Triple P with Mothers at University: The effect of a behavioural family intervention in the tertiary setting

A dissertation submitted in partial fulfilment of the requirements for the Degree of Masters in Education in the University of Canterbury

by

Letasha Jane-Marie Kearney

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ABSTRACT

The aim of this research was to examine the impact of a behavioural family intervention with parents who were undertaking tertiary study. Six mothers, attending the University of Canterbury, participated in the study. The intervention selected was the Positive Parenting Programme (Triple P). Three aspects of parenting were measured: child behaviour, parenting stress and parenting competence. The findings suggested that the intensity and number of problem behaviours generally decreased, but there was little change in child compliance. Parenting stress decreased after the programme, but levels of life stress increased or remained the same. Ratings of parenting competence improved considerably for all participants' post-intervention. These findings indicate that a behavioural family intervention had positive affects on some aspects on student-parents. Implications and recommendations for future studies are discussed.
CHAPTER ONE

INTRODUCTION

The aim of this study was to assess the changes in parenting stress, feelings of competence, and ratings of child behaviour before and after the behavioural family intervention, Positive Parenting Programme (Triple P; Sanders, Markie-Dadds, and Turner, 2001). The three propositions were as follows. The first proposition was that levels of parenting stress, but not life stress, would reduce post-intervention. The second proposition was that reports of satisfaction and efficacy would improve post-intervention. The third proposition was that reports of child behaviour, particularly child non-compliance, would improve post-intervention.

The idea for this study came from my own experiences as a student-parent. In my under-graduate years I was not a parent, but I returned to post-graduate studies as a wife and mother. This enabled me to see and experience the considerable differences of student life with changed roles. Some of the difficulties I experienced as a parent included financial difficulties, difficulties with childcare, high levels of stress, and isolation. Furthermore, support systems were often not in place within the tertiary institution to support student-parents like myself. These experiences were not uncommon, with studies of student-parents reporting similar accounts, for example; (Burns & Scott, 1990; Hooper & March, 1980).

Literature that explored the needs and other issues regarding student-parents is limited. Much of the literature was theoretical (Cross, 1981; Edwards, 1993) or statistical (Burns & Scott, 1990; Student Services, University of Canterbury, 1991). Most studies introduce the topic of student-parents by quoting the ever-increasing numbers of student-parents that are returning to university to improve job prospects, increase income, or obtain a professional qualification after separation or divorce (Bates & Norton, 2002;
Pascall & Cox, 1993). Some articles seek to explore the needs and well-being of student-parents. Home (1998) explored role conflict, overload, and contagion in student-parents. She identified study demands, followed by family demands, as the key predictors of conflict, overload and contagion. Furthermore, single mothers’ overload was mainly due to low income, but also included sole family responsibility and social isolation. Huff and Thorpe (1997) suggested a number of supports for student-parents, as did the Student Services at the University of Canterbury (1991). Proposed support mechanisms included co-ordination of campus support services, parent groups, and more flexibility from faculty (Medved & Heisler, 2002).

This research aimed to address one significant concern — support. A comprehensive literature search found no studies that had provided actual support services to student-parents, and assessed changes resulting from that support. This is despite evidence that parents are clear about their needs of practitioners. “Despite the courage, dedication, sense of humor, and very hard work characteristic of the single parents in our sample, many asked for additional social and emotional support, especially concerning parenting” (Weinraub & Wolf, 1983, p.1309). This was also characteristic of the student-parents in the programme. Surprisingly, all six student-parents were recruited in four days, and were all enthusiastic about receiving support in their parenting.

The Positive Parenting Programme (Triple P) was used for a number of reasons. Firstly, the Triple P Programme was designed in Australia, and is widely used in New Zealand. Secondly, training and accreditation was provided before the dissertation began, to ensure techniques and competencies were applied correctly. Thirdly, the structure of Triple P was appealing. Five levels of intervention are provided to meet different needs of parents. Fourthly, the resources of Triple P are substantial. They include tip sheets,
videos, workbooks, and internet information to support both parents and practitioners thoroughly.

It must be acknowledged that there are other parent training programmes that are available, for example, in humanistic psychology, Parent Effectiveness Training (Gordon, 1975). An analysis of some of these programmes was not explored because of the limitation of size for this dissertation. It would be beneficial to explore these approaches in future research (see further discussion in Chapter Five).

Parent stress was one of the key measures used in the study. Parent stress, for the purposes of the dissertation, was defined as "a specific kind of stress, perceived by the parent and emanating from the demands of being a parent...It is a factor that commonly influences parent behavior, and is a determinant of dysfunctional parenting...It arises from many sources, including child, parent, and environmental characteristics" (Ostberg & Hagekull, 2000, p. 615.) Parent stress was an important factor because it is reported to be high among student-parents (Hooper & March, 1980; Home, 1998). The Parenting Stress Index (PSI); Abidin, 1995) is the most commonly used assessment of parenting stress in the literature. It provides a wealth of information about the sources of stress for each parent. This information is displayed in a profile so practitioners can determine which factors are relevant for each parent. Furthermore, it has been used in clinical and non-clinical settings, with different types of families (Kazdin & Whitley, 2003; Reitman, Currier, & Stickle, 2002).

Child behaviour was another measure used to assess the effectiveness of the programme with student-parents. 'Child misbehaviours' or 'problem behaviours are behaviours that are maladaptive to the child, or the parent-child relationship. It is defined as an excess, or deficit of appropriate behaviour as reported by the parent. The Eyberg Child Behavior Inventory (EBCI); Boggs, Eyberg, & Reynolds, 1990; Eyberg & Robinson,
1983) is one of the assessment instruments recommended in the Triple P programme, and provides a reliable measure of change pre- and post- intervention (Burns & Patterson, 1990). It measures whether problem behaviour occurs frequently, and whether it is a problem for the parent.

Non-compliance is a specific measure of a problem behaviour. Non-compliance is when a child does not follow, or does not comply with a parent's instruction. Non-compliance was selected to be measured because it was reported as a problem by all six participants.

Parenting competency is one aspect of parental cognition. It includes two main factors for the purposes of this study: parenting satisfaction, and parenting efficacy. Parenting efficacy is defined as "the degree to which the parent feels competent and confident in handling child problems (Johnston & Mash, 1989, 167). Parenting satisfaction is defined as satisfaction, or sense of fulfilment that is derived from the parenting role. This was measured by the Parenting Sense of Competence Scale (PSOC; Gibaud-Wallston & Wandersman, 1976 cited in Johnston & Mash, 1989). This provided a measure of an aspect of parent cognitions, which has been determined to be highly relevant in the parent stress literature, and in studies of behavioural interventions (for example, Ostberg & Hagekull, 2000; Taylor & Biglan, 1998; White, McNally, & Cartwright-Hatton, 2003).
CHAPTER TWO

LITERATURE REVIEW

What is the key theory, or theories, that underlie behavioural family interventions?
The efficacy of behavioural interventions has been demonstrated in a number of studies (Taylor & Biglan, 1998). Many of these interventions, including the Positive Parenting Programme or Triple P (Sanders, et al., 2001), are based on the principles of social learning theory. Social learning theory addresses the coercive, inconsistent and ineffective parenting styles observed in families with conduct disordered children. Approximately 60% of children show significant improvements following parents' attendance on these courses. These programmes identify parents as the most effective agents of change for their children. The aim of the therapist is to teach parents a range of behavioural skills and techniques to help change children's maladaptive behaviour (White et al., 2003). The basic principles of social learning principles include an emphasis on behaviour modification, cues and consequences, rewards systems, and related discipline (Weinburg, 1999).

Social learning theory was developed by Bandura and his colleagues. Bandura stated that, "Man is neither driven by inner forces nor buffeted helplessly by environmental influences. Psychological functioning is a continuous reciprocal interaction between behaviour and controlling conditions" (Bandura, 1971, p.2). This process, known as reciprocal determinism, was highly influential in behavioural interventions, because it acknowledged that a person and their environment influence one another. People have an active role in determining their responses to the environment (Wenar & Kerig, 2000). The greatest contribution of social learning theory has been developing an understanding of how children are socialised to accept the standards and values of our society. As
parents are "agents of socialisation," they are the key to changing behaviour problems in children (Grusec, 1992, p. 779).

Triple P is a behavioural family intervention developed in Australia by Sanders and his colleagues. The theoretical basis of Triple P is derived from social learning principles, as well as research in applied behaviour analysis, child and behaviour therapy, developmental psychology, and developmental psychopathology (Sanders, Markie-Dadds & Turner, 2001). Increasingly, technology, research, and clinical experience have stressed the importance of a broader view of the family's social environments and the utilisation of ecologically orientated models, so the programme utilises the ecological perspective (Sanders, 1995).

What studies have been done with student-parents? Have interventions been used in research to support student-parents?

Student-parents were the focus of this dissertation. It was hypothesised that student-parents experienced more stress than traditional students, and more stress than traditional mothers, because of the added role of student demands. Interestingly, there was little literature on student-parents. There were few studies focussing on the provision of additional support for these parents, such as support groups, or programmes to manage children and stress. Most of the literature was theoretical or statistical in nature, and provided recommendations for institutional, social or political change. There were no studies that focussed on interventions solely for student-parents.

Most studies examined statistics on the increasing numbers of student-parents, and the increase of non-traditional students to the university, (Wilson and Hayes, 2000). Student Services in the University of Canterbury surveyed 562 student-parents (Student Services, University of Canterbury, 1991). They found that a majority of students were
aware of student resources available on campus, but that these resources were insufficient. Costs of university materials, childcare, and limited income were reported as the most common difficulties for student-parents. Furthermore, there were few services in place for student-parents, such as a computer or childcare facilities, or a student-parents support group. It recommended, as a minimum, that the Ministry of Education should allow the collection of statistical information about the numbers of student-parents to adequately assess and provide for their needs. Furthermore, it recommended a facility specifically for student-parents. Other recommendations were made, such as the reduction of fees, scholarships and research grants, and more flexible study options.

An Australian study had similar recommendations (Burns & Scott, 1990). The study aimed to challenge the misconceptions made about student-parents, and investigated the academic background and achievement of single and married mothers undertaking tertiary study. A questionnaire was completed by 107 married and 78 single mothers. The GPAs were 2.94 for married mothers and 2.67 for single mothers, compared to 2.29 for all students studying at university. They concluded that student-parents were more successful overall than other students. They accounted for this by stating that majority of student-parents sought career advancement or to improve job or income prospects, which is goal focussed and achievement orientated (Burns & Scott, 1990).

Bates & Norton (2002) investigated the motivations of women returning to university. They found that 85% of the answers fell into three categories: financial improvement, personal goals and aspirations, and family considerations. Seven of the ten divorced student-parents cited divorce as the primary or major reason to return to education. Pascall and Cox (1993) also examined women’s reasons for returning to university. They included family reasons, decreasing demands of children, marriage
breakdown, work factors, and mental health reasons, (defined as resolutions to financial or personal crises).

One study investigated the interactions of student-parents with faculty members in order to gauge some of the problems that student-parents face (Medved & Heisler, 2002). Childcare concerns were the most frequent problems that triggered student-faculty interactions. 50% of requests to faculty were granted, but participants found that these positive outcomes were not typical of regular interactions with faculty members. Often faculty relied on principles of fairness or rules which may indicate that faculty did not perceive a difference between the needs of traditional students and student-parents needs. Again this study critiqued the attitudes and perceptions of relevant institutions in regard to their dealings with student-parents.

These studies sought to identify certain needs and problems that student-parents have in the university setting using questionnaires. Other literature sought a theoretical analysis of the needs of student-parents using case studies and first-hand accounts from students. Cross (1981) encapsulated three key themes in the literature. She identified three barriers to tertiary learning for student-parents, and adult learners in general: situational barriers, such as home responsibilities and finances; institutional barriers, that is, the practices and procedures of institutions, and dispositional barriers, such as self perceptions and attitudes about oneself.

The stress of multiple roles was also a common theme. "A three year fulltime course of university study makes considerable demands on any student; on mature students with family responsibilities, the costs mentally and physically can be very great, sometimes leading to exhaustion" (Smithers & Griffin, 1986, p.111). However, the literature did cite positive aspects of being a student-parent. One student-parent stated that, "Both my sons had a role model, someone working, studying, doing it for their own
reasons which may have set a standard for them" (Arksey, Marchant, & Simmill, 1994, p.22). Burns and Scott (1990) concurred with this opinion from their interviews with student-parents. Despite the stresses of becoming student-parents, the rewards, including being a role model to their children, were reported by parents.

Three studies investigated single student-parents and their needs. This was relevant to the dissertation because five of the six participants identified themselves as divorced or separated. Hooper and March (1980) sought to summarise the problems faced by single student-parents. The three most pervasive problems were the sole responsibility for children, social disapproval and isolation, and financial difficulties. Many women, it was claimed, turned to education in the belief that an education would improve income, and reduce isolation and sole responsibility problems. Consistent with other literature, the authors cited financial, institutional and multiple-role factors as the common concerns for single student-parents. Huff and Thorpe (1997) also examined the difficulties of student-parents. They aimed to describe the general and social conditions of single student-parents. They identified four major concerns for single student-parents: time for everything, finances, tuition and expenses, and finally child support. Boutsen and Colbry (1991) explored factors of academic success of single student-parents. They concluded that academic attributions played an important role in the achievement of single student-parents.

**What does the literature say about problems for single parents? What factors were identified as important in single parent homes?**

The literature on student-parents, especially single student-parents, was limited. However, there was considerably more research with single parents. The research with single parents is polarised into two perspectives. One perspective emphasised the
strengths of single-parenting, and stressed the importance of strengthening single-parent families instead of "pathologising" them (Jung, 1996; Smith, 1997; Richards & Schmiege, 1993). The other perspective was based on large quantitative analysis and emphasised the problems, difficulties and negative outcomes associated with single-parent families.

Mullis, Mullis and Markstrom (1987) sought to investigate differences between single and married mothers in reports of child behaviour. Four hundred and five married mothers, and 125 single mothers, were asked to complete the Report of Child Behavior (RCB; Schaefer & Edgerton, 1976; Schaefer & Finkelstein, 1975 as cited in Mullis, Mullis & Markstrom, 1987). Single mothers reported fewer positive relationships with children, especially among children aged 6-7 years of age. Furthermore, they found significant differences of behaviour ratings of independence, control problems and obedience scores. In conclusion, the researchers stated that there is a "possible need of the single mother for an adult male role model" (p. 224). The findings of this study should be interpreted with caution. Firstly, the researchers demonstrated a bias toward dual parent families. Secondly, the findings were based on one psychometric assessment only.

Dunn, Deater-Deckard, Pickering, O'Conner and Golding (1998) undertook a more comprehensive and thorough study which sought to investigate the adjustment and prosocial behaviour of four year old children and older siblings in step- or single parent families. Seven thousand two hundred and nineteen four year olds and 4071 older siblings and their families participated in the study. Children's adjustment, mother and partner relationships with children, and sibling relationships were assessed. The researchers found that there were significant mean differences in adjustment scores of both four year olds and their older siblings, across different family settings. Interestingly, they found that the family setting whether single parent family or step family, did not
explain the significant variance in the children's adjustment when the psychosocial status of the mother, quality of mother-child relationship, and variety of social risk indicators were taken into account. This suggests that it is not the 'type' of family – rather which factors that influence the family environment that should be taken into account.

Weinraub and Wolf (1983) conducted a comparative study with 28 mother-child pairs of single and dual parent families with children aged 27-54 months. They found that single mothers' experienced greater stress, reported more life stressors, more life changes, longer work hours, and had less support from social networks, especially in parenting roles. Furthermore, they found that single parents' lives were more segmented, that is, a greater separation of roles. In light of these conclusions, single parents reported no more difficulties in their overall coping, except with household chores, to which the researchers easily concluded, “is the most easily neglected responsibility” (p. 1307). Furthermore, despite these findings, the observed quality of parenting was not significantly different; rather, the frequency of potentially stressful life events tended to correlate with reduced maternal nurturance – in both types of families. However, Gringlas and Weinraub (1995) conducted a follow-up study of both maternal and child factors based on a study of single parent families in 1983 and 1987 (Weinraub & Wolf, 1983, & 1987). The children were a mean age of 10.8 years. The study found that children of single parents, who had experienced neither family disruption nor marital discord, had greater social and academic problems than matched children from dual parent homes. Furthermore, findings also stated that observed interactions still showed no differences in the quality of parenting. The researchers accounted for these findings, suggesting that stress may impact single parent families differently than in dual parent families.

Simons, Beaman, Conger, and Chao (1993) sought to test a model of the causes of variation of functioning between single parents. Two hundred and seven single female
parents were recruited through a cohort of 8th and 9th graders. Families were visited twice: the first time to complete questionnaires, and on the second visit, families were videotaped engaging in several structured interaction tasks. Results indicated that women who are depressed, and single mothers located in the lower strata, were more apt to experience more negative life events, and inadequate social support. Furthermore, economic hardship increased their experiences of negative life events, and lower education increased their chances of having less access to social support (p.395). The findings suggested that these factors may impact on married mothers as well; suggesting a comparative analysis in the future. However, again, a pathological model was proposed, and the study did not discuss the combination of factors for functional parenting.

Smith (1997) argued that the process of not 'pathologising' single-parents is crucial. She argued that the comparison of single-parent families to dual-parent families has created a perception of an 'atypical family' to a 'typical' family, which furthers marginalisation of single parents. To illustrate this argument, much of the comparative literature discussed compared married mothers to single mothers (for example, Burns & Scott, 1990). Whether researchers perceive married mothers as more stable than de-facto relationships is unknown. However, this assumption may be problematic given the high divorce rate in the Western world, and the increasing numbers of couples who choose not to marry. Furthermore, she argued that single motherhood can occur in a number of ways: choice, separation, divorce, or death of a spouse. Each of these circumstances may be accompanied by different emotional consequences and coping strategies. Additionally she argued that many single-parent families are aware of the stigma surrounding single-parents, and may serve to undermine their own beliefs that they are devoted and capable parents. She concluded that as a minimum, the single-parent family should be recognised as a legitimate family form.
Olsen and Haynes (1993) came to the same conclusions as Smith (1997). Olsen and Haynes (1993) aimed to establish the factors for successful single parent families. The researchers contacted professionals who nominated successful single-parent families from clients that they had worked with. This was an unsatisfactory recruitment process because families who were contacted had sought professional help from services at some point, and secondly, a professional had assessed their competencies. Self referral seemed a more logical choice of recruitment. Twenty six parents participated, who were either employed or attending an educational facility. The researchers found seven themes that successful single parents had identified. They were the acceptance of the responsibilities and challenges presented in single parent families, prioritisation of the parental role, employment of consistent and non-punitive discipline, emphasis on open communication, ability to foster individuality within a supportive family unit, recognition of the need for self-nurturance, and the maintenance of rituals and traditions.

Richards and Schmiege (1993) and Jung (1996) took a balanced approach to research with single parents, and identified both strengths and difficulties of families. Jung (1996) cautioned the deficit approach to single parent families. "The challenges faced by single-parent families are not the result of built-in deficiencies on the part of single parents...but rather of financial deprivation; social, political and institutional discrimination and lack of effective social programs aimed at fostering self sufficiency and personal growth" (p. 584). Richards and Schmiege (1993) used qualitative interview data with 60 single parent families to establish strengths and difficulties. Families were obtained through a longitudinal study conducted in the US. Families were asked three key questions. Firstly, what are the three biggest problems of single parenting? Secondly, what are the major strengths of single parenting? Thirdly, has parenting got easier of
harder over time? Results showed that women identified money, role/task overload, and social life as three major problems. Men in the study reported that the ex-spouse, role/task overload, and 'other' factors were the biggest problems. Strengths that were identified included parenting skills, managing a family, communicating, growing personally, and providing financial support. Over 60% of both men and women reported that single parenting improved over time. This study demonstrated that successful single-parents themselves reported both strengths and difficulties, and balanced both perspectives.

What does the literature say about multiple, or dual roles? What are the benefits or problems?

The literature in the area of multiple roles, or dual roles, provided further insight into lives of student parents. There was very little literature on single parents, especially single student parents, that examined factors associated with stress and coping of multiple roles. However, what has been researched is the number of role demands that have been placed on parents of today; especially women. The literature on multiple roles, or dual roles, was divided as to whether multiple roles were of benefit, or a problem. What seemed to determine this position was the participants, and whether parents' perceptions were taken into account.

Kopp and Ruzicka (1993) examined the relationships of multiple roles and psychological well being of 162 women enrolled at a community college. In this study, they found that women with multiple roles perceived themselves as happier, compared to women with one or no roles. Furthermore they found a significant association between locus of control and self esteem (p. 1354).
The study most relevant to student-parents was examined by Home (1998). This study sought to investigate to what extent life situations, institutional supports, and perceived demands and support systems predict role conflict, overload, and contagion. Four hundred and forty-three women, who were predominantly part-time students at post-graduate level, participated in the study. They found that perceptions of demands predicted three strain variables. The demands from family and student workload were the strongest predictors of life strain (p. 93). Income was associated most with role conflict, since a lack of money limited access to resources, and time was spent seeking sources of finance. However, the study found that the relationship between role conflict, overload, and contagion is more complex than originally thought, and other factors should be considered in further research (p.96).

Simon (1995) sought to investigate the differences between genders in the perception of the consequences of multiple roles. This article was interesting, because it emphasised the differences between genders, and gave further insight as to why women perceive multiple roles in different ways. In this article, “role meaning” was defined as the relationship among different roles. Forty employed married people were interviewed. The findings suggested gender differences were not only different, but the responses accounted for differences in distress of males and females. The majority of wives felt that employment prevented them from fulfilling their roles of responsibility to their children and husbands. Men, however, felt that employment was their predominant role which fulfils their marital and parental obligations. Furthermore, combining multiple roles appeared to result in negative self-evaluations and feelings of inadequacy among women only. The implications of these findings suggested that cultural as well as structural changes in men’s and women’s roles are necessary to reduce psychological affects of multiple roles.
This seems a rather difficult proposal, and the author did not make suggestions on how this could be achieved.

Edwards (1993) proposed a feminist analysis of the occurrence of maternal distress and the relationship to multiple roles, and concurred with the analysis of Simon (1995). "Tension and conflict are only explored as a product of multiple roles failing to mesh. The implication is that if the multiplicity of roles disappeared or a lot of more skilful juggling took place, conflict would cease. This blames the victim, making the conflict the personal possession of each individual woman who merely has to arrange for the restructuring of her roles" (Edwards, 1993, p.11). The use of the word “victim” could be interpreted as women as a victim of societal and political perceptions of her role responsibilities, which concurred with the findings of Simon (1995). This argument emphasised the perspective that women (or victims) are blamed if they ‘fail’ to balance their roles. The emphasis is on the act of “juggling” – if a woman does not juggle her multiple roles successfully, it is her ‘mismanagement’. Edwards (1993) highlights a societal expectation that exists in our current modern society.

Parry (1987) sought to investigate the relationship between sex-role beliefs, work attitudes and mental health of employed and non-employed mothers. The relationship between dissatisfaction with the home-maker role and depression was associated with depression, anxiety, self-deprecation and negative affect. The domestic role was found to be important for all mothers employed and non-employed mothers. This conclusion suggested that regardless of the employment status, dissatisfaction with the home-maker role was the predominant variable. Olarte (2000) articulated the position of many women in today’s society, and why multiple roles have had such an impact. “Societal expectations for women plus the specific biological determinants of their gender have consistently put women in a double bind...If we are also mothers, we have to
accommodate to our multiple roles while being aware of the societal ambivalence toward our desire to actualize our professional and our parenting roles" (Olarte, 2000, p.293). This encapsulated the perceptions of women in this research, and the literature in this area.

Hirsch and Rapkin (1986) aimed to investigate the role of marital and job satisfaction in managing multiple roles. Three hundred and forty nine nurses who identified themselves as married or involved in a relationship, took part in the study. Measures of martial satisfaction, job satisfaction, symptomology, life satisfaction and relationship matrices were taken. The findings showed that high job satisfaction and high martial satisfaction was related to the highest scores of life satisfaction and low marital conflict. Spouses' rejection of work obligations was the strongest discriminator. The poorest scores were most associated with a high score of marriage dissatisfaction. Furthermore, unhappily married participants reported more depressive symptoms than either divorced or separated individuals, who in turn, were more symptomatic than happily married participants. This article emphasised the importance of intimate relationships in the management of multiple roles.

Williams, Suls, Alliger, Learner, and Wan (1991) investigated the effects of multiple role juggling and daily mood states reported by mothers. Participants completed activity and mood questionnaire, eight times a day for eight days. The researchers found that mood disturbances occurred when attending to the demands of multiple roles. This juggling resulted in greater negative affect, and less task enjoyment. A limitation of this study was that the researchers did not question participants' perceived control of role juggling. This was a serious methodological flaw, as previous research has emphasised the importance of cognitive perception (Simon, 1995).
Williams and Alliger (1994) also investigated the daily ratings of multiple role juggling. Personal control was included in the methodology of this study. The researchers found that certain task perceptions – task demands, personal control, and goal progress was significantly related to mood both at work and at home. Summarily, they found that juggling work and family roles is related to both mood and family conflict.

What is parenting stress, and how does it impact on children?

The relationship between parent stress and child outcomes has been frequently analysed in the literature. Most studies in the literature looked at correlations between these two factors. However, the more likely solution was proposed by Morgan, Robinson, and Aldridge (2002). They reviewed the current literature on parenting stress and externalising behaviour, and concluded that the relationship between parent stress and child behaviour is likely to be bidirectional – that is, factors of parenting stress effect child behaviour, and certain characteristics of children effect levels of parenting stress.

Parent stress is a concept that is hard to define, even by stress researchers. Ostberg and Hagekull (2000) defined parenting stress as a factor that influences parenting behaviour, and determines dysfunctional parenting. It is a specific kind of stress that is perceived by the parent and is derived from the demands of parenthood. It requires an understanding of both cognitive and behavioural aspects of parents, children and the environment’ (Ostberg & Hagekull, 2000). The key word is perception. The way a parent perceives a stressful situation will determine the degree of stress to which the stress affects parenting practices, and the degree of risk that children will develop conduct problems (Webster-Stratton, 1990).

Webster-Stratton (1990) identified three categories of stressors: extra-familial, interfamilial, and child stressors. She suggested that these stressors are mediated by
the characteristics of the parent, the degree of social support, and the parent's gender. Interestingly, she suggested future research should move away from single correlational studies that relate single stressor variables to parenting practices or child adjustment. Instead, research should focus on a microsocial analysis of pathways between various stressors and their effect on family interactions and child adjustment (Webster-Stratton, 1990, p.309).

Ostberg and Hagekull (2000) proposed a multidimensional model of parenting stress. The study was a cross-sectional questionnaire involving 1,081 participants. The stressors in the model included life stress, family related variables of parity, mother's education, mother's age, social support, child irregularity, caretaking hassles, domestic workload, and child fussy-difficultness. This study was comprehensive, considering the number of participants and the number of variables measured. The results showed general support for this model. The profile of mothers who were older, had several children, a high domestic workload, low social support, a perceived difficult child, caretaking hassles, and negative life events were the highest risk for parenting stress. Furthermore, there were no buffering effects found between social support and parenting stress. The researchers recommended interventions that focussed on reducing the domestic workload, and strengthening mothers' social networks. This was in contrast to other studies investigating factors of parental stress. The study was derived from population data in Sweden, so it may be that cultural differences that influence these findings. Furthermore, only 48% of the total variance was accounted for, which could be explained when the number of variables are taken into account. However, there may be other factors, for example, maternal personality characteristics, that could be considered in future studies.
Pianta, Egeland, and Sroufe (1990) examined the relationship between maternal stress and children's school outcomes. A number of variables were analysed, but one finding was particularly worthy of note. They compared competent and less competent children of highly stressed mothers, and identified three types of protective factors, pertinent to child characteristics. They were child intelligence, environmental support, positive relationships with adults, and personal characteristics of mothers. Each protective factor was weighted differently, based on the gender of the child. For boys, competence was especially related to a warm and stable home environment. For girls, competence was distinguished by characteristics of their mother. The maternal characteristics that were measured included education level, IQ and a range of personality factors (p. 228). What was interesting in this study was that children were seen as "an active agent in the coping process" (p. 232). This gives support to the conclusion proposed by Morgan, Robinson, and Aldridge (2002) that suggested the relationship between parenting stress and child behaviour is a bidirectional process.

Mash and Johnston (1990) examined a number of factors relating to parenting stress with families of hyperactive children and families of physically abused children; that is, families who have experienced high levels of parent-child conflict. They concluded that in families of hyperactive children, child characteristics are the primary contributor of stress, and in families with physically abused children, parent characteristics, especially parent cognitions, are the biggest contributor of stress. Parent cognitions were important factors in both types of families, but their degree of influence was different. They suggested that parent cognitions may influence parental behaviour both directly and indirectly through their roles in the interpretation of child and environmental characteristics (p. 322). This study emphasised the need for a better understanding of how parental cognitions influence parenting behaviour (p.323).
Thompson, Merritt, Keith, Murphy, and Johndrow (1993) sought to determine whether maternal distress is related to maternal stress and family functioning, and further, whether child adjustment was related to maternal stress and distress. Forty nine children and 49 mothers participated in the study. Mothers were given questionnaires, and mothers and children were interviewed separately. They found an association between maternal distress and daily stress, but the association between maternal distress and family functioning was not shown. Maternal daily stress, but not maternal distress, accounted for the variance in child reported scores. This study was different because it distinguished the difference between maternal distress (psychological distress) and stress of daily hassles. Furthermore, it assessed the children's perceptions of parent stress through an interview process, providing important information from the child's perspective. This is not often done in the literature, as maternal reports and questionnaires dominate a majority of the methodology.

McKay, Pickens, and Stewart (1996) sought to investigate the quality of parent-child interactions and the relationship of parental stress. Forty six parent-child dyads were recruited from clinic and community settings. They found that dyads in which parents reported high parenting stress were rated significantly lower in the quality of parent-child interactions than low stress dyads. This indicated that parenting stress negatively affected the parent-child interaction in a manner that is similar with mothers with depression. Furthermore, socioeconomic status of the parents turned out to be the most significant predictor of parenting stress, and accounted for 65% of the variance. They indicated that parenting stress may be related to more financial factors, or that the high stress group included more single parent and divorced families. The emphasis of socioeconomic status was significant in this study, but has not been a consistent finding in other studies where other factors, such as social support, were more important.
(Koeske & Koeske 1990; Suarez & Baker, 1997). Replication of this study may provide more answers about the high level of variance.

Aunola, Nurmi, Anrilommi, and Pulkkinen (1990) conducted two studies to assess how self esteem, mastery-orientation, and social background impact on parenting styles. Mastery-orientation was defined as the ability in one's self to manage a situation, and remain on task with clear goals and task related plans (p. 308). They characterised parental stress as feelings of “powerlessness, stress and inefficiency”, which leads to ineffective parenting and negative outcomes for children (p. 307). Parenting styles were classified into three categories of authoritative, authoritarian, and permissive. They found that both studies showed an identical pattern. Parents with high self esteem, and use of a mastery-orientation strategy were strongly associated with an authoritative parenting style and lower parental stress. This study focused on a specific cognition, but this gives rise to the findings in Mash and Johnston (1990) of the importance of parental cognitions and their relationship to parenting behaviour and levels of stress.

Baker, Heller, and Henker (2000) examined expressed emotion as a variable in relation to parenting stress and maternal adjustment. Expressed Emotion (EE) was defined as a measure of the emotional climate of the family home (p.907). The primary objective was to establish whether high EE characterises families of pre-school children with behaviour problems, and secondly, whether it predicts future behaviour problems. One hundred and twelve families participated. EE was measured using a five minute parent speech sample. They found an association between a high EE component, critical remarks, and ratings of externalising behaviour. This further emphasises the association between parental cognitions and child behaviour outcomes.

Eyberg, Boggs, and Rodriguez (1992) examined the relationship between maternal parenting stress and children's disruptive behaviour. Participants were drawn
from a clinic sample of 165 children. They found that disruptive behaviour, as measured by the Eyberg Child Behaviour Inventory (EBCI; Eyberg, 1974 as cited in Eyberg, Boggs, & Rodriguez, 1992) and maternal stress arising from parent and child characteristics, as measured by the Parenting Stress Index (PSI; Abidin, 1995, p.190), were significantly correlated. Furthermore, they examined the differences of single parent and dual parent families. They found that mothers who rated their children’s behaviour within the clinically significant range, reported behaviour as a problem regardless of spousal support. However, single parents who reported their child’s behaviours within the average range reported those behaviours as more stressful compared to mothers in dual parent families. These findings establish the correlation between EBCI and PSI factors, but give further support to the relationship between parenting stress and reports of child disruptive behaviour.

Pinderhughes, Dodge, Bates, and Pettit (2000) looked at the precursors to parents’ harsh discipline responses to hypothetical scenarios of child misbehaviour. Five hundred and eighty five families participated in the study. Their findings were consistent with other research on the importance of parental cognitions. They found that low-income parents tended to endorse more harsh discipline. Firstly, they held stronger beliefs about the value of smacking, and secondly, they experienced high levels of stress. High levels of stress were found to be associated with more negative perceptions of their child, and more intense cognitive-emotional processes.

The relationship between social support and parental stress has been a strong focus in the literature. Ostberg and Hagekull (2000) found a weak relationship between parenting stress and social support, but this seems to be the exception. Suarez and Baker (1997) found that spousal support in dual parent families to be the most important variable. Additionally, they found that spousal support buffered the relationship between
externalising behaviour and parental outcomes. Koeske and Koeske (1990) concurred with these findings. They found that social support had a buffering effect on parental outcomes, especially when stress was "operationalized" as the mother's perception of her child's development. Interestingly, they found that education level operated much the same way as social support. Highly educated participants seemed "relatively insulated" against stress consequences, particularly stresses associated with child development (p. 448).

Kazdin and Whitley (2003) evaluated a parent programme that emphasised problem solving. The programme improved child behaviour significantly. They stated that stress may be the final common pathway of many contextual variables associated with socioeconomic disadvantage, single parent families, social isolation, poor living conditions, and marital or partner conflict. Furthermore, they believed that stress, or the perception of stress, is malleable. An intervention could be provided that altered the perceptions of stress experienced by the parent; alleviating stress in a parent's life or developing coping skills is more feasible within the constraints of treatment services than it is to address socioeconomic disadvantage or poorer living conditions. This statement gives rise to the importance addressing cognitive issues in psychological practice, and to the programme used here.

**What does parenting satisfaction and efficacy mean? Have these concepts been studied exclusively?**

The final question proposed in the dissertation was in relation to the changes in parenting satisfaction and efficacy. This is a measure of change of student-parents perceptions before and after the programme. The study of satisfaction and efficacy has been well researched in the literature of parental attributes and cognitions generally, and these
concepts have been investigated in the literature already discussed (e.g., Parry, 1987; Hirsch and Rapkin, 1986).

Coleman and Karraker (2000) sought to investigate the relationships between parenting self-efficacy, general self-efficacy, child and maternal characteristics, and parenting satisfaction. One hundred and forty five mothers of school-age children participated in the study. They found that high parenting self-efficacy was observed in mothers who perceived their children to be less emotional and more sociable, mothers who were highly educated, higher incomes, and reported experience with children other than their own.

Bondy and Mash (1999) investigated the relationship between parenting efficacy, perceived control over failure in caregiving, and their likely reactions to certain types of misbehaviour. Eighty five mothers participated in the study. Interestingly, researchers found that parenting efficacy and perceived control over failure in caregiving was not established. The researchers were surprised at the finding, because they correlated low parenting efficacy, low perceived control over failure in care giving with lower perceived ability to control caregiving outcomes. However, it is likely that the sample was not representative of this population. Respondents reported relatively high socioeconomic status, and the response rate to questionnaires was low.
CHAPTER THREE

METHOD

Participants

Refer to Table 3.1 for the summary of participant information.

**TABLE 3.1**

Summary of Participant Information

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No of Participants</td>
<td>Mothers</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Children</td>
<td>11</td>
</tr>
<tr>
<td>2. Age of Participants</td>
<td>Mothers</td>
<td>21-40 years</td>
</tr>
<tr>
<td></td>
<td>Children</td>
<td>4-13 years</td>
</tr>
<tr>
<td>3. Mothers marital status</td>
<td>Single</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>1</td>
</tr>
<tr>
<td>4. Mothers’ Ethnicity</td>
<td>NZ European</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>NZ Maori</td>
<td>0</td>
</tr>
<tr>
<td>5. Children’s Ethnicity</td>
<td>NZ European</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>NZ Maori</td>
<td>1</td>
</tr>
<tr>
<td>6. Children’s Gender</td>
<td>Male</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>7</td>
</tr>
<tr>
<td>7. Family size</td>
<td>One child</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Two children</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Three children</td>
<td>2</td>
</tr>
<tr>
<td>8. Working mothers</td>
<td>Working</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Not working</td>
<td>2</td>
</tr>
<tr>
<td>9. Student status</td>
<td>Full time</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Part time</td>
<td>4</td>
</tr>
</tbody>
</table>

To be included in the study, three criteria had to be met. Firstly, the mothers had to be enrolled at the University of Canterbury at the time of the intervention. Secondly, their children had to be less than 12 years of age, because the Triple P intervention is considered to be most beneficial for children between 0-12 years. Finally, the mothers
had to identify some aspect of their child's behaviour which they identified as difficult, or were struggling to manage.

The participating mothers and children were recruited through the Budget Advisor at the University of Canterbury. It was intended that advertisements would be distributed, but all six participants were recruited in four days. The Budget Advisor sent an e-mail to mature and student-parents on the database at the Budget Advisory Office, and interested student-parents e-mailed back if they wanted to be involved.

**Setting**

Each parent was asked whether they would prefer sessions at university, or their own home. University sessions took place in the library study rooms initially, or if a video was shown, sessions were held in the AV room in the Education Department. These are summarised in Table 3.2.

**TABLE 3.2**

**Summary of Intervention Settings with Clients**

<table>
<thead>
<tr>
<th>Client</th>
<th>University sessions</th>
<th>Home sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client One</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Client Two</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Client Three</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Client Four</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Client Five</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Client Six</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

The setting was determined by clients' different lecture attendance, childcare demands, and the time of the appointment. Sessions six and eight were completed in the home for every participant. Client four had more sessions because the first session on gathering information took longer to assess than the other parents.
Measures

Parental ratings of non-compliance

Three parents were randomly selected to rate their child’s compliance following parent instructions. All parents were given the option of recording compliance data, but only three parents were required to submit the data sheets. This was to observe changes in non-compliance before, throughout, and after, the programme. Reporting on all six parents would generate too much data for a dissertation. These ratings were recorded daily, and graphed to observe the changes in their child’s behaviour (see Appendix B). Compliance was defined as children following an instruction that the parent had requested. For example, it may include going to bed when asked, getting ready for school, doing household chores, or eating a meal. Parents were asked to rate, out of ten, how compliant their child had been for the day. 0 was defined as always compliant, and 10 was defined as never compliant. 5 would indicate that a child followed instructions half of the time measured. This was a daily record to gauge any changes in parents’ perception of child compliance as a result of the implementation of Triple P strategies.

Eyberg Child Behaviour Inventory (EBCI)

The EBCI is a 36-item multi-dimensional measure of disruptive child behaviour, and is one of the most widely used assessments when screening for conduct related problems (Eyberg & Robinson, 1983; Boggs, Eyberg, & Reynolds, 1990, 75). Additionally, it is used as a measure of change during treatment (Burns & Patterson, 1990, p. 391). The EBCI is used for children ages 2 to 17. Parents rate how often a behaviour occurs on a 7 point frequency of occurrence scale from never (1) to always (7) (Boggs, Eyberg, & Reynolds, 1990, 75). Parents also indicate whether the behaviour is a problem by circling ‘yes’ or ‘no’. The clinical cut-off for the Intensity scale is 132, and the clinical cut-off for the
Problem scale is 15. The EBCI has adequate validity and reliability (Burns & Patterson, 1990). Furthermore, the EBCI has strong concurrent validity with the Child Behaviour Checklist (Boggs, Eyberg, & Reynolds, 1990).

**Parenting Sense of Competence Scale (PSOC)**

This self-report measure is also known as the "Being a Parent Scale." This assessment was originally developed by Gibaud-Wallston and Wandersman (1978), but was assessed and adapted by Johnston and Mash (1989). The PSOC is a 16-item questionnaire that assesses parents' views of their competence as parents on two dimensions: satisfaction with their parental role (reflecting the extent of parental frustration, anxiety and motivation), and feelings of efficacy as a parent (reflecting competence, problem solving, and parenting capability). It is one of the key assessments recommended by the Triple P Standard programme (Sanders, Markie-Dadds & Turner, 2001). This assessment is significantly correlated with the internalising and externalising factors on the Child Behaviour Checklist (CBCL; Achenbach & Edelbrock, 1983; cited in Johnston & Mash, 1989).

**Parenting Stress Index (PSI)**

The Parenting Stress Index is a preferred measure for assessing parent stress in numerous studies, and has been found to be a valid and reliable measure for a number of populations (Abidin, 1995). It has been used to assess parenting competencies in child custody evaluations (Heinze & Grisso, 1996), to evaluate various parenting interventions (Kazdin & Whitley, 2003; Reitman, Currier, & Stickle, 2002), and is particularly useful for assessing stress of mothers with young children under three (Ostberg, Hagekull, & Wettergren, 1997).
The PSI is a self report questionnaire that is used for the early identification of children who are at risk for emotional or behavioural disturbances. It consists of 120 items, and identifies three source domains of stressors: Child Characteristics, Parent Characteristics, and situational/demographic Life Stressors. A Total Stress score is obtained by summing the child and parent domains. The Child Domain consists of six scales: Adaptability, Acceptability, Demandingness, Mood, Distractibility/Hyperactivity, and Reinforces Parent. The Parent Domain is made up of seven scales: Depression, Attachment, Role Restriction, Sense of Competence, Social Isolation, Relationship with Spouse, and Parental Health. The PSI is correlated with the ECBI, and strongly correlated with the PSOC (Abidin, 1995). The PSI has both high internal consistency (.7-.84) and test-retest reliability (.63 for the Child Domain, .96 for the Parent Domain, and .96 for Total Stress; Abidin, 1995).

Social validity

At the end of the intervention, all participants completed the Client Satisfaction Questionnaire (see Appendix F). This was used to obtain feedback from the participants and assess the quality of the intervention. This is a 16 item questionnaire. 13 of the 16 questions are rated on a 7-point Likert scale. It is a questionnaire that is recommended and used in the Triple P programme.

Materials

A number of materials were used during the intervention. All parents received ‘Every parent’s family workbook’ containing exercises, summaries of concepts, and parent worksheets (Markie-Dadds, Sanders, & Turner, 2000).
Two videos were used to illustrate concepts. The video, ‘Every parent’s survival guide’ was used to visually present many of the concepts. This was reported by all parents to be beneficial because they saw a visual representation of strategies before implementing them during sessions and in the home (Sanders, Markie-Dadds, & Turner, 1996). Additionally, parents watched ‘Coping with Stress’ in session seven. This video demonstrated how stress impacts on parenting, and demonstrates ways to manage the physiological symptoms of stress (Markie-Dadds, Turner, & Sanders, 1999). Parents were given selected exercises from the Enhanced Triple P workbook to complete for homework (Markie-Dadds, Turner, & Sanders, 1998).

Additionally, the Triple P tip sheet series was utilised for all parents. Some parents required specific information for particular problems, such as bedwetting or sleep problems (Markie-Dadds, Turner, & Sanders, 1998). For one parent, her children ranged in ages and requested further information about strategies to manage teenagers that was not covered in the sessions, which was provided in addition to the programme (Ralph & Sanders, 2001).

The practitioner used the ‘Practitioner’s Manual for Standard Triple P’ throughout the intervention (Sanders, Markie-Dadds, & Turner, 2001).

**Intervention**

**Positive Parenting Programme (Triple P)**

The Triple P-Positive Parenting Programme is a multi-level, parenting and family support strategy that aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. The programme was developed by Professor Matt Sanders and colleagues from the Parenting and Family Support Centre in the School of Psychology at The University of
Queensland. Triple P incorporates five levels of intervention of increasing strength for parents of children from birth to age 12. Each level is on a continuum, and the intensity of the intervention increases with each level. For example, Level One requires minimal therapeutic intervention, and Level Five requires intensive practitioner intervention. It is able to address different problems, audiences, with different media (for more information about each level, refer to Sanders, et al., 2001). This intervention was chosen for a number of reasons. Firstly, the therapist is trained in this intervention. Secondly, the intervention has been shown to be effective (Sanders, Markie-Dadds, Tully, & Bor, 2000). Thirdly, the intervention was developed in Australia, and is arguably relevant in New Zealand because of our cultural similarities.

Level four (Standard) intervention was chosen because all the mothers demonstrated a number of positive parenting strategies. Secondly, the child behaviours that were reported were not severe and long-term, and thirdly, five of the six parents were single. The Enhanced Level Five programme included a partner support section which would not have been relevant for most parents. As part of the programme, the ‘Coping with Stress’ section was integrated with session seven, but was not taught in depth and attempted to provide additional information only. It is important to note that the structure of this intervention did vary from the original Standard Triple P. The intervention was adapted because of time constraints, the needs of the families, and the diversity of the participants. Tip sheets were provided for parents who sought further information on a particular problem. The ‘Coping Skills’ section from Enhanced Triple P was integrated in session seven. Additionally, video sections were used to illustrate certain concepts, such as observing escalation traps. Session four contained a number of strategies for managing misbehaviour, so two sessions were on managing misbehaviour instead of
one. All nine sessions were completed by all participants. Table 3.3 presents a summary of the intervention.

**TABLE 3.3**

<table>
<thead>
<tr>
<th>Session no.</th>
<th>Content</th>
<th>Duration of sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>One: Assessment</td>
<td>Ecological interview Administration of questionnaires</td>
<td>120 minutes</td>
</tr>
<tr>
<td>Two: Feedback and Introduction</td>
<td>Feedback of assessments Observations Discussion of programme goals</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Three: Positive parenting strategies</td>
<td>Principles of positive parenting Positive parenting strategies</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Four: Managing Misbehaviour</td>
<td>Strategies for managing misbehaviour. Role plays and verbal examples Discussion and use of strategies</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Five: Managing misbehaviour continued</td>
<td>Every participant requested a continuation of session four, rather than the practice session. Role plays, and verbal examples the exercises were completed.</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Six: Practice session</td>
<td>Home session Coaching and feedback Prompt self-evaluation</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Seven: Planned activities training</td>
<td>Identify high risk settings Demonstrate panned activities routine Coping with Stress video and related exercises for homework Develop goals for next session</td>
<td>120 minutes</td>
</tr>
<tr>
<td>Eight: Planned activities training</td>
<td>Home session Practice parents' own routine Observation and feedback</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Nine: Closure</td>
<td>Termination of intervention Maintenance issues Post-intervention measures</td>
<td>120 minutes</td>
</tr>
</tbody>
</table>

**Procedure**

After contact was made, mothers were given information about the programme and asked questions regarding the inclusion criteria. A full ecological assessment (Appendix
A) was completed with each parent to identify their needs and to ensure the programme would be beneficial for each parent and their family. The details of each family are not illustrated because the numbers of student-parents are small, and could be identifying. It was imperative that I maintain each family’s confidentiality. This information was gathered for the purposes of identifying the strengths and difficulties of each family, and plan the intervention accordingly. All parents were given the EBCI and the PSOC to complete at the end of the ecological assessment, and three parents completed the PSI.

Three parents were randomly selected into a separate group for the purposes of the multiple baseline research design. Parents were asked to record daily ratings of their child’s perceived compliance of instructions. One parent, who had more than one child, selected one of her children to monitor. The three remaining parents were provided with Triple P templates for monitoring behaviour, but daily monitoring of behaviour was optional. These same three parents completed the PSI assessment.

The intervention itself ran for nine weeks. A session was provided weekly, with each session lasting approximately 60 minutes, but some sessions were up to 120 minutes long. Every appointment began with outlining the content of the previous session, and an overview of the current session. All parents were provided with the ‘Every Parents Workbook’ which contains summaries of the content, related exercises and diagrams for parents. Parents were asked about the previous week, and any concerns, or changes they had noted about themselves or their children. The session then continued with the relevant section in the video “Every Parents Survival Guide” so participants could observe behaviours and strategies relevant to the session. Selected exercises within the “Every Parents Workbook” and homework were allocated after every session.

All parents were asked to complete post-intervention measures, identical to the pre-assessment measures, to assess the impact of the intervention. Additionally, all
parents were asked to complete a social validation questionnaire (SDQ) to assess their feedback on the Triple P programme.

A summary of the pre- and post interventions is displayed in Table 3.4.

**TABLE 3.4**

Summary of Pre- and Post- Intervention Measures Administered

<table>
<thead>
<tr>
<th>Client</th>
<th>Pre- Intervention Measures</th>
<th>Post-Intervention Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client One</td>
<td>ECBI, PSOC, PSI</td>
<td>ECBI, PSOC, PSI</td>
</tr>
<tr>
<td>Client Two</td>
<td>ECBI, PSOC</td>
<td>ECBI, PSOC</td>
</tr>
<tr>
<td>Client Three</td>
<td>ECBI, PSOC</td>
<td>ECBI, PSOC</td>
</tr>
<tr>
<td>Client Four</td>
<td>ECBI, PSOC, PSI</td>
<td>ECBI, PSOC, PSI</td>
</tr>
<tr>
<td>Client Five</td>
<td>ECBI, PSOC, PSI</td>
<td>ECBI, PSOC, PSI</td>
</tr>
<tr>
<td>Client Six</td>
<td>ECBI, PSOC</td>
<td>ECBI, PSOC</td>
</tr>
</tbody>
</table>

**Design**

The research design was a pre- and post- test design with no control groups was included a multiple baseline design to evaluate the effectiveness of the intervention (Tawney & Gast, 1984). Baseline data was recorded for one, two and three weeks respectively with three parents. This is summarised in Table 3.5.

**TABLE 3.5**

Summary of Intervention Delay for each participant

<table>
<thead>
<tr>
<th>Clients</th>
<th>Time Delay Before Intervention (Baseline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client One</td>
<td>One week</td>
</tr>
<tr>
<td>Client Four</td>
<td>Two weeks</td>
</tr>
<tr>
<td>Client Five</td>
<td>Three weeks</td>
</tr>
</tbody>
</table>

The behaviour selected was child non-compliance of parent instructions. Parents were asked to rate, out of ten, how compliant their child had been each day. 0 was rated always compliant, and 10 was never compliant.
Data Analysis

The number of participants were small, \(n=6\), so visual graphical data displays were used to demonstrate changes in pre- and post- scores.
CHAPTER FOUR

RESULTS

Eyberg Child Behaviour Inventory (EBCI) Pre- and Post-Intervention Scores

The findings of the EBCI are shown in Figures 4.1 and 4.2. The results show some significant changes of both the intensity, and number of problems for the majority of the participants.

![EBCI Intensity Scores](image)

**Figure 4.1. EBCI Intensity Scores**

These findings, shown in Figure 4.1, show that overall there was a reduction of the intensity of problems that parents reported. The clinical cut-off for the intensity scores is 132. Client one reported a significant reduction of the intensity of the problems. Clients two, four, five and six reported a reduction in the intensity of problem behaviours. Client three, however, reported a small increase in the intensity of problem behaviours.
**Figure 4.2. EBCI Problem Scores**

These findings are presented in Figure 4.2. The clinical cut-off for the problem scores is 15. Interestingly, Client one reported a significant reduction in the number of problem behaviours, and after the programme, reported that there were no problem behaviours. Additionally, Client six reported a 50% reduction of problem behaviours. Clients two and five reported a reduction in the number of problem behaviours. However, Client four reported no change, and Client three reported an increase in the number of problem behaviours.

**Parenting Sense of Competence Scale (PSOC)**

These findings are presented in Figures 4.4, 4.4, and 4.5. All parents reported an increase in parent satisfaction. Additionally, five of the six parents reported an increase in parent efficacy and one parent reported no change. Overall, the total scores show an increase on parents' perceived competence.
**Figure 4.3. PSOC Satisfaction Scores**

All participants reported an increase in parent satisfaction. Client one showed a considerable improvement in parenting satisfaction after the programme. All other participants reported some degree of improved parent satisfaction.

**Figure 4.4. PSOC Efficacy Scores**

These scores are presented in Figure 4.4. Client one reported a substantial improvement in parent efficacy. Additionally, four of the five participants reported an increase in parent efficacy. Client six reported no change.
Figure 4.5. PSOC Total Scores

These scores are reported in Figure 4.5. The total scores demonstrate the changes in overall perceived parent competence. All parents indicated an improvement in perceived competence. Client one showed the largest difference in pre- and post-intervention scores, and Clients three and five reported the smallest changes.

Parenting Stress Index (PSI)

These findings are reported in Figures 4.6, 4.7, 4.8, and 4.9. The PSI measured four domains: Child Factors, Parent Factors, Total Stress and Life Stress. These findings demonstrated some improvements in parenting stress, but the Life Stress measure indicated a noteworthy increase for two of the parents.
Figure 4.6. PSI Child Domain Scores

These findings are shown in Figure 4.6. The findings of the Child Domain were mixed. Both Clients one and four reported a reduction in child stress factors. However, Client five reported an increase of child stress factors.

Figure 4.7. PSI Parent Domain Scores

These findings are shown in Figure 4.7. Client one reported a reduction in parent stress factors, and Client four reported a minimal reduction. Again, Client five reported an increase in parent stress factors.
**Figure 4.8. PSI Total Stress Scores**

The overall scores are presented in Figure 4.8. The scores indicate Clients one and four reported a reduction in overall stress, but Client five reported an increase of total parent stress.

**Figure 4.9. PSI Life Stress Scores**

These scores are presented in Figure 4.9. Parent one reported a reduction in life stress, but both Clients four and five reported an increase in Life Stress. Client five reported a 50% increase in life stress, placing her in the 98th percentile according to the norms of the PSI.
Figures 4.10, 4.11, and 4.12. Parent Ratings of Non-Compliance: Clients one, four and five
**Parent Ratings of Non-Compliance**

Client one started the programme after one week, Client four after two weeks, and Client five after three weeks. I maintained contact with each client by telephone once a week until the programme began. Weekly averages were taken, because Client four had shared custody with the child's father, so only four of seven days are reported. Weekly averages were made for the purposes of comparative analysis. Post intervention measures were completed six weeks after the programme had been completed. The results from the parent ratings are presented in Figures 4.10, 4.11, and 4.12. Client one's ratings indicate a reduction in child non-compliance, but Clients four and five showed no changes from baseline measures.

**TABLE 4.1**

**Client Satisfaction Questionnaire Data**

<table>
<thead>
<tr>
<th></th>
<th>C1</th>
<th>C2</th>
<th>C3</th>
<th>C4</th>
<th>C5</th>
<th>C6</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>6</td>
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<tr>
<td>Q2</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>5.7</td>
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<tr>
<td>Q3</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>6</td>
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<tr>
<td>Q4</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>5.8</td>
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<tr>
<td>Q5</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5.7</td>
</tr>
<tr>
<td>Q6</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6.5</td>
</tr>
<tr>
<td>Q7</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>6.2</td>
</tr>
<tr>
<td>Q8</td>
<td>N/A</td>
<td>N/A</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q9</td>
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<td>6</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>5.8</td>
</tr>
<tr>
<td>Q10</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>6.2</td>
</tr>
<tr>
<td>Q11</td>
<td>N/A</td>
<td>7</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5.4</td>
</tr>
<tr>
<td>Q12</td>
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<td>5</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>5.8</td>
</tr>
<tr>
<td>Q13</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

*Note: 1 = lowest rating, 7 = highest.*

**Client Satisfaction Data**

The averages of each question are presented in Table 4.1. The Client Satisfaction Questionnaire is presented in Appendix F. Generally, this data showed high satisfaction with the intervention and the programme. One was equivalent to the lowest rating of satisfaction, and 7 was the highest rating of satisfaction on different measures of aspects of the programme and intervention. All parents reported favourable feedback on all measures of satisfaction.
Summary

The findings presented show positive change after the programme. The EBCI findings showed a reduction of the intensity and number of problem behaviours. The PSOC showed increases in both satisfaction and efficacy which indicates an improvement in parent perceived competency. The PSI results show a reduction in child and parent sources of stress, but Life Stress increased for two of the three parents. Ratings of child compliance did not change, which was inconsistent with the findings of the EBCI. However, overall, the Client Satisfaction Questionnaire indicated that parents found the programme to be beneficial and effective. Finally, for all pre- and post- measures, a standard error of measurement would have been beneficial to ascertain the differences in reported changes. However, given the sample size was too small (n=6), this data would not be accurate, and therefore was not reported.
CHAPTER FIVE
DISCUSSION

The first proposition was that levels of parenting stress, but not life stress, would reduce post-intervention. The PSI measured parent stress, but revealed mixed results. Two clients reported a modest reduction in both parent and child stress domains, but one client reported increased levels of stress across all domains. It is difficult to generalise the results of the programme on parenting stress given the small number of participants. However, one explanation relates to the participants’ perception of the stress, and the stressors. The factors that were important for each parent included family problems, individual child problems, and varying levels of stresses and demands. These factors, although not measured directly, were the major determinants for success for each of the participants (Dunn, et al., 1998). For example, Client one reported her child’s behaviour was her most significant stressor, and she had the largest reported improvements across all factors measured compared to other participants. Client five reported other stressors that were more significant for her, and this might account for an increase in reported stress post-intervention. Future studies might examine a range of participants’ stressors pre- and post-intervention instead of focussing on parental stress alone. Overall, this indicates that the success of the programme depends on whether each parent’s individual needs are addressed, which was consistent with the literature in this area (for example, Mash and Johnston, 1990). It is highly likely that a parenting programme alone with this specific population was not sufficient to meet those needs.

The findings of the Parenting Stress Index (PSI; Abidin, 1995) were interesting. Three student-parents that completed daily ratings of non-compliance also completed the PSI. This was done with three parents because a thorough analysis of factors of parent stress and child behaviour was worthy of investigation (Boggs, Eyberg, & Reynolds, 1990;
Eyberg, Boggs, & Rodriguez, 1992). The results differed between each client, and these results tended to be correlated with life stress scores (see Figure 4.9). Client one reported a reduction in life stress, a reduction in her parent domain score, child domain score and total stress score post-intervention (see Figures 4.6, 4.7, 4.8, and 4.9). Client four reported only modest reductions in parent stress, child stress, and total stress scores (see Figures 4.6, 4.7, & 4.8). Client four also reported an increase in life stress, which may have affected stress ratings in the other domains. This conclusion was supported by the scores reported by Client five. She reported an increase of parent, child and total stress ratings post-intervention. Furthermore, she reported a substantial increase in life stress post-intervention (see Figures 4.9). These results are consistent with Ostberg and Hagekull, (2000), and Simons, et al., (1993) who examined the negative impact of life stress on parenting.

The ratings of Clients four and five revealed no change of child non-compliance. Clients four and five reported a substantial increase in life stress, which suggests a correlation between levels of life stress and child problem behaviours. This is supported in the findings of Morgan, Robinson, and Aldridge (2002) and Ostberg and Hagekull (2000) who found a significant relationship between ratings of child behaviour problems and life stress.

The second proposition was that reports of satisfaction and efficacy would improve post-intervention. The results from the PSOC illustrated both of these factors. The results showed that every parent reported an improvement, or no change, in both efficacy and satisfaction. The total PSOC scores indicated that the parenting satisfaction increased. This indicates that overall, the programme did improve each parent’s perception of their parental competence.
The findings from the Parenting Sense of Competence Scale, also known as the 'Being a Parent Scale' (PSOC; Gibaud-Wallston & Wandersman, 1978 as cited in Johnston & Mash, 1989) were positive, because they demonstrated an increase of both measures of efficacy and satisfaction scores post-intervention. Efficacy scores increased for all participants, with the largest increase reported by Client one, who also reported substantial improvements in her child's problem behaviour. This is consistent with the findings of Johnston & Mash (1989) who found that improvements in parenting competency improved parent's perceptions in managing child behaviour problems.

The feedback from student-parents on the PSOC were concerning. It gave rise to questions regarding the validity of this measure. All six parents questioned me about the meaning of some of the questions. The most common concern was with question one, "The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired" (see Appendix D). Parents stated that this question was two-fold. Problems of taking care of a child are easy to solve, but some parents felt they did not have an acquired understanding, but they did agree with the first part of the question. This was inconsistent with Johnston & Mash (1989), Coleman & Karraker (2000) and Ohan, Leung, & Johnston (2000) on the internal consistency and validity of the PSOC. However, the small sample size of this study, and the high level of education of these student-parents, may account for these differences.

The third proposition was that reports of child behaviour, particularly child non-compliance, would improve post-intervention. These results were illustrated by the EBCI and the daily ratings of child compliance.
The results from the daily reports showed little change in the rate of child compliance. However, given the small sample size, and the difficulties with reporting and recording data, this may not be reflective of any real change in child compliance. Another explanation was that the programme changed parent's perception of their parental competency, but changes in actual child behaviour did not occur. Given this explanation, it may be that a programme that involves both parents and children may have changed this result. However, the Positive Parenting Programme (Triple P) has been found to be effective in a number of settings, in reducing the frequency of child behaviour problems and improving parent practices (Sanders, Markie-Dadds, Tully, & Bor, 2000). Furthermore, the results from the Client Satisfaction Questionnaire (see Table 4.1 and Appendix F) suggested that parents were satisfied with the programme, both with the therapist and the programme itself. This infers other factors than the programme itself.

The findings of the Eyberg Child Behaviour Inventory (EBCI; (Eyberg & Robinson, 1983; Boggs, Eyberg, & Reynolds, 1990) showed an overall reduction of the intensity and number of problem behaviours reported by student-parents (refer to Figures 4.1 and 4.2). The intensity ratings decreased for five of the six parents. Client three reported a slight increase in intensity of problems. The problem ratings pre- and post-intervention showed a reduction of the number of problems with four of the six participants. Client four reported no change, and Client three reported an increase of the number of problems.

Client one reported a considerable reduction in the severity and number of problems. This is not surprising, because Client one was enthusiastic, dedicated, and focussed on using the programme. Worksheets and sessions were generally completed, and she sought advice on the strategies more than any other student-parent. These factors may account for the differences reported by Client one compared to the other participants, and this is consistent with the literature. (Holden, Lavigne, & Cameron, 1990;
Taylor & Biglan, 1998; Sanders, 1995). The improvements of Client one's satisfaction and efficacy scores on the measure of parental competence were reflective of her changes post-intervention (Sanders 1999).

Client three reported a small increase in the level of intensity of problems, and a substantial increase in the number of problems. The likely reason for these results was related to Client three's expectations for her child. Client three had high expectations for her child's behaviour and school performance that was not developmentally appropriate for the child's age. This was one of the difficulties when applying the Positive Parenting Programme (Triple P). Although the strategies are age-specified, it does not provide information about behaviours and developmental stages for each age group. This was especially important for single parents who have the sole responsibility for raising children (Weinraub & Wolf, 1983; Hooper & March 1980).

The question that arises is the differences between the EBCI and the daily report of child non-compliance. The EBCI reports positive change, but the daily reports illustrated in Figures 4.10, 4.11, and 4.12. show little or no change. This could be best explained by the methodological difficulties reported by the Clients who reported on non-compliance. The EBCI seeks to identify a wide range of behaviours, but child compliance is only one factor. It is probable that the EBCI is a more reliable measure of any change in changes of child behaviour.

**Conclusions**

The aim of this study was to assess the changes in parenting stress, feelings of competence and ratings of child behaviour before and after the behavioural family intervention, Positive Parenting Programme (Triple P). The three propositions were firstly, that levels of parenting stress, but not life stress, would reduce post-intervention.
Secondly, reports of satisfaction and efficacy would improve post-intervention. Thirdly, that reports of child behaviour, particularly child non-compliance, would improve post-intervention. The findings showed some improvements in parenting stress levels, but two of the three parents reported an increase in life stress. Satisfaction and efficacy scores improved for most student-parents post-intervention. Child problem behaviour improved with some parents. Non-compliance improved with one parent, but for the other two parents, non-compliance levels stayed the same.

**Limitations of the study**

The first limitation of this study was that it aimed to address one source of student-parents’ stress – child management problems. An ecological approach focusing on more than one stressor would have been preferable for a number of reasons. Firstly, the literature on student-parents suggested a number of stressors that impact on student-parents, especially single student-parents, such as a lack of social support, financial difficulties, institutional barriers, and high stress levels. Furthermore, the programme did not address other important skills such as time management, or financial management. This could have been achieved if other related professionals were co-ordinated to provide a more multi-dimensional service approach. Other professionals could have included counsellors, budget advisors, and with some clients, legal professionals.

The second limitation was the age range of Triple P. Ideally, the Standard Triple P programme includes children from birth to 12 years. However, for two of the families, children’s ages were beyond the recommended age. Client five had children at three different developmental stages, which limited the effectiveness of some of the strategies with her oldest child (Sanders, Markie-Dadds, & Turner, 2001).
The third limitation was the structure of the programme. The purpose of individualised sessions was to overcome difficulties of time constraints, transport difficulties, and childcare problems (Home, 1998; Hooper & March, 1980; Huff & Thorpe, 1997). However, it limited contact between participants, which would have helped the student-parents who identified social isolation as a problem (Hooper & March, 1980; Koeske & Koeske, 1990; Suarez & Baker, 1997). Group Triple P sessions may have been more advantageous to address this need. Alternatively, Level 5 Enhanced Triple P may have been more effective because of the high levels of stress. This programme includes sessions on coping strategies and stress management. This level was not chosen because the child problem behaviours were not severe, and the student-parents already used a number of efficacious parenting strategies. However, coping and stress management strategies could have been highly beneficial for these parents (Markie-Dadd, Turner, & Sanders, 1998).

The fourth limitation was the data collection method chosen to record daily ratings of non-compliance. Parents were given a graph sheet to record daily ratings (See Appendix B). When data was collected, only the graphs were submitted. It had not been made clear that data should be recorded with the date. The result of this was that the data was not clear. Clients recorded only the daily rating, but not the date they were referring to. Furthermore, Client four had a shared custody arrangement and had not recorded ratings on the days her child was away. This made the process of data comparison difficult, so a weekly average was calculated for comparative analysis.

Another limitation was the type of measurements that were used. Maternal self-report measures were used for all measures of change. This has been criticised in the literature, because it takes into account only maternal perspectives, and cannot be
accurately verified. This was a concern discussed by many researchers who conducted similar studies with parents (Thompson, et al., 1993; Weinburg, 1999)

This was reflected by the perception of children's behaviour in this study. During the initial interviews, parents rated a number of behaviour problems. However, when the behaviours were examined, they were related to developmental changes or were not as severe as parents had reported. This may have accounted for the small changes in some of the measures. This was true of Client five, whose true concern was more about confidence about her own parenting, than her children's behaviours.

Furthermore, flexibility around student-parents caused difficulties with keeping appointments. Client five, for example, rescheduled four sessions consecutively. Furthermore, many students were difficult to contact on a regular basis because of their numerous commitments. This made scheduling sessions very difficult, and the intervention became difficult to implement.

**Recommendations and Implications for further research**

Providing a parenting programme for student-parents appears to be a promising intervention. However, for future research, other factors could be taken into account. Firstly, only parent stress was addressed. There are many sources of stress that impact on student-parents, such as financial difficulties, isolation, childcare problems, difficulties with employment, and difficulties with study (Home, 1998; Huff & Thorpe, 1997). An ecological approach with other professionals to address student-parents needs, combined with Triple P may be more beneficial (Jung, 1996; Richards & Schmiege, 1993).

Furthermore, the Enhanced Triple P programme, or Group Triple P may be a better structure (Markie-Dadds, et al., 1998). This would address the needs of student-
parents to have social support, and address social isolation in the tertiary setting (Hooper & March, 1980; Home, 1998). Furthermore, the benefits of group work with parents have been proven to be highly effective (Sanders, 1995).
REFERENCES


University of Canterbury
Education Department

Background and Family Questionnaire

Interviewee:
Date:
Time:
Location:
Present:

1. Demographics

1. Name:

2. Age:

3. Date of birth:

4. Ethnicity:

5. Address:

6. Phone:

7. School or preschool:

8. Mother/father:

9. Parents' dates of birth:

10. Parent's occupations:

11. Parent's marital status:
2. Your family

1. Child/children:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Age:</th>
<th>Gender:</th>
<th>Your relationship to the child:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

2. Who lives in your house?

3. Describe your family.
   - Biological family?
   - Step-parent family?
   - Blended family?
   - Other?

3. Your Education and Employment

1. What is your highest level of education?
2. Are you currently in paid employment?
3. Is your partner in paid employment?
4. Does your family receive government benefits?
5. Financial difficulties?

4. Your Health

Have you or your partner sought professional help from:
   - Psychologist?
   - Psychiatrist?
   - Counsellor?
   - Social worker?
   - Other professional?
5. Parental Adjustment
   1. How are you coping with the presenting problems?
   2. Do you have any relationship difficulties?
   3. How have you been feeling over the last couple of weeks?
   4. Are you coping with daily life and stressors and parenting roles?
   5. What are your roles and responsibilities in the family?
   6. Do you have effective social supports?

6. Significant Life Events:
Have you and your family experienced:
   1. Family violence?
   2. Alcohol or drug use?
   3. Separations?
   4. Frequent family moves?
   5. Other relevant traumatic life events?

7. Your Child's Health
Does your child experience any of the following:
   1. A vision or hearing impairment?
   2. A severe chronic illness that results in regular hospitalization?
   3. A physical disability?
   4. An intellectual disability?
   5. A developmental delay?
   6. A restrictive diet prescribed by a health professional?
   7. Is your child on medication?
   8. Does your child have any eating difficulties?
   9. Nightmares/sleep problems?
  10. Medical problems/injuries?
  11. Does your child have any regular contact with another professional or government agency for emotional and behavioural problems?
8. Your child's behaviour

What are the problem behaviours you are most concerned about?

1. 

2. 

3. 

1. History of previous interventions with child and/or family?
2. Context?
3. When did it begin?
4. Associated difficulties?
5. Which concerns bother you the most?
6. When were the problems first noticed?
7. What makes the problem worse?
8. What makes the problem better?
9. What do you do when the problem begins?
10. What do you believe causes the problem?
11. How do you deal with the problem?
12. How do family members react to the problem?
13. Frequency?
14. Duration?

9. Parenting

1. How does your child get along with you?
2. What does your child do with you regularly?
3. How do you express affection for each other (parent and child)?
4. Does your child listen when he is asked to do something?
5. What are the good times like?
6. What are the bad times like?
7. Are there other significant influential adults in your child's life?
8. How do you discipline your child?
   Ignore/scold/physical/threaten/reason/redirect/time out/privilege withdrawal/given up
9. Which methods are effective?
14. Your Child’s Learning
   1. Does your child enjoy preschool/school?
   2. Are you satisfied with your child’s achievement?
   3. How well does your child learn new things?
   4. Does your child seem to understand things that are said?
   5. Does your child stick to tasks that he is trying to learn?

15. Peer and Social Relationships
   1. How does (child) get along with his/her siblings?
   2. How many friends does your child have?
   3. Who are your child’s friends?
   4. Do they get along?

16. Previous interventions?

17. Aim of intervention
   1. What are your expectations of the assessment/intervention/programme?
   2. Do you have any goals for yourself or your child?

18. Future plans
   1. Where do you see yourself in 5 years time?
   2. Where do you see your child in 5 years time?
Instructions:
Plot the number of times the behaviour occurs each day by placing a cross or circle in the appropriate column, then join up the marks for each day.

Behaviour: ____________________________
The image contains a page from the Eyberg Child Behavior Inventory (ECBI) Parent Rating Form by Sheila Eyberg, PhD. The form is designed to assess children's behavior and includes sections for the child's name, relationship to the child, child's date of birth, today's date, and space for the parent to rate the child's behavior on a scale of how often it occurs and whether it is a problem for them.

The form includes a table with several statements about children's behaviors, such as:
1. Dawdles in getting dressed
2. Dawdles or lingers at mealtime
3. Has poor table manners
4. Refuses to eat food presented
5. Refuses to do chores when asked
6. Slow in getting ready for bed
7. Refuses to go to bed on time
8. Does not obey house rules on own
9. Refuses to obey until threatened with punishment
10. Acts defiant when told to do something
11. Argues with parents about rules
12. Gets angry when doesn't get own way
13. Has temper tantrums
14. Answers back to adults
15. Whines

For each statement, the parent is asked to rate how often the behavior occurs using a scale of 1 (Never) to 7 (Always), and whether it is a problem for them (YES or NO). The table is used to facilitate this rating process.

The form also includes instructions for the parent to circle the number describing how often the behavior currently occurs with their child and to circle either "yes" or "no" to indicate whether the behavior is currently a problem for them.

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<th>Is this a problem for you?</th>
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<tr>
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<td>16. Cries easily</td>
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<td>17. Yells or screams</td>
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<td>2</td>
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<td>18. Hits parents</td>
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<td>19. Destroys toys and other objects</td>
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<td>20. Is careless with toys and other objects</td>
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<td>21. Steals</td>
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<td>22. Steals</td>
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</tr>
<tr>
<td>23. Teases or provokes other children</td>
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<td>24. Verbally fights with friends own age</td>
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<td>29. Interrupts</td>
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<td>30. Is easily distracted</td>
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<tr>
<td>31. Has short attention span</td>
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<tr>
<td>32. Fails to finish tasks or projects</td>
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<tr>
<td>33. Has difficulty entertaining self alone</td>
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<td>34. Has difficulty concentrating on one thing</td>
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<td>35. Is overactive or restless</td>
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<td>36. Wets the bed</td>
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Comments:

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BEING A PARENT SCALE

On this questionnaire are 16 items relating to your feelings about being a parent. Please read each item carefully and rate whether you feel it applies to you, by circling a number from 1 (strongly agree) to 6 (strongly disagree) on the scale.

The rating scale is as follows:
1. Strongly agree
2. Agree
3. Mildly agree
4. Mildly disagree
5. Disagree
6. Strongly disagree

1. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.

2. Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.

3. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.

4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.

5. My mother/father was better prepared to be a good mother/father than I am.

6. I would make a fine model for a new mother/father to follow in order to learn what she/he would need to know in order to be a good parent.

7. Being a parent is manageable and any problems are easily solved.

8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.

9. Sometimes I feel like I'm not getting anything done.

10. I meet my own personal expectations for expertise in caring for my child.

11. If anyone can find the answer to what is troubling my child, I am the one.

12. My talents and interests are in other areas, not in being a parent.

13. Considering how long I've been a mother/father, I feel thoroughly familiar with this role.

14. If being a mother/father were only more interesting, I would be motivated to do a better job as a parent.

15. I honestly believe that I have all the skills necessary to be a good mother/father to my child.

16. Being a parent makes me tense and anxious.
**Item Booklet**

**Instructions:**

On the PSI Answer Sheet, please write your name, gender, date of birth, ethnic group, marital status, child’s name, child’s gender, child’s date of birth, and today’s date. Please mark all your responses on the answer sheet. DO NOT WRITE ON THIS BOOKLET.

This questionnaire contains 120 statements. Read each statement carefully. For each statement, please focus on the child you are most concerned about, and circle the response which best represents your opinion.

Circle the SA if you **strongly agree** with the statement.
Circle the A if you **agree** with the statement.
Circle the NS if you are **not sure**.
Circle the D if you **disagree** with the statement.
Circle the SD if you **strongly disagree** with the statement.

For example, if you sometimes enjoy going to the movies, you would circle A in response to the following statement:

I enjoy going to the movies. **SA A NS D SD**

While you may not find a response that exactly states your feelings, please circle the response that comes closest to describing how you feel. YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.

Circle only one response for each statement, and respond to all statements. DO NOT ERASE! If you need to change an answer, make an “X” through the incorrect answer and circle the correct response. For example:

I enjoy going to the movies. **SA A NS X SD**
1. When my child wants something, my child usually keeps trying to get it.
2. My child is so active that it exhausts me.
3. My child appears disorganized and is easily distracted.
4. Compared to most, my child has more difficulty concentrating and paying attention.
5. My child will often stay occupied with a toy for more than 10 minutes.
6. My child wanders away much more than I expected.
7. My child is much more active than I expected.
8. My child squirms and kicks a great deal when being dressed or bathed.
9. My child can be easily distracted from wanting something.
10. My child rarely does things for me that make me feel good.
11. Most times I feel that my child likes me and wants to be close to me.
12. Sometimes I feel my child doesn't like me and doesn't want to be close to me.
13. My child smiles at me much less than I expected.
14. When I do things for my child, I get the feeling that my efforts are not appreciated very much.

For statement 15, choose a response from choices 1 to 4 below.
15. Which statement best describes your child?
   1. almost always likes to play with me
   2. sometimes likes to play with me
   3. usually doesn't like to play with me
   4. almost never likes to play with me

For statement 16, choose a response from choices 1 to 5 below.
16. My child cries and fusses:
   1. much less than I had expected
   2. less than I expected
   3. about as much as I expected
   4. much more than I expected
   5. it seems almost constant

17. My child seems to cry or fuss more often than most children.
18. When playing, my child doesn't often giggle or laugh.
19. My child generally wakes up in a bad mood.
20. I feel that my child is very moody and easily upset.
21. My child looks a little different than I expected and it bothers me at times.
22. In some areas, my child seems to have forgotten past learnings and has gone back to doing things characteristic of younger children.
23. My child doesn't seem to learn as quickly as most children.
24. My child doesn't seem to smile as much as most children.
25. My child does a few things which bother me a great deal.
26. My child is not able to do as much as I expected.
27. My child does not like to be cuddled or touched very much.
28. When my child came home from the hospital, I had doubtful feelings about my ability to handle being a parent.
29. Being a parent is harder than I thought it would be.
30. I feel capable and on top of things when I am caring for my child.
31. Compared to the average child, my child has a great deal of difficulty in getting used to changes in schedules or changes around the house.
32. My child reacts very strongly when something happens that my child doesn’t like.
33. Leaving my child with a babysitter is usually a problem.
34. My child gets upset easily over the smallest thing.
35. My child easily notices and overreacts to loud sounds and bright lights.
36. My child’s sleeping or eating schedule was much harder to establish than I expected.
37. My child usually avoids a new toy for a while before beginning to play with it.
38. It takes a long time and it is very hard for my child to get used to new things.
39. My child doesn’t seem comfortable when meeting strangers.

**Statement 40, choose from choices 1 to 4 below.**

1. easy to calm down
2. harder to calm down than I expected
3. very difficult to calm down
4. nothing I do helps to calm my child

**Statement 41, choose from choices 1 to 5 below.**

1. I have found that getting my child to do something or stop doing something is:
   1. much harder than I expected
   2. somewhat harder than I expected
   3. about as hard as I expected
   4. somewhat easier than I expected
   5. much easier than I expected

**Statement 42, choose from choices 1 to 5 below.**

2. Think carefully and count the number of things which your child does that bothers you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc. Please circle the number which includes the number of things you counted.
   1. 1–3
   2. 4–5
   3. 6–7
   4. 8–9
   5. 10+
For statement 43, choose from choices 1 to 5 below.

43. When my child cries, it usually lasts:
   1. less than 2 minutes
   2. 2–5 minutes
   3. 5–10 minutes
   4. 10–15 minutes
   5. more than 15 minutes

44. There are some things my child does that really bother me a lot.

45. My child has had more health problems than I expected.

46. As my child has grown older and become more independent, I find myself more worried that my child will get hurt or into trouble.

47. My child turned out to be more of a problem than I had expected.

48. My child seems to be much harder to care for than most.

49. My child is always hanging on me.

50. My child makes more demands on me than most children.

51. I can’t make decisions without help.

52. I have had many more problems raising children than I expected.

53. I enjoy being a parent.

54. I feel that I am successful most of the time when I try to get my child to do or not do something.

55. Since I brought my last child home from the hospital, I find that I am not able to take care of this child as well as I thought I could. I need help.

56. I often have the feeling that I cannot handle things very well.

For statement 57, choose from choices 1 to 5 below.

57. When I think about myself as a parent I believe:
   1. I can handle anything that happens
   2. I can handle most things pretty well
   3. sometimes I have doubts, but find that I handle most things without any problems
   4. I have some doubts about being able to handle things
   5. I don’t think I handle things very well at all

For statement 58, choose from choices 1 to 5 below.

58. I feel that I am:
   1. a very good parent
   2. a better than average parent
   3. an average parent
   4. a person who has some trouble being a parent
   5. not very good at being a parent
For questions 59 and 60, choose from choices 1 to 5 below.

59. What were the highest levels in school or college you and the child's father/mother have completed?
   Mother:
   1. 1st to 8th grade
   2. 9th to 12th grade
   3. vocational or some college
   4. college graduate
   5. graduate or professional school

60. Father:
    1. 1st to 8th grade
    2. 9th to 12th grade
    3. vocational or some college
    4. college graduate
    5. graduate or professional school

For question 61, choose from choices 1 to 5 below.

61. How easy is it for you to understand what your child wants or needs?
    1. very easy
    2. easy
    3. somewhat difficult
    4. it is very hard
    5. I usually can't figure out what the problem is

62. It takes a long time for parents to develop close, warm feelings for their children.

63. I expected to have closer and warmer feelings for my child than I do and this bothers me.

64. Sometimes my child does things that bother me just to be mean.

65. When I was young, I never felt comfortable holding or taking care of children.

66. My child knows I am his or her parent and wants me more than other people.

67. The number of children that I have now is too many.

68. Most of my life is spent doing things for my child.

69. I find myself giving up more of my life to meet my children's needs than I ever expected.

70. I feel trapped by my responsibilities as a parent.

71. I often feel that my child's needs control my life.

72. Since having this child, I have been unable to do new and different things.

73. Since having a child, I feel that I am almost never able to do things that I like to do.

74. It is hard to find a place in our home where I can go to be by myself.

75. When I think about the kind of parent I am, I often feel guilty or bad about myself.

76. I am unhappy with the last purchase of clothing I made for myself.

77. When my child misbehaves or fusses too much, I feel responsible, as if I didn't do something right.

78. I feel every time my child does something wrong, it is really my fault.
79. I often feel guilty about the way I feel toward my child.
80. There are quite a few things that bother me about my life.
81. I felt sadder and more depressed than I expected after leaving the hospital with my baby.
82. I wind up feeling guilty when I get angry at my child and this bothers me.
83. After my child had been home from the hospital for about a month, I noticed that I was feeling more sad and depressed than I had expected.
84. Since having my child, my spouse (or male/female friend) has not given me as much help and support as I expected.
85. Having a child has caused more problems than I expected in my relationship with my spouse (or male/female friend).
86. Since having a child, my spouse (or male/female friend) and I don’t do as many things together.
87. Since having a child, my spouse (or male/female friend) and I don’t spend as much time together as a family as I had expected.
88. Since having my last child, I have had less interest in sex.
89. Having a child seems to have increased the number of problems we have with in-laws and relatives.
90. Having children has been much more expensive than I had expected.
91. I feel alone and without friends.
92. When I go to a party, I usually expect not to enjoy myself.
93. I am not as interested in people as I used to be.
94. I often have the feeling that other people my own age don’t particularly like my company.
95. When I run into a problem taking care of my children, I have a lot of people to whom I can talk to get help or advice.
96. Since having children, I have a lot fewer chances to see my friends and to make new friends.
97. During the past six months, I have been sicker than usual or have had more aches and pains than I normally do.
98. Physically, I feel good most of the time.
99. Having a child has caused changes in the way I sleep.
100. I don’t enjoy things as I used to.

For statement 101, choose from choices 1 to 4 below.

101. Since I’ve had my child:
   1. I have been sick a great deal
   2. I haven’t felt as good
   3. I haven’t noticed any change in my health
   4. I have been healthier
or statements 102 to 120, choose from choices Y for “Yes” and N for “No.”
During the last 12 months, have any of the following events occurred in your immediate family?

102. Divorce
103. Marital reconciliation
104. Marriage
105. Separation
106. Pregnancy
107. Other relative moved into household
108. Income increased substantially (20% or more)
109. Went deeply into debt
110. Moved to new location
111. Promotion at work
112. Income decreased substantially
113. Alcohol or drug problem
114. Death of close family friend
115. Began new job
116. Entered new school
117. Trouble with superiors at work
118. Trouble with teachers at school
119. Legal problems
120. Death of immediate family member
CLIENT SATISFACTION QUESTIONNAIRE

This questionnaire will help us to evaluate and continually improve the program we offer. We are interested in your honest opinions about the services you have received, whether they are positive or negative. Please answer all the questions.

Please circle the response that best describes how you honestly feel.

1. How would you rate the quality of the service you and your child received?

   7 6 5 4 3 2 1
   Excellent  Good  Fair  Poor

2. Did you receive the type of help you wanted from the program?

   1 2 3 4 5 6 7
   No definitely not  No not really  Yes generally  Yes definitely

3. To what extent has the program met your child’s needs?

   7 6 5 4 3 2 1
   Almost all needs have been met  Most needs have been met  Only a few needs have been met  No needs have been met

4. To what extent has the program met your needs?

   7 6 5 4 3 2 1
   Almost all needs have been met  Most needs have been met  Only a few needs have been met  No needs have been met

5. How satisfied were you with the amount of help you and your child received?

   1 2 3 4 5 6 7
   Quite dissatisfied  Dissatisfied  Satisfied  Very satisfied

6. Has the program helped you to deal more effectively with your child’s behaviour?

   7 6 5 4 3 2 1
   Yes, it has helped a great deal  Yes, it has helped somewhat  No, it hasn’t helped much  No, it made things worse

7. Has the program helped you to deal more effectively with problems that arise in your family?

   7 6 5 4 3 2 1
   Yes, it has helped a great deal  Yes, it has helped somewhat  No, it hasn’t helped much  No, it made things worse

8. Do you think your relationship with your partner has been improved by the program?

   1 2 3 4 5 6 7
   No definitely not  No not really  Yes generally  Yes definitely
### Raw Data

**Eyberg Data**

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**Being a Parent Data**

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