions (Greenberg & Watson, 2002). The mothers in this study displayed common moments of positive change. These occurred at week four where the previous session covered positive parenting, week five, where the previous sessions covered managing child misbehaviour; week eight where the home observation sessions had finished and parents had been provided with feedback; and week ten, where the previous session had covered high-risk situations and ways to minimize these. From this, the researcher may infer that the process of change is linked to integral points in the intervention. This suggests that there are stages throughout the Triple P intervention where positive

change in beliefs regarding parenting behaviours is more likely to occur. This is an area in which more research is required in order to better understand the pattern of the process of change.

#### *4.4 Limitations of the study*

The strengths of using a multiple baseline design across subjects are well known, in that this design allows for a micro-level analysis of treatment response throughout the programme, as opposed to simply measuring variables pre- and post- intervention. It also does not require the withdrawal of a seemingly effective treatment in order to demonstrate experimental control. This is particularly important in studies where the target behaviours are self-injurious, dangerous, or disadvantage others. Multiple baselines are the most appropriate method for analyzing target behaviour that cannot be withdrawn or are likely to be irreversible (Cooper, Heron & Heward, 1987)

However, three limitations of this design have been outlined by Cooper, et al., (1987). First, a multiple baseline design may not allow a demonstration of experimental control, as observations of concurrent change in behaviours in baseline conditions precludes the demonstration of a relationship within the original design and there is the possibility of a social influence and general participation effects. Second, a multiple baseline design is sometimes viewed as a weaker method of showing experimental control than a reversal design. Third, the multiple design provides more information about the effectiveness of the independent variable (the treatment) than it does about the function of any particular target behaviour (stealing).

There are several limitations in this study that somewhat weaken the strength of the inferences that can be made regarding the rates of the children's stealing behaviour. First, due to the low base rate of stealing behaviour, combined with relatively brief baseline phases, there may have been inadequate description of the pre- intervention frequency of the behaviour. A longer baseline phase may be necessary to determine the extent of the children's stealing behaviour pre-intervention. This would provide more strength for conclusions of the effectiveness of the intervention. Second, the low number of participants resulted in a low number of replications which reduced the strength of the conclusion that the Triple P intervention was responsible for the reduction in the children's stealing behaviour. Further, changes in stealing are gradual over the intervention phase making the detection of change more difficult.

A third limitation was the difficulty in recruiting participants, possibly resulting in sample bias. At the beginning of the study, the researcher sent letters to schools asking for referrals. Mental health agencies and youth aid police officers were also approached. The response to the letters was disappointing with no referrals from mental health agencies, and only one referral from the schools. The Christchurch youth aid police referred two participants. There are several possible explanations for the lack of response to requests for referrals. 1) Agencies may be reluctant to refer clients to research programmes in general, or more specifically they may have been reluctant to refer clients to a research programme run by a relatively inexperienced therapist. 2) The agencies may have had adequate treatment options at their disposal, making referrals to the researcher unnecessary. 3) There may have been a genuine lack of cases whose referral problem was either stealing or lying during the recruitment period.

However, anecdotal evidence from the families suggested that stealing was a relatively common problem. 4) Teachers at schools may be unaware of children who steal at high levels and are therefore unable to suggest referrals. This is a plausible explanation because covert behaviours, such as stealing, are particularly difficult to target for assessment (Miller & Klungness, 1989). 5) A further possible explanation for the lack of referrals is that teachers may have been aware of children exhibiting stealing behaviour, but were unwilling to approach the child's parents. Many teachers and adults are reluctant to label children as 'stealers' due to feared legal or social consequences for the child, and parents often decline to seek treatment. Families of children who steal often have difficulties recognizing that their child has a problem and tend to re-label stealing instances as the child having 'borrowed' or 'found' an object. It is also important to note that families most in need of assistance with behavioural problems either do not have access to, or do not seek access to, mental health services (Sanders, 1992). Clearly, there is no one explanation to sufficiently explain the lack of volunteers in participating in the Triple P intervention. It is most likely that a combination of factors contributed to the low response rate.

The inclusion of stealing probes was used to determine whether the child was able to resist the temptation to steal. In this study, it would have been useful to have further stealing probes implemented in the weeks during follow-up stage. This would have given a clearer indication as to whether the stealing behaviour had in fact been eliminated, and would have strengthened the causal inferences made.

Self-report measures are a quick and easy way of gathering data directly from the individual about numerous constructs, for example, parental beliefs

regarding competence and efficacy. However, people sometimes present themselves in a more positive light than is really the case. This is known as a demand characteristic of the rating scale (Eisenberg-Berg & Hand, 1979; Eisenberg, Miller, Schaller & Fabes, 1989). There is no way of knowing if parents are ‘faking good’ on self-report measures, unless lie scales are included. The standard measures used for the delivery of the Triple P programme do not include lie scales. Therefore, none were used in this study.

There are limitations when relying on parental reports, which may have lead to the baseline recordings of the target behaviour being an inaccurate reflection of the child’s stealing behaviour. One such limitation is that the mothers were required to keep records for an extended period of time, i.e., every day throughout the baseline, the intervention, and follow-up phases. On reflection, this task may have been too onerous and may have lead to inaccurate recordings. It is difficult to monitor parents’ consistency with data recording. There is no way of knowing if parents were consistently recording their suspicions of the child’s stealing, or if they became lax and did not monitor their child’s activities rigorously. However, this does not seem likely, as an aspect covered in the Triple P programme in order to reduce children’s stealing is improving parental supervision and monitoring.

A common problem faced by researchers investigating stealing behaviour is the lack of knowledge of the social norms for tolerance levels of the behaviour. Parental norms may be gathered by directly asking the parents. However, social norms are more difficult to come by. This is an issue that may be addressed by conducting a questionnaire or survey of schools and business in the community to determine the social norms for stealing in the area. This study also did not address

the issue of severity of stealing other than to ask the parents participating what the child was most commonly suspected of stealing. Frequency was measured, but there was no measure of the kind of stealing, for example, stealing food from the pantry as opposed to shoplifting. This is a limitation as the child may have decreased his or her stealing behaviour but we do not know other than through anecdotal reports whether the severity of the stealing has also decreased.

#### *4.5 Future directions for research*

The current study provides useful suggestions for future research. Before we can confidently conclude that a general, standard programme like Triple P is effective for treating children's stealing, further constructive replications are required, employing more complete single-case research designs than was achieved here.

No one factor, such as parenting practices, parenting sense of competency or parental mental health, is solely responsible for predicting or effecting change in a child's stealing behaviour. It is a cumulative effect of all the factors together, influencing a child's behaviour. With this in mind, it would be beneficial for future research to examine the percentage of change that is attributable to each of these variables in influencing the development of child's stealing behaviour.

An extension of the current study with a larger number of cases, more replications, and further measures would provide stronger evidence of the usefulness of a Triple P programme in reducing stealing behaviour. The low response rate from participants in this study indicates the need for investigations

into improved methods of attracting families whose children have covert problem behaviours. This would not only be beneficial in future research but also for therapists. The difficulties experienced in recruiting participants in this study identifies the need for improved methods of encouraging families to access mental health services earlier, especially as the research shows that parent training programmes such as Triple P are most effective when applied to younger children.

Future studies investigating the efficacy of any treatment intervention for stealing, would provide useful information by implementing stealing probes in the follow-up phase after the intervention. This would further indicate whether stealing behaviour has been eliminated or decreased due to the intervention, or as a result of the lack of stealing opportunity. A long-term follow-up with the use of stealing probes would further enhance confidence in the outcome.

Including lie scales in parental self-report measures would help to reduce the demand characteristics of the measures. The inclusion of lie scales to control for parents 'faking good' would therefore be beneficial for future research.

This study also highlights the need for improved methods of ensuring the reliability and consistency of parental reports and recordings. One way in which to do this is the simultaneous monitoring of stealing behaviour in the school setting as well as the home setting to provide additional information. In addition police reports could provide further collateral information.

The current study highlights the need for the development of a questionnaire specifically measuring stealing behaviour in terms of its frequency and severity. There is a current gap in the literature for stealing questionnaires.

The standard measure currently used in the Triple P programme measuring child problem behaviour *The Eyberg Child Behavior Inventory* has only one item regarding stealing. In order to treat a child's covert stealing problem it is important to know the frequency and severity with which this behaviour is occurring. Without a measure to assess these factors, researchers must rely on parental anecdotal and child self-reports to determine how effective an intervention has been in reducing the child's stealing behaviour. In order to assess the frequency and severity of a child's stealing behaviour we also need to know parental and social norms and tolerance levels for the behaviour. Thus, future research would do well to look at questioning the community in which a child lives, to gain an understanding of the social norms and tolerance levels for this behaviour.

The process of change in interventions is a relatively unexplored aspect of behavioural family interventions, and the directions for future research on the change process are vast. While it is known that effective interventions promote change in participants, and several patterns of change have been identified (Cummings, et al., 1994), it is unknown at which points of an intervention the change occurs. The present studies results suggest that there are stages throughout the Triple P intervention where change is more likely to occur. This is an area that future research may explore to determine which sessions of child management in the Triple P programme, effect the most change in paternal and child behaviour.

#### 4.6 *Conclusions*

The current study is a useful addition to the small quantity of literature on the behavioural treatment of stealing. The findings from this study should encourage further investigation of the common, but serious problem, of stealing.

The three families in this study all experienced a reduction in the frequency of their child's stealing behaviour. As predicted, maternal reports of parenting practices, sense of competency, and self-efficacy improved following the Triple P programme, as did the maternal reports of mental health. Each of these individual factors may have played a part in the changes in child's stealing behaviour, although the causal direction of this interaction is unclear.

The positive approach of Triple P in teaching parents to reinforce and encourage desirable behaviours provides parents with a way to eliminate covert antisocial behaviours and move their child away from an antisocial trajectory leading on to serious long-term antisocial careers. As a result of the changes in parenting practices, beliefs of competency and efficacy, and parental mental health, it is plausible to say that at the completion of the Triple P programme, these mothers were experiencing less aversive parenting problems and were more involved in their children's lives, promoting more positive child development.

## References

Alltucker, K.W., Bullis, M., Close, D. & Yovanoff, P. (2006). Different Pathways to Juvenile Delinquency: Characteristics of Early and Late Starters in a Sample of Previously Incarcerated Youth. *Journal of Child and Family Studies*, 15(4), 479-492.

American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> edition (DSM-IV)*. Washington, DC: American Psychiatric Association.

Ardelt, M., & Eccles, J.S. (2001). Effects of mothers' parental efficacy beliefs and promotive parenting strategies on inner-city youth. *Journal of Family Issues*, 22(8), 944-972.

Arnold, D.S., O'Leary, S.G., Wolff, L.S., & Acker. M.M. (1993). The Parenting Scale: A measure of dysfunctional parenting in discipline situations. *Psychological Assessment*, 5, 137-144.

Bandura, A. (1977). *Social learning theory*. Oxford: Prentice-Hall.

- Bank, L., Patterson, G.R., & Reid, J.B. (1987). Delinquency Prevention Through Training Parents in Family Management. *The Behavior Analyst, 10(1)*, 75-82.
- Beauchine, T.P., Webster-Stratton, C., & Reid, M.J. (2005). Mediators, Moderators, and Predictors of 1-Year Outcomes Among Children Treated for Early-Onset Conduct Problems: A Latent Growth Curve Analysis. *Journal of Consulting and Clinical Psychology, 73(3)*, 371-388.
- Belson, W.A. (1975). *Juvenile theft: The causal factors*. London: Harper & Row.
- Berlin, L.J (2005). Interventions to Enhance Early Attachments The state of the Field Today. In L.J. Berlin, Y. Ziv, L. Amaya-Jackson, & T.M. Greenberg (Eds.), *Enhancing Early Attachments, Theory, Research, Intervention, and Policy* (pp. 3-27). New York: Guilford Press.
- Born, M., Chevalier, V., & Humblet, I. (1997). Resilience, desistance and delinquent career of adolescent offenders. *Journal of Adolescence, 20*, 679-694.
- Bosmans, G., Braet, C., Van Leeuwen, K., & Beyers, W. (2006). Do Parenting Behaviors Predict Externalizing Behavior in Adolescence or Is Attachment the Neglected 3<sup>rd</sup> Factor? *Journal of Youth and Adolescence, 35(3)*, 373-383.

- Brennan, P.A., Mednick, B.R., & Mednick, S.A. (1993). Parental psychopathology, congenital factors and violence. In S. Hodgins (Ed.), *Mental disorder and violence* (pp. 244-261). Newbury Park, CA: Sage Publications.
- Buist, K.L., Dkovic, M., Meeus, W., & Van Aken, M.A.G. (2004). The reciprocal relationship between early adolescent attachment and internalizing and externalizing problem behaviour. *Journal of Adolescence*, 27(3), 251-266.
- Burke, J.D., Loeber, R., & Birmaher, B. (2002). Oppositional defiant disorder and conduct disorder: A review of the past 10 years, part II. *Journal of the American Academy of child and Adolescent Psychiatry*, 41(11), 1275-1293.
- Coie, J.D., & Miller-Johnson, S. (2001) Peer Factors and Interventions. In R. Loeber & D.P. Farrington (Eds.), *Child Delinquents Development, Intervention and Service Needs* (pp.191-211). Thousand Oaks, CA: Sage Publications.
- Coleman, P.K., & Karraker, K.H. (2003). Maternal self-efficacy beliefs, competence in parenting, and toddlers' behavior and developmental status. *Infant Mental Health Journal*, 24, 126-148.

- Connell, S., M.R., & Markie-Dadds, C. (1997). Self-directed behavioural family intervention for parents of oppositional children in rural areas. *Behavior Modification, 21*(4), 379-408.
- Cooper, J.O., Heron, T.E., & Heward, W.L. (1987). *Applied behavior analysis*. Columbus, OH: Merrill Publishing.
- Crawford, J.R., & Henry, J.D. (2003). The Depression Anxiety Stress Scales (DASS): Normative data and latent structure in a large non-clinical sample. *The British Journal of Clinical Psychology, 42*, 111-131.
- Cummings, A.L., Hallberg, E.T., & Slemon, A.G. (1994). Templates of client change in short term counselling. *Journal of Counseling Psychology, 41*(4), 464-472.
- Downey, G., & Coyne, J.C. (1990). Children of depressed parents: An integrative review. *Psychological Bulletin, 108*(1), 50-76.
- Elliot, D.S., & Menard, S. (1996) Delinquent Friends and Delinquent Behavior: Temporal and Developmental Patterns. In J.D Hawkins (Ed.), *Delinquency and Crime Current Theories* (pp 28-64). Cambridge: Cambridge University Press.

- Eisenberg, N., Miller, P., Schaller, M., & Fabes, R. (1989). The role of sympathy and altruistic personality traits in helping: A re-examination. *Journal of Personality, 57(1)*, 41-67.
- Eisenberg-berg, N., & Hand, M. (1979). The relationship of preschoolers' reasoning about prosocial moral conflicts to prosocial behaviour. *Child Development, 50(2)*, 356-363.
- Eyberg, S.M., & Pincus, D. (1999). *Eyberg Child Behavior Inventory and Sutter-Eyberg Student Behavior Inventory- Revised: Professional manual*. Odessa, FL: Psychological Assessment Resource.
- Farrington, D.P. (1992). Explaining the beginning, progress and ending of antisocial behaviour from birth to adulthood. In J. McCord (Ed.), *Facts frameworks and forecasts: Advances in criminological theory (Vol,3, pp.253-286)*. New Brunswick, NJ: Transaction.
- Farrington, D.P. (1996). The Explanation and Prevention of Youthful Offending. In J.D Hawkins (Ed.), *Delinquency and Crime Current Theories* (pp. 68-129). Cambridge: Cambridge University Press.
- Farrington, D.P., & Loeber, R. (2000). Epidemiology of juvenile violence. *Child and Adolescent Psychiatric Clinics of North America, 9(4)*, 733-748.

Farrington, D.P., & West, D.J. (1990). The Cambridge study in delinquent development: A Long term follow-up of 411 London males. In H.J Kerner & G. Kaiser (Eds.), *Criminality: Personality, behaviour, life history* (pp. 115-138). Berlin: Springer-Verlag.

Feingberg, I., Higgins, L.M., Khaw, W.H., & Campbell, I.G. (2006). The adolescent decline of NREM delta, an indicator of brain maturation, is linked to age and sex but not to pubertal stage. *Journal of Physiology-Regulatory, Integrative & Comparative Physiology*, 291. [Electronic Version] doi:10.1152/ojpregu.00293.

Forehand, R., Griest, D.L., & Wells, K.C. (1979). Parent behavioural training: An analysis of the relationship among multiple outcome measures. *Journal of Abnormal Child Psychology*, 7(3), 229-242.

Forehand, R.L., & Long, N. (1988). Outpatient treatment of the acting out child: Procedures, long term follow-up data, and clinical problems. *Advances in Behaviour Research and Therapy*, 10, 129-177.

Forehand, R., & McMahon, R. (1981). *Helping the noncompliant child*. New York: Guildord Press.

Fox, C.R., & Gelfand, D.M. (1994). Maternal depressed mood and stress as related to vigilance, self-efficacy and mother child-interactions. *Early Development and Parenting*, 3, 233-243.

Freeman, J.B., Garcia, A.M., Fucci, C., Karitani, M., Miller, L., & Leonard, H.L. (2003). Family-based treatment of early-onset obsessive-compulsive disorder. *Journal of Child and Adolescent Psychopharmacology. Special Issue: Obsessive-Compulsive disorder, 13(2)*, S71-S80.

Gardner, F. E.M. (1989). Inconsistent Parenting: Is There Evidence for a Link with Children's Conduct Problems? *Journal of Abnormal Child Psychology, 17(2)*, 223-233.

Gelles, R.J., & Wolfner, G. (1994). Sexual offending and victimization: A life course perspective. In A.S. Rossi, *Sexuality across the life course. The John D. and Catherine T MacArthur Foundation series on mental health and development: Studies on successful midlife development* (pp.363-388). Chicago, IL. University of Chicago Press.

Gibaud-Wallston, J., & Wandersman, L.P. (1978). Development and utility of the Parenting Sense of Competence Scale. Paper presented at the 86<sup>th</sup> Annual Convention of the American Psychological Association. Toronto, Ontario: Canada.

Greenberg, L.S., & Watson, J.C. (2002). Change Process Research. In J.C. Norcross, L.E. Beutler, & R.F. Levant. *Evidence based practices in mental health*. Washington, D.C: American Psychological Association.

- Grolnick, W.S., & Slowiaczek, M.L. (1994). Parents' involvement in children's schooling: A multidimensional conceptualization and motivational model. *Child Development, 65(1)*, 237-252.
- Gur, R.C. (2005). Brain maturation and its relevance to understanding criminal culpability of Juveniles. *Current Psychiatry Reports, 7(4)*, [Electronic version].
- Henderson, J.Q. (1981). A Behavioral Approach to Stealing: A Proposal For Treatment Based on Ten Cases. *Journal of behaviour Therapy & Experimental Psychiatry, 12(3)*, 231-236.
- Jaffee, S.R., Moffitt, T.E., Caspi, A., & Taylor, A. (2003). Life with (or without) father: The benefits of living with two biological parents depend on the fathers antisocial behavior. *Child Development, 74(1)*, 109-126.
- Johnson, J.G., Smailes, E., Cohen, P., Kasen, S. & Brook, J.S. (2004), Antisocial Parental Behaviour, Problematic Parenting and Aggressive offspring Behaviour During Adulthood, A 25 year Longitudinal Investigation. *British Journal of Criminology, 44*, 915-930.
- Johnston, C., & Marsh, E.J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology, 18*, 165-172.

Jones, T.L., & Prinz, R.J. (2005). Potential roles of parental self-efficacy in parent and child adjustment: A review. *Clinical Psychology Review*, 25(3), 341-363.

Kazdin, A.E. (1995). *Conduct disorders in childhood and adolescence*. (2nd ed.). Thousand Oaks, C.A: Sage Publications.

Kelley, M.L., Noell, G.H., & Reitman, D. (Eds.). (2003). *Practitioner's guide to empirically based measures of school behavior*. New York: Kluwer Academic/Plenum Publishers.

Krohn, M.D., Massey, J.L., & Skinner, W.F. (1987). A Sociological Theory of Crime and Delinquency: Social Learning Theory. In E.K. Morris, & C.J. Braukmann (Eds.), *Behavioral Approaches to Crime and Delinquency, A handbook of Application, Research, and Concepts* (pp.455-472). New York: Plenum Press.

Krohn, M.D., Thornberry, T.P., Rivera, C., & LeBlanc, M. (2001) Later Delinquency Careers. In R. Loeber & D.P. Farrington (Eds.), *Child Delinquents Development, Intervention and Service Needs* (pp.191-211). Thousand Oaks, CA: Sage Publications.

Kunkel, A., Hummer, M.H., & Dennis, M.R. (2006). Social Learning Theory: Modelling and Communication in the Family Context. In D.O. Braithwaite, & L.A. Baxter (Eds.), *Engaging theories in family communication: Multiple perspectives*. (pp.260-275). Thousand Oaks, CA: Sage Publications.

Loeber, R. (1991). Antisocial behaviour: More enduring than changeable? *Journal of the American Academy of Child and Adolescent Psychiatry*, 30, 393-397.

Loeber, R. (1996). Developmental continuity, change, and pathways in male juvenile problem behaviors and delinquency. In J.D. Hawkins (Ed.), *Delinquency and crime: Current theories* (pp. 1-27). Cambridge, UK: Cambridge University Press.

Loeber, R., & Dishion, T.J. (1983). Early predictors of male delinquency: A review. *Psychological Bulletin*, 94, 68-99.

Loeber, R., & Farrington, D.P. (Eds.). (2001). *Child Delinquents, Development, Intervention and Service Needs*. Thousand Oaks, CA: Sage Publications.

- Loeber, R., Keenan, K., & Zhang, Q. (1997). Boys experimentation and persistence in developmental pathways toward serious delinquency. *Journal of Child and Family Studies, 6*(3), 321-357.
- Loeber, R., & Schmalting, K.B. (1985). Empirical evidence for overt and covert patterns of antisocial conduct problems. *Journal of Abnormal Child Psychology, 13*, 337-352.
- Loeber, R., & Stouthamer-Loeber, M. (1986). Family factors as correlates and predictors of juvenile conduct problems and delinquency. In M. Tonry & N. Morris (Eds.), *Crime and justice (Vol,7, pp.29-149)*. Chicago: University of Chicago Press.
- Loeber, R., Wung, P., Keenan, K., Giroux, B., Stouthamer-Loeber, M., Van Kammen, W.B., & Maughan, B. (1993). Developmental pathways in disruptive child behavior. *Developmental and Psychopathology, 5*, 103-133.
- Lovejoy, M.C., Graczyk, P.A, O'hare, E., & Neuman, G. (2000). Maternal Depression and Parenting Behavior: A meta-analytic review. *Clinical psychology review, 20*, 561-592.
- Lovibond, P.F., & Lovidbond, S.H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales with the Beck

Depression and Anxiety Inventories. *Behaviour Research and Therapy*, 33, 335-343.

Markie-Dadds, C.M., Sanders, M.R., & Turner, K.M.T. (2000). *Every Parent's Family Workbook*. Queensland: Triple P International.

McCord, J. (1982). A Longitudinal view of the relationship between paternal absence and crime. In J. Gunn & D.P. Farrington (Eds.), *Abnormal offenders, delinquency, and the criminal justice system* (pp.113-128). Chichester: Wiley.

McCord, J. (2001). Forging criminals in the family. In S.O. White. *Handbook of youth and justice. The plenum series in crime and justice*. (pp. 223-235). Netherlands: Kluwer Academic Publishers.

McMahon, R.J., & Forehand, R.L. (1983). Consumer satisfaction in behavioural treatment of children: Types of issues and recommendations. *Behaviour Therapy*, 14, 209-225.

Michelson, L. (1987). Cognitive-behavioral strategies in the prevention and treatment of antisocial disorders in children and adolescents. In J.D Burchard & S.N. Burchard (Eds.), *Prevention of delinquent behaviour* (pp. 275-310). Beverly Hills, CA: Sage Publications.

- Miller, S.D., Duncan, B.L., Brown, J. Sparks, J.A., & Claud, D.A. (2003). The outcome rating scale: A preliminary study of the reliability, validity and feasibility of a brief visual analogue measure. *Journal of Brief Therapy*, 2, 91-100.
- Miller, G.E., & Klungness, L. (1989). Childhood Theft: A Comprehensive Review of Assessment and Treatment. *School Psychology Review*, 18(1), 82-97.
- Miller, G.E. & Moncher, F.J. (1988). Critical Issues in The Assessment Of Childhood Stealing Behavior. *Advances in Behavioral Assessment of Children and Families*, 4, 73-96.
- Miller, G.E., & Zimprich, E. (2006). Stealing. In G.G. Bear, & K.M. Minke, (Eds.), *Children's needs III : development, prevention, and intervention* (pp. 171-180). Bethesda, Md: National Association of School Psychologists.
- Moore, K.J., & Patterson, G.R. (2003). Parent Training. In W. O'Donohue, J.E. Fisher, & S.C. Hayes (Eds.), *Cognitive Behaviour Therapy: Applying Empirically Supported Techniques in Your Practice* (pp. 280-287). Hubuker, New York: Wiley & Sons Inc.
- Morawska, A., & Sanders, M.R. (2006). Self-Administered Behavioral Family Intervention for Parents of Toddlers: Part I. Efficacy. *Journal of Consulting and Clinical Psychology*, 74(1), 10-19.

- Neeson, M. (2002) *A Snapshot Review of Youth and Crime Canterbury Police District*. Canterbury Analysis, Stopping Crime and Crashes, Youth Aid Section, Christchurch: New Zealand Police
- Nevin, J.A. (1993). Behavioural Momentum: Implications for clinical Practice. *Behaviour Change*, 10(3), 162-168.
- O'Dell, J.W. (1974). Training Parents in Behavior Modification: A Review. *Psychological Bulletin*, 18, 418-433.
- Papalia, D.E., Olds, S.W., & Feldman, R.D. (2002). *A Child's World Infancy Through Adolescence (9th ed.)*. New York: McGraw-Hill.
- Patterson, G. (1982). *Coercive Family Process*. Eugene, OR: Castalia.
- Patterson, G., DeBaryshe, B. D. & Ramsey, E. (1989). A Developmental Perspective on Antisocial Behaviour. *American Psychologist*, 44, 329-335.
- Patterson, G. R., Reid, J.B., & Dishion, T.J. (1992). *Antisocial boys; A social interactional approach*. Eugene, OR: Castalia.

- Patterson, G.R., & Stouthamer-Loeber, M. (1984). The correlation of family management practices and delinquency. *Child Development, 55*, 1299-1307.
- Pauli-Pott, U., Haverkock, A., Pott, W., & Beckmann, D. (2007). Negative Emotionality, Attachment Quality, and Behavior Problems in Early Childhood. *Infant Mental Health Journal, 28(1)*, 39-53.
- Pawsey, R. (1996). A Family Behavioural Treatment of Persistent Juvenile Theft. *Australian Psychologist, 31(1)*, 28-33.
- Police National Headquarters (2008). *New Zealand Crime statistics, 2006/2007: A summary of recorded and resolved offence statistics*. Retrieved February, 7, 2008, from Statistics New Zealand Website via Access: <http://www.stats.govt.nz>
- Prochaska, J.O, (1999). How Do People Change, and How can We Change to Help Many More People? In M.A. Hubble, B.L. Duncan, & S.D. Miller (Eds.), *The Heart and Soul of Change: What Works in Therapy* (pp.227-255). Washington, DC: American Psychological Association.
- Reid, J.B., & Hendriks, A.F. (1973). Preliminary Analysis of the Effectiveness of Direct Home Intervention for the Treatment of Predelinquent Boys Who Steal. In L.A. Hammerlynck, L.C. Handy, & E.I Mash (Eds.), *Behaviour*

*Change Methodology Concepts and Practice* (pp. 209-220). Champaign, Illinois: Research Press.

Reid, J.B., & Patterson, G.R. (1976). The modification of aggression and stealing behaviour of boys in the home setting. In E. Ribes-Inesta & A. Bandura (Eds.), *Analysis of delinquency and aggression* (pp. 123-146). New York: Wiley & Sons Ltd.

Reid, J.B., Patterson, G.R., & Snyder J. (Eds.). (2002). *Antisocial behaviour in children and adolescents: A developmental analysis and model for intervention*. Washington, DC: American Psychological Association.

Sanders, M.R. (1999). Triple P-Positive Parenting Program: Towards an empirically validated multilevel parenting and family support strategy for the prevention of behavioural and emotional problems in children. *Clinical Child and Family Psychology Review*, 2, 71-90.

Sanders, M.R. (2003a). The translation of an evidence-based parenting program into regular clinical services. *Australian e-journal for the Advancement of Mental Health*, 2(3). Retrieved January 28, 2008, from <http://www.auseinet.com/journal>.

- Sanders, M.R. (2003b). Triple P- Positive Parenting Program: A Population approach to promoting competent parenting. *Australian e-Journal for the Advancement of Mental Health*, 2(3). Retrieved January, 28, 2008, from <http://www.auseinet.com/journal>.
- Sanders, M.R. (2004). *Every Parent: A positive approach to children's behaviour*. Victoria: Penguin group.
- Sanders, M.R., & McFarland, M. (2000). Treatment of depressed mothers with disruptive children: A controlled evaluation of cognitive behavioral family intervention. *Behavior Therapy*, 31(1), 89-112.
- Sanders, M.R., & Dadds, M.R. (1993). *Behavioural family intervention*. Boston: Allyn and Bacon.
- Sanders, M.R., & Markie-Dadds, C. (1992). Toward a technology of prevention of disruptive behaviour disorders: The role of behavioural family intervention. *Behaviour Change*, 9(3), 186-200.
- Sanders, M.R., & Markie-Dadds, C. (1996). Triple P: A multilevel family intervention program for children with disruptive behaviour disorders. In T. Cotton and H. Jackson (Eds.), *Early intervention and prevention in mental health* (pp. 59-85). Melbourne: Australian Psychological Society.

Sanders, M.R., Markie-Dadds, C., Tully, L., & Bor, W. (2000). The Triple P-Positive Parenting Program: A comparison of enhanced, standard, and self directed behavioural family intervention for parents of children with early onset conduct problems. *Journal of Consulting and Clinical Psychology*, *68*(4), 624-640.

Sanders, M.R., Markie-Dadds, C., & Turner, K.M.T. (2001). *Practitioner's Manual for Standard Triple P*. Queensland: Triple P International.

Sanders, M.R., Markie-Dadds, C., Tuner, K.M.T. (2003). *Theoretical, Scientific and Clinical Foundations of the Triple P-Positive Parenting Program: A population Approach to the Promotion of Parenting Competence*. Queensland: The Parenting and Family Support Centre.

Sanders, M.R., Turner, K.M.T., & Markie-Dadds, C. (1996) *Triple P tip sheet series for Primary schoolers*. Brisbane: Healthy Families Australia Trust.

Seymour, F.W., & Epston, D. (1989). An Approach to Childhood Stealing with Evaluation of 45 Cases. *Australia New Zealand Journal of Family therapy*, *10*(3), 137-143.

- Snyder, H.N. (2001). In R. Loeber & D.P. Farrington (Eds.), *Child Delinquents Development, Intervention and Service Needs* (pp.25-46). Thousand Oaks California: Sage Publications.
- Snyder, J., Schrepferman, L., & St Peter, C. (1997). Origins of antisocial behavior: Negative reinforcement and affect dysregulations of behavior as socialization mechanisms in family interaction. *Behavior Modification*, *21*(2), 187-215.
- Snyder, J., & Stoolmiller, M. (2002). Reinforcement and coercion mechanisms in the development of antisocial behaviour: The family. In J.B. Reid, G.R. Patterson & J. Snyder (Eds.), *Antisocial behavior in children and adolescents: A developmental analysis and model for intervention*. (pp.65-100). Washington, DC, US: American Psychological Association.
- Spivack, G., Marcus, J., & Swift, M. (1986). Early Classroom behaviours and later misconduct. *Developmental Psychology*, *22*, 124-131.
- Stouthamer-Loeber, M., & Loeber, R. (1988). Parents as intervention agents for children with conduct problems and juvenile offenders. *Child and Youth Services*, *11*(1), 127-148.

- Susman, E.J., Trickett, P.K., Ianotti, R.J., Hollenbeck, B.E., & Zahn-Waxler, C. (1985). Childrearing patterns in depressed, abusive, and normal mothers. *American Journal of Orthopsychiatry*, *55*, 237-251.
- Switzer, E.B., Deal, T.E., & Bailey, J.S. (1977). The reduction of stealing in second graders using a group contingency. *Journal of Applied Behavior Analysis*, *10*(2), 267-272).
- Thornberry, T.P. (1993) Empirical Support for Interactional Theory: A Review of the Literature. In J.D. Hawkins, (Ed.). *Delinquency and Crime Current theories*. (pp 198-233). Cambridge: Cambridge University Press.
- Trees, A.R (2006). Attachment Theory: The Reciprocal Relationship Between Family Communication and Attachment Patterns. In D.O. Braithwaite & L.A. Baxter (Eds.), *Engaging Theories in Family Communication Multiple Perspectives*. (pp 165-177). California: Sage Publications.
- Tremblay, G.C., & Drabman, R.A. (1997). An Intervention for Childhood Stealing. *Child & Family Behavior Therapy*, *19*(4), 33-40.

Turner, K.M.T., Sanders, M.R., & Wall, C.R. (1994). Behavioural parent training versus dietary education in the treatment of children with persistent feeding problems. *Behaviour Change*, *11*(4), 242-258.

Unger, D.G., & Warndersman, L.P. (1985). Social support and adolescent mothers: Action research contributions to theory and application. *Journal of Social Issues*, *41*, 29-45.

Verlaan, P., & Schwartzman, A.E. (2002). Mother's and father's parental adjustment: Links to externalising behaviour problems in sons and daughters. *International Journal of Behavioral Development*, *26*(3), 214-224.

Venning, H., Blampied, N.M., & France, K.G. (2003). Effectiveness of a Standard Parenting-Skills Program in Reducing Stealing and Lying in Two Boys. *Child and Family Behavior Therapy*, *25*(2), 31-44.

Wadsworth, M. (1979). *Roots of delinquency*. London: Martin Robertson.

Wahler, R.G., & Dumas, J.E. (1987). Stimulus Class Determinants of Mother-Child Coercive Interchanges in Multidistressed Families: Assessment and Intervention. In J.D. Burchard & S.N. Burchard (Eds.) *Prevention of*

*delinquent behavior* (pp. 190-220). Newbury Park, C.A: Sage Publications.

Ward, T., Louden, K., Hudson, S.M., & Marshall, W.L. (1995). A descriptive model of the offense chain for child molesters. *Journal of Interpersonal Violence, 10*(4), 452-472.

Webster-Stratton, C., & Dahl, R.W. (1995). Conduct disorder. In M. Hersen, & R.T. Ammerman (Eds.), *Advanced abnormal child psychology* (pp.333-352). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.

Webster-Stratton, C., & Hammond, M. (1988). Maternal depression and its relationship to life stress, perceptions of child behaviour problems, parenting behaviours, and child conduct problems. *Journal of Abnormal Child Psychology, 16*(3), 299-315.

West, D. J., & Farrington, D.P. (1973). *Who becomes delinquent?* London: Heinemann.

White, S.R. (2006). Treating conduct disorder in children: An intervention for parents with an emphasis on attachment theory. *Dissertation Abstracts*

*international: Section B: The sciences and Engineering 67(4-b) 2212.*

Retrieved November, 27, 2007, from PSYCINFO database.

White, J. L., Moffit, T.E., Earls, F., Robins, L.N., & Silva, P.A. (1989). How early can we tell? Predictors of child conduct disorder and adolescent delinquency. *Criminology*, 28, 507-533.

Widom, C.S., & Toch, H. (1993). The Contribution of Psychology to Criminal Justice Education. *Journal of Criminal Justice Education* 4(2), 251-272

Williams, A., Zurbrick, S., Silburn., & Sanders, M.R. (1987). *A population based intervention to prevent disruptive behaviour disorders: The Perth Positive Parenting Program demonstration project*. Unpublished manuscript.

Zurbrick, S.R., Ward, K.A., Silburn, S.R., Lawrence, D., Williams, A.A., et al. (2005). Prevention of Child Behavior Problems Through Universal Implementation of a Group Behavioral Family Intervention. *Prevention Science*, 6(4), 287-304.

## Appendix A

### Recruitment Letter

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Dear

I am a M.A thesis student doing research on the use of a behavioural family intervention with families whose preadolescent children steal. Specifically, I am researching the Triple-P positive parenting programme developed by Matthew Sanders, which is a multilevel family intervention programme for children with behaviour problems.

Triple-P is based on the belief that improving parents' skills will help to move children at risk of the development of behaviour problems away from the developmental trajectory leading to more severe antisocial behaviour. In addition, Triple-P aims to increase parents' sense of competence, and reduce parenting stress.

Triple-P has documented efficacy for reducing unwanted behaviours in general settings. However, there is only limited research into the efficacy of Triple-P programmes on specific target groups, due to the relative newness of the programme.

Past programmes aimed at eliminating stealing have focused exclusively on the behaviour, rather than more general aspects of problem behaviour. This has resulted in children who steal experiencing fewer gains than children with other behaviour problems.

This study aims to examine the effects of the Level 4 Triple-P intervention on children's stealing. It is expected that parents of children who steal will benefit from the wide ranging parenting skills taught on the program, and be able to use those skills to better monitor their children's activities and eliminate stealing.

All information obtained from this study will be kept confidential and any identifying information will be removed. Participation may be withdrawn at any stage during the study.

I am being supervised in this research by Mr Neville Blampied and Dr Fran Vertue, both from the University of Canterbury. I have received training in the delivery of Triple-P programs up to and including Level 4 training. This study has been approved by the University of Canterbury Human Ethics Committee

I require volunteers from families with a child aged between 7-10 years who steals (or is suspected of stealing) at a rate of approximately once a week, to

receive a ten week behavioural family intervention. If you would be interested in taking part in this programme, please contact me either by email: [lmm90@student.canterbury.ac.nz](mailto:lmm90@student.canterbury.ac.nz) or at the University on: 3642987 ext 7197.

Thank you for your time,  
Yours sincerely  
Lorna McPhail B.A. (Hons.)

## Appendix B

### Information Sheet

My name is Lorna McPhail and I am studying at the University of Canterbury towards a Masters of Arts degree in Psychology. My area of interest is in the Triple-P positive parenting programme, developed in Australia. The programme accepts that there is no single right way to parent, and believes that it is up to parents to decide what values, skills and behaviours they encourage in their children, and to develop their own approach to dealing with their children's behaviour. Triple-P acknowledges that parenting can be demanding frustrating, and exhausting at times, and aims to make parenting easier and more enjoyable by offering suggestions and ideas on positive parenting.

I have been trained to teach parents the Triple-P programme and will be supervised by Mr Neville Blampied and Dr Fran Vertue, both from the University of Canterbury. This study has been approved by the University of Canterbury Human Ethics Committee.

I am asking for your participation in a 10-week positive parenting programme that involves you and your child. At the first session we will discuss your child's stealing, clarifying how often it happens, and talk about your child's behaviour and how you feel about yourself as a parent. During the following sessions we will work through the programme covering topics such as causes of problem behaviour, managing problem behaviour, the use of behaviour charts, and descriptive praise. You will be asked to do a small amount of homework and to watch a short video. Sessions 1-4 will take place at the University of Canterbury. Sessions 5,6 and 7 will be at your home so that the new techniques you have learned can be practiced at home. The last 3 sessions will take place at the University of Canterbury.

During the course of the intervention, you will be required to keep a diary of the times that your child steals. I will contact you three weeks after the intervention has finished, to ask you to keep a record for another week. No identifiable information will be used, as each family in the study will be referred to by number rather than name, to ensure that you and your family remain anonymous.

At the beginning of the programme, you will be given a copy of *'Every Parent'* by Dr Matthew Sanders which you may keep at the end of the programme. If, however, you withdraw from the programme before completion you will be required to return it.

**This project has been reviewed by the University of Canterbury Human Ethics Committee**

## Appendix C

### Consent Form

Lorna McPhail  
c/o Psychology Department  
University of Canterbury

Ph: 3642987 ext 7197  
E-Mail: lmm90@student.canterbury.ac.nz

#### Participant Consent Form

1. I have read and understood the description of the researcher's project in the information sheet. On this basis, I agree to participate in the research project in that I consent to the researcher gathering and using information about myself and my child in relation to the project "*The effects of a positive parenting programme on stealing in young children*"
2. I consent to Lorna McPhail writing up her findings and submitting it as her Masters' thesis to Mr Nevile Blampied and Dr Fran Vertue with the understanding that anonymity will be preserved. I also consent to publications in peer-reviewed journals resulting from this study on the basis that anonymity will be preserved.
3. I give consent to have a colleague of Lorna McPhails to be present at sessions 5,6 and 7 for the home visits to ensure everyone's safety.
4. I understand that I am free to withdraw from the project at any point, including withdrawal of any information that I have provided.

Signed.

Parent..... Parent.....

Researcher.....

## Appendix D

### Visual Analogue Scale

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

If saying no did not work right away...

I took some other kind  
of action

I kept talking and  
trying to get through  
to my child

[-----]

I threatened to do things that...

I was sure I could carry  
out

I knew I wouldn't  
actually do

[-----]

When my child misbehaved...

I handled it without  
getting upset

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

[-----]

Sometimes I feel like I am not getting anything done

Strongly Disagree

Strongly Agree

[-----]

Being a parent makes me tense and anxious

Strongly Disagree

Strongly Agree

[-----]

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

Strongly Disagree

Strongly Agree

[-----]

Being a parent is manageable and any problems are easily solved

Strongly Disagree

Strongly Agree

[-----]