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# **The Effectiveness and Social Validity of a Group Positive Parenting Programme**

**EXTENSIVE SUMMARY**

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Key words: positive parenting program, parenting practices, child behaviour problems, family relations, socio-cultural validity

**Chapter 1** begins with an introduction on children's behavioural difficulties. Aspects regarding the description of behavioural problems, prevalence and prognosis as well as cost and family functioning are presented.

**Child behavioural difficulties** are one of the most prevalent problems among children especially under the age of 8 (Egger and Angold, 2006), and international statistics show that their prevalence constantly increases. In this context, the early identification and treatment of children with disruptive behavioural problems and also those with subclinical problems is extremely relevant. Even more so as we know that the longer the symptoms last, the more difficult it is to treat them (Charach et al., 2013).

The chapter continues by synthesising the family-related factors having a significant role in the development of children's behavioural problems. Epidemiologic studies show that among the family-related risk factors, poor parenting strategies, family conflicts and divorce strongly impact on children's development (Cummings and Davies, 1994; Dryfoos, 1990; Robins, 1991).

This section highlights the role of parenting practices as a risk factor for the development of certain behavioural problems in children. In this respect it is argued that there is a vast amount of data, which show that poor parenting strategies are one of the most important precursors of early behavioural problems (Lipsey 1998; Farrington 2007; Odgers 2008). Generally by poor parenting strategies we mean the ineffective abilities of managing children's behaviour, poor supervision and involvement abilities as well as the use of certain punitive and inconsistent methods in educating children (Furlong et al., 2012). It seems that these strategies reinforce children's aggressive behaviour on the one hand and on the other they discourage desirable behaviour (Patterson și Yoerger, 2002; Reid, Patterson & Snyder, 2002).

This chapter also describes the two main theories explaining the mechanisms through which children acquire behaviour and lie at the basis of the interventions strategies in the field of parenting: social learning theory (Bandura, 1977, Patterson, 1982) and attachment theory (Bowlby, 1978). Obviously the assessment and intervention strategies based on these theories are different. Social learning based interventions target specific parental behaviours such as reinforcing desirable behaviours, the contingency of the parents' reactions, the manner in which instructions are formulated or the way limits are set, while attachment based interventions focus on the caregiver-child relationship by developing a secure attachment either by enhancing parental sensitivity to the child's physical and emotional needs, or by the change of the parents' internal representations regarding the child (Berlin, 2005).

**Parenting interventions based on the social learning theory** Despite the great array of factors with either cumulative or interaction effects, there are more and more studies that confirm that enhancing parenting skills does not only diminish children's problematic behaviour but they also lead to the improvement of compliant and prosocial behaviours. In addition, the effect is visible also on the parents' mental health condition (Osofsky, 2000; Patterson, 2002a; Webster-Stratton, 2004a; Hutchings 2007b).

There are many data obtained by randomised clinical trials that proved that the interventions aiming at modifying these variables have a significant effect on difficult behaviour of children (Reid, Webster-Stratton and Beauchaine, 2001; Scott and O'Connor, 2013; Webster-Stratton, 1984; Webster-Stratton, Reid and Hammond, 2004).

Behavioural and cognitive-behavioural parenting interventions have become the most widespread forms of intervention targeting children's behavioural problems (Webster-Stratton 1997; Sanders 2000; Hutchings 2007a; Kling 2010).

**Parenting programmes** are social interventions created in order to enhance the parents' knowledge, skills and confidence in their own ability of raising their children (Whittaker and Cowley, 2012). Generally these group-based parenting programmes create an interactive and collaborative learning environment in which the facilitators support the parents in the process of acquiring the classical behavioural principles of learning and the parenting principles (for example, the effective means of behaviour appreciation and rewarding, involvement in the children's activities, strategies for managing difficult behaviour etc). Moreover, it was shown that effective programmes include role play, discussions, home assignments, they teach the parents how to access the resources of the available social support system and restructure the dysfunctional interpretations related to the child's behaviour in particular or to more generic interpretation regarding child education (Furlong et al., 2012).

Parenting interventions based on behavioural, cognitive and social learning theories have the strongest empirical support from among all parenting interventions (Lundahl et al., 2006). The positive parenting programme known as **Triple P** is part of this category.

**Triple P Positive Parenting Programme.** The next section of the first chapter comprises a description of this system both from the perspective of the theoretical background it is based on and the empirical evidence that supports it. Triple P is a multi-level parenting and family support strategy developed by the authors at Queensland University, Brisbane, Australia. The objective of the programme is to prevent severe behavioural, emotional and developmental problems in children by enhancing the parents' knowledge, abilities and confidence (Sanders, Markie-Dadds and Turner, 2003). Triple P is actually a system encompassing several stages of intervention and it is designed for parents of children aged between 0 and 16. The five stages of intervention are set on a continuum varying between a preventive approach at the population level and an intensive intervention in case of more severe problems. Moreover, the programme has been adapted in different variants targeting more specific issues. Irrespective of the form it is delivered, the programme aims at maximising the protective family factors and reduce the risk factors related to severe behavioural and emotional issues in children and teenagers (Sanders, 2012). The program specifically aims at: 1) developing the parents' knowledge, abilities, trust, self-sufficiency and abilities to access resources; 2) promoting a safe, simulative and conflict-free environment for the children and 3) promoting children's social, emotional, intellectual and behavioural competences by positive parenting practices (Sanders, Markie-Dadds and Turner, 2003).

The following section refers to the programme's empirical background without being comprehensive in this respect. Briefly, the Triple P system is supported by a strong empirical basis, made up of studies carried out during 30 years, including studies with various types of research designs. This section is followed by the description of the theoretical background of the program.

The last part of the first chapter outlines the **Romanian context** in the field of parenting. As concrete data are missing concerning the prevalence of the Romanian children's mental health disorders, it focuses on their prevalence based on the international statistical data offered by the WHO. According to these estimates, 20% of the children have mental health problems or disorders affecting their functionality. In an analysis of the mental health services for Romanian children, Save the Children Organisation (2010) estimated 880,709 children having mental health problems. The most frequent disorders are anxiety, depression, ADHD, bullying-type aggressive behaviour problems as well as behavioural disorders (*Analiza serviciilor de sănătate mintală pentru copiii din Romania, Salvati copiii, 2010*). Furthermore, the prevalence of the

aforementioned problems constantly increases, estimating that by 2020, over 25% of the child population of Europe shall develop mental health problems and shall require psychological and/or psychiatric intervention (WHO, 2004).

As we have argued in the first part of the dissertation, the elective treatment for behavioural, social and even emotional problems in children are family based interventions aimed at altering the family risk factors and improving the factors that have proven to have a protective role in the development of the children. Amongst them, the parenting programmes have the vastest empirical support proving their effectiveness in decreasing the children's problems.

In the last years in Romania, parenting education has started to become a priority both at the level the educational and healthcare policies in state institutions and as the field enjoys great interest from the parents. In a study carried out in the "Centres for Childhood and Parenting" project implemented by Holt Romania with the support of UNICEF Romania entitled *Parent Education in Romania*, Cojocaru and Cojocaru (2011) aimed at creating an inventory of the parenting education programmes available through NGO's in the child protection area. Based on the results of this study, we can say that many the parenting programmes starting to be available in Romania are the product of an intervention model "import" process coming from other cultures, which were either adapted to our country's social and cultural environment or not.

The cultural specificity of the Romanian parents' practices was analysed in 2006, when UNICEF carried out the first study in Romania on a representative sample for the families' residential environment concerning parenting competencies comprising knowledge, attitudes and practices (KAP study). This study was aimed at identifying the said competences in the parents of children aged 0-7. The conclusions of this vast study showed that Romanian parents have shortcomings in terms of parenting practices, often use physical force in educating their children (Anghelescu and Iliescu, 2006). These results are confirmed by another more recent investigation carried out in the country by the organisation Save the Children (2013) regarding the child abuse and neglect in Romania, which draws the attention on certain risk factors frequently encountered in Romanian families. The results of this study have shown that in terms of mild and moderate physical abuse in the parent population ranges between 38 – 63%; around 20% of the parents consider beating as a positive correction strategy in case of misbehaviour. Furthermore, the study also showed that most Romanian parents do not consider corrections such as "slapping"/"ear pulling" as behaviours specific for physical abuse.

In this context the need for implementing effective parenting programmes is extremely obvious, being justified both the increase in the prevalence of mental health disorders and the conclusions of the studies analysing the Romanian parents' practices.

The Positive Parenting Programme– Triple P has been available in Romania since 2010. According to our knowledge, Romania is only Central-Eastern European country which this programme has been imported to. The training and accreditation process for professionals has started only after the translation and printing of all materials and tools used in the programme (the facilitator's manual, the parent's workbook, the assessment scales, the worksheets, and the video material).

Accordingly the following questions shape out:

- Is Triple P as effective for Romanian parents?
- How do Romanian parents assess this parenting programme?
- Is a cultural adaptation process required?

## **Chapter 2 Objectives of the research**

In order to answer these questions, the dissertation aims at:

- Investigating the effectiveness of the Group Positive Parenting Programme (Study 1)
  - Pilot study (Study 1a)
  - Non randomised clinical study (Study 1b)
- Comparing the outcomes with results from other countries: Cross-cultural analysis (Study 1c)
- Investigating the social validity of the programme (Study 2)
  - Quantitative method (Study 2a: Parents' Satisfaction Questionnaire analysis)
  - Qualitative method (Study 2b: Focus group –Assessment of parents' opinion of the programme)
- Illustrating the intervention by two case studies (Study 3)

## **Chapter 3 The effectiveness of the Positive Parenting Programme**

The study aimed at investigating the effectiveness of the Positive Parenting Programme on child, parent and family functioning outcomes. Three research approaches have been taken for this purpose: the first study is a pilot study comprising the first parents who participated to the parenting programme (Study 1a), the second approach is a non randomised clinical trial investigating the effectiveness of the programme in a bigger sample (Study 1b), and the third approach is an intercultural analysis of the results obtained in the clinical study comparing the results obtained by similar studies carried out in other countries with different cultural environment. The three studies shall be briefly presented below.

### **Study 1a: The Effectiveness of the Group Positive Parenting Programme: A pilot study**

**The objective** of the study is to investigate the effectiveness of the Group Triple P programme in a Romanian community as well as the parents' satisfaction after participating in the programme. Based on the results of previous studies certain hypotheses have been formulated regarding the existence of significant differences between the pre-intervention and post-intervention results for the following variables: child problems, dysfunctional parenting strategies, perceived parenting competence, parental conflict related to parenting, parental relationship quality and parental distress. Furthermore, based on previous investigations of the programme in different cultural environments, we expect to find a high level of satisfaction after the participation in the parenting programme.

#### **Participants**

Following the promotional campaigns carried out by the Counseling and Support Center for Parents and Children, from Oradea (Bihar county) a city in the north-western part of Romania, 16 parents (12 mothers and 4 fathers) have expressed their intention to participate in the parenting program. Parents' mean age was 33.38 ( $SD = 3.11$ ). The inclusion criteria were the following: (a) the family included at least a child aged between 2 and 12 years; (b) parents' concerns about the child's behavior; (c) children were not previously diagnosed with a developmental disorder, severe medical conditions, severe intellectual or motor disabilities; and (d) do not benefit from another form of parenting support.

## Measures

The assessment package used in the group parenting programme aims at the following aspects regarding the child's behaviour, parenting practices and family functioning:

*Demographical information:* Family Background Questionnaire (FBQ, adapted after Zubrick et al., 1998); *child issues: Strengths and Difficulties Questionnaire, SDQ*, (Goodman, 1997, 1999); *parent's disciplining style: The Parenting Scale* (PS, Arnold, OLeary, Wolff and Acker, 199); *perceived parenting competence: Being a Parent Scale* (Johnston and Mash, 1989); *conflict between parents on the children's discipline: Parent Problem Checklist (PPC*, Dadds and Powell, 1993; *parent relationship satisfaction: Relationship Quality Index* (RQI, Norton, 1983); *parents' distress: Depression Anxiety Stress Scale/ (DASS*, Lovibond and Lovibond, 1995a); *beneficiary's satisfaction: Client Satisfaction Questionnaire* (CSQ, adapted after Eyberg, 1993).

## Procedure

The Positive Parenting Programme was delivered as a free service of the Counselling and Support Centre for Parents and Children in Oradea by two psychologists who were trained and accredited by Queensland University, Australia. Parents who asked for parenting support as a response to a promotion campaign of the parenting programme or through regular referrals registered their names on the participation lists. When the programme started, the parents on the lists were contacted to confirm participation.

## Description of the intervention

*Level 4 Group Triple P* is an eight-session programme. The programme uses an active skill training process in order to help parents acquire knowledge and skills. The group sessions last for two hours and create an opportunity for the parents to learn by observation, discussions, exercise and feedback. In order to demonstrate the implementation of some strategies, video materials are used, and then the strategies are exercised in small groups. The parents receive a constructive feed-back about the manner in which they use the skills in a supportive context. Between sessions the parents get home assignments in order to consolidate what they have learnt during the group sessions.

The programme also includes three 15-30 minute individual telephone sessions in order to offer additional support for each parent while they apply the learnt strategies. The final session is a group session in which aspects related to maintaining the changes and gradual elimination of the programme are discussed.

## Results

The results obtained based on the comparison of the scores obtained by the parents before and after their participation in the parenting programme by paired samples t test are presented in Table 1.

| Variables            | Pre-intervention |      | Post-intervention |      | t    | p    |
|----------------------|------------------|------|-------------------|------|------|------|
|                      | M                | SD   | M                 | SD   |      |      |
| SDQ Total            | 9.75             | 4.07 | 7.25              | 3.41 | 6.64 | .000 |
| Emotional symptoms   | 1.50             | 1.09 | 1.18              | 1.22 | 1.15 | .264 |
| Behavioural symptoms | 2.18             | 1.55 | 1.56              | 1.63 | 4.03 | .001 |
| Hyperactivity        | 4.43             | 1.96 | 3.18              | 1.68 | 5.00 | .000 |



|                             |       |       |       |       |       |      |
|-----------------------------|-------|-------|-------|-------|-------|------|
| Peer problems               | 1.81  | 1.68  | 1.06  | 1.34  | 3.50  | .003 |
| Prosocial behaviours        | 6.31  | 2.21  | 7.56  | 1.67  | -3.27 | .005 |
| Parenting                   | 3.40  | .47   | 2.79  | .53   | 6.60  | .000 |
| Hyper-reactivity            | 3.80  | .72   | 3.18  | .74   | 3.62  | .002 |
| Laxness                     | 3.00  | .73   | 2.35  | .70   | 5.44  | .000 |
| Hostility                   | 1.99  | .82   | 1.65  | .62   | 3.30  | .005 |
| Parental competence         | 69.93 | 8.87  | 75.00 | 7.34  | -2.94 | .010 |
| Satisfaction                | 39.25 | 6.01  | 42.00 | 4.61  | -2.13 | .050 |
| Efficacy                    | 29.00 | 9.39  | 33.12 | 4.73  | -2.15 | .048 |
| Parent problem checklist    | 7.18  | 4.63  | 5.25  | 3.76  | 3.08  | .008 |
| Problem intensity           | 38.31 | 24.73 | 28.31 | 17.52 | 3.26  | .005 |
| Parent relationship quality | 34.00 | 8.18  | 35.37 | 7.71  | -1.48 | .158 |
| Stress                      | 8.62  | 4.22  | 5.50  | 3.59  | 3.73  | .002 |
| Anxiety                     | 1.81  | 4.47  | 1.25  | 3.97  | 2.52  | .023 |
| Depression                  | 3.43  | 5.80  | 2.43  | 4.61  | 2.44  | .027 |

SDQ = Strengths and Difficulties Questionnaire; M= mean; SD = standard deviation

**Table 1.** Pre-post intervention differences between the assessed variables, paired-samples T test results. (N=16)

The results show that at the end of the intervention, parents reported a significantly lower level of behavioural problems, peer problems, hyperactivity symptoms and a significantly higher level of prosocial behaviour. On the other hand, the children's emotional symptoms as they were perceived by the parents, did not prove to be different at the final assessment of the intervention.

There were also significant differences at the level of the parenting strategies used by the parents for disciplining the children. Thus, after having participated in the Triple P programme, the parents reported a lower level of permissive strategies (laxness), a lower level of irritability and anger when disciplining the child (the hyper-reactivity) and use of physical and verbal force (hostility).

The perceived parenting competence as assessed by the scale used in this study includes two dimensions: satisfaction in the parenting role and perceived efficacy in managing the situations pertaining to child discipline. The results of the analyses concerning these variables have shown that at the end of the intervention the parents exhibited significant increase of the reported satisfaction, parenting self-efficacy and total scale score.

The parents did not report significant differences related to parental relationship quality but report significantly fewer conflicts regarding disciplinary strategies both in number and intensity. Moreover, stress levels, anxiety and depression symptoms were significantly lower compared to baseline.

The last investigated aspect is the parents' satisfaction with the programme. At the end of the intervention the parents declared that they were satisfied with the sessions. The mean score for the parent satisfaction questionnaire was 79.67 ( $AS = 8.47$ ), where 91 is the maximum scale score.

## Discussion

The results obtained in this pilot study are in line with previous studies that proved the effectiveness of this parenting intervention on certain variables, which were the direct target of the intervention such as changing dysfunctional parenting strategies and the reduction of the

children's behavioural, emotional and social problems or the prevention of their occurrence. We discussed the results obtained in comparison with the previous investigations of the same variables both from the point of view of the significant and the insignificant results as well as the factors that could have influenced the results.

This study assessed the child's problems with an instrument that assesses the parents' perception on the children's both difficult and prosocial behaviours. The obtained results are consistent with the results of other studies that investigated the effect of the intervention on the children's difficulties. Nevertheless the results of this preliminary study did not highlight the existence of any significant differences on reported emotional problems. This result can be explained by the low number of emotional problems the parents reported at the initial assessment. Furthermore, we can also interpret this result in relation to the content of the programme that does not approach the emotional problems specifically and the strategies used by the parents in managing misbehavior could be applicable especially to behavioural issues.

The results of the studies investigating the extent to which the parent relationship quality improves during the participation to parenting programmes are inconsistent. The result obtained in this study showed that the parents' perception over relationship quality did not change from one assessment to the other and this could be explained through the possibility of a "ceiling effect", especially if the parents included in this sample did not report any major marital distress before attending the intervention.

Even if with the necessary caution for result generalization we did not get significant differences for this sample at the level of relationship quality, the parents still reported a significantly lower level of problems between the spouses specifically related to child discipline. We could argue that reducing inter-parental conflicts in relation to child disciplining could be a more proximal effect of the intervention than the more general improvement of parental relationship. This effect may become visible after a longer time.

Concerning parental distress, the results of the pilot study showed that the parents reported significantly lower levels of post-intervention stress, anxiety and depression.

The participants to the programme exhibited a high level of satisfaction regarding the provided service. From the parents' answers to the questionnaire items we noticed a general trend of considering the programme as a response to their needs to a great extent; most of them found at least light improvements in their child's behaviour, they felt more confident in the strategies they apply and feel they are more efficient than the ones they used prior to taking part in the programme. They obtained lower scores in the item assessing the improvement of relationship quality, which is consistent with the result obtained by the score analysis at Relationship Quality Index.

Generally we can say that parents exhibited a high level of satisfaction pursuant to the Triple P programme, which favours the cultural acceptability of the programme.

## **Conclusions**

According to the results of this preliminary study, the parents taking part in the Positive Parenting Programme reported less behavioural problems in their children, more functional disciplinary strategies, higher levels of the perceived parenting competence, less inter-parent conflicts concerning parenting and lower levels of stress, anxiety and depression. Moreover, the parents assessed the programme effectiveness and its cultural acceptability in a positive manner. Despite the limits of the study, such as the small sample group and the lack of a control group, the results of the study would set the context for a more ample investigation designed in such a

way as to allow drawing more pertinent conclusions regarding programme effectiveness for the Romanian parents. Also this pilot study highlighted specific conditions such as replacing a telephone session with a group session that favour optimal delivery to parents and consequently the maximization of the effects.

## **Study 1b: Effectiveness of the Group Positive Parenting Programme: A non-randomised controlled trial**

### **Objectives**

The extended empirical support of the Triple P programme acquired by the investigation of its effectiveness on international level, as well as the results of the pilot study create the proper context for the investigation of the programme effects in a more ample study aiming at assessing its effectiveness for Romanian parents.

We expected to find significant differences between the intervention group and control group concerning all investigated variables: child-related outcomes (behavioural, emotional, hyperactivity, peer problems, prosocial behaviour), dysfunctional parenting strategies, perceived parenting competence (parent satisfaction and parenting efficacy), inter-parent conflicts related to parenting, parent relationship quality and their distress (stress, anxiety and depressions symptoms). Moreover, a hypothesis related to maintaining the long term benefits thereof has been formulated.

### **Methodology**

#### **Participants**

This study included 93 parents (72 mothers and 21 fathers). The intervention group included 66 parents (mean age 37.97) who participated in Group Triple P and who completed the necessary assessment packages. The control group (N = 27) is made up of parents (mean age 36.59) who asked for support, but who accepted enrolling on a waiting list.

#### **Measures**

Family Background Questionnaire (FBQ, adapted after Zubrick et al., 1998); *Strengths and Difficulties Questionnaire, SDQ*, (Goodman, 1997, 1999); *The Parenting Scale* (PS, Arnold, OLeary, Wolff and Acker, 199); *Being a Parent Scale* (Johnston and Mash, 1989); *Parent Problem Checklist (PPC*, Dadds and Powell, 1993; *Relationship Quality Index* (RQI, Norton, 1983); *Depression Anxiety Stress Scale/ (DASS*, Lovibond and Lovibond, 1995a).

#### **Procedure**

As in the case of the pilot study, the Positive Parenting Programme was delivered as a free service of the Counselling and Support Centre for Parents and Children in Oradea by four psychologists who were trained and accredited by Queensland University, Australia. The participation lists included enrolled parents who asked for support for managing their children's behaviour either as a response to the parenting programme campaign or as regular beneficiaries of services of the centre who met the inclusion criteria.

#### **Intervention**

The parenting programme was delivered in its group standard form described in the above study. The pilot study revealed a need for more time for group discussions and for content

review. In this context, a change was introduced in the structure of the sessions in order to satisfy these needs. The first telephone session was replaced with a group session. Consequently the programme comprised five group session, two telephone sessions and one final group session. This modification was made without any alteration to the programme content. In order to keep this variable constant we applied this structure of the intervention to all parenting groups. The change to the structure did not endanger in any way the integrity of the programme being fully compliant with the delivery flexibility principle promoted and mentioned by the authors in the Facilitator's manual.

### Statistical analyses

As the distribution of the participants in the intervention and control groups was not randomised, the demographic variables of the two groups were compared with the t test-independent samples and  $\chi^2$ . Moreover, in order to identify any significant differences between the intervention and the control group prior to the intervention we used the t test for independent samples. Repeated measures ANOVA and ANCOVA were applied depending on the identified differences. Effect sizes for each variable are reported, Cohen's d values are computed by the transformation of partial eta squared value.

In order to investigate the long-term effects of the intervention as very few parents filled in the follow-up assessment package, we used the t test paired samples in order to highlight the trends of maintaining the changes recorded in the post-test.

### Results

The results obtained after some series of repeated measures ANOVA show a significant effect of the intervention both at the level of the children's problems and the assessed parenting variables.

The effects calculated for the time, group factor and the interaction effects for the main dimensions the parenting programme aims at, namely children's problems and dysfunctional parenting practices are presented in Table 2. Thus, the bifactorial ANOVA showed the statistically significant interaction effects on the following variables: total problem score, emotional symptoms, behavioural symptoms, hyperactivity symptoms, peer problems and prosocial behaviour.

|             | Triple P<br>(N=66)  |                      | Control<br>(N=27)   |                      | Time      |      | Group     |      | Interaction<br>Time* Group |      |      |
|-------------|---------------------|----------------------|---------------------|----------------------|-----------|------|-----------|------|----------------------------|------|------|
|             | Mean<br>pre<br>(AS) | Mean<br>post<br>(AS) | Mean<br>pre<br>(AS) | Mean<br>post<br>(AS) | F<br>(91) | p    | F<br>(91) | p    | F<br>(91)                  | p    | d    |
| SDQ         |                     |                      |                     |                      |           |      |           |      |                            |      |      |
| Total       | 12.69<br>(4.97)     | 9.77<br>(4.51)       | 12.00<br>(6.10)     | 12.22<br>(6.66)      | 26.56     | .000 | .55       | .458 | 36.01                      | .000 | 1.25 |
| Behav.sympt | 3.31<br>(2.24)      | 2.18<br>(1.77)       | 2.85<br>(2.12)      | 3.03<br>(2.15)       | 9.72      | .002 | .187      | .666 | 22.09                      | .000 | 0.98 |
| Emotional   | 1.96<br>(1.67)      | 1.34<br>(1.20)       | 2.37<br>(2.15)      | 2.29<br>(2.09)       | 9.25      | .003 | 3.40      | .068 | 5.71                       | .019 | 0.50 |
| Hyperactiv. | 5.00<br>(2.35)      | 4.24<br>(2.37)       | 4.14<br>(2.19)      | 4.29<br>(2.26)       | 5.41      | .022 | .599      | .441 | 12.17                      | .001 | 0.73 |
| Peer probl. | 2.45<br>(1.55)      | 1.96<br>(1.42)       | 2.77<br>(2.06)      | 2.77<br>(2.22)       | 6.36      | .013 | 2.26      | .136 | 5.98                       | .016 | 0.51 |

|   |                |                |                |                |       |      |       |      |       |      |      |
|---|----------------|----------------|----------------|----------------|-------|------|-------|------|-------|------|------|
| Prosocial                               | 6.80<br>(1.99) | 7.63<br>(1.82) | 6.29<br>(1.48) | 6.07<br>(1.49) | 2.60  | .110 | 8.00  | .006 | 7.77  | .006 | 0.58 |
| <b>Over-<br/>reactivit.<sup>1</sup></b> | 3.15<br>(1.14) | 2.36<br>(1.04) | 3.85<br>(1.07) | 3.94<br>(1.09) |       |      | 50.81 | .000 |       |      | 0.73 |
|   | <b>3.35</b>    | <b>2.51</b>    | <b>3.35</b>    | <b>3.56</b>    |       |      |       |      |       |      |      |
|   |                | <b>(.07)</b>   |                | <b>(.12)</b>   |       |      |       |      |       |      |      |
| Laxness                                 | 2.96<br>(.96)  | 2.34<br>(.84)  | 3.00<br>(.77)  | 2.96<br>(.86)  | 13.33 | .000 | 3.15  | .079 | 10.50 | .002 | 0.98 |
| Hostility                               | 1.76<br>(.75)  | 1.39<br>(.48)  | 1.92<br>(.94)  | 1.78<br>(.89)  | 20.49 | .000 | 3.21  | .076 | 4.37  | .039 | 0.73 |
| Total                                   | 3.25<br>(.58)  | 2.55<br>(.55)  | 3.44<br>(.50)  | 3.45<br>(.46)  | 52.29 | .000 | 21.78 | .000 | 50.97 | .000 | 1.49 |

**Table 2.** Descriptive statistics (Means and standard deviation for the intervention group and control group and the results of variance and covariance analyses; the effects calculated for the time, group factor and interaction effect. Reactivity<sup>1</sup> -for this variable the ANCOVA results are presented including adjusted means.

In order to assess the clinical significance of these effects, we calculated the percentage of the scores above the section threshold indicated by the authors of the SDQ scale. The results are presented in Table 3.

| Symptoms      | Pre intervention | Post intervention |
|---------------|------------------|-------------------|
| Behavioural   | 42,3%            | 21,2%             |
| Emotional     | 4,5%             | 4,5%              |
| Hyperactivity | 24,2%            | 16,6%             |
| Peer probl.   | 28,7%            | 13,6%             |
| SDQ Total     | 22,7%            | 9%                |

**Table 3.** The percentage of children for whom the parents reported values above the section threshold of the SDQ scale (Strengths and Difficulties Questionnaire, Goodman, 1997, 1999)

Moreover, the results of statistical processing highlighted the existence of statistically significant effects on dysfunctional parenting practices. The parents taking part in the parenting intervention exhibited significant decrease as compared to the parents in the control group at the level of the three sub-scales assessing **hyper-reactivity, laxness and hostility**.

Concerning the perceived parenting competence both the variance analyses and the specific tests have highlighted significant differences between the two groups. Specifically, the parents taking part in the Triple P groups exhibited improvement at **the level of satisfaction** in their role as parents and the level of **efficacy** perceived in the management of the children's behaviour.

At the level of family functioning, the results of the variance analyses indicate a significant effect of the intervention both over the number of parental conflicts regarding the children's discipline, as well as over their intensity. Another dimension related to the operation of a family investigated during this study is the quality of the relationship between the parents. The ANCOVA results revealed the existence of a significant effect with high effect size  $d = .82$ .

Thus, the parents taking part in the intervention reported a significantly improved couple relationship as compared to the parents who did not take part in the intervention.

*Effects on the parents' distress*

Results showed that after controlling for baseline stress, anxiety and depression levels there was a significant effect of the participation to the parenting intervention. Thus, significant effects were achieved in terms of stress and anxiety levels with moderate effect size ( $d = .54$ ) and depression levels with large effect size ( $d = .95$ ). The clinical effectiveness of the intervention: the percentage of parents having scores over the cut-off scores for the Stress, Anxiety and Depression Scale are also presented.

| Symptoms          | Pre intervention | Post intervention |
|-------------------|------------------|-------------------|
| <b>Stress</b>     | 12%              | 4%                |
| <b>Anxiety</b>    | 13%              | 10%               |
| <b>Depression</b> | 12%              | 3%                |

**Table 4.** The percentage of parents in the intervention group having scores over the value of the section points of the Depression, Anxiety and stress scale (DASS, Lovibond and Lovibond, 1995) before and after the intervention.

|   | Triple P<br>(N=66)  |                              | Control<br>(N=27)   |                              | Time      |      | Group     |      | Time*group |      | d    |
|---|---------------------|------------------------------|---------------------|------------------------------|-----------|------|-----------|------|------------|------|------|
|   | Mean<br>pre<br>(SD) | Mean<br>post<br>(SD)         | Mean<br>pre<br>(SD) | Mean<br>post<br>(SD)         | F<br>(91) | p    | F<br>(91) | p    | F<br>(91)  | p    |      |
| Satisfaction                            | 39.04<br>(6.92)     | 41.31<br>(6.96)              | 39.59<br>(5.54)     | 37.77<br>(6.08)              | .14       | .707 | 1.15      | .285 | 11.33      | .001 | 0.70 |
| <i>Efficacy</i> <sup>1</sup>            | 32.00<br>(7.04)     | 35.43<br>(5.88)              | 28.55<br>(4.01)     | 28.88<br>(5.28)              |           |      | 37.65     | .000 |            |      | 0.90 |
|   | <b>31</b>           | <b>34.94</b><br><b>(.59)</b> | <b>31</b>           | <b>30.11</b><br><b>(.94)</b> |           |      |           |      |            |      |      |
| Total                                   | 71.60<br>(10.08)    | 76.65<br>(8.86)              | 68.14<br>(6.53)     | 66.66<br>(9.31)              | 5.17      | .025 | 12.38     | .001 | 17.35      | .000 | 0.87 |
| <i>No of<br/>conflicts</i> <sup>2</sup> | 5.25<br>(3.79)      | 3.92<br>(3.68)               | 7.29<br>(3.60)      | 7.44<br>(3.45)               |           |      | 12.67     | .001 |            |      | 0.74 |
|   | <b>5.84</b>         | <b>4.34</b><br><b>(.30)</b>  | <b>5.84</b>         | <b>6.42</b><br><b>(.49)</b>  |           |      |           |      |            |      |      |
| Intensity                               | 28.68<br>(16.62)    | 22.74<br>(10.94)             | 35.37<br>(18.76)    | 34.11<br>(18.54)             | 11.0      | .001 | 7.15      | .009 | 4.65       | .034 | 0.69 |
| <i>Relationship<br/>quality</i>         | 36.59<br>(7.63)     | 38.81<br>(7.17)              | 39.44<br>(9.34)     | 28.92<br>(10.85)             | 1         |      | 15.10     | .000 |            |      | 0.82 |
|   | <b>34.51</b>        | <b>36.85</b><br><b>(.41)</b> | <b>34.51</b>        | <b>33.73</b><br><b>(.66)</b> |           |      |           |      |            |      |      |
| <i>Stress</i>                           | 8.03<br>(5.45)      | 5.77<br>(4.37)               | 12.00<br>(5.50)     | 13.92<br>(7.20)              |           |      | 41.60     | .000 |            |      | 1.35 |
|   | <b>9.18</b>         | <b>6.66</b><br><b>(.40)</b>  | <b>9.18</b>         | <b>11.74</b><br><b>(.65)</b> |           |      |           |      |            |      |      |

|                   |                               |  |                               |  |       |            |      |
|-------------------|-------------------------------|--|-------------------------------|--|-------|------------|------|
| <i>Anxiety</i>    | 3.18<br>(4.51)<br><b>3.86</b> | 2.30<br>(3.59)<br><b>2.79</b><br>(.25) | 5.51<br>(4.99)<br><b>3.86</b> | 5.22<br>(4.59)<br><b>4.02</b><br>(.39) | 6.80  | .011<br>*  | 0.54 |
| <i>Depression</i> | 3.57<br>(4.95)<br><b>4.29</b> | 2.31<br>(3.18)<br><b>2.75</b><br>(.26) | 6.03<br>(5.67)<br><b>4.29</b> | 6.11<br>(5.06)<br><b>5.04</b><br>(.42) | 20.62 | .000<br>** | 0.75 |

**Table 3.** Descriptive statistics (means and standard deviation for the intervention and control group) and the results of the variance and covariance analyses; the effects (F) calculated for the time, group factor as well as the interaction effect. The variables marked with bold letters ANCOVA results are reported, including adjusted means.

#### *The long-term effects of the intervention*

From the 66 parents who benefited from the Triple P intervention only 19 filled in the assessment package one year after the intervention. As the sample was this small, in order to investigate the trend of maintaining the results, we used the paired sample t test to compare the post intervention scores with the scores obtained at one year follow-up.

Most of the assessed variables did not significantly change one year after the intervention. However there were some significant differences: the total score of the SDQ scale, behavioural and hyperactivity problems in children. It seems that the effects over these problems are not only maintained but they increase, as the parents reported fewer difficulties than immediately after programme completion.

The benefits related to reducing dysfunctional parenting strategies, increasing perceived parental competence in terms of satisfaction with the parenting role, as well as the changes in the parents' relationship quality were maintained after one year. On the other hand, the perceived efficacy in the management of children's behaviour significantly decreased,  $t(18) = 3.13$ ,  $p = .006$ , as compared to the level recorded immediately after the intervention.

Things are different concerning the stress and anxiety symptoms reported by the parents. It seems that in the case of the 19 parents the stress and anxiety level significantly increased a year after the intervention as compared to the level reported immediately after the participation to the parenting programme. Nevertheless, there were no significant differences identified in the depression symptoms reported by the parents.

## **Discussion**

This study is aimed at assessing the effectiveness of the positive parenting programme in a Romanian sample. As Triple P is an internationally known form of intervention designed to improve parenting strategies and reduce children's behavioural, emotional and social problems, our purpose was also to assess the effects of the intervention on Romanian parents.

The results of the statistical analyses showed that all hypotheses formulated in this study were confirmed.

This section presents all the assessed effect categories: *Effects on child's problems*, *Effects on parenting practices and competences* and *Effects on family functioning* by referring to previous similar investigations. The discussions also refer to the extent of the obtained effects and aim at finding pertinent explanations for the achieved similarities or differences obtained in comparison to other studies and the meta-analytical investigations of the Triple P system. Moreover, the results are also discussed in terms of differentiated effects over the studied

variables. For example, from the category of children's problems the strongest effect was the effect recorded in the case of behavioural problems. As far as emotional problems are concerned, as opposed to the results of the pilot study, both the variance analysis and the specific tests highlighted the effectiveness of the intervention in reducing them but with a smaller effect size ( $d = 0.50$ ) as compared to the effect on behavioural problems. This result can also be explained by the quite low scores in the initial assessment. For example, only three out of the 66 parents reported problems of clinical intensity and the very same percentage was kept to the end of the intervention.

#### *The long-term effects of the intervention*

Although most improvements were maintained one year after the intervention, parents showed significantly higher levels of distress at follow-up (in terms of stress and anxiety symptoms, but not depression). Thus, dealing with the matter cautiously due to the small parent sample that filled in the follow-up package 12 months later, we can still state that the hypothesis regarding the long-term effects of the intervention was partially confirmed.

### **Conclusions**

Our data suggests that Group Triple P was an effective intervention for Romanian parents. Significant effects were found on child, parental and family functioning outcomes. The results confirmed that the positive effects of the parenting programme do not come down to the modification of proximal factors directly targeted by the intervention such as children's problems and parenting strategies, but they also extend over to the improvement of certain rather distal factors pertaining to family functioning, such as the dynamics of the inter-parent conflict over parenting, relationship quality and parental distress. Acquiring effective parenting skills may change the parents' perception over the control they have on the child's behaviour and probably over the family environment in general. Thus, less inter-parent conflictual contexts are generated regarding children's discipline and the parents can have fewer reasons to feel depressed or stressed and can get a higher feeling of control over their lives (Sanders et al., 2000).

The manifold significant effects highlighted by the results of this study as well as the effect sizes, in many cases even higher than the effects reported in the literature could have been facilitated by some aspects pertaining to the study procedure. Some of them are: the modified structure of the programme (replacing one phone session with a group session), group composition, the high motivation of the parents associated to self-referral, the possible occurrence of a *demand effect*, the innovative character of the programme.

Despite the limits of the study (for example, the small size of the follow-up sample, the lack of a follow-up control group, the use of scales that have not been validated on Romanian population), this study contributes to the empirical support of the programme, which supports its effectiveness in ecological conditions by the identified significant effects.

## **Study 1c: Comparing the results with results obtained in other countries: A cross-cultural analysis**

### **Introduction**

As there is an ever higher interest for the implementation of parenting programmes internationally going beyond the borders of the countries developing them, it is necessary to perform a careful analysis of the importance granted not only to the cultural and contextual variations but also the potential of common features that could facilitate their transportation. For example, some studies suggest that parenting and implicitly the effects of any parenting



interventions are rather similar than different among cultures and countries (e.g. Albert, Trommsdorff and Mishra, 2007; Bradford et al., 2003; Pinderhughes, Hurley and The Conduct Problems Prevention Research Group, 2008; Reid et al., 2001). Moreover, there are inconsistent results regarding the effectiveness of the culturally adapted interventions compared to unadapted interventions (Barrera, Castro, and Steiker, 2011; Gottfredson et al., 2006; Huey and Polo, 2008; Wilson and Miller, 2003). Furthermore, it is important to raise the question whether it is appropriate to “transfer” interventions especially when the cultural and national contexts seem to be dramatically apart, for example between developed and developing countries, between eastern and western societies or countries with very different traditions, family policies and childcare systems.

World Values Survey found two variables measured in a study explain more than 70% of the intercultural variance: “*traditional versus secular-rational values*” and “*survival versus self expression values*”. The latter seizes the differences between the societies according to the focus on religion. According to this classification, more traditional societies are more susceptible to focus on the importance of the parent-child relationship, respect to the authority and the values of the traditional family and oppose divorce, abortion or suicide. The rather secular societies are less susceptible to consider the parent-child relationship and the respect for authority as influencing their own values.

The Triple P programme is a form of parenting intervention that was successfully disseminated in many countries, being tested in several of them. Generally, the results of the clinical studies have shown a good cultural acceptability even in countries very different from Australia, the country of origin of this programme. The next section of the study presents briefly some relevant studies illustrating the international experience of the programme.

## **Objective**

According to our knowledge Romania is the only Eastern European country in which an effectiveness study has been carried out. In this context we raise the questions: How effective is the programme for the Romanian parents as compared to its effectiveness in its country of origin and other cultural environments in which it was implemented? The answer to this question is relevant in order to evaluate the need to adapt the programme for increasing its acceptability and maximising its effects on the Romanian population. Moreover, investigating the extent to which the effects of the parenting programme differ from the effects achieved in different cultures may contribute to a certain extent to the identification of the Romanian cultural specificity in terms of parenting practices and their permeability to change.

## **Method**

### **Procedure**

In order to identify the studies we carried out an extensive analysis of the specialist literature to select studies on the Triple P according to the following criteria: (1) research that investigated the same variant of the programme (Level 4 – group); (2) in different cultures and that (3) assessed variables similar to this study; (4) used a control group; (5) report the extent of the effect or sufficient data to calculate the size, (6) were targeted to the same population (i.e. general population) and (7) were published in English.

The similarity/dissimilarity criterion was established according to the worldvaluessurvey.org classification by Ronald Inglehart and Christian Welzel (2005).

The selected studies pursuant to this enterprise were compared by the analysis of the Cohen's *d* coefficients obtained for the assessed variables.

## Results

In order to compare the effects obtained in the study carried out on the Romanian population, we selected three studies that investigated the effectiveness of Level 4 of the Triple P system in three different cultural backgrounds:

The first study was made by Zubrick et al. (2005) in Australia, the culture of origin of the Triple P and is the vastest effectiveness study of a parenting programme carried out in ecological conditions. The study has a quasi-experimental design and included 804 parents in the intervention group and 806 in the control group. Culturally, Australia is an English-speaking country with high „self-expression values” and a moderate position between traditional and liberal-rational values.

The second selected study was made by Bodenmann et al. (2008) in a European country, namely Switzerland. This controlled clinical study investigated the effectiveness of the programme for the improvement of parenting strategies and children's behaviours. The study comprised 150 parents of children aged 2 to 12 (the average age being 6.6), who were randomly distributed in one of the three conditions. Culturally, Switzerland can be classified in the Protestant European cultural pattern, characterised by a high level of self-expression values, tolerance, free expression (Inglehart and Welzel, 2005).

The third study was made by Fujwara et al. (2011) in a country of Asian culture, namely Japan. The study investigated the effectiveness of the Triple P for the Japanese parents, having 91 participants in all in the intervention group and 24 in the control group. Culturally, Japan is typically Confucianist, with traditions that value the respect to the authority and the values of the traditional family.

Romania's position on the cultural map (Inglehart and Welzel, 2005), as it appears in 2015, is among the orthodox countries, close to the traditional and “survival” type values, featuring quite an intense concern for physical and economic safety and a lower level of trust and tolerance.

An unsystematised comparative analysis of Cohen's *d* coefficients in the four selected studies lead to the following results.

➤ **The effects over the children's behavioural problems**

Japan > Romania > Australia > Switzerland

➤ **The effects on the parenting strategies**

Romania > Australia > Japan > Switzerland

➤ **Perceived parenting competence**

Romania > Switzerland > Japan

➤ **Inter-parent conflicts related to child discipline**

Australia > Romania > Switzerland

➤ **Relationship quality**

Romania > Switzerland > Australia > Japan

➤ **Stress/Anxiety/Depression**

Romania > Japan > Australia

## Discussions and conclusions

Assuming that cultural norms and values regarding child rearing and discipline as well as family practices, cultural and religious factors may influence the acceptability and effectiveness of the evidence-based parenting interventions (Kumpfer et al., 2008; Lau, 2006; Palinkas et al., 2009; Webster-Stratton, 2009), we aimed at exploring the extent to which the results obtained in the effectiveness study carried out on the Romanian population differ from the results obtained in the country of origin and other results obtained in similar studies carried out in different cultures. For this purpose we compared the effect sizes obtained in four studies done in different cultures: Romania, conceptualised as averagely remote from the culture of origin, according to the WVS classification (World Value Survey), Switzerland, which we conceptualised in this study as similar and Japan, conceptualised as a dissimilar/remote culture. The results showed on some dimensions an increasing trend in the effect size as we move away from the culture of origin of the programme. This trend confirms a recent, apparently paradoxical conclusion according to which the effectiveness of parenting interventions can be higher in very different cultures (e.g., collectivist, traditionalist cultures) and a lower social and economic level than in the countries the interventions were created despite the cultural differences between them (Gardner et al., 2015).

A possible explanation suggested in the literature refers to the fact that the parents from more traditionalist cultures could be more responsive and adherent to the rules and principles of a programme they perceive as being developed by experts. Moreover, in these countries the family services are less available, so the services taken over from the international community could be valued even more. (Gardner, Hutchings, Bywater, & Whitaker, 2010; Leijten, Raaijmakers, de Castro, & Matthys, 2013). Although there are comments and studies presenting somehow mixed conclusions (Barrera et al., 2011; Gottfredson et al., 2006; Huey & Polo 2008, Wilson & Miller, 2003), a dominant (and plausible) view is that the parenting interventions are effective in new cultural contexts only if there is a longer, several-stage adaptation process (Barrera & Castro, 2006; Kumpfer et al, 2008), or if there is a limited cultural difference between the countries as suggested by Sussman et al. (2008). However recent studies present a somewhat optimistic view. Another part of the explanation concerning the success of parenting interventions could be that their basic principles are universal among cultures (Gardner et al., 2015). It seems that in most studies the interventions were implemented according to the programs' manuals with minor adaptations for the new countries.

**Limitations** The results of this comparative analysis must be interpreted cautiously as the enterprise is exploratory and is rather based on an unsystematic analysis of an effect size indicator. The studies included in our analysis are insufficient to draw ecologically valid conclusions concerning the cross-cultural analysis. A meta-analysis would be the farther natural evolution of this study. As soon as there are additional studies allowing a systematical analysis of the literature in which the culture would be the moderating variable, this analysis could be re-started in a more systematic manner. Moreover, future studies should explore more carefully the extent of cultural influence on programme effects and the mechanisms involved.

## **Chapter 3**

### **The social validity of the positive parenting programme**

#### **Introduction**

Despite the extensive empirical support the family-related behavioural interventions based on the social learning theory benefit from, international epidemiological studies show that the number of parents accessing any kind of parenting education programme is quite low: approximately 14% according to Sanders et al. (1999). In this context, the identification of the factors that prevent parents from accessing parenting programmes has been the object of several investigations. Here are some of the identified barrier types: practical barriers such as the lack of time, issues regarding the lack of alternatives for child supervision during the programme, transport-related issues, costs or even the lack of information about such services, cognitive factors, social and demographical factors.

The category of barriers of interest for this section of the dissertation are the cultural factors such as language, the families' position about accepting external help, the general perception about mental health services and the prejudices associated to accessing them (Sawrikar and Katz, 2008).

#### **The relevance of social validity for the effectiveness of parenting programmes**

Social validity refers to "the acceptability and satisfaction regarding the procedures of an intervention, generally assessed by asking the opinion of the individuals receiving or delivering the intervention" (Luiselli and Reed, 2011, p.1406).

Parents tend to access the interventions they deem acceptable irrespective of their empirical support (Borrego and Pemberton, 2007, Eckert and Hintze, 2000). The manner in which the parents see the content of the parenting programme (targeted strategies, presented principles etc) is extremely relevant for the likelihood of their implementation. The parents who see the presented strategies as less acceptable or without practical applicability may not even try out the strategies, which are actually known as being useful and effective (Mazzucchelli et al., 2010).

We can find in the literature (e.g. Lau, 2006; Morawska et al., 2011) debates on the effectiveness of the parenting programmes existing in cultural environments other than those for or in which they were created. The question is whether these programmes can be delivered in their original form or they should be altered or adapted to the needs of the parents coming from different cultural backgrounds (Morawska et al., 2011).

The results of the studies comparing the effects of the original variants with the adaptations are quite inconsistent. Some studies showed that the adapted programmes were more accessed by parents (Kumpfer et al., 2002), other studies identified even some negative effects when the practitioners made changes to the content of the programme (Castro et al. 2004; Kumpfer et al. 2002). Some authors argue that the adaptations of the parenting programmes are based more on the practitioners' opinion on the needs of the parents from different cultural backgrounds and even the need to be politically correct and less on the results of thorough investigations (Elliot and Mihalic 2004; Kumpfer et al. 2002). In this context, data collection for social validity and the beneficiaries' preferences is a step that contributes to the validation of any parenting intervention. Sanders and Kirby (2012) are among the authors who argue that before starting any adaptation enterprise for a parenting intervention it is very important to deeply understand the beneficiaries' experiences and needs. Their investigation could lead to the adjustment of the programmes in such a way as to maximise the adaptation and ecological relevance and maximise the parents' participation having effects on the achievement of the

behavioural, social and emotional changing objectives the families set out for themselves (Sanders and Kirby, 2012, Mazzucchelli and Sanders, 2010).

Thus there is an obvious need to clarify the extent to which the parenting programmes which have already proved their effectiveness, as it is the case of the Triple P, truly need adaptations when implemented in a different environment. In this sense, the investigation of the satisfaction and perception of the parents taking part in the original variant of the programme regarding the content and mechanism of the intervention is an added value. As the Triple P is in its early stages of implementation in Romania, the assessment of the social validity is relevant also from the perspective of the evaluation of the need for adaptation versus fidelity.

In this context, we aim at investigating the parents' perspectives on the programme as well as their satisfaction after the participation to the group sessions via two methodologies:

1. Quantitative methodology: by the analysis of the client satisfaction questionnaire
2. Qualitative methodology – by the focus group method

The next section presents the two types of enterprises and their results.

## **Study 2a: Analysis of the client satisfaction questionnaire**

### **Objectives**

The client satisfaction questionnaire was part of the post-intervention assessment package used in the effectiveness study. The detailed analysis of the answers given by the parents is done for the purpose of evaluating the Romanian parents' general degree of satisfaction after their participation in the positive parenting programme as well as their perception on the quality and effectiveness of the programme content.

### **Method**

#### **Participants**

The client satisfaction questionnaire after the participation in the positive parenting programme was filled in by 64 of the 66 parents who were part of the intervention group of the effectiveness study. Two parents did not return the questionnaire.

#### **Instrument**

*The client satisfaction questionnaire* is an adaptation of the Therapy Attitude Inventory (Eyberg, 1993) and is aimed at measuring the satisfaction of the beneficiaries related to the parenting programme they took part in. The tool contains 13 items assessing the quality of the delivered service from the perspective of the extent in which it met the parent's needs, if it improved his/her skills, if it lead to the reduction of the child's misbehaviours and if the parent would recommend the programme to others. Each item is evaluated on a 7-point scale varying from 1 – Very unsatisfied to 7 – Very satisfied. The scores may range between 13 and 91, the high scores indicating high satisfaction.

### **Procedure**

The parents filled in the questionnaire at the end of the last session of the parenting programme, this being a classical satisfaction evaluation procedure of the Triple P programme used in most studies. We calculated the means and the standard deviations of each item, mean total scores and percentages on answer categories.

## Results

The average of the total scores obtained by the parents at the satisfaction questionnaire after their participation in the group format of the positive parenting programme was 73.78,  $SD = 9.10$ . This section presents the scores obtained by each item.

Assessed aspects: service quality, form and degree of help received, response to the needs of the child and the parent, effectiveness in managing the child's behaviour, general effectiveness in the management of family issues, effects on relationship quality, general satisfaction with the programme, openness to participate in the programme another time, generalisation to the relationship with other family members, the perception of the child's progress upon filling in the questionnaire.

The participants in the group granted the highest score to the item regarding the delivered service quality, followed by general satisfaction with the programme. 93.7% of the parents declared that they would participate in the programme if need be. The following two questionnaire items assess the parents' perception on the extent to which the programme contributed to increasing their own efficiency in managing the child's behaviour. 93.8% of the parent gave answers ranging between „yes, it somewhat did help” and „yes, it helped a great deal”. To the question whether they received the help they expected from the programme, 87.5% of the parent answered ranging between ”Generally, yes” and ”Certainly, yes”, and 12.5% considered that they did „not really” get the form of help they expected.

In assessing the extent to which the programme met the children's and the parents' needs, four parents, namely 6.3%, considered that the programme met only some of the children's and parents' needs. At the other end, 12.5% of the respondents believed that the programme met almost all the children's and parents' needs. Most parents (46.9%, namely 50%) indicated that the programme met most of the needs.

Concerning the amount of help received, 93.7% answered between ”Satisfied” and ”Very satisfied”. The lowest scores were obtained at the item assessing the effect of the programme over the improvement of the relationship quality between the parents at the item assessing the generalization effect of the abilities at the relation with other family members.

The generalisation effect at the interactions with other family members were assessed as neutral by 21.9% of the parents while 78.1% proved to agree with the idea that the programme helped them shape their skills to be applied in their relationships with other family members. The parents' perception about the child's behaviour upon assessment (post-intervention) and the progress from the beginning of the programme are the last two aspects assessed with this tool. Most parents stated they were satisfied in this respect.

## Discussions and conclusions

Pursuant to the analysis of the answers to the assessment questionnaire questions filled in at the end of the intervention, we can say that the Romanian parents exhibited a high level of satisfaction. The total mean score to this questionnaire is even higher than the score obtained by the Australian parents in the study carried out by Cann, Rogers and Matthews (2003), where the mean of the parents' satisfaction assessed with the same tool was 61 ( $SD = 7.5$ ).

The scores indicate that the parents perceived positively the quality of the delivered service, which highly met their own needs as well as the child's needs. It is to be mentioned here that the parents seem to assess the programme as rather meeting their own needs. Moreover, the parents assessed the learnt strategies as being rather applicable to the interaction with the child than with other family members or for solving other types of family issues. Thus, the lowest

scores, though favourable to the intervention were obtained concerning the generalisation effect over the relationship with the partner or other family members.

Parents positively assessed the perceived effectiveness of the strategies practised during the programme in managing the child's behaviour. Most parents found at least slight improvement in the child's behaviour and stated that they were at least slightly satisfied with the child's progress.

These results are consistent with the evaluations done by the parents who participated in the Triple P in Australia (e.g., Cann et al., 2003; Zubrick et al. 2005) who reported a high level of satisfaction with the delivered services. Moreover, the mean scores at the items assessing the satisfaction obtained by the Romanian parents ( $M = 5,67$ ,  $SD = .70$ ) is almost identical to the scores reported by Matsumoto, Sofronoff and Sanders (2007) for the Japanese parents who participated in the intervention ( $M = 5,65$ ,  $SD = .69$ ), slightly higher than the satisfaction of the Chinese parents who obtained a 5.13,  $SD = .92$  score mean (Crisante and Ng, 2003) and similar to the satisfaction reported by the Australian parents in the study carried out by Dean, Myors and Evans (2003), in which the score mean in the case of mothers was 5.52, and the fathers was 5.42. However these answers offer a general perspective over the parents' satisfaction without indicating the specific aspects relevant to the parents or the components of the programme depending on which their satisfaction varies. In order to perform a more extensive investigation the parents' experience and perception of the Triple P programme, we associate to this quantitative evaluation a qualitative methodology under the form of a focus group.

## **Study 2b**

### **An investigation of the parents' perspective on the parenting programme: focus group**

#### **Introduction**

Krueger and Casey (2000) define focus group as a "carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment" (p. 5) The focus group is a variant of the group interview in which a group made up of 6-10 individuals discuss based on a pre-established structure on a specific topic (Barrows, 2000). The focus-group method is frequently used in various fields both in the development stage of intervention programme and their evaluation stage.

One of the advantages which the focus group method implies and for which we chose this research methodology is that it allows the detailed and in-depth investigation of the participants' perception and attitude. Moreover, the method particularises some participants' perspective that would not be reflected in a quantitative analyses (for example, scores indicating the group mean).

#### **Objectives**

We aimed to explore the parents' experience in the Group Triple P intervention as well as for obtaining information regarding parents' attitude and perception over the content and the tools used in the programme.

## **Method**

### **Participants**

There were 7 parents in the focus group that benefitted from the Triple P intervention, with an average age of 34, having children between 2 and 10 of age, the average age being 5.6. The parents volunteered, creating thus a convenience sample.

### **Measures**

Biographical information included in the Family background questionnaire are: 1) name, age sex, the child's date of birth; 2) the parents' marital status and their relationship with the child; 3) occupational status; and 4) educational background.

### **Procedure**

The focus group took place one hour after the end of the last session of one of the Triple P intervention groups.

The focus group was organised according to the standard protocol following the sequence below:

1. Introductory part –in which the participants were presented the purpose and topic of the meeting. In this section the participants were informed about the procedure of a focus group and the working rules.
2. Asking the questions provided by the focus-group guide
3. Closure of the session –summarisation, answers to any question raised by the parents.

### **Data analysis**

Data was analysed using qualitative thematic analysis (Braun and Clarke, 2006).

## **Results**

Five major themes were identified: initial expectations, group support, change/effectiveness, empowerment, acceptability content and materials. They shall be illustrated below by some relevant quotes.

### **1. Initial expectations**

*"I have always believed that these programmes are only for children with severe problems... for dysfunctional families ..."* (Parent 3)

*"I have never been aware that there are positive educational methods, which are so strict ... That these things are studied and solutions do exist"* (Parent 5)

*"If you come here with the idea that you'll get all the solutions to your problems and you don't have to do anything about it, you'll be disappointed"* (Parent 3).

### **2. Group support**

*"I consider the group method better than the individual method... It's about hearing that others have the same problems... just as you do and you don't feel alone and helpless..."* (Parent 3)

*"We have had the opportunity to learn from each other and become aware that it is normal to have problems"* (Parent 4)

*"When you are alone you might not want to talk and speak your heart. With the others it seems that you gain courage, hearing that the others have the same problems"* (Parent 1)

### **3. Effectiveness/Change**

*"I have changed a great deal since I came here for the first time with the kid. I am very glad that my daughter gets along better with her father whatever the reason may be, that is she spends more time with him... we did have a lot of positive consequences"* (Parent 3)

*"I would have wanted more time but I believe that the programme could last forever and people would still want more."* (Parent 6)



*”For me the milestone was when I realized what were my mistakes.”(Parent 2)*

#### **4. Empowerment**

*“This programme encourages us as parents ...” (Parent 5)*

*“I have acquired the trust that I as a parent am capable of solving alone the conflicts at home with my own child” (Parent 3)*

*“Sometimes we felt the lack of advice that the group would have expected from the specialists although we have understood that the individual identification of the methods to be applied is the key element of the course” (Parent 7).*

#### **5. Acceptability of content and materials**

*”All the strategies are good but I believe that everyone can choose what suits him/her best. I, for example, find this time-out thing difficult” (Parent 1)*

*“I think the video is for understanding the method better. But in real life it’s not quite so... The videos feature directed scenarios; it would have been better to have real cases and situations not acted ones” (Parent 5)*

*”I had some insights when I watched the video footage. It has an extraordinary effect when you recognise yourself ... without anyone telling you what you did wrong”. (Parent 2)*

The result of the SWOT resulted from the focus-group are listed in the table below:

| <b>Strengths</b>  | <b>Weaknesses</b>  |
|---|--|
| <ul style="list-style-type: none"> <li>• Awareness of the mistakes made in approaching troublesome situations</li> <li>• The identification of new strategies in approaching critical situations</li> <li>• Clarification of principles underlying discipline</li> <li>• Stimulation in finding solutions independently</li> <li>• Communication with other parents and becoming aware that the personal problems are natural and common</li> </ul> | <ul style="list-style-type: none"> <li>• Time is too short for the application of the programme</li> <li>• Difficulties in the implementation of monitoring</li> <li>• Practical difficulties in implementing time-out</li> </ul>                          |
| <b>Opportunities</b>  | <b>Threats</b>   |
| <ul style="list-style-type: none"> <li>• Organising sessions with the children</li> <li>• Generalising the presented methods to other family relations – grandparents</li> <li>• Training the kindergarten and nursery staff on the positive discipline strategies</li> <li>• Better adaptation to the specificity of the Romanian rural areas</li> </ul>   | <ul style="list-style-type: none"> <li>• Both parents cannot take part in the programme</li> <li>• As the programme is aimed at a vast age range, some exercises cannot be applied by all parents and thus discrepancies arise within the group</li> </ul> |

## **Discussions and conclusions**

Generally the parents included in the focus group described the Triple P group experience as being positive. From the parents' point of view, the general satisfaction is related to two main aspects: the effectiveness of the learnt methods translated in the changes brought to their own as well as their children's behaviour, and the positive experience generated by the group dynamics. These two dimensions can also be found in the results of other studies that investigated the parents' perception on the Triple P intervention with the help of the qualitative method. The general conclusions of the qualitative investigations are that the parents, although coming from different cultural backgrounds and having different problems, describe the participation to the Triple P intervention as a positive experience. The focus group organised in this study confirms these positive evaluations and the parents' satisfaction based on the intervention.

The Romanian parents taking part in the study perceived the high utility of the programme tools. It was revealed from the parents' discussions that the most appreciated tools were the video footages and the workbook. With the sole remark regarding the unrealistic character of the recorded interactions between parent and child, the parents perceived the tool as being extremely useful both demonstratively and as a means of changing their initial beliefs regarding the problems they faced.

During the group discussions none of the parents raised cultural incompatibilities. The only relevant subject for discussion for this topic was the adaptation of the programme for the rural area. The specific factor identified by the parents as a possible barrier for this category of population was the complex language used in the workbook.

The parents generally expressed a favourable attitude towards the parenting strategies proposed by the programme. The specific strategies for encouraging the appropriate behaviour and building a positive relationship benefitted from strongest support from the parents. From the strategies for misbehaviour management the one method that raised some issues for certain parents was the exclusion time. The difficulties the parents identified lay in finding some practical implementation solutions such as finding the appropriate place that would meet the indications for the optimum effectiveness of the strategy.

Parents reported positive experiences related to group dynamics. This positive experience might have also been potentiated by the novelty of the intervention for the participants as none of them had ever attended any form of parenting support or any kind of other group-based programme. It seems that the repeated and systematic presence in the same company, having common purposes and motivation for eight weeks generated an atmosphere which was strongly appreciated by the participants.

The grandparents' involvement in childcare was an element that most parents noted. The approach differences associated to the generational gaps frequently give rise to inconsistency in managing the children's misbehaviour often leading to the exacerbation of the problems. In this respect, parents suggested organising groups for grandparents or other family members directly involved in child rearing. The authors of the Triple P programme have recently created an adaptation of the programme based exactly on this need and organised the Triple P for grandparents (Kirby, 2015; Kirby and Sanders, 2014). In the same line, it was suggested that the preschool teaching staff should be trained in positive parenting strategies. As a development opportunity, the parents also suggested the children's involvement in the parenting programme.

Regarding cultural acceptability, we may draw the conclusion that the parents did not identify any cultural factors which would interfere with the effectiveness of the programme. With the exception of some practical difficulties regarding the implementation of the exclusion

time, the parents assessed the parenting strategies of the programme as applicable and effective. Consequently, with all due cautiousness associated to the limitations of the research enterprises, the data obtained from the beneficiary's satisfaction analysis as well as the group interview do not suggest any obvious need for the adaptation of the Triple P intervention to the Romanian cultural environment, more precisely to the Romanian urban cultural environment.

## Chapter 5. Illustration of the intervention by the case study method

### Introduction

As the aim of the effectiveness study was to carry out a quantitative investigation of the changes occurring after the participation to the group-based positive parenting programme, we also wanted to use a qualitative methodology for the investigation of some of the attending parents' subjective experience.

According to the American Psychological Association (2006), evidence based practice includes mixed models that should integrate the results of the quantitative research on groups with the specific and contextualised clinical expertise and the adaptation of the therapy to the client's values and preferences (APA, 2006). In this very context, in order to apply this model, Dattilio et al. (2010) suggest that to the data obtained from controlled clinical studies one should add the data obtained from the qualitative assessment of the implementation of the study by a systematic set of case studies that would illustrate the factors contributing to or on the contrary, preventing the effectiveness of the studied intervention. In the same line, Fishman (2008) suggests a more specific approach that he calls „Individual-Case-Comparison”, implying the use of the comparative case study method on two individuals selected from a successful controlled clinical study: a case for which the results were good and another for which the therapy did not really prove successful. The cases were selected in the light of this approach.

The presentation of the case studies was a good opportunity to present one of the basic principles guiding this intervention, which is one of its particularities, namely **Parental self-regulation**. This section details the defining aspects related to parental self-regulation, operationalised by the authors of the programme through several concepts: **self-sufficiency** (independence in problem solving), **parental self-efficacy** (the parent's belief that he/she can solve a problem pertaining to child rearing and education or behavioural management), **self-management, causal attributions** and **problem solving** (Turner, Markie-Dadds and Sanders, 2002).

The two cases, which shall be presented in the following section, are participants to the group-based parenting intervention. In this context, the case assessment is done by an initial interview based on which we decided to have them included in the parenting intervention group. The assessment also comprises the results obtained from the initial assessment package that had previously been filled in. The structure, content and the role of the practitioner facilitating the group were designed in such a way as to stimulate the parents' independence in solving the problems they faced. Thus, during the group sessions the parents identify the possible causes of the problems and set the objectives of the change, in other words they conceptualise the case on their own. The first individual phone session is the time when the practitioner presents the parent the result of the assessment as it emerges from the scores obtained after filling in the scales, using the guided participation approach (Sanders and Lawton, 1993). The same approach is also used when they talk about the aetiology of the child's problems in order to avoid any situation in which the parent could feel attacked or blamed. The approach represents an indirect method by

which the causal factors can be identified through some materials (video or paper-based), which illustrate various situations describing the causes of behavioural problems according to the social learning theory. In this way, the parents identify the situations relevant for them and their family on their own (Turner, Markie-Dadds and Sanders, 2002).

The two cases highlight the self-regulation paradigm, as built into the Triple P, and illustrate two different subjective experiences of the parenting programme. The conceptualisation is done by the Social learning theory (Bandura, 1977; Patterson, 1982). The first chosen case is that of a family facing major problems in terms of their 5-year old child's behaviour, and the second case is that of a single mother who was concerned about her son's behaviour but for whom the group-based parenting programme was not the ideal type of intervention.

## **Case 1: Alina and Darius**

### **Case presentation**

Alina (aged 30) and Darius (aged 34) asked for help for their 5-year old son, Andrei, who they complained was disobedient, engages in risky behaviour (climbs, runs among cars), is aggressive when he is not pleased, and has difficulties in relating with other children. In this context, the parents feel overwhelmed. In addition, the child's non compliant behaviour got exacerbated in kindergarten. The parents exhibit multiple symptoms of stress, major difficulties in managing Andrei's behaviour. The family lives together with the maternal grandmother who takes care of the child while the parents are at work. The grandmother has several health conditions, is very permissive and highly stressed when she is alone with Andrei.

### **Post-assessment conclusions:**

The results obtained at the assessment scales in the initial package (see Table) are consistent with the information obtained in the initial interview. Both parents report the level of behavioural, emotional and social problems over the section point set by the international standards with the exception of the prosocial behaviour.

| Scale                          | Mother  |       | Father |      |
|--------------------------------|---------|-------|--------|------|
|                                | Pre     | Post  | Pre    | Post |
| SDQ total                      | 25**    | 14    | 20**   | 12   |
| Emotional Sympt.               | 4*      | 3     | 3      | 3    |
| Behavioral. Sympt.             | 9**     | 3*    | 7**    | 3*   |
| Hyperactivity                  | 7**     | 5     | 5      | 3    |
| Peer probl.                    | 5**     | 3*    | 5**    | 3*   |
| Prosoc. Behavior               | 4       | 6     | 5*     | 7    |
| Parenting total                | 4.27 ** | 2.70  | 3.60*  | 2.87 |
| Over-reactivity                | 5.60**  | 3.60* | 3      | 2.20 |
| Laxness                        | 3*      | 2.20  | 3.60*  | 1.80 |
| Hostility                      | 3.33**  | 1.33  | 2.33** | 1.33 |
| Perceived parenting competence |         |       |        |      |
| Satisfaction                   | 31**    | 45*   | 42**   | 47   |
| Efficacy                       | 22**    | 32    | 31*    | 36   |

|                      |      |     |      |    |
|----------------------|------|-----|------|----|
| Conflicts            |      |     |      |    |
| Number               | 5*   | 4   | 7**  | 3  |
| Intensity            | 21   | 16  | 16   | 14 |
| Relationship quality | 36   | 40  | 38   | 38 |
| Stress Sympt.        | 25** | 14* | 16** | 10 |
| Anxiety Sympt.       | 8*   | 7   | 4    | 3  |
| Depression Sympt.    | 11** | 9   | 8    | 7  |

Table 1. The scores obtained at the scales from the pre- and post-intervention assessment package.

\* borderline score

\*\* score exceeding the section point set by the international standards supplied by the authors of the Triple P programme in the manual.

The parents use dysfunctional discipline strategies (irritability, exaggerated reactions, permissiveness, unfulfilled threats sometimes aggressive behaviour). Both parents obtained low scores on the perceived parenting competence assessment scale (low satisfaction and efficacy) and high stress scale scores.

## **Intervention**

This section presents a detailed description of the group sessions, including goals for change, notes on the contributions of the parents to the group dynamics, homework assignments, and their session to session progress.

### **Sessions summary:**

**Session 1:** In this session parents become acquainted with the positive parenting strategies and the causes of the children's behavioural issues. The most important causes identified were: accidental rewarding of misbehaviour, escalation of conflicts, ignoring appropriate behaviour, using punishments that do not work. The causes of the behavioural problems identified during the session become targets of the intervention. In this session, parents also set two categories of objectives: The goals for change for Andrei's behaviour and the goals for change for their own behaviour.

### **Session 2:** Promoting child development

Alina and Darius are actively involved in the group discussions, understand the mechanisms by which the strategies work. They voluntarily take part in role plays, offer feedback to the other parents. Alina exhibits emotional reactions of guilt as she does not spend enough time with Andrei because she gets home very late from work.

### **Session 3** Managing misbehaviour

During group exercises, Alina and Darius set forth the ground rules (for example, safety rules; communication rules, daily routine rules). They also successfully practised giving clear and calm instructions and the identification of the logical consequences for certain specific situations. Slight difficulties in approaching quiet time and time-out.

### **Session 4**

Alina and Darius continue to analyse the possible correct uses of the quiet time and time out. Alina appreciates the value time out may have as a strategy to calm herself down. Darius has a more confident attitude, has ideas regarding the place that could be used for calming and believes that the strategy will work if it is applied correctly.

### **Session 5** Planning ahead

In general, the feedback on strategy implementation was positive. The most significant effect noticed by both parents: encouraging desirable behaviour. Both parents noticed improvement in the child's behaviour especially when it came to compliance to instructions and the level of their emotional state. Furthermore, the parents reported a significant increase of the positive interactions among family members.

### **Session 6, 7 (telephone sessions)** The use of positive parenting strategies

In these sessions we presented the results at the assessment scales filled in before the intervention and conceptualised the case. Moreover, the aim of the phone sessions is to help apply the strategies presented in the group sessions and approach any problem, concern or question that the parents may have.

Alina and Darius validate the scores obtained and share the vision on their family's functioning as well as the causes of the problems they face. We established the implementation tasks of the planned routine activities, which are analysed during the two individual sessions. The grandmother accepts the proposal of attending one session and details are discussed in this respect.

### **Session 8: Programme closure**

Both parents report significant differences in the way they manage Andrei's behaviour as well as a sense of high efficacy.. Moreover, the parents notice improvement in Andrei's behaviour, too. They noticed especially that Andrei complies more often to requests and succeeds in following the rules in most cases. Alina underlines her progress in remaining calmer and in avoiding to act in moments of anger.

In the context of the general assessment of the programme, both parents underlined the advantages of the group discussions and the friendly and supportive climate.

## **Results**

Filling in the post-test assessment package:

Both parents report scores under cut-off scores for the overall score of SDQ. Specifically all the problem categories are found in post-intervention, under the value of the section point, except the behavioural and peer problems. Taking into account that the mother's assessment positioned the behavioural difficulties close to the maximum score of the scale (9 out of 10), we consider that 3, i.e. 6 points less, is a significant improvement of the behaviour even if equal to the cut-off value.

The change of both parents' poor parenting strategies is also reflected in the score obtained on the parenting scale, especially at the subscales that assess emotional reactivity and hostility in the management of the child' behaviour (See Table). Moreover both parents significantly improved on all assessed variables by the end of the programme.

The satisfaction pursuant to the attendance of the parenting programme was assessed by the feedback requested at the end of the last group session as well as the client satisfaction questionnaire. Based on the analysis of the individual answers we may draw the conclusion that Alina and Darius assessed the attendance favourable stating that they were very satisfied.

## **Conclusions**

Alina and Darius are a typical success case of the parenting education programmes and they do have the profile of the typical client: higher education, motivated enough by the intensity of the symptoms (plus, the pressure of the kindergarten motivated them more to change) and the

stress associated to these issues asked for support. Moreover, the attendance by both parents favoured the increase in the consistency between parents as far as the applied methods were concerned, having an effect over Andrei's behavioural manifestations. Another factor that contributed to the progress was the grandmother's involvement in the parents' plan to change and her decision to participate to a session. Both for Alina and Darius the participation to this programme was the first contact with a form of professional parenting support. And hence the innovative character and grasping the benefits of the group sessions in terms of reaction normalisation and increase of social support. Both parents' social skills as well as the openness to share their experience made them the proper candidates for the group-based format of the programme. Alina and Darius got actively involved in the group discussions, did not hesitate to take part in role plays, offered constructive feedback to the other parents and managed even to make friends with another participating couple.

Performing the weekly homework assignments is a key element of the therapeutic change in any sort of intervention. From this point of view, both parents manifested an increased compliance with these tasks with the exception of cases when external factors prevented them to.

The two parents' experience and the progresses exhibited after the participation to the intervention during the eight weeks are an additional argument in favour of the effectiveness of this parenting programme.

## **Case 2: Selena**

### **Case presentation**

Selena, 27 years old, single mother to a 4-year old boy (Ionel), resorted the services of the Counselling Centre because of concerns for her child's behaviour. Selena describes her son as disobedient, stubborn and agitated. She describes that he throws tantrums when things do not go his way, he sometimes plays aggressively with the other children, does not share his toys, gets bored very quickly and does not finish his tasks.

At the time of the assessment, she was unemployed and living with her 60 year old mother and other 5 members of the extended family in a slightly scanty house. Selena described her helplessness regarding Ionel's behaviour, she reported high levels of anger when he misbehaves, ending up spanking him and yelling at him; she was hopeless in finding a job and sad because of her relationship with her son's father.

Her relationship with the child's father is inconsistent, featuring recurrent reconciliations and separation as well as frequent conflicts. The father is only occasionally involved in the child's rearing and education.

The results at the initial assessment scales: Selena noticed multiple problems in Ionel's behaviour. With the exception of the emotional symptoms, all the scores of the subscales are above the cut-off score, with the highest score on the hyperactivity subscale (8 out of 10). However, behavioural symptoms are the ones exhibiting the largest difference in relation to the cut-off point.

Parenting scale scores suggest that Selena tends to use excessive, harsh and emotional discipline and physical or verbal force in trying to manage Ionel's behaviour. Moreover, Selena alternates authoritarian and permissive strategies. Moreover, she had a low parent satisfaction level (score = 30, cut-off = 75) and parenting efficacy (score = 28, cut-off = 31), that is she perceives her parenting competences as inadequate.

Concerning the relationship between the parents, the scores obtained after filling in the assessment scales of this variable, confirm the poor relationship Selena described in the initial

interview. The assessment of her distress indicated mild stress level, anxiety and depression symptoms.

The treatment plan is included in the structure of the group-based Positive Parenting programme.

### **Intervention**

This section presents a detailed description of the group sessions, including goals for change, and homework assignments. A special attention is paid to Selena's reactions as they are relevant to the intervention outcome.

Session summary

#### **Session 1** Positive parenting and identifying the causes of misbehaviour

After watching the video and the discussions regarding the children's behaviour, Selena identified several causes to Ionel's problems and formulates her goals for change. She paid attention to the discussions among the other participants and was captivated by the video that features various causes to behavioural problems. She gives short and precise answers only when directly asked.

Assignment for the following week: filling in Ionel's behaviour log.

#### **Session 2**- Promoting child development

Selena did not succeed in filling in Ionel's behaviour log in the manner she would have wanted to but she had some insights related to the child's activity: Ionel does not have a daily routine, he plays alone in the yard, on many occasions with dangerous objects, his most frequent interactions are with the other family members when he is scolded. During the group discussions, the mother is reserved especially in comparison to the other participants to the group who easily shared their experiences and opinions. Moreover, Selena is unwilling to get actively involved in the role plays together with another mother saying that she prefers watching. but she in thorough in filling in her workbook.

#### **Session 3** - Managing misbehaviour

Selena is obviously concerned, avoids speaking, she prefers being the last parent to speak. Eventually she says that she tried to get Ionel involved in the activities she planned but she did not succeed in it.

From the very first strategy– setting ground rules, Selena is reticent, she follows the content, listens to the group discussions but speaks up only when directly asked.

At the end of the session the facilitator asks her to stay a few more minutes to discuss the aspects she is concerned about. Selena says that she is in a hurry and leaves immediately after the end of the session.

#### **Session 4** – Planning ahead / high risk situations /

Selena does not come to the group session. When contacted, she says that she will no longer attend the sessions because she cannot apply what she learnt until she moves from the house she lives in together with her mother and other five members of the extended family. She is offered the opportunity to continue the intervention individually (Standard Triple P), so she can benefit from a personalised form of support and a more intense intervention that would also address the practical problems she faces, such as her relationship with her son's father, finding a job, identifying medium and long-term strategies in order to change the contextual factors that prevent her from achieving the necessary changes. Last but not least we could also add a cognitive component to the intervention, which would address the dysfunctional beliefs interfering with the fulfilment of the behavioural changes.



## **Discussion**

Selena's case is not atypical. Generally, the average drop out rate for parenting programmes is 28% (Forehand et al., 1983), and this rate tends to increase in the case of mother who exhibit high levels of stress, come from families with a lower social and economic background as well as the parents whose children exhibit more serious behavioural issues (Kazdin, 1990; Holden, 1990). From the perspective of the effectiveness of the group-based parenting programme, Selena is one of the cases for which this form of intervention did not prove to be the most suitable. We can categorise this case as dropout only from the point of view of the group format as Selena continued the intervention individually. However managing the parents' resistance is an extremely important domain for the effectiveness of these forms of intervention.

There are data indicating that between 40 and 60% of the parents of children with serious behavioural issues drop out of the parenting programmes due to reasons related to personal resistance and aspects pertaining to the intervention process (Turner et al., 2002). In the very delivery manual, the authors of the Triple P suggest strategies for the management of the most frequent aspects interfering with the effectiveness of the intervention. These strategies are based on the model suggested by Patterson and Chamberlain (1988, 1994), approaching some antecedents of the parents' resistance encountered in the parenting programmes. The resistance may also occur in the case of parents who do not drop out. The model described by the authors refers to the history of "defeats" suffered by the parents in the disciplinary interactions. The consequence of the disciplinary failure of children with behavioural difficulties leads to experiencing a high level of negative feelings. Moreover, the parents may feel anger or grudge in relation to the child's behaviour and the difficulty of managing it or sadness and disappointment regarding the idea that the parent's life is different than they have imagined (Turner, Markie-Dadds and Sanders, 2002).

Some aspects are taken into discussion, which would have interfered with the effectiveness of the group intervention in this mother's case: causal attributions, strong feelings of guilt, resistance to the group format, the perception of some differences between her and the other member of the group, specific emotional intelligence skills.

In this context it became obvious that an individual intervention is more suitable in order to meet this mother's need. Selena continued the individual positive parenting programme succeeding in gaining significant progress both concerning the enhancement of parenting practices and her motherly competence. Selena was also included in the social counselling programme of the centre in order to offer her support in finding a job and a kindergarten for Ionel.

## **Conclusions**

The two cases illustrate two different experiences of one parenting programme benefitting from a vast empirical support on various population categories: In the first case, the group-based parenting intervention proved effective in developing effective parenting strategies for two parents, Alina and Darius, who decided to participate together in the programme. It seems that the participation to the Triple P had a significant effect on the reduction of their 5-year old son's behavioural, emotional and social problems. The positive effects were visible also in the parents' confidence in managing their son's behaviour as well as their general satisfaction as parents. What is more, at the end of the intervention the parents felt less stressed and more confident in the solutions they would identify in the future. Moreover the family was very satisfied with the content of the programme and the benefits of the group-based format of the intervention.

The second case highlights the effectiveness of the positive parenting programme also by its flexible character namely the possibility to be delivered in different variants (i.e. group-based, individual and self-administered). Although the group format of Triple P did not prove effective for Selena's particular case, the mother still succeeded in significantly changing her own and her son's behaviour after the participation to the individual programme. Both cases support the effectiveness and efficacy studies on the Triple P programme and also confirm that need to adapt its delivery to the participants' personal and social features.

## **Chapter 6. General conclusions of the research**

The Triple P Positive Parenting Programme aims at enhancing protective family factors and reducing risk factors associated with the occurrence of severe emotional and behavioural problems in children and teenagers. The programme uses the social learning models in approaching parent and child interactions. These models underline the mutual and bidirectional nature of the said interaction and identify the learning mechanisms that keep up the children's dysfunctional antisocial behaviour (Patterson, 1982). These models suggest that parents should monitor the child's behaviour, recognise his/her deviant behaviour, use positive or negative consequences in a consistent way, and supply the child with positive behavioural models. Given this theoretical background, the programme aims at teaching the parents some positive skills in managing the children's behaviour as an alternative to using inappropriate and inefficient practices. Furthermore, the Triple P was developed based on the research results in the field of child and family behavioural therapy that lead to the embracement of effective strategies for behavioural changes (for example, changing the misbehaviour antecedents by creating a positive and simulative environment for the child).

This approach to the intervention and prevention of children's behavioral problems and not only has a strong empirical support. Most results of the assessment studies have shown that Triple P intervention programme proved to be an effective intervention strategy producing significant changes in children's behavioural and/or emotional problems as well as benefits for parents.

In Romania the prevalence of mental health disorders in children is constantly increasing and the parents face more and more difficulties in managing their children's behaviour. In this context, the need for the implementation of effective parenting programmes becomes extremely obvious being justified both by the increase in the prevalence of mental health disorders and the conclusions of studies exploring the Romanian parenting practices. The studies have shown that the Romanian parents' practices are defective and that various forms of abuse have a high incidence rate.

"Importing" parenting programmes is a frequently encountered practice in the field of parenting interventions. The literature debates on the effectiveness of the existing parenting programmes in other cultural environments than those which they were designed for. The question is whether these programmes can be delivered in their original form or they have to be changed and adapted to the needs of the parents living in different cultural environments.

In this context, this research aimed at assessing the effectiveness of the group-based Positive Parenting Programme for the Romanian parents first by testing it in a pilot study (Study 1a), then in a non-randomised controlled trial carried out in ecological conditions (Study 1b) and compare the obtained results with the results reported in other countries by a cross-cultural analysis (Study 1c). Moreover this research also aimed at investigating the Romanian parent's

perception on the Triple P programme by two methodologies: a quantitative method (Study 2a: The analysis of the parents' satisfaction questionnaire) and a focus group-type qualitative methodology (Study 2b) with the parents that participated in the parenting programme. Furthermore, the research aimed at illustrating the course of the therapy by presenting two case studies (Study 3).

According to the data obtained in the effectiveness study we can state that the group-based variant to the positive parenting programme proved to be an intervention with significant effect on child, parent and family functioning outcomes. These results confirmed that the positive effects of the parenting programme are not confined at the changes of the proximal factors directly targeted by the intervention, such as the children's problems and the parenting strategies but they also expand over the improvement of more distant factors pertaining to the functioning of the family, such as the parents' distress or the dynamics of the inter-parent relationship.

Comparing our results with those of similar studies carried out both in the country of origin of the Triple P and in other countries with different cultural specificity shows that the effects of the intervention for the Romanian parents were high for most of the assessed variables. It seems that cultural differences do not interfere with the effectiveness of the programme as it exhibited effect sizes comparable to or even higher than in the studies carried out in the country of origin. This trend confirms a recent apparently paradoxical conclusion that the effectiveness of parenting interventions is higher in very different cultures (for example, in collectivist and traditionalist cultures) having a lower social and economic standard than in those in which the interventions were designed despite the cultural differences between them (Gardner et al., 2015). Nevertheless it is important for the delivery to be flexible and sensitive to the culture of the country it is implemented in.

In this sense, the parents did not identify major cultural factors, which could interfere with the effectiveness of the programme, with the exception of some factors specific to the Romanian rural environment, which have not been approached in this study. The qualitative and quantitative analyses have also showed that the parents perceived several benefits after attending the group sessions, they were satisfied with the results obtained pursuant to the participation to this programme, which they generally found useful and effective. Moreover, investigating the parents' perception of the programme structure and content also revealed some areas that could be improved. For example, parents expressed the need to allot more time to the discussions, seized some difficulties in the implementation of certain strategies, such as behaviour monitoring or time out. Moreover, parents also identified an extremely relevant need both for the prevention of behavioural problems in children and for the support of their efforts in managing them: a need for the dissemination of positive strategies for behaviour management to the staff working in childcare and educational institutions. Also, a need to involve grandparents in the intervention was expressed by parents.

The presented case studies illustrate two different experiences of a parenting programme having a vast empirical support in different population categories. In the first case, the group-based parenting programme proved to be effective for improving parenting practices and child behavior, while the second case proves the effectiveness of the positive parenting programme by its flexible character, namely by the possibility of applying it in different variants (i.e. group-based, individual, self-administered variants). Both cases support the studies on the effectiveness and efficacy of the Triple P programme and also confirm the need to adapt its delivery to the participants personal and social characteristics.

In conclusion, our results suggest the parenting programme was effective for the Romanian parents. Moreover, the supplied data do not offer any indication of the need to adapt its content but underline the need for flexibility in delivering it. However this conclusion must be applied only in the urban environment. A more valid conclusion in this respect has to be drawn after carrying out a study in the rural areas of Romania or a more ample sample, which would be representative for the rural population.

This research contributes to the scientific validation of this parenting programme and by extension to the behavioural and cognitive and behavioural programmes designed for parents who face difficulties in child rearing and education. Moreover, the obtained results also contribute to the support of the background theories such as the social learning theory. Thus, this research contributes to the development of scientifically validated interventions in Romania. Integrating a validated intervention in a free public service accessible to any member of the community is a quantum leap in ensuring quality services provided to parents.

Another practical implication of this research lies in pointing out the conditions of delivering services to the Romanian parents. Thus, the *flexibility of programme delivery* proved to be relevant in terms of its effectiveness for Romanian parents. Specifically this flexibility refers both to the possibility of carrying out changes in the structure of the programme still preserving the integrity of its content and the existence of delivery alternatives (for example, group-based, individual or self-administered forms). The *accessibility* of the programme proved to be an important prerequisite for the Romanian parents. The practical difficulties encountered by the parents in accessing parenting services (e.g. accessing the location, the time of the group sessions, meeting the timing requirements) are informative for the development of counterbalancing strategies. Another condition, which can contribute to increasing the accessibility, is offering practical support to parents during the participation to the programme by providing care and supervision for their children during the programme.

In the following we discussed aspects pertaining to the factors that could have influenced the results of the studies as well as their limitations (e.g. limited information about maintaining the changes in the light of a small follow-up sample, the use of a unique source in assessing the children's behaviour and parenting practices). We suggested future research directions such as the extension of the effectiveness study on the rural population of Romania, exploring strategies of increasing the degree of accessing such services by the parents, creating a strategy for promoting a positive approach to children's education in the population.

Despite its limitations, we consider that the results achieved in this research are encouraging and contribute to the empirical support of the programme. What is probably more important than that is that the results set the context for offering to Romanian parents a solid and effective intervention that would meet their needs and help them cope with difficulties they face. Moreover, the research contributes to supporting the dissemination of evidence-based practices, especially in a field that is permeable to interventions having a debatable theoretical and empirical background. Since Romanian parents show an increasing interest in parenting support services, the promotion and dissemination of scientifically validated parenting programmes must become a priority for the specialists in the field.

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