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Investigating Father Engagement and Involvement in Behavioural Family Interventions

Tenille Frank

2014

A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in Education, the University of Auckland, 2014.
Abstract

This thesis consists of three separate but interlinked studies. The aim of the first study was to investigate ways to increase father engagement and involvement in parenting programmes. The second study tested the effectiveness of the Group Triple P Program, which had additional father relevant content, for fathers and mothers of young children with behavioural difficulties. The aim of study three was to examine the similarities and differences in the types of contributions made by fathers and mothers when they participated together in a group delivered parenting programme.

Father participation in behavioural family interventions is low, with mixed findings about programme effectiveness for fathers compared to mothers. Adapting programme content and delivery to better meet the needs of fathers may increase their involvement and overcome barriers to engagement. Quantitative and qualitative methods were used to obtain fathers’ preferences for the content, delivery, and promotion of family interventions, as well as the acceptability of Triple P Program materials. Survey (n = 161) and focus group (n = 15) results indicated that fathers desired information regarding on how to improve the parent-child relationship, and ways to improve children’s confidence and social competence, as well as techniques for showing physical affection, working with their child’s other parent and managing their own negative emotions. This information was used in combination with existing research to adapt an evidence based behavioural family intervention, the Group Triple P Program©.

A randomised-controlled trial was carried out to investigate the effectiveness of the adapted programme with 42 families who had a child between the age of three to eight years, with elevated levels of conduct behaviour problems. Fathers and mothers were both screened for eligibility based on ratings of their child’s behaviour, and then randomly allocated to either the intervention or waitlist control condition. Parenting and child outcomes were measured at three time points (pre, post, and 6-month follow up), and father and mother satisfaction following the
programme was examined. Results showed there were significant improvements in father and mother ratings of child behaviour, and dysfunctional parenting practices and parenting efficacy, which were maintained for six-months following the completion of the eight week programme. Father and mother attendance and satisfaction ratings were both high.

The group sessions were also transcribed in order to better understand the types of contributions made by fathers and mothers when they participated in the programme in a mixed-gender group setting. Eight couples were included across four separate groups, with all five sessions transcribed and analysed for each group. No significant differences were found between fathers and mothers in the total amount of contributions they made during the programme. There were some differences in the themes of contribution, with fathers using more humour and mothers sharing more personal stories and reporting greater co-parenting cooperation. The number of sessions parents attended did not impact programme outcomes, though the quality of involvement from parents did, with reports of co-parenting, participating in group exercises, asking clarification questions, and participants reflecting on the impact of their own behaviour having the greatest effect.

The results from this research suggest that small modifications to programme content, delivery, and promotion may be sufficient to increase programme satisfaction, attendance, and programme completion by both parents. The findings could be used to help guide programme development and delivery for both parents to participate together, as a way of enhancing father engagement.
Acknowledgements

It has been a long road to get to this point, and as I combine the various components of my four years of research into one cohesive document it is hard to believe that the journey is almost complete. I would not have been able to get to this stage without the assistance of some very important people.

First of all I would like to thank the 42 families that participated in the Triple P Program for this research. Thank you for inviting me into your lives and sharing stories of your children and trusting me while you were implementing the strategies. I am aware that completing the questionnaires was time consuming and persisting with the techniques despite the sometimes lack of compliance from your children was exhausting, but hearing your stories of success and the smiles grow on your faces from week to week was heart-warming. I would also like to thank the fathers that took the time to complete the anonymous questionnaire online and participate in focus group discussions, without which the programme adaptations would not have been possible. It is also important to acknowledge all of the schools, early childhood centres, and community organisations that advertised this research in their organisations. Without their support advancements in this field would be much more difficult.

I would like to thank my supervisor Dr Louise Keown for your invaluable advice and guidance throughout this process. Your knowledge of the subject area, methodological guidance, and editing ability have improved my abilities as a researcher and taught me valuable skills. Professor Matt Sanders you also provided me with informative feedback and prompted me to think extensively about issues that I once thought were simplistic. Your constant enthusiasm has been a great motivator over the years. Also Dr Cassy Dittman, thank you for expanding my knowledge and understanding of statistical analyses, grammar and referencing, all of which will be vital to my future career. Thank you also for your friendship and imparting your wisdom from your time as a doctoral student.
I would also like to thank Triple P New Zealand for providing training and access to programme materials. I would especially like to thank Lucy Rowe for your infectious smile and friendly greeting every time our paths cross and Jackie Riach for your guidance and support during my group facilitation. Thank you also to Lisa Maughan and Deb Brayley for each facilitating a group.

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I owe a great deal of gratitude to my friends Ben and Betka who took the time to proof read this thesis. I really appreciate your help and fresh eyes in these final stages as well as your support over the past four years. To my mum Coralie, thank you for being interested in what I was doing and understanding the amount of work that went into it. Thank you also for not constantly asking when I was going to be finished. I appreciate everything that you have done in order for me to be able to get to this stage. Finally thank you to my incredibly supportive and patient fiancé Grant. I literally wouldn’t have been able to do this without you and hope that in the future I can support you in the same way to follow your dreams. Thank you for being a sounding board and listening ear, feigning interest and not always providing a solution to whatever problem I was having at the time.
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List of Abbreviations

**BFI** – Behavioural Family Intervention

**Triple P** – Positive Parenting Program

**PS** – Parenting Scale

**APS** – Authoritative Parenting Scale

**ECBI** – Eyberg Child Behavior Inventory

**RQI** – Relationship Quality Index

**PTC** – Parent Task Checklist

**PPC** – Parent Problem Checklist
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Extent of contribution by PhD candidate (%)
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Chapter six. An RCT of Group Triple P for Fathers and Mothers of Children with Conduct Problems

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| Professor Matthew Sanders | Advised on study design and programme facilitation, paper editing |

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Journal of Child and Family Studies
Chapter 1
Overview

Research demonstrating the effectiveness of behavioural parenting training programmes is strongly directed towards mother involvement, with much less attention being paid to fathers. Recent reviews have highlighted the lack of father involvement and engagement in these programmes and various barriers to involvement suggested (Fabiano, 2007; Lundahl, Tollefson, Risser & Lovejoy, 2008). Some researchers have made recommendations to overcome these barriers, such as running sessions in the evenings, having a father friendly environment and male practitioners, and involving fathers in the data collection process (Anderson, Kohler, & Letiecq, 2002; Fabiano, 2007; Lundahl et al., 2008). While other research has focused on involving fathers in behavioural parent training programmes and investigated the outcomes for children, fathers, and mothers (Connell, Sanders, & Markie-Dadds, 1997; Fabiano, Chako, Pelham, Robb, Walker, Wymbs, Sastry, Flammer, Keenan, Visweswaraiah, Shulman, Herbst, & Pirvics, 2009; Webster-Stratton & Hammond 1997). The research demonstrates that families may benefit more from fathers being involved in programmes, and that fathers have shown an interest in parenting education; however programmes may not be as relevant and engaging to fathers as they are to mothers (Bagner & Eyberg, 2003; Fabiano, 2007; Lee & Hunsley, 2006; Sanders, Markie-Dadds, Tully, & Bor, 2000; Tiano & McNeil, 2005).

Aims of thesis

The first aim of this thesis, addressed in chapter two, is to provide an overview of the literature on father involvement with behavioural family interventions. In particular, chapter two discusses the significance of the research topic and the impact that fathers have on their children’s development and behavioural, social and emotional functioning. A description of behavioural family interventions is provided, as well as the issues faced recruiting and retaining
fathers in such interventions. The low level of paternal involvement in parenting programmes is then highlighted with a focus on possible barriers to father involvement and engagement and ways to overcome these barriers. The small number of studies investigating parenting programmes that have involved fathers are then outlined, and methodological limitations identified that may explain the mixed findings about programme effectiveness for fathers compared to mothers. The importance of involving fathers in behavioural family interventions is discussed, with research examples illustrating the additional benefits of including both parents in a parenting programme. The benefits and limitations of conducting couple based interventions compared with father only interventions are addressed in the following section. Finally the details of the Triple P-Positive Parenting Program are given, with a specific focus on the Level Four Group Program that was used in this research.

The second aim of this thesis is to investigate ways to increase father attendance and engagement in behavioural family interventions. A consumer preference approach was used to gather information directly from fathers. Survey and focus groups were used to gain an understanding of the topics that fathers found relevant to their own parenting experience and the skills that they would like to learn to enhance their parenting and their relationship with their children. Fathers were asked to rate their programme feature and delivery preferences and about how to best engage fathers and increase their attendance at parenting programmes. Chapter three outlines the survey and focus group methods used and summarises the results of these studies. Chapter four presents focus group data examining the acceptability of the Group Triple P content to fathers. Video clips of the 17 core strategies taught in Triple P were viewed by 15 fathers who were asked to rate the acceptability of the material across five different criteria.

The third aim of this thesis is to incorporate father relevant content into an existing behavioural family intervention, the Triple P Group Program. This was accomplished using the results of the consumer preference research outlined in chapters three, drawing on empirical research about barriers to father engagement, and the theory and research on fathers’ influence
on children as outlined in chapter two. The objective was to include content that fathers might find engaging, while ensuring that the needs and interests of mothers were also met. As such, chapter five provides a detailed breakdown of the additional information that was included in, and how this was incorporated into, the Triple P Group Program.

The fourth aim of this study is to investigate the effectiveness of the Group Triple P program, which had additional father relevant content, for fathers and mothers of children with elevated levels of behaviour problems, using a randomised controlled trial. Chapter six outlines the methodology and results of this trial with 42 families. Chapter seven provides data on programme satisfaction, collected after each group session, for a sub-sample of fathers and mothers who participated in the intervention. Father satisfaction with family interventions has been shown to be lower than that of mothers, thus it was considered to be important to collect detailed information about satisfaction with specific aspects of the programme.

The fifth and final aim of this study is to explore the contributions of fathers and mothers to the Group Triple P sessions. Chapter eight compares the contributions of 16 fathers and 16 mothers from four separate groups, across five parenting group sessions. The study examines the different types of contribution made by parents, and how each these contributions to group discussion influence programme outcomes, such as child behaviour and parenting practices and efficacy. The impact of co-parenting on child and parent outcomes and how the inter-parental relationship changes over the course of the eight week programme is also investigated.

The final chapter brings together all of the above research findings and discusses the limitations of this study, as well as the implications for future research and practice in this area. Collectively this PhD thesis addresses gaps in research about father involvement in behavioural family interventions, by using a consumer informed approach to identify father preferences for programme content, features, and delivery; demonstrating how father relevant content can be incorporated into the Triple P Group Program; and conducting an RCT to gain a better understanding of including fathers in BFIs. Additionally, this research highlights the importance
of having both parents involved in a behavioural family intervention for children at risk of early onset conduct problems.
References


Chapter 2

Literature review

Significance of the research topic

There is extensive evidence that behavioural family interventions (BFIs) produce lasting improvements in child conduct problems and reduce family risk factors associated with disruptive behaviour problems in children, including coercive discipline practices, ineffective or inconsistent parenting strategies, and a lack of parenting confidence (Dretzke et al., 2009; McMahon & Forehand, 2003; Sanders, Markie-Dadds, Tully & Bor, 2000; Webster-Stratton & Hammond, 1997). However, the majority of studies investigating the effectiveness of BFIs do not include fathers. When fathers are included, programme adherence is often problematic, with many not attending at all, or dropping out part way through the programme (Barkley, Shelton, Crosswait, Moorehouse, Fletcher, Barrett, et al., 2000; Cunningham, Davis, Bremner, Dunn, & Rzasa, 1993). As such, the reasons for fathers’ lack of involvement in BFIs warrant further investigation. That fathers often do not attend BFIs is troublesome given the growing body of research that shows improved outcomes for fathers, mothers, and children when fathers are involved in parenting interventions (Bagner & Eyberg, 2003; Sanders, Kirby, Tellegen, & Day, 2013; Webster-Stratton & Hammond, 1997).

There are several other key reasons why increased father involvement in BFIs is likely to be highly beneficial for young children with disruptive behaviour problems. Research indicates that children with behaviour problems early in life are at risk for a range of long-term negative outcomes such as on-going relationship problems and psychological distress as adults (Knoster, 2003). Furthermore, poor father child relationships have been found to precipitate delinquent behaviours in adolescents (Atwood, Gold, & Taylor, 1989), and a low level of paternal involvement has been found to be associated with poor children’s cognitive achievement, peer relationships, behaviour problems, self-esteem, and heighten the likelihood of engagement in
risky behaviours (for a review see Bogels & Phares, 2008 and Lamb & Lewis, 2010). Also, behavioural problems in young children are more likely to persist in the context of difficult parent-child relationships (Campbell, 2006 Cowan & Cowan, 2002), highlighting the need for early parenting interventions, especially with fathers given the connection between poor father-child relationships and delinquency, and other negative developmental outcomes. Current research on the unique contribution of fathers to children’s behavioural development adds to the importance of father involvement in BFIs (Bogels & Phares, 2008; Buckelew, Pierrie, & Chabra, 2006; Fabiano, 2007; Tiano & McNeil, 2005).

The purpose of this literature review is to highlight research evidence linking paternal parenting and child social, emotional, and behaviour problems, and what is known about the effects of father involvement in behavioural parent training. The first section of the literature review outlines the findings in relation to the positive and negative ways that fathers’ parenting can influence child behaviour, social, and emotional outcomes, with a specific focus on young children. The next sections describe the importance of positive father involvement on children’s behavioural, social and emotional functioning and the nature of BFIs. Research findings investigating the issues with father involvement in these interventions are discussed, along with reasons why it is important for fathers to be involved in family interventions. The limitations of the reviewed research are covered next, with an overall summary of the gaps in the research that helped inform the design of the current investigation. The final section describes the Triple P-Positive Parenting Program, which is the BFI that was used in the present study.

**Fathers’ impact on children’s behavioural, social, and emotional functioning**

While the majority of studies investigating the impact that parents have on their children has been conducted with mothers, an increasing body of evidence highlights the importance of fathers’ parenting and involvement for children’s development (for a review see Lamb, 2010). Research has highlighted some links between specific aspects of fathers’ parenting and child
behaviour development and functioning. Several large-scale cross-sectional and longitudinal studies using samples of school-aged children have found associations between father involvement and positive behavioural outcomes for children, such as lower levels of child externalising problem behaviour and decreased delinquent behaviour during adolescence (Aldous & Mulligan, 2002; Amato & Rivera, 1999; Denham, Workman, Cole, Weissbrod, Kenziora & Zahn-Waxler, 2000; Harris, Furstenberg & Marmer, 1998; and King & Sobolewski, 2006). For example, in a survey of 994 families with a child aged between five and eighteen years, Amato and Rivera (1999) found that fathers’ positive involvement (through meals, play, and homework) and support (praise, physical affection) were related to fewer behavioural problems in children. Similarly, positive paternal behaviours, such as observed proactive parenting and lack of reported hostility and anger, have been related to positive child behavioural outcomes (Denham et al., 2000). Positive paternal control in middle childhood has also been found to predict fewer internalising problems in preadolescence (Pougnet Serbin, Stack, & Schwartzman, 2011). Studies that have controlled for maternal involvement have found that father involvement is related to better social adjustment in adolescence (Flouri & Buchanan, 2002), and increased self-esteem and cognitive achievement, and fewer internalising and externalising problems in school-aged children (Aldous & Mulligan, 2002; Kosterman, Haggerty, Spoth, & Redmond, 2004).

Several cross-sectional studies using samples of pre-school and school-aged children have found associations between fathers’ parenting behaviour and negative behavioural outcomes for children. Research demonstrates that child behaviour difficulties are associated with fathers’ use of coercive parenting strategies such as corporal and verbal punishment (Burbach & Fox, 2004; Sanders, Dittman, Keown, Farruggia & Rose, 2010), paternal over-reactivity, a less authoritative parenting style, fathers’ lower sense of parenting efficacy and satisfaction (Baker & Heller, 1996; Keown, 2011), low levels of paternal sensitivity (Keown, 2011), and increased stress in fathers (Burbach & Fox, 2004; Sanders et al, 2010). For example,
in a telephone survey of 933 Australian fathers, who were the primary caregiver of a child aged up to 12 years, Sanders et al. (2010) found that the majority of fathers reported using effective techniques for encouraging positive behaviour and managing misbehaviour in their children. However, 72% reported also using at least one ineffective behaviour management strategy, such as smacking.

A significant association was also found between fathers’ use of coercive parenting strategies and fathers’ reports of child behaviour difficulties, suggesting a link between child behaviour difficulties and dysfunctional parenting techniques. Keown (2011) conducted interviews and parent-child observations with mothers and fathers separately to investigate the links between parent behaviour and hyperactivity in preschool boys aged 47 to 62 months. Results showed that child hyperactivity was significantly associated with paternal over-reactivity, a less authoritative parenting style, and lower paternal parenting satisfaction. Lower rates of paternal sensitivity were also related to child conduct problems. A follow-up of this sample to middle childhood found that low paternal sensitivity was linked to less inattentiveness in children, as rated by parents, while paternal intrusiveness predicted teacher reports of child hyperactivity/impulsiveness (Keown, 2012).

The nature of father-child play interactions have also been shown to impact children’s social functioning, internalising behaviour, and emotional skills (Marsiglio, Amato, Day, & Lamb, 2000; Parke et al, 1992). Play that is highly physical with a low level of paternal direction (Parke, Burks, Carson, Neville, & Boyum, 1994) or a balance of the father making and following play suggestions (Mize & Pettit, 1997) has been shown to be the most effective in producing children who are less aggressive, more socially competent, and more popular with their peers.

Parenting styles may also play a role in children’s social outcomes, with controlling styles related to negative outcomes, such as aggression and controlling behaviour, and warm styles related to positive outcomes, such as co-operation (Carson & Parke, 1996; Parke & O’Neil, 1997). Furthermore, fathers’ acceptance of their children’s emotions and assistance in
dealing with sadness and anger in early childhood have been shown to increase social
competence five years later (Gottman, Katz, & Hooven, 1997).

Evidence suggests that fathers’ psychological functioning, such as anxiety and depression
is associated with child behaviour problems (Dave, Sherr, Senior, & Nazareth, 2008; Kane &
Garber, 2004). Two studies have reported a negative association between paternal depression
and child behaviour problems (Dave et al., 2008; Ramchandi, Stein, Evans & O’Connor, 2005).
Of these two studies, one found a link between father depression in the postnatal period and later
adverse child emotional and behavioural outcomes (Ramchandi et al., 2005), and the results of
the second study showed that major depression in fathers was significantly related to child
conduct, behaviour, and peer relationship problems at age six (Dave et al., 2008). Meta-analyses
have also been carried out for studies investigating father depression and child behaviour
problems (Kane & Garber, 2004; Wilson & Durbin, 2010). These meta-analyses indicated that
paternal depression is significantly associated with child internalising and externalising
behaviour and father-child conflict (Kane & Garber, 2004; Wilson & Durbin, 2010). One likely
mechanism for the association between depression and child behaviour is via parenting
behaviours. The findings of a recent meta-analysis support this claim, in that Wilson and Durbin
(2010) found that decreases in positive parenting behaviours such as warmth and sensitivity, and
increases in negative parenting behaviours, such as hostility and disengagement were associated
with child behaviour difficulties. The strongest effect sizes for child behaviour and negative
parenting behaviours were seen in younger children (Wilson & Durbin, 2010).

In summary, these findings suggest that positive involvement, proactive parenting, and
lack of negative emotion during parent-child interactions are associated with more optimal child
behaviour outcomes. Responsive, engaging father-child play interactions, authoritative
parenting, and paternal sensitivity have also been associated with positive social and emotional
outcomes for children. Research has also demonstrated that fathers can have a negative effect on
child behaviour through the use of ineffective behaviour management strategies, such as corporal
and verbal punishment, having an over-reactive, less authoritative parenting style, and showing less sensitive parent-child interactions. Finally, increased parenting stress and depression, and decreased confidence in parenting abilities in fathers can also negatively impact on child behaviour.

The above findings highlight a range of potential parenting behaviours to target for positive change in parenting interventions that include fathers. More specifically these include; effective techniques to encourage positive behaviour and manage misbehaviour, a less over-reactive and more authoritative parenting style, active parent involvement and support, increasing parenting confidence and a focus on the quality of the father-child relationship rather than the quantity of time spent with the child. Furthermore, while also measuring the extent to which improvements in child behaviour are linked to improvements in paternal mental health. BFI research that includes fathers may need to examine the degree to which father mental health symptoms explain post-intervention findings.

**What are behavioural family interventions?**

Behavioural family Interventions (BFIs) are a frequently used, well researched, and effective treatment for conduct and behaviour problems in children (Kazdin, 1991; Kronenberger & Meyer, 2001; Webster-Stratton & Hammond, 1997). Behavioural family interventions are based on social learning principles which argue that children’s externalising behaviours are learned through modelling other people’s behaviour, typically their parents, and maintained through reinforcement (Weirson & Forhand, 1994). Consequently BFIs focus on modifying parents’ behaviour and enhancing their parenting skills through increasing positive parent-child interactions and decreasing the use of inconsistent and coercive discipline strategies (Sanders, Bor & Morawska, 2007; Sanders & Dadds, 1993). Though there are many factors that may impact on children’s behaviour, the family environment is an accessible and effective area to focus on. By increasing positive parent-child interactions and introducing consistent
consequences for child behaviour, parents can decrease the likelihood of behaviours occurring again in the future (Sanders, Kirby, Tellegen, & day, 2014).

Recruitment and retention of fathers in Behavioural Family Interventions

Reviews of father participation in BFIs have identified a range of issues that need to be addressed in order to increase father engagement and retention in these programmes (Budd & O’Brien, 1982; Coplin & Houts, 1991; Lundahl, Tollefson, Risser & Lovejoy, 2008). One key barrier that has been identified to fathers’ initial engagement in parenting programmes is a lack of flexible scheduling which means that programme attendance may compete with other activities that result in an instant gratification for fathers, such as leisure activities, work, and/or other family commitments (Anderson, Kohler, & Letiecq, 2002). Another barrier is lack of father involvement in the intake process for programmes, in that it is often only the mother who is introduced to the programme and involved in the initial interview to assess eligibility (Fabiano, 2007). The likely consequence is that fathers will be less engaged with the programme from the beginning and less motivated to attend programme sessions.

Some studies have used focus groups to identify the possible reasons for men’s lack of attendance at support services and also to discover new techniques that will help to entice men to participate, and to keep them engaged and attending. Findings suggest that fathers are often fearful or reluctant to attend a programme due to their perceived notions of what the programme will involve, their inability to communicate with other men or in a group setting, and the perception that they will be viewed as less of a man (Anderson et al., 2002). A further example comes from a study by Berlyn, Wise and Soriano (2008) who conducted seven focus groups with a total of 32 fathers to investigate low levels of attendance at family service centres in Australia. The barriers identified by the fathers included gender stereotyped attitudes held by both men and women, men’s reluctance to seek professional help due to a sense of personal failure or being perceived as a ‘whinger’, and men’s lack of information about what services were available
(Berlyn et al., 2008). When asked how to get men involved with the service initially it was suggested that word of mouth referrals from other men worked best, as well as promoting the service in a positive light by using words such as ‘building’ and ‘tools’ and avoiding words such as ‘support’ (Berlyn et al., 2008). Lastly when fathers were asked about changes that could be made to the service to keep men engaged, they suggested; highlighting the benefits that men would get out of the service or programme, having professionals available who acknowledged the positive things fathers were doing and who took their point of view into account, allowing the men a chance to teach and learn incidentally from each other, and having an objective or goal and reaching that through activities rather than just sitting around talking (Berlyn et al., 2008).

The structure and content of programmes may also be responsible for father retention problems. BFIs are often presented in a way that may be interpreted as parents lacking a skill and men are unlikely to think there is a problem or that they need help (Addis & Mahalik, 2003). In addition, the content of parenting programmes may not be viewed as relevant by fathers as it is by mothers, as most programmes do not differentiate between the treatment role of mothers and fathers, when in reality the parenting tasks of each parent may differ greatly (Lee & Hunsley, 2006). Aside from retention problems, if fathers are not engaged and do not find the programme content relevant then they are less likely to implement the techniques, which in turn is likely to decrease programme effectiveness (Fabiano, 2007).

Many of these barriers could be overcome through tailoring the content and delivery of parenting interventions to specifically meet the needs and responsibilities of fathers. According to research reviewed by Fabiano (2007), such tailoring of the content could be achieved through identifying the roles and parenting responsibilities that fathers might have and asking fathers what areas need to be emphasized in a parenting programme for fathers. Fathers could also be consulted regarding what changes to the treatment environment would make them feel more welcome and comfortable.
In order to increase father recruitment and retention, it has been recommended that BFIs should be presented as enhancing existing skills rather than training parents who are lacking skills (Fabiano, 2007). Programmes should be held in the evenings or weekends to fit in with fathers work schedules and childcare should be provided for those parents who do not have an alternative. A focus on outreach activities, for example father-child events to get fathers engaged, and offering incentives to get fathers involved initially may be effective strategies for increasing father recruitment (Fabiano, 2007). Other possibilities are increasing the promotion of programmes to make them more visible, clarifying participation requirements and identifying participant’s specific needs, and using the positive and constructive feelings that fathers have about their children to get them motivated and involved (Anderson et al., 2002).

Programmes developed specifically for fathers have been shown to be effective and result in increased father participation (Fabiano et al., 2009). Research has identified a range of issues that need to be addressed in order to increase father engagement, including the design and delivery methods of the intervention (Sanders et al., 2010). In order to rectify this situation, research should focus on the parenting needs of fathers and develop strategies that enhance father engagement and highlight the importance of fathers’ role in parenting (Sanders et al., 2010). There is a need for further research using community surveys to obtain a broader understanding of father support needs and preferences for programme content and delivery and to identify barriers to participation. Chapter three of this thesis describes a study that was conducted for this purpose.

Research regarding the effectiveness of Behavioural Family Interventions for fathers

The majority of studies investigating the implementation and effectiveness of BFIs has focused on mothers, with a small but growing number of studies also examining father involvement. A meta-analysis of research conducted between 1982 and 2005 identified 28 studies of behavioural family intervention that involved the child’s father in the intervention
process (Lundahl, et al., 2008). Compared to studies that did not include fathers, the results of the studies involving fathers showed stronger effects for child behaviour, as well as mother and father parenting behaviours immediately following intervention. However; the effects at follow-up periods were mixed, with some studies showing greater maintenance of treatment gains and others showing fewer positive outcomes for fathers (Lundahl et al., 2008).

The studies in the Lundahl meta-analysis show that when fathers have been involved in behavioural family intervention both mothers and fathers reported fewer child behaviour problems (Sanders, et al., 2000; Webster-Stratton & Hammond, 1990 & 1997; Webster-Stratton, 1992), decreased use of coercive discipline strategies (Sanders et al., 2000; Webster-Stratton & Hammond, 1990), and decreased parenting stress (Webster-Stratton, 1992). Furthermore, post-intervention observations in several other studies showed that fathers increased their use of positive parenting strategies such as praise (Schuhmann, Foote, Eyberg & Boggs, 1998; Webster-Stratton, 1992; Webster-Stratton & Hammond, 1997). A more recent meta-analysis specifically reviewing the Triple P-Positive Parenting Program identified 27 studies that involved both parents and reported mother and father data separately, which were used to assess programme outcomes for 1,852 fathers. They found small to moderate intervention effects for father reports of child behaviour, parenting practices, parenting efficacy, and the parental relationship (Sanders, Kirby, Tellegen, & Day, 2014).

A review of father involvement in BFIIs identified some key elements of programmes that had positive outcomes (Tiano & McNeil, 2005). The majority of these studies were conducted with large sample sizes (i.e. 100 families divided into two or three intervention groups) and children aged between two to 10 years who exhibited high levels of disruptive behaviour. Almost all of the programmes encouraged parents to attend together (both mother and father). All of the programmes included some form of contact with a professional, as well as the teaching of parenting skills though a lecture, course book or video. All of the studies included pre and post
intervention measures as well as follow-up data ranging from 3 months to 1 year, using parental reports measures.

As mentioned above, parenting programmes may need to be adjusted to meet the needs of fathers, such as providing flexible schedules and materials, and a context that focuses on parenting issues that fathers find important and relevant (Lundahl et al., 2008). Fabiano et al. (2009) directly examined the issue of the effectiveness of tailoring a parenting programme to meet the needs and responsibilities of fathers. They randomly allocated seventy-five fathers, with a child with ADHD aged 6 to 12 years, to either a standard parenting programme or one that was adapted specifically for fathers (COACHES). During the standard programme fathers were taught behavioural strategies and practiced these techniques through group activities such as watching a video and discussing what the father could have done differently, and also through role playing scenarios (Fabiano et al., 2009). During the COACHES programme fathers were taught behavioural strategies and then practiced these techniques during a game of soccer with their children, while facilitators provided immediate feedback (Fabiano et al., 2009). Participants in the COACHES group reported higher satisfaction with the programme than the standard group, and also had significantly better attendance (76% attended 6 or more sessions as opposed to 57% for standard) and homework completion. The results show that both groups had significant improvements in child behaviour as reported by both the child’s mother and father and there was no significant difference between groups (Fabiano et al., 2009). Although the results of Fabiano’s research were promising, there were a number of methodological limitations. The study did not include a no-treatment control group to ensure that the results were due to the intervention rather than the elapsed time period. Also, there was no long-term follow-up, so it is unclear whether the positive results of the intervention were maintained. Although there were some limitations, both programmes were effective for fathers and their children; however, the COACHES programme appeared to be more enjoyable for fathers resulting in increased attendance rates. These results support adjusting parenting programmes to specifically
meet the needs of fathers as it may result in increased father engagement and completion of the programme. Fathers dropping out of programmes, missing a significant number of sessions, arriving late or not completing homework assignments have been identified as problems in behavioural family interventions (Barkley et al., 2000; Cunningham et al., 1993). A more recent investigation that compared the COACHES programme with a waitlist control condition found a significant improvement in children’s behaviour, a reduction in fathers’ use of negative verbalizations, and an increase in praise, however, the positive outcomes did not generalize to the untreated mothers and were not maintained at one-month follow-up (Fabiano, Pelham, Cunningham, Yu, Gangloff, Buck, Linke, Gormley, & Gera, 2012). These results further support the need to include both parents in a programme where possible, to ensure consistency in parenting practices and increase the likelihood of maintenance of treatment gains.

Although some research has shown positive outcomes for families when fathers are involved in BFIs, other research findings suggest that fathers benefit less from family interventions than mothers (Lundahl et al., 2008) and programme satisfaction ratings are often significantly lower for fathers (Connell, Sanders, & Markie-Dadds, 1997; Ireland, Sanders, & Markie-Dadds, 2003). Furthermore, mothers generally improve across multiple domains (psychological functioning, parent-child interactions, parenting behaviours, and competence) as a result of treatment whereas fathers’ results are either more inconsistent (Danforth, Harvey, Ulaszek & McKee, 2006) or they do not show significant improvements in any domain (Connell et al., 1997). For example, one study conducted with parents of adolescents with ADHD showed improvements in paternal and child behaviour during treatment but some worsening in child behaviour at follow-up (Barkley, et al., 2000). Another study showed few significant results for fathers and observations revealed more negative father behaviours for the intervention group post intervention than for fathers that dropped out of the programme, although there was a significant improvement in the behaviour of intervention group children (Gross, Fogg & Tucker, 1995). In both the Barkley (2000) and Gross (1995) studies, these negative findings may have
been due to the parents’ lack of attendance or inconsistent attendance in the programme, as the programmes are most effective when all the necessary steps are completed (Barkley et al., 2000). The lack of significant findings in the Gross et al. (1995) study may also be due to the small sample size of fathers involved in the treatment, as father behaviour and perceptions improved as a result of treatment but not to a statistically significant level.

As illustrated by research reviewed in this section, there are mixed findings about programme effectiveness for fathers compared to mothers. Several limitations in this body of research may partly explain the inconsistent findings about the benefits of father involvement in behavioural family interventions. In some studies there is a lack of information about the number of fathers involved in the programme and how often they participated (Connell et al., 1997; Schuhmann, Foote, Eyberg, & Boggs, 1998), and fathers did not always complete all the measures (Nixon, Sweeney, Erickson, & Touyz, 2003). Studies that did collect information from both the father and mother analyzed and reported this data separately, but did not compare father data to mother data (Bagner & Eyberg, 2003; Connell et al., 1997; Gross et al., 1995; Schuhmann et al., 1998; Webster-Stratton 1990; Webster-Stratton & Hammond 1997). In addition there are a number of other study limitations that need to be addressed in order to gain a better understanding of the benefits of including fathers in BFI s. Other methodological weaknesses present in some studies are the absence of a no-treatment control group (Ireland, Sanders, & Markie-Dadds, 2003, Webster-Stratton & Hammond, 1990), or long-term follow-up data (Winter et al., 2012). In addition, fathers do not appear to be involved in the initial recruitment interviews, with selection for inclusion in programmes tending to be based on mothers’ reports of child behaviour (Connell et al., 1997; Sanders et al., 2000) or described as being parents’ reports without specifying whether screening data was collected from both parents (Webster-Stratton, 1992). These issues will be further discussed in chapter six as part of the rationale for the BFI for fathers and mothers of children at risk of conduct problems that was
conducted for this thesis. The BFI addressed many of the limitations of the previous research in order to gain a better understanding of the benefits of including fathers in BFIs.

**Couple or father-only intervention?**

There has been some debate about whether BFIs directed towards fathers should be delivered to fathers only or include both parents (Duggan, Fuddy, McFarlane, Burrell, Windham, Higman & Sia, 2004; Fletcher & Visser, 2008; Freeman, Newland & Coyl, 2008; MacLeod, 2008). While there is a paucity of research on father-only programmes, less research has been conducted with couple programmes, where both parents from every family have attended. One study that did require 27 mothers and fathers to participate in the intervention together resulted in high attendance rates (94% completed at least 9/10 sessions for the enhanced group, 100% completed at least 7/8 sessions for standard group), and found that fathers who reported initially high levels of child dysfunction were more likely to complete the intervention (Ireland et al., 2003). This finding has important implications for the design of future father-focused interventions since fathers dropping out of programmes, missing a significant number of sessions, arriving late or not completing homework assignments have been identified as problems in BFIs (Barkley et al., 2000; Cunningham et al., 1993).

There appear to be many benefits to both parents attending BFIs with some studies showing that the positive effects of BFIs for both parents and children are maintained for a longer period of time when the father is involved in the intervention (e.g. Bagner & Eyberg, 2003; Clark & Baker, 1983; Tiano & McNeil, 2005). For example, one study investigated the effects of father involvement in a BFI with a father involved group (n = 55), a father absent group (n = 36), and a father uninvolved group (n = 16) defined as fathers who were living with the child but did not take part in the intervention (Bagner & Eyberg, 2003). The results immediately following intervention showed that there were improvements over time, as well as a large positive effect on reports of parenting stress and moderate positive effect on mothers’
reports of depression across all three treatment groups (Bagner & Eyberg, 2003). At one year follow-up, the treatment gains for the involved fathers group were maintained based on mothers’ reports of child behaviour, but the absent father group reported an increase in child problem behaviour (Bagner & Eyberg, 2003). These results suggest that father involvement in BFIs leads to greater maintenance of treatment gains. One possible reason for the maintenance of treatment gains when mothers and fathers attend a BFI together is that because both parents are learning child-rearing skills, they are able to support and help each other when implementing the techniques at home and demonstrate inter-parental consistency (Tiano & McNeil, 2005; Webster-Stratton, 1985). This possibility is supported by focus group comments from 13 fathers who had attended an American behavioural family intervention for parents of preschool aged children. The participants were of the view that both parents should be involved in the programme to increase consistency when dealing with difficult child behaviour (Salinas, Smith, & Armstrong, 2010).

An increase in co-parenting that may follow from both parents participating in a BFI is likely to have a range of beneficial consequences. For example, co-parenting is associated with children’s internalising and externalising behaviour, even after the effects of marital quality have been accounted for (Johnson, Cowan, & Cowan, 1999). Parenting conflict and cooperation have emerged as particularly important aspects of co-parenting for child behaviour and the parent-child relationship (Floyd, Gilliom, & Costigan, 1998; Jones, Shaffer, Forehand, Brody, & Armistead, 2003). A meta-analysis of 40 cross-sectional and 19 longitudinal studies found significant associations between parent’s cooperation and conflict, and children’s internalising and externalising symptoms and social functioning (Teubert & Pinquart, 2010). Longitudinal evidence also indicated that co-parenting was a significant predictor of changes in child behaviour outcomes (Teubert & Pinquart, 2010).

Another study that has demonstrated the benefits of couple participation investigated the effects of a 16-week parenting programme with a father only group and a couples group,
compared with a one-time low dose intervention comparison (Cowan, Cowan, Pruett, Pruett, & Wong, 2009). Mothers were invited to attend the first session of the father only group to increase the likelihood of participation. The results showed no significant difference in attrition rates between groups, although attendance in the couples group was slightly higher (Cowan et al., 2009). Both the father only and couples group produced an increase in fathers’ involvement with their children, both psychologically and with daily childcare activities, decreased parenting stress, and increased relationship satisfaction post-intervention (Cowan et al., 2009). At an 18 month follow-up, parents in the low dose group reported an increase in child problem behaviour, whereas the father only group reported significant gains in father involvement in childcare, a growing sense of self as a father and decreases in child problem behaviour, and maintained all post-intervention improvements except relationship satisfaction, which declined according to both mother and father reports (Cowan et al., 2009). At follow up, the couples group maintained improvements in the same areas as the father only group, and additionally reported significant decreases in parenting stress for both parents, as well as increases in relationship satisfaction, that was not seen in the father only group results (Cowan et al., 2009). These results have important implications for this thesis investigation. Although there were significant improvements when the father attended the intervention alone, there were additional benefits to the parents’ relationship and stress levels when both of the parents attended together. These additional benefits may extend to BFIs where both parents take part in the programme, perhaps by increasing the likelihood of both parents showing and maintaining improvements in the use of positive parenting techniques after the intervention is complete.

This possibility is supported by the strong correlation between marital quality and positive parenting, especially for fathers (Cummings & O’Reilly, 1997; Krishnakumar & Buehler, 2000; Schoppe-Sullivan, Mangelsdorf, Brown, & Sokolowski, 2006). Research with two-parent families show that a high quality marital relationship and co-parenting, as well as having two involved parents has been linked to positive outcomes in children (Carlson,
Pilkauskas, McLanahan, & Brooks-Gunn, 2011; Schoppe-Sullivan, Kotila, Jia, Lang, & Bower, 2012). Participation in a BFI may help also to increase fathers’ satisfaction with their relationship with their child as well as the fathers’ feelings of competence when implementing parenting techniques, which may increase the likelihood of fathers using the techniques consistently (Tiano & McNeil, 2005).

In summary, findings from studies by Bagner and Eyberg (2003) and Cowan et al. (2009) indicated that when both parents attend a BFI together, there was a greater maintenance of treatment gains. Having two supportive parents both attending a programme and being taught the same skills may result in both mothers and fathers consistently administering the same techniques which could have a significant effect on child behaviour and wellbeing (Arnold et al., 1997; Frick et al., 1999; Strassberg et al., 1994). The benefits and limitations of involving both fathers and mothers in a BFI will be investigated further in chapters six and eight of this thesis, which outline the results of a randomised-controlled trial and the contributions of fathers and mothers in a group parenting programme.

**Triple P-Positive Parenting Program**

The Triple P-Positive Parenting Program is a multilevel system of parenting intervention designed as a public health approach to parenting support, developed at the University of Queensland (Sanders, 1999; Sanders, Markie-Dadds, & Turner, 2003). This system has been proven to be effective by over 30 years of empirical evidence (Sanders, Kirby, Tellegen, & Day, 2014). Triple P is based on social learning principles which have strong empirical support for their effectiveness for parents of children with conduct problems (Kazdin, 1987; Sanders, 1999; Taylor & Biglan, 1998; Webster-Stratton & Hammond, 1997). There are five core positive parenting principles that define the program, which are; a safe and engaging environment, a positive learning environment, assertive discipline, realistic expectations, and taking care of oneself as a parent (Sanders, 2008). The principles of positive parenting and the 17 core
parenting strategies are taught to parents through live and video-modeling, and practiced using group discussions and role-playing exercises. Triple P fosters self-regulation and parental ownership of progress by encouraging parents to set goals for their own and their child’s behaviour, monitor, evaluate changes in their parenting and child’s behaviour, and self-reflect on their implementation of strategies and routine. Individual telephone consultations provide parents with support and feedback while they implemented the techniques at home.

The Triple P Program consists of five levels that increase in intensity based on parent’s need and level of child behavioural dysfunction (De Graaf, Speetjens, Smit, De Wolff, & Tavecchio, 2008). The programme also makes use of a variety of delivery methodologies including, group, individual, and self-directed (De Graaf et al., 2008) to further meet the needs of different parenting groups. (See Table 2.1 for a detailed overview of Triple P). This research focused on Group Triple P, which is a level 4 intervention for children with more severe conduct problems, consisting of eight sessions (five group sessions and three individual telephone sessions) targeting parent-child interactions and the application of positive parenting strategies to a range of target behaviours (Sanders, 2008). A recent meta-analysis of the Triple P Program over the past 33 years included quantitative findings from 101 studies, 86 of which utilised level 4. The results of the level 4 studies show significant moderate effect sizes for child social, emotional, and behavioural outcomes, parenting practices, and parenting efficacy, with significant small effects for parental adjustment and the inter-parental relationship immediately following the intervention. These results were maintained at follow-up periods of between three to 12 months.
<table>
<thead>
<tr>
<th>Level of intervention</th>
<th>Intensity</th>
<th>Program variant</th>
<th>Target population</th>
<th>Modes of delivery</th>
<th>Intervention methods used</th>
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<td><strong>Level 1</strong></td>
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<tr>
<td>Media and communication strategy on positive parenting</td>
<td>Very low intensity</td>
<td>Stay Positive</td>
<td>All parents and members of the community interested in information about parenting to promote children’s development and prevent or manage common social, behavioural, and emotional problems</td>
<td>Web site to promote engagement. May also include television programming, public advertising, radio spots, newspaper, and magazine editorials</td>
<td>Coordinated media and promotional campaign to raise awareness of parent issues, destigmatise and encourage participation in parenting programmes. Involves electronic and print media</td>
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<td><strong>Level 2</strong></td>
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<td>Brief parenting interventions</td>
<td>Low intensity</td>
<td>Selected Triple P Selected Teen Triple P Selected Stepping Stones Triple P</td>
<td>Parents interested in general parenting information and advice or with specific concerns about their child’s development or behaviour</td>
<td>Series of 90-minute stand-alone large group parenting seminars or one or two brief individual face-to-face or telephone consultations (up to 20 minutes)</td>
<td>Parenting information promoting healthy development or advice for a specific developmental issue or minor behaviour problem (e.g. bedtime difficulty)</td>
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<td><strong>Level 3</strong></td>
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<td>Narrow focus parenting programs</td>
<td>Low to moderate intensity</td>
<td>Primary Care Triple P Primary Care Teen Triple P Primary Care Stepping Stones Triple P Triple P Discussion Groups</td>
<td>Parents with specific concerns as above who require brief consultations and active skills training</td>
<td>Brief program (about 80 minutes) over three to four individual face-to-face or telephone sessions</td>
<td>Combination of advice, rehearsal, and self-evaluation to teach parents to manage discrete child problems</td>
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<td>Brief topic-specific parent discussion groups</td>
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### Level 4

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<th>Broad focus parenting programs</th>
<th>Moderate to high intensity</th>
<th>Standard Triple P Group Triple P Self-Directed Triple P Standard Teen Triple P Group Teen Triple P Self-Directed Teen Triple P Online Triple P Baby Triple P Standard Stepping Stones Triple P Group Stepping Stones Triple P Self-Directed Stepping Stones Triple P</th>
<th>Parents wanting intensive training in positive parenting skills</th>
<th>Intensive program (about 10 hours) with delivery options including 10 60-minute individual sessions; or five two-hour group sessions with three brief telephone or home visit sessions; or 10 self-directed workbook modules (with or without telephone sessions); or eight interactive online modules</th>
<th>Broad focus sessions on improving parent-child interaction and the application of parenting skills to a broad range of target behaviours. Includes generalization enhancement strategies</th>
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<td>Parents of children with disabilities who have, or who are at risk of developing, behavioural or emotional problems</td>
<td>Targeted program involving 10 60- to 90-minute individual sessions or two-hour group sessions</td>
<td>Parallel program with a focus on parenting children with disabilities</td>
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### Level 5

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<th>Intensive family interventions</th>
<th>High intensity</th>
<th>Enhanced Triple P Pathways Triple P Lifestyle Triple P Family Transitions Triple P</th>
<th>Parents of children with behaviour problems and concurrent family dysfunction such as parental depression or stress, or conflict between partners. Parents at risk of maltreating their children. Targets anger management problems and other factors associated with abuse. Parents of overweight or obese children. Targets healthy eating and increasing activity levels as well as general child behaviour. Parents going through separation or divorce.</th>
<th>Adjunct individually tailored program with up to eight individual 60-minute sessions (may include home visits) Adjunct program with three 60-minute individual sessions or two-hour group sessions Intensive 14-session group program (including telephone consultations) Intensive 12-session group program (including telephone consultations)</th>
<th>Modules include practice sessions to enhance parenting, mood management and stress-coping skills, and partner support skills Modules include attribution retraining and anger management Program focuses on nutrition, healthy lifestyle, and general parenting strategies Program focuses on coping skills, conflict management, general parenting strategies, and developing a healthy co-parenting relationship</th>
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The positive outcomes of Triple P, include decreases in child problem behaviours, and increased use of effective parenting strategies, with the maintenance of these gains for up to one year following intervention (De Graff et al., 2008; Nowak & Heinrichs, 2008; Thomas & Zimmer-Gembeck, 2007). Additionally, statistically significant and clinically meaningful results for both children and their parents have been produced via each of the delivery methodologies utilised by the programme (De Graff et al., 2008).

**Summary**

Overall this literature review illustrates that parents of children with elevated levels of behaviour problems have been shown to benefit from participating in behavioural family interventions. Parent training programmes have been shown to be effective in reducing children’s social, emotional, and behaviour difficulties as well as the risk factors, such as dysfunctional parenting, that are associated with delinquent behaviour (Dretzke et al., 2009; Sanders, Markie-Dadds, Tully & Bor, 2000; Webster-Stratton & Hammond, 1997). The benefits of these programmes for parents and children may be enhanced through the inclusion of both parents participating together (Bagner & Eyberg, 2003; Sanders, Kirby, Tellegen, & Day, 2013; Webster-Stratton & Hammond, 1997). Also, there may be additional benefits to children through improving the marital relationship and co-parenting of father and mother couples.

Generally, mothers are more likely than fathers to participate in family interventions, although there are a few studies that have attempted to increase father involvement, with varied success. This may be due to a range of barriers that have been identified to father involvement including a lack of flexible scheduling, fathers’ fear of not knowing what the programme involves, negative perceptions about help seeking, and the programme structure, content and environment being less relevant and welcoming for fathers than mothers (Anderson et al., 2002; Berlyn et al., 2008). Suggestions made by researchers to address these barriers include holding sessions at times that suit fathers and making programmes more visible through advertisements.
that focus on the benefits of father involvement and enhancing parent’s skills. Asking fathers what areas need to be emphasized in a parenting programme and what changes are needed in the environment to make them feel more welcomed and comfortable have also been proposed. It is recommended that this type of information could be used to tailor the content and delivery of programmes to better meet father needs (Fabiano, 2007; Lee & Hunsley, 2006). Based on these recommendations this thesis sought to gain a better understanding of father support needs and preferences for programme content and delivery and to identify barriers to participation. Chapter three of this thesis describes a study that was conducted for this purpose. Chapter five describes how the data collected was used to add additional content to the Group Triple P Program to address father needs and preferences. This work was expected to add to the literature on barriers to father involvement in family interventions through actively seeking the perspectives of fathers regarding what aspects of parenting and child development they would like information on and how to best deliver this information in an engaging and accessible way.

The preceding review of the literature identified several studies that tailored programme content and delivery specifically to meet the needs of fathers, and then delivered this tailored programme to a father only group (Fabiano et al., 2009; Fabiano et al., 2012). However, these studies had some methodological limitations such as a lack of a no-treatment control group (Fabiano et al., 2009), no long term follow-up data and lack of generalization of improvements in parenting and child behaviour to untreated mothers (Fabiano et al., 2012). Methodological limitations of these studies are addressed in a randomized-controlled-trial of the Group Triple P Program, as reported in chapter six, that was delivered to both fathers and mothers who attended the programme together.

As previously discussed, the benefits of parenting programmes for parents and children may be enhanced when both parents participate together, including greater maintenance of treatment gains (Bagner & Eyberg, 2003; Cowan et al., 2009; Sanders, Kirby, Tellegen, & Day, 2013; Webster-Stratton & Hammond, 1997). Also, there may be additional benefits to children
through improving the marital relationship and co-parenting of father and mother couples. The potential benefits of involving both fathers and mothers in a BFI programme will be examined in the randomised-controlled-trial study described in chapter 6, and in chapter eight, which analyses the types of contributions made by fathers and mothers during participation in programme sessions and how they relate to co-parenting behaviours and programme outcomes.
References


a mediator or moderator of child psychosocial adjustment? *Behaviour Therapy*, 34, 259-272.


Chapter 3

Using father preference data to increase father engagement in evidence-based parenting programmes

This chapter consists entirely of a paper accepted for publication in the *Journal of Child and Family Studies*

**Abstract**

Survey (n = 161) and focus group (n = 15) methods were used to collect data from a community sample of New Zealand fathers about their knowledge and experience with parenting programmes, and their preferences for programme content, features, and delivery methods. The prevalence of perceived child behavioural and emotional difficulties, parenting risk and protective factors, fathers’ parenting confidence, and the family and personal correlates of father preferences were also examined.

Survey results showed that fathers’ knowledge and experience of available parenting programmes was low. The topics rated most highly by fathers to include in a programme were building a positive parent-child relationship, increasing children’s confidence and social skills, and the importance of fathers to children’s development. Fathers’ most preferred programme delivery methods were father only group programmes, individually-tailored programmes, and a range of low intensity options, including seminar, television series, and web-based. Programme features most likely to influence father attendance were demonstrated programme effectiveness, location of sessions, practitioner training, and that content addressed personally relevant issues. Fathers’ level of education, stress and depression, and perceptions of child behaviour difficulty were associated with programme content and delivery preferences. New insights were gained from focus group participants about messages to include in programme advertisements and programme content to emphasise in order to engage fathers. Findings highlight a variety of
programme and delivery options that could be offered to meet a range of father parenting support needs, including concerns about coping with specific child behaviours and emotions, and managing personal and parenting stress.

**Introduction**

Extensive evidence shows that parenting interventions based on social learning principles are an effective treatment for behaviour problems in children (Dretzke et al., 2009; Eyberg, Nelson, & Boggs, 2008). However, the majority of parents who have concerns about their children’s behaviour or adjustment do not receive services, highlighting the need for a public health approach to the provision of evidence-based parenting intervention strategies (Sanders, 2012). To reach as many people as possible, a public health approach has a focus on ensuring that parenting intervention strategies are widely available in easily accessible formats and delivery mechanisms (Metzler, Sanders, Rusby, & Crowley, 2012). This approach contrasts with the traditional clinical treatment model of parenting interventions based on highly intensive practitioner-delivered interventions to targeted individuals.

Fathers are one group of parents who have been identified by researchers and clinicians as experiencing barriers to participation in parenting interventions (Fabiano, 2007). There are several key reasons why increased father involvement in parenting interventions is needed. First, a large body of research indicates that children with behaviour problems early in life are at risk for a range of long-term negative outcomes (Knoster, 2003). Furthermore, poor father-child relationships in early childhood have been found to precipitate delinquent behaviours in adolescents (Atwood, Gold, & Taylor, 1989), and low levels of father involvement have been found to affect children’s school achievement and aggression, and heighten the likelihood of engagement in risky behaviours (McLanahan & Teitler, 1999). Second, behaviour problems in young children are more likely to persist in the context of difficult parent-child relationships,
highlighting the need for early parenting interventions, especially with fathers (Cowan & Cowan, 2002). Third, current research on fathers’ unique contribution to children’s behavioural development suggests the possibility that increased father involvement in parenting programmes is likely to be highly beneficial for young children with disruptive behaviour problems (Bogels & Phares, 2008; Fabiano, 2007; Tiano & McNeil, 2005). Finally, a growing body of research shows that when fathers are involved in parenting interventions outcomes are improved for children, mothers, and fathers (Bagner & Eyberg, 2003; Sanders, Kirby, Tellegen, & Day, submitted; Webster-Stratton & Hammond, 1997).

Despite the many potential benefits of father involvement in parenting programmes, fathers generally have low participation rates and when fathers are included, programme adherence is often problematic, with low attendance and high attrition (Tiano & McNeil, 2005). A variety of reasons have been suggested for low father participation, including the way programmes are advertised and promoted to families, and aspects of programme content and delivery (Addis & Mahalik, 2003; Fabiano, 2007). For example, parent training that is promoted in a way that could be interpreted as parents lacking a skill may deter fathers, as it has been suggested that men are unlikely to seek help if doing so means admitting there is a problem (Addis & Mahalik, 2003; Fabiano 2007). In addition, most programmes do not differentiate between the treatment role of mothers and fathers (Lee & Hunsley, 2006) when the parenting tasks of each parent may differ greatly, and as a result the content of parenting programmes may be viewed by fathers as being less relevant to their needs compared to mothers (Fabiano, 2007). If fathers are not engaged nor do not find the programme content relevant they are less likely to implement the techniques, leading to decreased programme effectiveness (Fabiano, 2007). Other key barriers that have been identified to fathers accessing parenting programmes and family services include a lack of information about the services available, fear of not knowing what the programme will involve, and how fathers will be perceived by other men if they seek help (Anderson, Kohler, & Letiecq, 2002; Berlyn, Wise, & Soriano, 2008; Fabiano, 2007).
To better understand why fathers are not involved in parenting interventions and to create programmes that will better meet the needs of both fathers and mothers, it is important to obtain fathers’ perspectives. The use of consumer preference data to inform programme development has been widely practiced across multiple disciplines, most notably marketing, and is beginning to be used in the development of psychological interventions (Kirby & Sanders, 2012; Santucci, McHugh, & Barlow, 2011). When programme developers converse directly with a target group it is likely to improve the quality and relevance of the programme to that specific group, and as a result increase participation and engagement (Kirby & Sanders, 2012). A consumer preference approach to programme refinement and tailoring of an evidence-based programme is important as it results in the programme meeting the needs of diverse parenting groups in a controlled and empirically validated manner (Mazzucchelli & Sanders, 2010).

A small number of consumer research studies on family relationships and life skills services for fathers have provided insight into fathers’ reasons for accessing support. For example, survey and interview data from Australian men who participated in family and relationships services found that 37% of the sample sought help in response to a relationship crisis, while 43% were looking for advice or support. Many felt it was important that the service provider had experience working with men, but gender of the provider was not an influential factor in their participation (O’Brien & Rich, 2002). This contrasts with findings reported in other studies of father consumers, programme facilitators, and social workers, who argued that male facilitators are necessary to increase father engagement and involvement (Berlyn et al., 2008; Lazar, Sagi & Fraser, 1991). Other consumer research has offered insight into possible ways to attract and engage fathers in programmes. In focus group work by Anderson et al. (2002), fathers who were previously or currently involved in a family service programme suggested hosting father-child events to promote programmes, and offering incentives to get fathers involved initially (Anderson et al., 2002). Other ideas for maximising engagement included increasing the visibility of programmes, identifying specific needs of participants, and
using the positive and constructive feelings that fathers have about their children to get them motivated and involved (Anderson et al., 2002). Both the O’Brien and the Anderson studies gathered information from men who were or had been actively involved in programmes.

Attaining the perspectives of fathers who have recently participated in programmes is beneficial, however, community surveys are needed to gain a broader understanding of fathering support needs and preferences for programme content and delivery and to identify barriers to participation.

Currently, there is limited father data available from community surveys. One study that does have father preference data comes from a UK web-based survey of 721 working parents, that investigated preferred features for a parenting programme delivered in the workplace (Sanders, Haslam, Calam, Southwell, & Stallman, 2011). Programme features rated most important by both fathers and mothers were demonstrated programme effectiveness, the programme is conducted by trained practitioners, and the content addresses personally relevant issues (Sanders et al., 2011).

These types of father surveys also need to obtain information about father reports of child behaviour problems and the associated paternal risk and protective factors to identify fathers that would most benefit from participation in parenting interventions. To date, only a few studies provide this type of data (Davè, Nazareth, Senior, & Sherr, 2008; Sanders, Dittman, Keown, Farrugia & Rose, 2010). For example, an epidemiological survey of 933 Australian fathers found that 3% rated their child’s behaviour as very or extremely difficult, and 14% reported feeling very or extremely stressed (Sanders et al., 2010). Fathers with more difficult children were more likely to perceive parenting to be demanding, stressful, depressing, and less rewarding. These fathers also reported high levels of personal stress and were less likely to have completed secondary school. Only 11% of the fathers surveyed had participated in a parenting programme in the previous 12 months. Those fathers who had previously participated in a parenting programme were more likely to have higher income and education, and report higher levels of
stress and child behaviour difficulties (Sanders et al., 2010). These last findings are helpful for providing some insight into variables that may influence father participation. However, few if any studies have examined factors that may influence fathers’ programme content and delivery preferences. Socioeconomic status has been shown to impact parents’ expectations and desires for their children’s development and the role parents see for themselves in achieving those outcomes (for a review see Hoff, Laurensen, & Tardif, 2002). Thus it is possible that parents’ programme content choices may vary as a function of socioeconomic status.

The goal of the present study was to obtain an understanding of the fathering support needs and parenting programme preferences among New Zealand fathers with a child aged two to nine years old. A survey of an unselected community sample of fathers was undertaken to identify: (a) fathers’ perceptions of child behaviour problems; (b) the prevalence of modifiable parenting risk (father stress, depression, parenting confidence, and perceptions of parenting) and protective factors (parenting support); (c) fathers’ knowledge of, and experience with, parenting programmes; (d) what topics fathers considered important to include in a programme; (e) programme delivery methods that fathers would find useful; and (f) programme features that would influence fathers to participate. Associations between father-reported family and personal characteristics and fathers’ programme content and delivery preferences were also explored. The second phase of the project involved a series of focus groups designed to elicit qualitative information regarding programme content and delivery modality, along with ideas for recruitment and promotion strategies to attract and engage fathers. A mixed method approach was used given that survey methods are useful in gaining the perspectives of a large number of people within a target group with minimal time and resource costs. When supplemented by qualitative methods, such as focus groups, more in-depth insights may be obtained into barriers to participation and ways to tailor programmes specifically to the needs and preferences of specific groups (Sanders & Kirby, 2011).
Method

Participants

**Survey.** A community sample of 161 New Zealand fathers with at least one child between the ages of two to nine years ($M = 57$ months, $SD = 27$ months, 51% female) completed the survey portion of the study. Ninety-nine percent of the respondents were the child’s biological father and two (1%) were step fathers. The majority of participants were living with their child’s other biological parent (85%) with a smaller number of single parent (10%) and blended (5%) families. The majority of fathers had between one and three children living in their household ($M = 1.79$, $SD = 0.90$). The fathers had a mean age of 37.82 years ($SD = 7.30$), and were predominantly New Zealand European (69%), with smaller numbers from Māori (7%), Pacific Island (3%), Asian (4%), European (United Kingdom and Europe 11%), North American (2%), and South African (2%) origins. Participants were from a range of socio-demographic backgrounds, although the majority had a post-secondary qualification (trade or technical college certificate 21%; university qualification 36%; advanced University degree 25%), were employed full time (80%), and received a moderately high income (19% earning <NZ$50,000, 43% earning NZ$50,000-100,000, and 38% earning >NZ$100,000). (The median annual family income in New Zealand in 2010 was $64,272, Statistics New Zealand, 2010).

**Focus groups.** Focus group participants were 15 fathers who had between two to six children ($M = 2.91$, $SD = 1.22$) aged two to nine years. They were of varying occupations (three stay-at-home fathers, six manual labourers, four professionals, and two self-employed business owners) and ethnic groups (European 60%, Pacific Island 20%, Māori 13%, and Filipino 7%) and the majority (93%) were parenting with a partner.
Measures

The survey questions covered family background and personal information, including family composition, income, and father education. Fathers were asked to report their perceptions of child behaviour problems and their confidence in dealing with these difficulties, as well as their parenting experience and feelings of stress and depression over the past 6-months. Fathers were also asked about their knowledge of and participation in parenting programmes and to rate their preferences for programme content, features, and delivery modes. These questions are explained in more detail in the following sections.

Child behaviour, parenting experiences, and paternal stress and depression

Fathers’ perceptions of child behaviour problems were assessed using questions from the Strengths and Difficulties (SDQ) impact supplement (Goodman & Gotlib, 1999). The specific questions asked ‘do you think your child has any difficulties in the following areas; emotions, concentration, behaviour or being able to get along with other people?’ For each of these four areas fathers were asked to indicate whether their youngest child between the ages of two to nine years, had no difficulty, minor difficulties, definite difficulties, or severe difficulties over the last 6 months. Questions of parenting confidence, experience, and stress and depression were drawn from Sanders et al. (2010). Fathers’ parenting confidence was based on ratings of how confident fathers felt in dealing with seven difficult child behaviours (e.g., how confident are you that you can successfully deal with your child if s/he constantly seeks attention), using a 5-point Likert scale ranging from 1 (not at all) to 5 (extremely). Fathers were also asked to rate their experience of parenting over the past month, specifically whether parenting was rewarding, demanding, stressful, fulfilling, or depressing. Ratings were made on a 5-point Likert scale ranging from 1 (not at all) to 5 (extremely). Fathers’ mental health was assessed with two items asking to what extent they had felt stressed/depressed over the past month on a 5-point Likert scale ranging from 1 (not at all) to 5 (extremely).
Knowledge and experience of parenting programmes

Fathers were provided with a list of eight parenting programmes available in New Zealand. For each of the programmes, fathers were asked to indicate if they had heard of the programme or not, and whether they had ever attended the programme (either in the past 12 months or more than 12 months ago). Those fathers who had previously attended a parenting programme were asked to rate, on a 5-point Likert scale ranging from 1 (not at all important) to 5 (extremely important), how important various factors (e.g., your partner suggested you attend the programme) were in initially motivating them to attend the programme, and an open-ended question about information they would like to have included in the programme.

Programme content, features, and delivery preferences

Fathers rated the importance of including 13 specified topics (see Table 3.2 for the list of topics) in a parenting programme, such as managing difficult child behaviour, and building a positive relationship, using 5-point Likert scales from 1 (not at all) to 5 (extremely). These topics were developed specifically for this survey. Programme delivery methods that fathers would find useful were explored using father ratings of 16 delivery modes (see Table 3.3 for the delivery options), such as delivery over the internet or in a group format. Ten of the items were based on a questionnaire used by Morawska et al. (2011). The remaining six items, such as father-only group and weekend intensive, were added given their potential relevance for fathers. Ratings were made on a 10-point Likert scale ranging from 1 (not at all useful) to 10 (extremely useful). Lastly, fathers were asked to rate the extent to which seven specified programme features (drawn from Sanders et al., 2011), may influence their decision to participate (such as, participants are able to set their own goals). A further five items of potential relevance to fathers were added; programme content is tailored specifically to fathers, a male practitioner conducts the programme, the programme is free or low cost, the programme is held in a convenient location,
and extended family are able to attend (see Table 3.4 for the full list of features). Ratings were made using 5-point Likert scales ranging from 1 (no influence) to 5 (a lot of influence).

**Focus groups**

Focus group discussion topics included what content fathers would like to have incorporated in parenting programmes, whether specific programme delivery features were likely to increase engagement (e.g. facilitator gender, being able to share personal experiences), and ideas for recruiting and retaining fathers in programmes (e.g. the wording of advertisements that might attract fathers and incentives to maintain attendance at programme sessions). The discussion questions enabled more in-depth information to be collected about recruiting and retaining fathers than was possible in a survey.

**Procedure**

Ethical approval was simultaneously obtained for both the survey and focus group from the University of Auckland Human Participants Ethics Committee (21/6/2010). Participants were recruited using print and online advertisements distributed to community outlets, such as early childhood education centres, libraries, and local newspapers. The survey was completed anonymously either online or in hardcopy format.

Fifteen fathers were recruited separately from the survey participants to take part in three separate focus groups; two with fathers who responded to an advertisement and one group with fathers from a family support centre. The focus groups were conducted as part of a study investigating the acceptability of an existing parenting programme, as described in chapter four, however only the data on father engagement is reported in this paper. At the end of the focus groups fathers were each given a $20 petrol voucher to thank them for their time.
Data analysis

Descriptive statistics are presented for father programme preferences in Tables 3.2 to 3.4. Between 10-15% of the fathers did not answer all of the questions, so the sample size for each question varies and is shown in the tables. Spearman’s Rho correlations were used to identify relationships between father preference variables, family demographic factors, child behaviour difficulties, parenting confidence and perceptions, level of parenting support, and paternal stress and depression, with missing data excluded list-wise. Due to the large number of comparisons, a Holm-Bonferroni method was used to control the risk of family-wise type one errors when determining the significance of correlations. For the purpose of the correlations, ratings of child difficulties across all four areas (behaviour, emotions, concentration, and social) were standardized into one variable representing fathers’ level of concern. The only exception was for the correlations with parenting confidence variables, where items relating to confidence handling conduct problems were examined in relation to father ratings of child behaviour difficulties and items relating to confidence handling child emotional problems were examined in relation to father ratings of child emotional difficulties.

Focus group discussions were transcribed and analysed using an inductive approach as outlined in Thomas (2006). The transcripts were read multiple times and meaningful statements were extracted and used to create categories (e.g. programme delivery, engaging fathers), with similar statements grouped together in the same category. The statements within each category were then further defined into sub-themes (e.g. the use of humour, the use of father friendly messages), with some statements being classified into more than one theme. Clarity of the themes was established by a second coder reading through the transcript statements in each category and coding them into the pre-determined themes, resulting in inter-rater reliability of 99% agreement.
Results

Father ratings of child behaviour, parenting confidence, perception of parenting roles, and parent adjustment

Table 3.1 shows that between 41% to 68% of fathers reported that their child had no difficulties in any of the four areas (behaviour, emotions, concentration, or social). A smaller number of fathers (between 28% and 54%) reported that their child had minor difficulties, with 3% to 9% reporting definite difficulties and 1% to 3% reporting severe difficulties in one or more areas.

Although many fathers (between 61% and 75%) expressed high levels of confidence when dealing with their child’s behaviour and emotions, between 22% and 27% of fathers reported only moderate levels of confidence in dealing with behaviours such as whining, seeking attention, and emotional problems. The areas in which fathers were least confident included dealing with their child when s/he was unhappy (11% rated ‘not at all’ or ‘a little’ confident), anxious (8% rated ‘not at all’ or ‘a little’ confident), refusing to do as they are told (8% rated ‘not at all’ or ‘a little’ confident), or misbehaving in public (9% rated ‘not at all’ or ‘a little’ confident).

Table 3.1
Percentage of fathers who rated their child as having difficulties in various areas (N = 155)

<table>
<thead>
<tr>
<th>Area of difficulty</th>
<th>No difficulty</th>
<th>Minor difficulty</th>
<th>Definite difficulty</th>
<th>Severe difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour</td>
<td>41%</td>
<td>54%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Emotions</td>
<td>55%</td>
<td>35%</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>Concentration</td>
<td>63%</td>
<td>31%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Social</td>
<td>68%</td>
<td>28%</td>
<td>3%</td>
<td>1%</td>
</tr>
</tbody>
</table>

With regard to perceptions of positive and negative aspects of their parenting role, 82% of fathers reported parenting as being very or extremely rewarding and fulfilling. Seventy-two
percent rated parenting as being very or extremely demanding, while 22% of fathers rated parenting as being very or extremely stressful and depressing. When asked about their own stress and feelings of depression, 19% (n = 30) of fathers reported feeling very or extremely stressed during the past month, with a further 44% (n = 68) experiencing moderate stress levels. A smaller number of fathers reported feeling depressed over the past month, with 4% (n = 6) rating themselves as very or extremely and 18% (n = 28) rating themselves as moderately depressed. The remaining fathers reported feeling either not at all or slightly stressed and depressed. As stress and depression ratings were moderately correlated ($r = .47, p < .001$) a composite rating of paternal stress and depression was created using the average of the two scores, which was used in subsequent analyses.

**Relationships between father ratings of child behaviour, parenting experiences, and parental stress and depression**

Fathers who reported that their child had behavioural difficulties were less confident in dealing with parenting situations such as whining ($r = -.32, p < .001$), non-compliance ($r = -.30, p < .001$), and misbehaviour ($r = -.26, p = .002$). Fathers who reported that their child had emotional difficulties were less confident in dealing with parenting situations, such as their child feeling sad ($r = -.32, p <.001$) and worried ($r = -.25, p = .002$). Fathers who reported that their child had difficulties in one or more area (behavioural, emotional, and/or social difficulties) were also more likely to report more negative experiences of parenting, specifically in response to the question ‘parenting is depressing’ ($r = .23, p = .004$), and were more likely to have higher levels of stress and depression ($r = .25, p = .002$). Fathers who rated themselves as having increased stress and depression were also more likely to report lower levels of confidence when dealing with children’s emotions, being worried, sad, or anxious ($r = -.23, p = .005$ to $r = -.24, p = .003$), and behaviours, such as whining, seeking attention, non-compliance, and misbehaving in public ($r = -.17, p = .037$ to $r = -.30, p < .001$). Fathers with higher levels of stress and depression also
had more negative perceptions of parenting, i.e. parenting is depressing \((r = .41, p < .001)\), stressful \((r = .45, p < .001)\), and demanding \((r = .27, p < .001)\).

**Knowledge and experience of parenting programmes**

Fathers’ knowledge and experience with parenting programmes was low, with only 13% reporting that they had heard of at least one of the available programmes and only 3% having ever attended a programme. The most frequently cited reasons given for having attended a programme were: to improve the relationship with their child, to develop a new skill, to seek advice on a range of issues, and/or to effectively manage child behaviour.

**Fathers’ programme topic preferences**

Table 3.2 shows mean father preference ratings for specific topics they considered important to include in a parenting programme. The topics rated as most important were: building a positive parent-child relationship, increasing children’s confidence and social skills, and the importance of fathers to children’s development. Fathers with lower levels of education were more likely to rate teaching children financial skills \((r = -.26, p = .002)\) as an important topic to include in a parenting programme.

Discussions from two of the focus groups provided further insight into fathers’ preferences for programme content. Eight out of ten fathers were in favour of focusing on parenting tasks that fathers are typically involved in such as bed time, bath time and discipline, and areas they felt less confident in, such as showing physical affection to their children. The views expressed by one focus group were that fathers needed more guidance than mothers about ways to demonstrate physical affection, as illustrated by the following quote: “I think women don’t have any trouble with touching, hugging, kissing kids, that’s probably something that should specifically be targeted at fathers, with the appropriate behaviour there”.

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Table 3.2
*Rank ordered mean rating of topics that fathers considered important to have in a parenting programme from 1 (not at all) to 5 (extremely) (N=138)*

<table>
<thead>
<tr>
<th>Topic</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to build a positive relationship with your child</td>
<td>4.24</td>
<td>0.91</td>
</tr>
<tr>
<td>How to increase your child’s confidence</td>
<td>4.09</td>
<td>0.79</td>
</tr>
<tr>
<td>Increasing your child’s social skills</td>
<td>4.05</td>
<td>0.77</td>
</tr>
<tr>
<td>How fathers positively influence child development</td>
<td>4.04</td>
<td>0.82</td>
</tr>
<tr>
<td>How to help your child do well in school</td>
<td>3.90</td>
<td>0.94</td>
</tr>
<tr>
<td>How to support your partner as a parent</td>
<td>3.72</td>
<td>1.00</td>
</tr>
<tr>
<td>How to manage problem behaviour</td>
<td>3.69</td>
<td>0.96</td>
</tr>
<tr>
<td>How to encourage your child to be independent</td>
<td>3.65</td>
<td>1.12</td>
</tr>
<tr>
<td>How to increase child's participation in physical activities</td>
<td>3.59</td>
<td>1.04</td>
</tr>
<tr>
<td>Techniques for raising boys</td>
<td>3.44</td>
<td>1.26</td>
</tr>
<tr>
<td>Techniques for raising girls</td>
<td>3.41</td>
<td>1.40</td>
</tr>
<tr>
<td>How to teach your child financial skills</td>
<td>3.27</td>
<td>1.16</td>
</tr>
<tr>
<td>Teaching your child’s practical skills</td>
<td>3.04</td>
<td>1.18</td>
</tr>
</tbody>
</table>

All five of the fathers in one group wanted to learn techniques for controlling their negative emotional responses, so that they could discipline their child in a calm and effective way. As one father said, “Equipping the parents with their own monitoring systems, it’s always about the kids focus but not about the parent actually not losing their rag [becoming angry]”.

Three out of five fathers in another group were interested in how to balance work and family. All fathers in the focus group with partners thought it was important to include information about how to work together with their partner, how to model the correct behaviour as parents, and the importance of consistency between parents, such as “backing each other up and not contradicting”.

**Fathers’ programme delivery preferences**

As shown in Table 3.3, the delivery methods considered most useful by fathers were seminar, father only group, television series, web-based, and individually-tailored instruction. Out of the 14 delivery options, 14% of fathers rated eight or more of the options highly (7 or more out of 10), 21% rated only one or two options highly, and 9% rated none of the options highly. Fathers who reported higher levels of stress and depression were more likely to rate the
delivery options of self-directed with ($r = .24, p = .004$), and without ($r = .28, p < .001$) telephone assistance, and individually-tailored (i.e. meeting individually with a clinician to tailor the programme to their needs; ($r = .26, p = .002$) as being useful.

In contrast to the survey responses most (14/15) of the focus group fathers stated they would not participate in a web-based programme, as it would be similar to their work environment, take too long, or would be less motivating than leaving the house to attend a programme. When asked whether the fathers would prefer to attend a father-only programme or a programme together with their partner, all of the fathers who were parenting with a partner stated that they would prefer for both parents to attend the programme. Three of these fathers were also interested in attending a father-only group, and highlighted limitations of two parents attending, such as finding childcare, perceptions that mothers would control the conversation, and whether parents would be willing to share openly with their partner in the room.

### Table 3.3

*Rank ordered mean ratings of programme delivery methods that fathers would find useful from 1(not at all) to 10 (extremely) (N=156)*

<table>
<thead>
<tr>
<th>Delivery format</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seminar</td>
<td>5.90</td>
<td>2.53</td>
</tr>
<tr>
<td>Father only group programme</td>
<td>5.76</td>
<td>2.82</td>
</tr>
<tr>
<td>Television series</td>
<td>5.59</td>
<td>2.67</td>
</tr>
<tr>
<td>Web-based</td>
<td>5.33</td>
<td>2.64</td>
</tr>
<tr>
<td>Individually tailored</td>
<td>5.32</td>
<td>3.02</td>
</tr>
<tr>
<td>Couples group programme</td>
<td>5.19</td>
<td>2.81</td>
</tr>
<tr>
<td>Group programme</td>
<td>5.05</td>
<td>2.78</td>
</tr>
<tr>
<td>Home visits</td>
<td>5.02</td>
<td>2.90</td>
</tr>
<tr>
<td>Workplace</td>
<td>4.70</td>
<td>2.77</td>
</tr>
<tr>
<td>Self-directed workbook</td>
<td>4.63</td>
<td>2.48</td>
</tr>
<tr>
<td>Newspaper</td>
<td>4.46</td>
<td>2.32</td>
</tr>
<tr>
<td>Self-directed with telephone support</td>
<td>4.35</td>
<td>2.70</td>
</tr>
<tr>
<td>Weekend intensive</td>
<td>4.29</td>
<td>2.86</td>
</tr>
<tr>
<td>Radio segment</td>
<td>3.82</td>
<td>2.37</td>
</tr>
<tr>
<td>Culture specific</td>
<td>3.29</td>
<td>2.70</td>
</tr>
<tr>
<td>Religious organisation access</td>
<td>2.78</td>
<td>2.72</td>
</tr>
</tbody>
</table>
Programme features influencing father engagement

Table 3.4 illustrates ratings of how much influence specific programme features would have on fathers’ decisions to participate in a parenting programme. Demonstrated programme effectiveness was the most influential programme feature, followed by programme location, having a trained practitioner run the programme, and having a programme that addresses issues of relevance to them. Fathers with higher levels of education were less likely to value the option of having extended family attend ($r = -.23, p = .005$).

Table 3.4

**Rank ordered mean ratings of programme features that may influence fathers’ decisions to participate from 1 (no influence) to 5 (a lot of influence) (N=146)**

<table>
<thead>
<tr>
<th>Factor</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme has been demonstrated effective</td>
<td>4.01</td>
<td>1.00</td>
</tr>
<tr>
<td>Programme is held in a convenient location</td>
<td>3.80</td>
<td>1.03</td>
</tr>
<tr>
<td>Trained practitioners conduct the programme</td>
<td>3.72</td>
<td>1.14</td>
</tr>
<tr>
<td>Programme addresses personally relevant issues</td>
<td>3.69</td>
<td>1.06</td>
</tr>
<tr>
<td>Programme is free or low cost</td>
<td>3.56</td>
<td>1.21</td>
</tr>
<tr>
<td>Resources professionally produced and presented</td>
<td>3.54</td>
<td>1.10</td>
</tr>
<tr>
<td>Programme content is tailored specifically to fathers</td>
<td>3.32</td>
<td>1.16</td>
</tr>
<tr>
<td>Participants encouraged to set and achieve own goals</td>
<td>3.24</td>
<td>1.13</td>
</tr>
<tr>
<td>Programme tailored to meet individual needs</td>
<td>3.21</td>
<td>1.17</td>
</tr>
<tr>
<td>Different delivery formats available</td>
<td>3.18</td>
<td>1.16</td>
</tr>
<tr>
<td>A male practitioner conducts the programme</td>
<td>2.27</td>
<td>1.26</td>
</tr>
<tr>
<td>Extended family/Whanau are able to attend</td>
<td>2.05</td>
<td>1.22</td>
</tr>
</tbody>
</table>

Fathers who reported high levels of stress and depression were more likely to value programmes that are tailored to individual needs ($r = .29, p < .001$). Both survey and focus group fathers did not view a male facilitator as a factor that would influence their attendance, however, all of the focus group fathers agreed that if it was a father only group, a male facilitator would be preferable. The fathers in one focus group discussed a preference for learning the material through practical activities, as one father said, “It has to be interactive it can’t just be one guy talking”. Fathers across all three groups stated that they would like the opportunity to share personal experiences with other parents within the group to normalise the situation (i.e. realise
they are experiencing similar issues), create a more casual environment, and learn from others as well as pass on knowledge.

**Fathers’ opinions about increasing attendance and involvement**

Focus group fathers’ views on how a programme could be advertised so they would find it interesting and engaging were categorised into five sub-themes; the use of humour; the use of father friendly messages, such as, “Supercharging the dad you are”; using the child’s mother or large organisations to spread the message; focus on enhancing the child, “If it was about my kid, so the hook is there, if there is something that someone can teach me about my kid but I am learning at the same time”; and not implying that the fathers are doing a bad job, “They don’t need to be made to feel like there is a problem that needs fixing to come along, because most people shy away from that”. Fathers in one group thought that advertisements describing the focus of each session and what parent participation involved would increase the likelihood of fathers attending the programme. Finally, fathers were asked about possible incentives that would encourage them to keep attending the sessions each week. None of the fathers felt that a material incentive was necessary as the intrinsic motivation of doing something for their children was enough. A common view expressed was that a material incentive would take the focus away from the purpose of the programme, as this quote illustrates, “If you have to entice someone, how much effort are they putting in”. Most fathers thought that it was essential to provide snacks and beverages during sessions.

**Discussion**

This study is one of only a few community surveys of fathers’ parenting support needs, preferences for parenting programme features, and delivery methods. The present study has several advantages over previous research. Unique aspects of the survey findings include data on
programme content preferences, programme features and delivery methods relevant to fathers, and fathers’ levels of confidence in dealing with specific child behaviours and emotions. New information is also provided about the influence of factors such as father education, child behaviour difficulty, and the effect of father stress and depression on fathers’ programme content and delivery preferences. New insights were also gained from focus group participants about messages to include in programme advertisements and programme content to emphasise in order to engage fathers.

The percentage of fathers reporting child behaviour problems in this sample was higher than the rates reported by Sanders et al. (2010) in which 3% of fathers said their child’s behaviour was very or extremely difficult. This may be partly due to differences in the number and wording of the rating scale anchor points between the two studies. In the present study fathers were asked to make separate ratings about perceived child behaviour and emotional problems, whereas in the study by Sanders et al. (2010), fathers’ perceptions of child emotional or behavioural problems were combined into one question. It was noteworthy, that 10% of fathers in our study considered their child to have definite or severe emotional problems. As with previous research (Davè et al., 2008; Sanders et al., 2010) the results show a positive relationship between father ratings of child behaviour difficulties and father stress, as well as negative perceptions of parenting. However, unlike Sanders et al. (2010) this study found no relation between father perceptions of child behaviour problems and father education. The reason for this difference could be that compared to Sanders et al. (2010) this study had a much smaller sample size and the majority of fathers were well educated. The percentage of fathers reporting feeling very or extremely stressed in our study was slightly higher than that found by Sanders et al. (2010), which may have been due to differences in other sample characteristics across the two studies.

The findings for preferred programme features are similar to those obtained in the UK web-based survey of working parents by Sanders et al. (2011) who also found that the most
preferred features for fathers were programme effectiveness, trained practitioners, and content being personally relevant. Thus, the results suggest that the desire for high quality and content relevant programmes that work is common to fathers in New Zealand and the UK.

There are some similarities between programme delivery preferences obtained for fathers in this study (seminar, father-only group, television series, and web-based delivery) and data collected from Australian parents from culturally-diverse backgrounds (Morawska et al., 2011) and from an ethnically-diverse sample of parents in the USA (Metzler et al., 2012). In all three studies, television and seminar were among the top four preferred delivery methods. Like parents in the Metzler et al. (2012) study, fathers in the current survey also ranked internet delivery among the top four most preferred delivery methods. However, Morawska et al. (2011) and Metzler et al. (2012) did not separate out findings for mothers and fathers. Thus direct comparisons with father data across the three studies were not possible. Nevertheless, the results of this study are consistent with other research that indicates a preference for less intensive delivery methods (Metzler et al., 2012; Morawska et al. 2011). Such preferences could be due to fathers’ limited free time to attend programmes, practical considerations of organising childcare, or the desire to keep their parenting concerns private. The web-based preference may reflect parents’ increasing use of the internet to find solutions to various parenting problems without the need for face-to-face interaction. Given the variability in preferences it is important to offer a diverse range of delivery options in order to cater to a range of father needs and reduce barriers to father involvement. Furthermore, based on the pattern of preference ratings found in this study (i.e. some fathers rating many options highly and other fathers rating none of the options highly), further research should investigate other factors that may influence father programme delivery preferences.

The findings from this study have a number of implications for promoting parenting programmes to fathers and for tailoring programme content to fathers’ interests. The survey results show that only a very small number of fathers were aware of available parenting
programmes and an even smaller number had attended a programme in the past, which underscores the need for better programme promotion. The results suggest that possible ways to achieve this would be to give fathers more specific information in advertisements about what is involved in participation, to highlight programme content likely to be of interest to fathers, and to mention that the programme is run by trained practitioners. Advertisements should convey messages about optimising outcomes for children rather than fixing child behaviour and family problems, or parental shortcomings. As many fathers were particularly interested in whether the programme had a strong evidence base, this information could be included in advertisements to help parents differentiate between evidence-based techniques and other information that is widely available.

With regards to programme content, the findings suggest that many fathers would like to learn about building positive relationships with their children, optimising their child’s development in areas such as self-confidence and social skills, and the contribution fathers make to their child’s development. The importance of fathers could be incorporated into a programme by providing content based on empirical evidence in a way that is understandable to parents. An example of incorporating programme content to increase children social skills is provided by Frank, Keown, & Sanders (submitted) who highlighted how fathers’ and mothers’ interactions with their children provide models for interactions with peers, and incorporated a practical example of teaching children problem-solving skills into programme content. Finally the finding that between eight and 10% of fathers were not confident when dealing with their children’s unhappiness and anxiety suggests that the practitioners might need to incorporate programme content for enabling some fathers to manage emotional as well as behavioural difficulties.

Many of the topics suggested by the focus group fathers are already covered in parenting programmes based on social learning principles (e.g. how to deal with bedtime, discipline strategies, show affection, and the importance of consistency between parents) however, they do indicate a number of specific areas where extra content for fathers might be helpful. For
example, Frank et al. (submitted) incorporated focus group suggestions from this study into programme content by providing a range of examples of how fathers and mothers could demonstrate physical affection (e.g. rough and tumble play, high fives), and various strategies that parents could use at home or in public to help them keep calm when disciplining their child. An emphasis on stress management techniques when managing child behaviour also seems warranted given the high numbers of fathers in the study who reported that parenting is demanding and stressful, and given the relationship found between father perceptions of child behaviour difficulties and father reported personal stress, lower levels of parenting confidence and negative perceptions of parenting. Including information on techniques for managing personal stress may also be important. For example, findings from Sanders, Stallman, and McHale (2011) found that programme content that included helping parents cope with the concurrent demands of work and family life was associated with lower levels of personal distress.

Fathers who reported higher levels of stress and depression also showed a preference for programmes being tailored to meet individual needs. Previous research has demonstrated that paternal depression is significantly related to more negative parenting behaviours, similar to that seen with mothers, and an even greater decrease in positive parenting behaviours for fathers compared to mothers (Wilson & Durbin, 2010). This research, together with the finding that these fathers reported more negative perceptions of parenting and less parenting confidence, highlights the need to include fathers experiencing stress or depression in parenting interventions that specifically address parent mental health.

Focus group findings suggested that developers should examine programme content to ensure that it is meeting the needs and interests of both parents, and focus on how parents can work together to use the same strategies in various parenting situations. Research has shown that conflict over parenting decreases effective parenting practices and is related to higher levels of child problem behaviour, and that parenting programmes that promote a more positive co-
parenting relationship will be more effective than those that do not (Cowan, Cowan, & Knox, 2010; Lee & Hunsley, 2006).

The findings also suggest that less intense parenting programmes may be beneficial for some fathers, given the numbers who had some minor concerns with their children’s behaviour and who reported only moderate levels of confidence in dealing with specific child behaviours. One-off discussion groups focusing on specific issues, such as handling emotional problems or disobedience, may better meet the needs of these fathers than an eight week intensive course (Morawsaka, Haslam, Milne, & Sanders, 2011). There is disagreement in previous research as to whether having a male facilitator may increase father engagement (Berlyn et al., 2008; O’Brien & Rich, 2003). Both the survey and focus group data presented here suggest that facilitator gender would have little impact on fathers’ initial and continued programme engagement.

One limitation of this study was that the survey was not specifically conducted with fathers of children with behaviour difficulties, who are most often targeted for inclusion in parenting interventions. However, if the goal is to increase the reach of parenting interventions via a public health approach, information is needed on the needs of many father groups, including those with mild concerns about child behaviour and those with clinically elevated levels of behaviour problems. By adapting programmes based on father preferences and offering support with varying levels of practitioner involvement and delivery methods, we are more likely to increase the number of fathers who are receiving parenting support at a level that meets their needs. Another limitation of the survey is the relatively small sample size and disproportionate representation of fathers from higher socioeconomic backgrounds.

Future research could sample a larger, more representative and diverse group of fathers, that includes different cultural groups and other groups of fathers present in society. The focus groups also highlighted some possible items for inclusion in future survey work with fathers. For example, further questions about the importance of programme topics such as dealing with bed time, how to keep cool when disciplining your child, the co-parenting relationship, and how
fathers can show physical affection; and questions about how to word advertisements to attract fathers.

In summary, the present study provides some baseline data regarding fathers’ parenting support needs and programme preferences that can be used as starting point for adapting programme content and delivery to better meet the needs of different father groups. Findings highlight programme content that could be emphasized to increase father engagement and the range of delivery options that could be offered to meet a variety of father parenting support needs, including mild to moderate concerns about their child’s behaviour and how to deal with specific behaviours and emotions, and supporting fathers who are experiencing elevated levels of personal and parenting stress.
References


Chapter 4
The acceptability of the Triple P Program materials to fathers

Introduction

It has been suggested that the content of behavioural family interventions may not be as relevant to fathers as it is to mothers (Lee & Hunsley, 2006). In the previous chapter, survey and focus group methods were used to ask fathers who had never been involved in a parenting programme, about their preferences for the content to be included in a parenting programme. Another way to investigate whether the content of family interventions is relevant to fathers is to show the programme materials to fathers and then gauge their opinions on the relevance and usefulness, as well as how the content could be improved to be more applicable to fathers. The use of consumer preference data to inform programme development has been widely practiced across multiple disciplines, most notably marketing, and is beginning to be used in the development of psychological interventions (Kirby & Sanders, 2012; Santucci, McHugh, & Barlow, 2011). When programme developers converse directly with a target group it is likely to improve the quality and relevance of the programme to that specific group, and as a result increase participation and engagement (Kirby & Sanders, 2012).

Several studies have used focus group methods to investigate the acceptability of the Triple P-Positive Parenting Program with different parenting groups, including those of culturally diverse backgrounds (Morawska et al., 2011), grandparents (Kirby & Sanders, 2012), and parents of children with a disability (Whittingham, Sofronoff, & Sheffield, 2006). One such study investigated parents’ opinions on the acceptability and usefulness of the 17 core strategies of the Triple P Program through asking them to rate video clips that demonstrated each of the strategies (Morawska et al., 2011). These parents were mostly mothers, but did include a small number of fathers (20%). Ratings on a ten-point Likert scale show that all of the strategies were
highly acceptable and useful to parents, with the most acceptable being setting a good example, giving positive attention, showing affection, and spending quality time with your child (Morawska et al., 2011). The strategies that parents found most useful were setting a good example, quality time, giving attention, talking to children, and descriptive praise (Morawska et al., 2011). Morawska concluded that the video clips and strategies depicted were acceptable, useful and likely to be used by the parents in her sample. The participants did identify some barriers to the implementation of strategies, such as time constraints or perceptions that this would not work with their particular child, which are common throughout family intervention research (Morawska et al., 2011).

The findings from previous studies (Kirby & Sanders, 2012; Morawska et al., 2011; Whittingham et al., 2006) demonstrate that Triple P materials are acceptable to a range of parenting groups. Although fathers are often included in these parenting groups, they are in the minority, and the programme content acceptability ratings of fathers and mothers are not presented separately. As a result there has been no investigation of the acceptability of the materials specifically to fathers. This study aimed to investigate the acceptability and relevance of current programme materials, specifically brief video segments demonstrating the 17 core strategies used in Triple P, to fathers who had never participated in the Triple P Parenting Program. The video clips are one of the primary teaching materials used in the programme. Other parent materials include parent workbooks and for this version of the programme we also included 4 tip sheets. The time and financial constraints of the thesis did not allow other programme materials to be demonstrated to and rated by focus group fathers.
Method

Participants

Fifteen fathers with at least one child aged between two to nine years, participated in one of three focus group discussions. These were the same fathers that participated in the focus groups outlined in chapter 3. The fathers each had between two and six children (eight fathers had two children, four fathers had three children, two fathers had four children and one father had six children), were of varying ethnicities, though mostly New Zealand European (47% New Zealand European, 20% Pacific Island, 13% Maori, 13% United Kingdom, and 7% Phillipino), and 14 were living with the children’s other parent, with the other being a single father who cared for his children on the weekends. Two of the fathers were stay at home parents, while the rest were made up of truck drivers, business owners, lawyers, engineers, electricians, teachers, decorators, and accountants. Originally 23 fathers were recruited to participate across the three groups, however actual attendance was lower, even though a monetary incentive ($20 MTA voucher) was provided in an attempt to increase participation.

The main purpose of the focus groups was to investigate the acceptability of programme materials and obtain ideas for recruiting and retaining fathers in parenting programmes. In order to maximise father engagement it is important that the programme materials are acceptable and relevant to fathers. Acceptability of the video clips was specifically obtained as they are one of the primary teaching materials used in the programme. Other parent materials include parent workbooks and for this version of the programme we also included 4 tip sheets. The time and financial constraints of the thesis did not allow other programme materials demonstrated to be rated by focus group fathers. When the data gathered from the three focus group discussions was examined, there was insufficient new data emerging by the third focus group to justify running further groups.
Procedure

Ethical approval was obtained from the University of Auckland Human Participants Ethics Committee (21/6/2010). Focus group fathers were recruited using print and online advertisements distributed to over 200 locations in Auckland and Hamilton. The advertisements were sent to early childhood education centres, schools, libraries, medical facilities, community centres, family facilities, and local newspapers. Three focus groups were conducted in total (one in Hamilton and two in Auckland), with two comprised of fathers who responded to advertising and the other made up of fathers who were involved with a community centre in Glenn Innes, Auckland. The fathers participated in a one-off 2-hour session which involved watching video segments of the Triple P, Every Parent’s Survival Guide DVD and completing a rating form for each segment, as well as contributing to group discussion around various topics. The findings from the group discussions have been presented in chapter three, and as such this chapter will focus primarily on the fathers’ ratings of the video clips. To thank the fathers for their time they were provided with tea, coffee and snacks as well as a $20 petrol voucher at the conclusion of the session.

The fathers were shown a total of 17 short video segments from the ‘Every Parent’s Survival Guide’ DVD which is used in the delivery of the Triple P Program. The video segments demonstrate core strategies that are taught as part of the Triple P Program, including promoting a positive relationship with your child (brief quality time, talking to children, showing affection), teaching new skills (setting a good example, incidental teaching, ask, say, do, behaviour charts), encouraging desirable behaviour (descriptive praise, positive attention, engaging activities), and various techniques for managing mild (ground rules, directed discussion, planned ignoring, clear, calm instructions) to severe (logical consequences, quiet time, time out) problem behaviour. Each clip was between ten seconds and four minutes long, and outlined the steps of the strategy and gave a demonstration of parents using the strategy.
After viewing each clip fathers were asked to complete a series of questions about their perceptions of the video (see appendix 2). These questions were modified from a previous study (Morawska et al., 2011) which looked at the acceptability of Triple P for parents of culturally diverse backgrounds. The questions were based around five areas; level of engagement (e.g. how interesting and entertaining did you find this episode), usefulness (e.g. how useful was this episode to you), realism (e.g. how realistic do you think the children’s behaviour was), relevance (e.g. how relevant or helpful do you think this episode would be to fathers), and satisfaction with father portrayal (e.g. overall how satisfied were you with the way fathers were portrayed in this episode). Each of these questions were answered on a 5-point Likert scale ranging from 1 (not at all) to 5 (very) and fathers were given the option to include any additional comments at the bottom of the form.

**Results**

The findings from the video clip rating forms show that on average fathers found each of the clips to be highly relevant (72%) and realistic (73%). The lowest rating was for satisfaction with father portrayal (41%). The average ratings for each clip are shown in Table 4.1.

The strategies that fathers found the most useful were incidental teaching, ask, say, do, time out, and logical consequences. The least useful rated strategies were talking to children, directed discussion, and positive attention. Fathers rated the clips showing physical affection, ask, say, do, giving clear, calm instructions, and logical consequences as the most relevant. The least relevant strategies were talking to children and directed discussion. Fathers were most satisfied with strategies where fathers were portrayed showing physical affection, giving attention, and stating ground rules. Fathers’ level of engagement was similar across all strategies, with incidental teaching, logical consequences, and ask, say, do rated as the most engaging.
Table 4.1

Mean father ratings of each of the 17 core strategies on a 5-point Likert scale from 1 (not at all) to 5 (very).

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Relevance</th>
<th>Realism</th>
<th>Father portrayal</th>
<th>Engagement</th>
<th>Usefulness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief quality time</td>
<td>3.79</td>
<td>3.71</td>
<td>1.83</td>
<td>3.04</td>
<td>3.50</td>
</tr>
<tr>
<td>Talking to children</td>
<td>2.60</td>
<td>3.38</td>
<td>1.73</td>
<td>2.40</td>
<td>2.67</td>
</tr>
<tr>
<td>Physical affection</td>
<td>4.13</td>
<td>4.25</td>
<td>4.07</td>
<td>3.40</td>
<td>3.47</td>
</tr>
<tr>
<td>Descriptive praise</td>
<td>3.73</td>
<td>3.30</td>
<td>2.31</td>
<td>3.33</td>
<td>3.67</td>
</tr>
<tr>
<td>Positive attention</td>
<td>3.67</td>
<td>3.58</td>
<td>3.40</td>
<td>3.00</td>
<td>3.27</td>
</tr>
<tr>
<td>Engaging activities</td>
<td>3.33</td>
<td>3.57</td>
<td>2.36</td>
<td>3.27</td>
<td>3.47</td>
</tr>
<tr>
<td>Setting a good example</td>
<td>3.47</td>
<td>4.07</td>
<td>1.79</td>
<td>3.37</td>
<td>3.53</td>
</tr>
<tr>
<td>Incidental teaching</td>
<td>3.67</td>
<td>4.08</td>
<td>1.79</td>
<td>3.87</td>
<td>4.00</td>
</tr>
<tr>
<td>Ask, say, do</td>
<td>4.00</td>
<td>4.12</td>
<td>1.79</td>
<td>3.70</td>
<td>3.87</td>
</tr>
<tr>
<td>Behaviour charts</td>
<td>3.60</td>
<td>3.95</td>
<td>1.92</td>
<td>3.40</td>
<td>3.53</td>
</tr>
<tr>
<td>Ground rules</td>
<td>3.73</td>
<td>3.92</td>
<td>3.53</td>
<td>3.47</td>
<td>3.67</td>
</tr>
<tr>
<td>Directed discussion</td>
<td>2.87</td>
<td>2.93</td>
<td>1.64</td>
<td>2.93</td>
<td>3.07</td>
</tr>
<tr>
<td>Planned ignoring</td>
<td>3.73</td>
<td>3.73</td>
<td>1.79</td>
<td>3.43</td>
<td>3.47</td>
</tr>
<tr>
<td>Giving Instructions</td>
<td>4.00</td>
<td>3.81</td>
<td>2.00</td>
<td>3.37</td>
<td>3.67</td>
</tr>
<tr>
<td>Logical Consequences</td>
<td>4.00</td>
<td>4.18</td>
<td>1.79</td>
<td>3.73</td>
<td>3.80</td>
</tr>
<tr>
<td>Quiet time</td>
<td>3.67</td>
<td>3.38</td>
<td>1.71</td>
<td>3.40</td>
<td>3.53</td>
</tr>
<tr>
<td>Time out</td>
<td>3.87</td>
<td>3.33</td>
<td>1.71</td>
<td>3.57</td>
<td>3.87</td>
</tr>
</tbody>
</table>

Fathers were invited to make additional comments on any of the strategies they viewed. A total of 43 comments were made across the 15 fathers, 26 of these comments were regarding the lack of fathers in the video clips. The majority of these simply stated that there were no fathers. For the strategies on teaching children new skills, the fathers commented that the lack of father presence in the video gives the impression that this strategy is only directed at mothers, for example the following quotes illustrate this. “The clip only includes a mother figure, tends to delegate these matters to mums” and “Clip again does not include a dad, may reinforce a conception that this is only for mums”. Three fathers also commented about the lack of any parental presence in the video describing engaging activities, concerned that this “might introduce the idea that parents can just leave their kids as long as they have something to do”.

Criticism of the way strategies were depicted in the clips were also made about descriptive praise (e.g. “too subjective and personal”); setting a good example (e.g. “need a better example (than applying sunscreen) such as “putting toys away, manners at the table”); and
time out (e.g. “child should apologise and parent should give affection” and “must be better ways
to discipline a child other than time out, for example, bed early, miss out on a treat”). Only one
father made a positive comment about one of the strategies (positive attention) which was, “Key
point, so easily missed when dads or parents in general get caught up in their own lives”. Three
of the comments were from fathers wanting clarification on specific strategies, which were
quality time, behaviour charts, and quiet time.

The final group of comments were from fathers in relation to the strategy showing
physical affection. Two of the fathers commented on the use of the word “touching”, saying that
it “needs to be better defined” and “is difficult in today’s society, more playing games would be
good”. A third father commented that “physical affection by dad often has a stigma attached to
it”. The final comment was from a father who expressed excitement that this video clip included
a father showing physical affection to his child.

Discussion

In this study the video demonstrations of strategies that fathers found most relevant to
them were different to those found in previous studies. The strategies that fathers rated as most
useful in this study were demonstrating ways to teach children new skills and manage
misbehaviour (e.g. incidental teaching, ask, say, do and time out), whereas in the Morawska et
al. (2011) study participants rated the strategies on encouraging desirable behaviour (e.g. setting
a good example, quality time and talking with children) as most useful. Also, in the Morawska et
al. (2011) study, participants rated the encouraging desirable behaviour strategies as the most
acceptable; whilst fathers in this study rated the strategies on teaching new skills and managing
misbehaviour as the most relevant and engaging. In saying that, the most relevant strategy as
rated by fathers in this study was showing physical affection, which was also rated highly in the
Morawska et al. (2011) study. The reasons for these differences could be due to the small
proportion of fathers involved in the Morawska et al. (2011) study (20%), as fathers and mothers may not find the same content as relevant and useful to their parenting roles.

Fathers in this study identified that specific strategies demonstrating ways to teach children new skills and manage misbehaviour were the most relevant, engaging, and useful for them. The strategies that fathers in this study rated highly across all three categories were ask, say, do, logical consequences, and incidental teaching. The fathers’ preference for strategies focused on teaching and discipline may reflect parenting responsibilities that fathers view as their role, in that fathers are more likely to challenge their children and encourage independence than mothers (for a review see Lamb, 2010). However, as mentioned above, fathers rated the demonstration on showing physical affection as the most relevant, which has previously been identified as an area that fathers find challenging (see chapter three), so a lack of skills or confidence in specific areas may also be impacting father ratings. It may also be that the strategies for teaching new skills and managing misbehaviour are structured techniques to use in specific situations, whereas talking to children, directed discussion, and giving attention are daily interactions with less clear guidelines, which fathers might find less appealing.

Fathers generally rated their satisfaction with father portrayal in the video demonstrations as low. The reason for this is likely because many of the video clips did not include a father, which was pointed out by the majority of participants during discussions. The lack of father representation in the video clips may also have affected engagement in this context of viewing the video clips in isolation. In the Triple P Program the video clips are shown alongside other methods such as, facilitator lead discussions, workbook exercises, participant discussion of their own experience and practical activities such as role play. Reproducing the video clips to incorporate every different parenting group would not be practical due to the financial and time cost. The strategies where fathers were most satisfied with the way that fathers were portrayed (physical affection, giving attention, and ground rules) showed images of fathers and mothers
engaging in very similar activities such as, giving children a cuddle, wink, or sitting at the table with them.

The additional comments given by fathers reflect areas that are important to them, such as showing fathers implementing the strategies and emphasising how physical affection can be expressed by fathers in a socially appropriate manner. Other comments were in relation to specific strategies, such as brief quality time, and would have been addressed if the fathers were participating in the group programme. Because of this it is important to gain the opinions of parents who have taken part in the programme and had the strategies demonstrated in greater detail.

The sample size may seem small for this study; however this is typical of focus group research, but could possibly be overcome through recruiting participants to take part in an online survey where they view and rate the video segments in their own time. Future research could also ask fathers to complete a rating form on the video segments for each strategy before taking part in the group programme and then watch the strategies again and complete the same rating form a few weeks after participating in the programme. This may give an insight into whether the videos are more or less acceptable to fathers after they have been given more information about the specific strategies and had the opportunity to clarify any aspects they are unsure about.
References


Chapter 5

Adapting Group Triple P to better meet the needs of fathers

The purpose of this chapter is to outline the adaptations that were made to the Group Triple P Program in order to better meet the needs of fathers. The adaptations were made based on the findings from the survey and focus group studies reported in chapters three and four, and also drew on existing research about overcoming barriers to father involvement as described in chapter two. The effectiveness of the adapted programme was then investigated using a randomised-controlled-trial, which is presented in chapter six.

Table 5.1 gives an overview of how the findings from the survey and focus groups were linked to existing research on father involvement with their children and in Behavioural Family Interventions, and then subsequently used to inform adaptations to the Triple P Group Program.
Table 5.1

*Using consumer input and research to modify programme content and delivery*

<table>
<thead>
<tr>
<th>Consumer input</th>
<th>Research</th>
<th>Programme modification</th>
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<tbody>
<tr>
<td><strong>Survey data (n = 161)</strong></td>
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<tr>
<td>85% of fathers rated fathers’ positive influence on child development as a very or extremely important topic to include</td>
<td>Evidence that fathers and mothers may have different effects on child development (\text{(Lamb &amp; Lewis, 2010)})</td>
<td>Additional content that highlights how both parents can positively influence children’s development</td>
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<td>81% of fathers said it was very or extremely important to include a topic on how to increase your child’s social skills and promote positive relationships with peers</td>
<td>Fathers and mothers have distinct influences on the development of peer relationships (\text{(Parke et al., 2004)})</td>
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<td><strong>Focus group data (n = 15)</strong></td>
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<td>80% of fathers wanted information on areas they were specifically involved in such as bath time, and guidance on “safe” physical affection</td>
<td>Fathers’ positive involvement with children (meals, play, homework, affection etc.) is related to fewer behaviour problems in children (\text{(Amato &amp; Rivera, 1999)})</td>
<td>Inclusion of additional examples that are especially relevant to fathers (i.e. physical affection, rough and tumble play, fist bumps; quality time, washing the car/bikes, bush walks, Lego)</td>
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<tr>
<td>80% of fathers wanted information on how to balance the stress of work and family, and keep calm when disciplining their child</td>
<td>High levels of father stress are related to child behaviour difficulties and higher rates of parenting programme participation (\text{(Sanders et al., 2010)})</td>
<td>Inclusion of content that focuses on recognising and managing stress in various situations and tips to reduce stress both at home and at work, with additional tip sheet</td>
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<tr>
<td>All of the fathers who were in a relationship stated they would prefer to attend a programme with their partner. 66% of survey respondents also rated ‘how to support your partner as a parent’ as a very or extremely important topic to include.</td>
<td>Both parents involved potentially strengthens the partner relationship and reducing inter-parental conflict (\text{(Cowan et al., 2009)}). Co-parenting and marital quality have positive effects on child behaviour (\text{(Lewis &amp; Lamb, 2007; Paquette, Coyl-Shepard, &amp; Newland, 2012)}).</td>
<td>Emphasis on the importance of consistency between parents and examples of situations where both parents are present rather than how individual parents would respond to a situation, with additional tip sheet</td>
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</table>
The Triple P-Positive Parenting Program developed at the University of Queensland, is a multilevel parenting intervention, based on social learning principles which have strong empirical support of their effectiveness for parents of children with conduct problems, (Sanders, 2012). The level four Group Programme, which was used in this research (see chapter 2 for a detailed overview) consists of five group sessions and three individual telephone sessions. The strategies demonstrated in the first four group sessions are divided into specific topics. Session one gives an introduction to positive parenting, the challenges of being a parent and some common causes of child behaviour problems. Parents are encouraged to set goals for their children, as well as for themselves, to work towards over the following eight weeks. Session two focuses on promoting children’s development through developing positive parent-child relationships, encouraging desirable behaviour, and teaching children new skills and behaviours. Session three looks at seven strategies for managing mild to severe problem behaviour and developing parenting routines. Finally session four focuses on planning ahead for high risk situations where children’s behaviour may be more challenging, such as, when parents are occupied with other activities or in public settings.

The three weeks of individual telephone sessions are held over sessions five to seven. Parents rejoin the group for the final week, session eight, where they are taught ways to maintain the changes they have made in their families and recognize obstacles that may make it harder to consistently administer the strategies. Parents are given exercises to brainstorm how they can use the strategies for situations that may come up in the future as their children get older and are encouraged to set new goals for their family.

Table 5.2 gives details of the modifications that were made to each session of the programme for this study. In addition to these adaptations, the researcher attempted to maximise father involvement and engagement through involving fathers in all aspects of the recruitment, screening, and data collection process.
Table 5.2

**Modifications to each session of the Triple P Group program**

<table>
<thead>
<tr>
<th>Session</th>
<th>Modified content</th>
<th>Additional content</th>
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</table>
| One     | • Parents generate goals for child together and goals for self separately | • The impact of fathers and mothers on child development  
• Emphasis on modelling positive interactions and conflict resolution |
| Two     | • Additional father-specific examples of physical affection  
• Descriptive praise examples for encouraging social skills | • The importance of turn taking and tips for encouraging conversations with children  
• Overview of the benefits of rough-and-tumble play  
• Overview of the steps of problem solving with example scenario for teaching skills to children |
| Three   | • Ask parents for examples of logical consequences they are using at home | • Strategies for remaining calm when using planned ignoring  
• Coping with stress tip sheet |
| Four    | • Alternative example of planned activities routine: one or both parents arriving home after work and sharing tasks i.e. dinner, bath time, homework etc. | • Supporting your partner in their implementation of a strategy, whether you agree or not, then discussing it later when the child is not present  
• Modelling small disagreements and compromise  
• The importance of inter-parental relationship and tips on how to improve this  
• Supporting your partner tip sheet |
| Eight   | • Parents share: changes in own and child behaviour, changes in relationship with child, why these changes have occurred | • Ideas for a better work-life balance  
• Balancing work and family tip sheet  
• Additional discussion and tips on how to deal with bullying  
• Self-esteem tip sheet |

Advertisements focused on the benefits of programme participation to children’s development and group and telephone sessions were held on weekday evenings. Each parent was
provided with a workbook and encouraged to set their own goals and homework tasks each week, as well as contribute to the group discussion, rather than one parent acting as a spokesperson for the family unit.

Throughout the modification process the key components and strategies of the Triple P program were not altered and the integrity of the programme was maintained. The advantage of modifying an existing evidence-based behavioural family intervention is that those programs that have been demonstrated to work previously are more likely to succeed in the long term and should be more economical and cost-effective (Campbell & Miles, 2008).
References


Abstract

Father participation in behavioural family interventions is low, with mixed findings about programme effectiveness for fathers compared to mothers. This study investigated the effectiveness of the Group Triple P Program for fathers and mothers with children with conduct problems. Methodological limitations of prior research were addressed by including both parents in all aspects of the study and the programme included additional content specifically tailored for fathers.

Forty-two two-parent families (79% New Zealand European ethnicity) with a child (69% male) aged between two and eight years were randomly allocated to either an intervention or wait-list control condition. Families completed pre, post and six-month follow up measures of child behaviour, parenting practices, parenting efficacy, child rearing conflict, and the inter-parental relationship.

There were significant differences between the intervention and control conditions at programme completion for paternal and maternal reports of child behaviour and reductions in dysfunctional parenting. Mothers also reported significant improvements in parenting confidence and rated their partners as showing significant reductions in dysfunctional parenting practices. Treatment effects for self-reported paternal and maternal parenting, and father-rated child behaviour were maintained at 6-month follow-up. Clinically reliable change was achieved for a number of intervention group participants for child behaviour (48%) and dysfunctional parenting
(41%). Attendance and satisfaction with the programme were high for both fathers and mothers. The above findings highlight the potential benefits of efforts to engage both fathers and mothers for programme adherence, satisfaction, and effectiveness.

**Introduction**

There is extensive evidence that parenting interventions based on social learning principles improve children’s conduct problems and family risk factors associated with disruptive behaviour in children, including coercive discipline practices, ineffective or inconsistent parenting strategies, and parenting confidence (Sanders, Markie-Dadds, Tully, & Bor, 2000; Webster-Stratton, & Hammond, 1997). However, fathers are much less likely to participate in interventions. Current research on fathers’ unique contribution to children’s behavioural development suggests the possibility that increased father involvement in Behavioural Family Interventions (BFIs) is likely to be highly beneficial for young children with disruptive behaviour problems (Fabiano, 2007; Tiano & McNeil, 2005). Father participation in interventions may also improve family functioning and partner support due to increased inter-parental consistency in managing child behaviour (Lee & Hunsley, 2006).

When fathers have been involved in BFIs for child conduct problems, small to moderate effects have been obtained for father reports of child behaviour, parenting practices, parenting efficacy, and the inter-parental relationship (Sanders, Kirby, Tellegan, & Day, submitted). Maintenance of improvements in child behaviour at follow-up four months (Bagner & Eyberg, 2003) and one year later have also been detected in a small number of studies (Sanders, Markie-Dadds, Tully, & Bor, 2000; Webster-Stratton, 1992; Webster-Stratton & Hammond, 1990). However, other research suggests that fathers benefit less from the interventions than mothers do, with outcome measures showing smaller effect sizes (Bodenmann, Cina, Ledermann, & Sanders, 2008; Winter, Morawska, & Sanders, 2012) and fewer significant improvements.
reported by fathers than mothers (Connell, Sanders, & Markie-Dadds, 1997; Heinrichs, Kliem, & Hahlweg, 2013; Roberts, Mazzucchelli, Studman, & Sanders, 2006). When programme satisfaction data has been collected at programme completion mothers’ ratings are often significantly higher than fathers’ ratings (Connell et al., 1997; Ireland, Sanders, & Markie-Dadds, 2003). Some of these findings may be due to higher attrition rates for fathers than mothers (Bodenmann et al., 2008) and lower levels of father participation in aspects of the programme (Winter et al., 2012), or the programme as a whole (Heinrichs, et al., 2013).

Furthermore, several limitations in prior research may partly explain inconsistent findings about the benefits of father participation in BFIs. For example, in relation to the collection and reporting of father information, details on how often fathers participated in sessions are not always provided (Connell et al., 1997; Schuhmann, Foote, Eyberg, & Boggs, 1998), fathers are not always required to complete measures (Nixon, Sweeney, Erickson, & Touyz, 2003), and sometimes fathers’ reports are not included in the analysis (Bagner & Eyberg, 2003), or collected at follow-up (Connell et al., 1997). Other methodological weaknesses present in some studies are the absence of a no-treatment control group (Ireland, Sanders, & Markie-Dadds, 2003, Webster-Stratton & Hammond, 1990), or long-term follow-up data (Tiano & McNeil, 2005; Winter et al., 2012). In addition, fathers do not appear to be involved in the initial recruitment interviews, with selection for inclusion in programmes based on mothers’ reports of child behaviour (Connell et al., 1997; Sanders et al., 2000) or described as being parents’ reports without specifying whether screening data was collected from both parents (Webster-Stratton, 1992). To maximize father engagement and participation it is important to ensure that fathers as well as mothers view their child’s behaviour as problematic. If only the mother is having difficulty with the child’s behaviour then the child’s father may be less motivated to participate, and less willing to learn and implement the strategies or support their partner’s use of strategies.

In order to gain a better understanding of the benefits of including fathers in BFIs for young children with conduct problems, this study addressed limitations of previous research by
including fathers and mothers in all aspects of screening, intervention, data collection and analysis, having a wait-list control condition, and collecting six-month follow-up. The aim of this study was to evaluate the effectiveness of the Group Triple P Program that had additional father-relevant content, for fathers and mothers of children with elevated levels of conduct problems. It was hypothesized that compared to parents in the control group, both mothers and fathers receiving Group Triple P would report at post-intervention: a) lower levels of child problem behaviour; b) decreased use of dysfunctional parenting practices and greater parenting confidence; and c) improvements in the inter-parental relationship (increased relationship satisfaction and decreased conflict). The maintenance of the short-term effects at six-month follow up was also examined for child behaviour, dysfunctional parenting, and improvements in parenting confidence and the inter-parental relationship. A methodological strength of this study was the inclusion of partner-reported parenting practices, to help minimize self-report bias. Furthermore, the effectiveness of the programme to improve fathers’ positive parenting behaviours was examined, based on findings that fathers of young children with disruptive behaviour problems show less authoritative parenting practices than mothers (Keown, 2011).

Method

Participants

Participants were 42 mothers and 42 fathers recruited from the Auckland (New Zealand) urban area, with a child aged three to eight years (Demographic information is listed in Table 6.1). The majority were the child’s biological parents, with the exception of one family of adopted children and two blended families, one including a stepmother and the other a stepfather. Parents responded to advertisements displayed in community locations including local newspapers, early childhood centres, schools, and parenting websites. Participants signed informed consent and all procedures were approved by the University Ethics Committee. Both
parents participated in separate screening interviews to assess eligibility for the study using a brief 15-item version of the Eyberg Child Behaviour Inventory (ECBI) (Metzler, Sanders, Rusby & Crowley, 2012). This ECBI screener correlates highly with the original ECBI \( r = .94 \) and possesses good internal consistency \( \alpha = .91 \). Parents’ reports of child behaviour needed to be above the clinical cut-off (a score of 55 and over) for at least one parent and no more than one standard deviation below the cut-off (a score of 45 and over) for the other parent.

Table 6.1

<table>
<thead>
<tr>
<th>Summary of key participant demographic characteristics: continuously score variables</th>
<th>Intervention ((n = 23))</th>
<th>Control ((n = 19))</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Child age</td>
<td>5.82</td>
<td>1.96</td>
</tr>
<tr>
<td>Mother age</td>
<td>37.96</td>
<td>5.40</td>
</tr>
<tr>
<td>Father age</td>
<td>40.92</td>
<td>5.61</td>
</tr>
<tr>
<td>Mother hours in paid employment per week</td>
<td>12.95</td>
<td>16.23</td>
</tr>
<tr>
<td>Father hours in paid employment per week</td>
<td>42.61</td>
<td>6.58</td>
</tr>
</tbody>
</table>

Summary of key participant characteristics: categorically scored variables

<table>
<thead>
<tr>
<th>Child gender male</th>
<th>n ((%))</th>
<th>n ((%))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>16 ((70))</td>
<td>13 ((68))</td>
</tr>
</tbody>
</table>

Child ethnic/cultural background

| New Zealand European | 18 \((74)\) | 15 \((79)\) |
| Maori/Pacific Islander | 4 \((17)\) | 0 \((0)\) |
| Other | 3 \((9)\) | 2 \((11)\) |

Family composition

| Two-parent biological or adoptive | 21 \((92)\) | 19 \((100)\) |
| Step, blended or intergenerational | 2 \((8)\) | 0 \((0)\) |

Annual family income

| <\$NZ50,000 | 3 \((13)\) | 3 \((16)\) |
| NZ50,000 to \$100,000 | 12 \((52)\) | 9 \((47)\) |
| >\$NZ100,000 | 8 \((35)\) | 7 \((37)\) |

Mother education

| Technical college qualification | 4 \((17)\) | 6 \((32)\) |
| University under-graduate degree | 9 \((40)\) | 6 \((32)\) |
| University post-graduate degree | 4 \((17)\) | 3 \((16)\) |

Father education

| Trade or apprenticeship | 3 \((13)\) | 3 \((16)\) |
| Technical college qualification | 2 \((9)\) | 4 \((21)\) |
| University under-graduate degree | 5 \((22)\) | 8 \((42)\) |
| University post-graduate degree | 5 \((22)\) | 1 \((5)\) |
Eligibility

In order to be eligible for the intervention, participants were required to have at least one child aged three to nine years demonstrating elevated levels of behaviour problems, as measured by a screening measure. Participants must be working together to raise their child, including biological and adoptive mothers and fathers as well as step families, grandparents and same-sex couples, though cohabitation was not a requirement. Additionally the target child must not have a developmental disability or be receiving regular support from another agency or therapist. The eligibility criteria for parents were that they were not currently having therapy for psychological problems, were not intellectually disabled, and were able to read a newspaper without assistance. Participants were excluded from the study if both parents were unable to attend sessions.

Families that were not eligible for this project were referred to other services in the community. The reasons for exclusion included; both parents were unable to attend group and telephone sessions (26 families), child behaviour was not in the clinical range (6 families), the child was not aged between three and nine years (4 families), the child had a developmental disorder (2 families), or the parent or child was currently seeking help from another professional (2 families). Of the families where only one parent was able to attend, 70% were single parents with the remainder having one parent was not interested in attending or travelled often for work, and one family concerned about childcare. Though the advertisement stated that both parents were required to attend, there were a large number of inquiries from single parents.

Procedure

After completing time one (T1) measures participants were randomly allocated to either the intervention (23 families) or wait-list control (19 families) group using a random number generator. There were no significant differences between the two groups at pre-intervention for demographics using Chi-Square and t-test analyses. The intervention group received the programme approximately three weeks after completing T1 measures. Time two (T2) measures
were completed within two weeks following the eight week programme, and time three (T3) measures six months later. Both intervention and control group participants completed measures at the same time, with the control group receiving the intervention following completion of T3 measures. See Figure 6.1 for details of allocation and measure completion. Two wait-list families did not receive the intervention as they relocated, but were sent programme materials.

Figure 6.1

*Participant flow through the study*

- **Enrolment**
  - Assessed for eligibility (n = 96)
  - Inquiries: father n = 12, mother n = 84

- **Allocation**
  - Excluded (n = 47)
    - Did not meet inclusion criteria (n = 40)
    - Declined to participate (n = 7)
  - Eligible but did not complete questionnaire (n = 7)

  - Randomized (n = 42)

  - Allocated to Intervention (n = 23)
    - Received allocated intervention (n = 23)
    - Did not receive allocated intervention (n = 0)

  - Allocated to Wait-list (n = 19)
    - Received allocated intervention (n = 17)
    - Did not receive allocated intervention (n = 2)

- **Follow-Up**
  - Lost to follow-up – did not complete post-intervention assessment (n = 2)
  - Lost to follow-up – did not complete 6-month follow up assessment (n = 2 families, and 1 additional father)

  - Lost to follow-up – did not complete post-intervention assessment (n = 0)
  - Lost to follow-up – did not complete 6-month follow up assessment (n = 1 family, and 1 additional father)
The intervention

The intervention utilized level four Group Triple P (see chapter 5), which is a broad focus parenting programme focusing on parent-child interactions and the application of positive parenting strategies to manage difficult child behaviour (Sanders, 2008). The programme runs over eight consecutive weeks and includes five two-hour group sessions and three 30-minute individual telephone sessions.

Based on survey and focus group investigations of father preferences conducted by Frank et al. (2014 – see chapters 3 and 5), new content was incorporated into the programme to maximize fathers’ and mothers’ engagement and retention. New topics included; the benefits of father and mother involvement for children’s development, strategies for managing father-identified parenting challenges (e.g. balancing work and family, partner support, showing physical affection, dealing with child emotions), and father-identified areas of interest (e.g. enhancing children’s social skills and competence). Supplementary tip sheets were provided to parents on these topics. These modifications were done with the full support of programme developers and no content was omitted to allow room for the new material, rather existing examples and exercises were replaced in order to maintain the fidelity of Group Triple P.

Parenting strategies were taught through live and video-modeling, and practiced using group discussions and role-playing exercises. Joint telephone consultations, in which both parents participated together, were provided with a practitioner to give parents support and feedback while they implemented the strategies at home. Both parents had the opportunity to discuss their use of parenting strategies and any difficulties faced, as well as set individual goals for the following week. A total of nine groups (between eight and twelve parents per group) were conducted by facilitators trained and accredited in level four Group Triple P. Group sessions were video recorded and 26% were checked for fidelity of delivery by another trained practitioner, resulting in inter-observer agreement of 97%.
Measures

Following questionnaires were used in this study. All questionnaires were completed at three time points, except the family background questionnaire (only at T1) and the programme satisfaction questionnaire (T2 only). Reports of internal consistency were calculated at baseline.

Demographics

The *Family Background Questionnaire* consists of demographic data and information on family composition (Turner, Markie-Dadds, & Sanders, 2000).

Child behaviour

The *Eyberg Child Behaviour Inventory (ECBI)* is a 36 item, multidimensional measure of parental perceptions of disruptive behaviour in children aged two to 16 years (Eyberg & Pincus, 1999). It incorporates a measure of the intensity of disruptive behaviours (Intensity score) rated on 7-point scales, and a measure of the number of disruptive behaviours that are a problem for parents (Problem score). Reliability with this sample was high for both fathers (intensity $\alpha = .85$, problem $\alpha = .89$) and mothers (intensity $\alpha = .88$, problem $\alpha = .79$).

Parent behaviour

The *Parenting Scale (PS)* measures three dysfunctional discipline parenting practices (Arnold, O’Leary, Wolff, & Acker, 1993). Across 30 items it yields a total score and three sub-scale scores, Laxness, Over-reactivity, and Verbosity. Internal consistency was high for both fathers (self-reported $\alpha = .78$, partner-reported $\alpha = .82$) and mothers (self-reported $\alpha = .75$, partner-reported $\alpha = .89$) for the total score.

The *Authoritative Parenting Style (APS)* is a 22 item subscale from the Parenting Styles and Dimensions Questionnaire (Robinson, Mandleco, Olsen & Hart, 2001). Parents rate their behaviour on a five-point scale with 1 being ‘never’ and 5 being ‘always’ for each item.
(Robinson et al., 2001). Reliability for this sample was high for fathers (self-rated $\alpha = .88$, partner-rated $\alpha = .93$) and for mothers (self-rated $\alpha = .88$, partner-rated $\alpha = .91$).

The Parenting Task Checklist (PTC) is a 28-item measure used to assess how confident parents feel in managing specific child behaviours and in different settings (Sanders & Woolley, 2005). This yields two subscale scores, behavioural self-efficacy (e.g. refuses to do as told, constantly seeks attention) and setting self-efficacy (e.g. travelling in the car, speaking with another adult). Internal consistency for this sample was high for both fathers ($\alpha = .97$) and mothers ($\alpha = .95$).

Inter-parental relationship

The Parent Problem Checklist (PPC) is a 16-item questionnaire measuring inter-parental conflict over child rearing (Dadds & Powell, 1991). It provides an index of the number of disagreements, as well as the frequency of occurrence of such disagreements. Internal consistency was high for both fathers (problem $\alpha = .87$, extent $\alpha = .92$) and mothers (problem $\alpha = .83$, extent $\alpha = .93$).

The Relationship Quality Index (RQI) consists of six items measuring relationship quality and satisfaction (Norton, 1983). Five items assess various aspects of marital relationships and one global item assesses the happiness of the relationship (Heyman, Sayers, & Bellack, 1994). High reliability was found for both fathers ($\alpha = .93$) and mothers ($\alpha = .95$) for this measure.

Programme satisfaction

The Client Satisfaction Questionnaire (CSQ) is an adaptation of the Therapy Attitude Inventory (TAI) developed by Eyberg (1993) to measure consumer satisfaction with parent training programmes. The CSQ consists of 13 items that asks parents to rate the quality of service provided. The overall satisfaction rating derived is a composite of programme
satisfaction ratings (a maximum score of 91 and a minimum score of 13 are possible). Reliability for this sample was high for both fathers ($\alpha = .94$) and mothers ($\alpha = .95$).

Results

Statistical analysis

Intent to treat analyses were conducted using multiple imputation (MI). Preliminary analyses indicated that the data was missing completely at random, which allowed for the MI method to be used for missing items as well as drop-outs. Multiple imputation is a more powerful and accurate predictor of missing data than EM as it produces multiple copies of the data (5 for this study), each with a different set of plausible imputed values, rather than a single imputed variable. As a result the parameter estimates are less biased and give a better estimate of standard error (Acock, 2005). Because the statistics software used in this study (SPSS) does not yet support MI for analysis of variance, the researcher conducted analyses on each imputation and manually pooled the results into a single variable using the mean of the five outputs. A series of MANCOVAs and ANCOVAs were used to examine differences between the intervention and control at post-intervention and follow up, with either post-intervention or six-month follow up scores as dependent variables and pre-intervention data included as covariates. The reported results are the interaction effects i.e. Group x Time. Effect sizes are reported as partial-eta squared and interpreted as small .01, medium .06, and large .14.

The number of participants that experienced clinically reliable and meaningful change in parent-reported child behaviour and dysfunctional parenting was investigated using methods outlined by Jacobsen and Truax (1991) and Evans et al. (1998). Reliable change indicates that participants experienced a degree of change greater than that which could be accounted for due to measurement error. Clinically reliable change was calculated using the formula where the reliability of change is the standard error of measurement of a difference ($SE_{diff} = SD1 \sqrt{2} \sqrt{1 - r}$) with $SD1$ being the pre-intervention scores and $r$ the reliability of the measure. Change which
exceeds 1.96 times this standard error is unlikely to be due to chance, which indicates that it is statistically reliable. Using the reliability change index and the standard clinical cut-off scores for the ECBI and PS, participants were grouped according to whether they showed reliable change and then categorised into four meaningful change groups: Clinically significant change (above cut-off at T1 and below cut-off at T2), did not achieve clinical change (above cut-off at T1 and T2), not in clinical range (below cut-off at T1 and T2), and worsened (below cut-off at T1 but above cut-off at T2).

**Preliminary analyses**

Preliminary analyses were conducted using t-tests and Chi square to identify pre-intervention and demographic differences between the intervention and control groups. There were no significant differences for measures of parenting, child behaviour, parenting self-efficacy, child-rearing conflict or relationship quality between the two groups at T1. Two families did not complete T2 or T3 measures and analyses show that there was no significant difference between these families and those that completed all measures. Data was also missing for another family and two fathers at T3. There were no significant differences between T3 completers and non-completers for demographics, and pre and post intervention measures.

**Intervention effects; pre to post intervention**

The mean and standard deviations of all the outcome variables are summarised in Tables 6.2 and 6.3. The MANCOVAs for parent-reported child behaviour revealed a significant multivariate effect between the intervention and control groups for fathers $F(1, 38) = 14.36, p < .001$ and mothers $F(1, 38) = 3.23, p = .049$. Significant medium to large univariate effects were found with fathers in the intervention group reporting decreasing child behaviour problems on the ECBI problem $F(1, 38) = 25.65, p < .001, n^2 = .40$, and intensity $F(1, 38) = 4.91, p = .001, n^2 = ...$
= .12 scales. For mothers significant large univariate effects were found for the ECBI problem score $F(1, 38) = 6.47, p = .015, n^2 = .15$.

The MANCOVA showed a significant improvement in mothers parenting confidence on the PTC $F(1,38), = 4.16, p = .023$, with large univariate effects on the behaviour score $F(1,38) = 7.54, p = 0.009, n^2 = .17$. The MANCOVA did not reveal any significant effects for fathers’ confidence, though the effect size was medium for the behavioural self-efficacy scale ($n^2 = .07$).

The ANCOVA results for self-rated negative parenting show a significant difference between intervention and control group for fathers $F(1,39) = 6.37, p = .015$, and mothers $F(1,39) = 15.22, p < .001$ for the PS total scores. Fathers’ parenting also showed a significant improvement $F(1,39) = 5.08, p = .029$, according to mothers’ perceptions. The effect sizes for both self ($n^2 = 0.14$) and partner-rated ($n^2 = 0.12$) parenting for fathers were large, and for mothers (self-report $n^2 = 0.28$, partner-rated $n^2 = 0.08$) medium to large.

For fathers and mothers there were no significant differences between the intervention and control group for self-rated and partner-rated authoritative parenting practices, or for father-ratings of mothers’ parenting on the Parenting Scale. There were no significant differences between the intervention and control group for both fathers and mothers on their ratings of the inter-parental relationship and inter-parental conflict over child rearing.
Table 6.2
Intervention effects at T2 and T3 for fathers

<table>
<thead>
<tr>
<th>Measure</th>
<th>Intervention (n = 23)</th>
<th>Control (n = 19)</th>
<th>Pre-Post effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>6-Months</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td><strong>ECBI</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensity</td>
<td>147.70</td>
<td>22.69</td>
<td>122.80</td>
</tr>
<tr>
<td>Problem</td>
<td>18.91</td>
<td>8.64</td>
<td>7.34</td>
</tr>
<tr>
<td>Problem (95% CI)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Self-Rated APS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.57</td>
<td>0.51</td>
<td>3.77</td>
</tr>
<tr>
<td><strong>Partner-Rated APS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.26</td>
<td>0.72</td>
<td>3.41</td>
</tr>
<tr>
<td><strong>Self-Rated PS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.35</td>
<td>0.65</td>
<td>2.71</td>
</tr>
<tr>
<td><strong>Partner-Rated PS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.55</td>
<td>0.70</td>
<td>3.02</td>
</tr>
<tr>
<td><strong>PTC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting</td>
<td>81.74</td>
<td>14.62</td>
<td>89.46</td>
</tr>
<tr>
<td>Behaviour</td>
<td>75.61</td>
<td>16.00</td>
<td>89.45</td>
</tr>
<tr>
<td><strong>PPC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Problem</td>
<td>7.57</td>
<td>5.03</td>
<td>3.26</td>
</tr>
<tr>
<td>Extent</td>
<td>38.35</td>
<td>18.41</td>
<td>34.86</td>
</tr>
<tr>
<td><strong>RQI</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total score</td>
<td>32.70</td>
<td>8.32</td>
<td>33.87</td>
</tr>
</tbody>
</table>

ECBI = Eyberg Child Behaviour Inventory, APS = Authoritative Parenting Scale, PS = Parenting Scale, PTC = Parent Task Checklist, PPC = Parent Problem Checklist, RQI = Relationship Quality Index
<table>
<thead>
<tr>
<th>Measure</th>
<th>Pre</th>
<th>Intervention (n = 23)</th>
<th>Control (n = 19)</th>
<th>Pre-Post Effects</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>M</td>
<td>n²</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td>(95% CI)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td>P</td>
</tr>
<tr>
<td><strong>ECBI</strong></td>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Intensity</td>
<td>160.70</td>
<td>24.38</td>
<td>129.04</td>
<td>34.04</td>
<td>0.209</td>
</tr>
<tr>
<td>Problem</td>
<td>20.01</td>
<td>6.12</td>
<td>10.52</td>
<td>6.55</td>
<td>0.015</td>
</tr>
<tr>
<td><strong>Self-Rated APS</strong></td>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.50</td>
<td>0.52</td>
<td>3.77</td>
<td>0.40</td>
<td>0.332</td>
</tr>
<tr>
<td><strong>Partner-Rated APS</strong></td>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.61</td>
<td>0.66</td>
<td>3.81</td>
<td>0.53</td>
<td>0.573</td>
</tr>
<tr>
<td><strong>Self-Rated PS</strong></td>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.35</td>
<td>0.50</td>
<td>2.62</td>
<td>0.67</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td><strong>Partner-Rated PS</strong></td>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.61</td>
<td>0.58</td>
<td>3.21</td>
<td>0.80</td>
<td>0.259</td>
</tr>
<tr>
<td><strong>PTC</strong></td>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Setting</td>
<td>81.47</td>
<td>9.66</td>
<td>89.32</td>
<td>7.57</td>
<td>0.017</td>
</tr>
<tr>
<td>Behaviour</td>
<td>65.40</td>
<td>19.01</td>
<td>85.91</td>
<td>12.44</td>
<td>0.018</td>
</tr>
<tr>
<td><strong>PPC</strong></td>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Total Problem</td>
<td>6.52</td>
<td>4.14</td>
<td>3.99</td>
<td>3.44</td>
<td>0.135</td>
</tr>
<tr>
<td>Extent</td>
<td>44.13</td>
<td>20.49</td>
<td>28.23</td>
<td>12.97</td>
<td>0.069</td>
</tr>
<tr>
<td><strong>RQI</strong></td>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Total score</td>
<td>33.43</td>
<td>8.75</td>
<td>33.77</td>
<td>7.25</td>
<td>0.587</td>
</tr>
</tbody>
</table>

ECBI = Eyberg Child Behaviour Inventory, APS = Authoritative Parenting Scale, PS = Parenting Scale, PTC = Parent Task Checklist, PPC = Parent Problem Checklist, RQI = Relationship Quality Index
Clinically reliable change following intervention

As illustrated in Table 6.4 intervention group fathers showed reliable improvements in child behaviour with 43% (10 participants) achieving clinically significant change on the intensity scale and 52% (12 participants) on the problem scale, compared with only three (16%) and one (5%) participants respectively in the control group. Intervention fathers, 35% (8 participants), compared with 5% (1 participant) in the control group, also showed clinically significant change for parenting practices. Table 6.5 shows intervention group mothers had reliable change for child behaviour, with 35% (8 participants) achieving clinically significant change on the intensity scale and 61% (14 participants) on the problem scale, compared with control mothers where 22% (4 participants) achieved clinically significant reliable change on both the intensity and the problem scale. Almost half of the intervention mothers, 48% (11 participants), reported reliable clinical change for their parenting practices, compared with only 16% (3 participants) of control mothers. Fathers reported that 22% (5 participants) of intervention mothers achieved reliable clinically significant change on the parenting scale, compared with no mothers in the control group.
Table 6.4
Clinically significant and reliable change for intervention and control group fathers at post-intervention (T2)

<table>
<thead>
<tr>
<th>Outcome measure</th>
<th>Category of change</th>
<th>Reliable change</th>
<th>Not reliable change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention</td>
<td>Control</td>
<td>Intervention</td>
</tr>
<tr>
<td>ECBI intensity</td>
<td>Clinically significant change</td>
<td>10 (43.48%)</td>
<td>3 (15.79%)</td>
</tr>
<tr>
<td></td>
<td>Did not achieve clinical change</td>
<td>2 (8.70%)</td>
<td>1 (5.26%)</td>
</tr>
<tr>
<td></td>
<td>Not in clinical range</td>
<td>1 (4.35%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td></td>
<td>Worsened</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>ECBI problem</td>
<td>Clinically significant change</td>
<td>12 (52.17%)</td>
<td>1 (5.26%)</td>
</tr>
<tr>
<td></td>
<td>Did not achieve clinical change</td>
<td>1 (4.35%)</td>
<td>2 (10.53%)</td>
</tr>
<tr>
<td></td>
<td>Not in clinical range</td>
<td>4 (17.39%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td></td>
<td>Worsened</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Self-rated PS</td>
<td>Clinically significant change</td>
<td>8 (34.78%)</td>
<td>1 (5.26%)</td>
</tr>
<tr>
<td></td>
<td>Did not achieve clinical change</td>
<td>0 (0%)</td>
<td>2 (10.53%)</td>
</tr>
<tr>
<td></td>
<td>Not in clinical range</td>
<td>2 (8.070%)</td>
<td>1 (5.26%)</td>
</tr>
<tr>
<td></td>
<td>Worsened</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Partner-rated PS</td>
<td>Clinically significant change</td>
<td>4 (17.39%)</td>
<td>4 (21.05%)</td>
</tr>
<tr>
<td></td>
<td>Did not achieve clinical change</td>
<td>4 (17.39%)</td>
<td>2 (10.53%)</td>
</tr>
<tr>
<td></td>
<td>Not in clinical range</td>
<td>5 (21.74%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td></td>
<td>Worsened</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>
Table 6.5
Clinically significant and reliable change for intervention and control group mothers at post-intervention (T2)

<table>
<thead>
<tr>
<th>Outcome measure</th>
<th>Category of change</th>
<th>Reliable change</th>
<th>Not reliable change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention</td>
<td>Control</td>
<td>Intervention</td>
</tr>
<tr>
<td>ECBI intensity</td>
<td>Clinically significant change</td>
<td>8 (34.78%)</td>
<td>4 (21.05%)</td>
</tr>
<tr>
<td></td>
<td>Did not achieve clinical change</td>
<td>4 (17.39%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td></td>
<td>Not in clinical range</td>
<td>2 (8.70%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td></td>
<td>worsened</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>ECBI problem</td>
<td>Clinically significant change</td>
<td>14 (60.87%)</td>
<td>4 (21.56%)</td>
</tr>
<tr>
<td></td>
<td>Did not achieve clinical change</td>
<td>1 (4.35%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td></td>
<td>Not in clinical range</td>
<td>2 (8.70%)</td>
<td>1 (5.26%)</td>
</tr>
<tr>
<td></td>
<td>Worsened</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Self-rated PS</td>
<td>Clinically significant change</td>
<td>11 (47.83%)</td>
<td>3 (15.79%)</td>
</tr>
<tr>
<td></td>
<td>Did not achieve clinical change</td>
<td>0 (0%)</td>
<td>2 (10.53%)</td>
</tr>
<tr>
<td></td>
<td>Not in clinical range</td>
<td>3 (13.04%)</td>
<td>1 (5.26%)</td>
</tr>
<tr>
<td></td>
<td>Worsened</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Partner-rated PS</td>
<td>Clinically significant change</td>
<td>5 (21.74%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td></td>
<td>Did not achieve clinical change</td>
<td>3 (13.04%)</td>
<td>2 (10.53%)</td>
</tr>
<tr>
<td></td>
<td>Not in clinical range</td>
<td>1 (4.35%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td></td>
<td>Worsened</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>
**Intervention effects at six-month follow up**

MANCOVA showed that the significant improvements in father reports of child behaviour and self-reported negative parenting practices were maintained at follow-up. Although fathers did not have significant improvements post intervention for parenting confidence, the results were significant on the PTC at 6-month follow-up $F(1,38) = 3.97, p = .049, n^2 = .15$.

Maternal self-reported improvements in dysfunctional parenting practices were maintained at follow-up, however, mother reports of father improved parenting were not. Mothers’ reports of improvements in child behaviour and parenting efficacy for the intervention group were maintained at six-month follow-up, however the group differences were not maintained, illustrating that the control group showed small improvements from post intervention to follow-up.

**Intervention group father and mother comparisons**

Paired $t$-tests were used to examine the extent to which intervention group mothers’ and fathers’ reports of parenting and child behaviour differed from pre to post intervention. At T1 mothers reported significantly higher frequencies of child behaviour problems than fathers on the ECBI intensity scale, $t(1,22) = 2.15, p = .043$, but there was no significant difference between mothers and fathers ratings following the intervention. Intervention mothers and fathers’ parenting confidence scores on the PTC behaviour scale also moved closer together from T1 to T2, with fathers scores significantly higher than mothers $t(1,22) = 2.10, p = .047$ at T1, although not at T2.

**Satisfaction and programme attendance**

There were no significant differences between father and mother attendance rates or satisfaction ratings. Programme attendance was equally high for both fathers and mothers, with 89% attending at least six of the eight sessions. Additionally 58% of fathers and 50% of mothers
attended all five group sessions as well as the three telephone sessions. The main reasons for non-attendance were illness and being out of the country. Programme satisfaction was also high for fathers and mothers, with the highest possible overall satisfaction score of 91 (father $M = 75.12$, $SD = 10.11$; mother $M = 75.81$, $SD = 11.2$).

**Discussion**

This study addressed the limitations of previous research by including both parents in all aspects of the screening, recruitment and data collection process, comparing father and mother outcomes, including a wait-list control condition, and including long term follow-up data. The results suggest that the modified Group Triple P was effective for both fathers and mothers given that significant post-intervention decreases in father-reported child behaviour problems and maternal and paternal dysfunctional parenting practices were maintained for 6-months. Additionally, around half of the intervention group fathers and mothers experienced reliable and clinically significant change for child behaviour. Approximately one-third of the intervention group fathers and half of the mothers also experienced clinically significant reliable change for dysfunctional parenting practices. Furthermore, the effects sizes obtained for fathers in this study for child behaviour, improvements in negative parenting practices and parenting efficacy were large, compared with the medium effects obtained in previous studies (Sanders et al., submitted), although this may partly be due to the high risk sample used in this study. Possible reasons for these positive findings could be the addition of father-relevant content or the inclusion of fathers in all aspects of the screening and intervention process.

Both parents showed a significant increase in parenting confidence, mothers immediately following the intervention and fathers six months later, indicating a possible delayed effect for parenting efficacy for fathers. Compared with previous studies, father attendance (Bodenmann et al., 2008), involvement (Heinrichs et al., 2013), and satisfaction (Connell et al., 1997. Ireland et
al., 2003) were high, and these indicators of engagement were similar for fathers and mothers in this study.

While significant post-interventions improvements in mother reported child behaviour were not maintained at follow-up, the 6-month effects for maternal reports on the ECBI were better than at baseline indicating a treatment effect. The lack of significant findings for authoritative parenting and inter-parental conflict is likely due to the moderately high levels reported on these variables prior to the intervention.

The finding that significant pre-intervention differences between father and mother reports of child behaviour and parenting confidence were no longer apparent at post-intervention may indicate an improvement in co-parenting and confidence with implementing appropriate parenting strategies. Parents’ comments at the completion of the programme support this notion, with reports of increased discussion between parents about working together, however a quantitative measure of co-parenting would be useful to include in future research.

One limitation of this study is that data was collected using only parental reports; however having each parent complete measures of the others parenting practices helped to overcome the problem of self-report bias to some extent. Fathers’ reports of improvements in dysfunctional parenting were supported by mothers’ reports of fathers’ parenting. However, mothers’ self-reports were not supported by father reports. Inspection of the data show that both intervention and control group fathers reported an improvement in mothers’ parenting following the intervention. In comparison mother reports’ of their partner’s parenting showed significant improvement in the intervention group only. It may be that some control group fathers perceived that their partner’s parenting was improved as a consequence of closely monitoring her parenting practices.

In summary, both fathers and mothers in the intervention group reported improvements in their child’s behaviour, their parenting behaviour and confidence, as well as demonstrating high levels of programme attendance and satisfaction. These positive outcomes were maintained for
six-months following the intervention, which may have been due to both parents being actively involved in the programme.
References


Chapter 7

Consumer satisfaction ratings for individual sessions of the Group Triple P Program

Introduction

Triple P participants are often asked to rate their satisfaction at the completion of the eight week programme, though the results are not always included in published studies. When consumer satisfaction is reported, some studies show significant differences between father and mother ratings (Connell, Sanders, & Markie-Dadds, 1997; Ireland, Sanders, & Markie-Dadds, 2003). In this study, satisfaction ratings at the end of the eight week programme were high, with very little difference between mothers and fathers. To further investigate which aspects of the group programme were most useful for fathers and mothers, a sub-section of participants were asked to complete a shortened version of the satisfaction questionnaire (see Table 7.1 for an overview) following each individual session for the first four weeks of the programme, which is when all of the content is taught to participants. A key purpose of this additional data collection was to investigate whether there were any differences between father and mother perceptions about the usefulness of programme sessions and to identify where further examples might be needed to suit father preferences.

Method

Participants

The participants were eight families (16 individuals) across two groups. Fathers had a mean age of 41.63 years (SD = 7.73), mothers of 39.63 years (SD = 4.34) and children 5.25 years (SD = 1.58). Seventy-five percent of the children were male, mainly New Zealand European (63%), with a smaller number from Asian (25%) and South African (12%) descent.
The parents were of varying education levels (father: technical certificate 25%, trade certificate 25%, University undergraduate degree 38%, University post-graduate degree 12%; mother: secondary school 25%, technical certificate 38%, University undergraduate degree 25%, University post-graduate degree 12%) and annual income (<$50 000 12.5%, $50 - $100 000 50%, >$100 000 37.5%).

Procedure

Participants were recruited using print and online advertisements and then enrolled to take part in the adapted version of Group Triple P (see chapter five). At the end of each of the first four group sessions, parents were asked to complete a shortened version of the Consumer Satisfaction Questionnaire outlined in chapter 6, rating the acceptability of the session and the extent to which it met their needs. The questionnaire was comprised of six items rated on a 7-point Likert scale from very dissatisfied to very satisfied (shown in Table 7.1), and three open ended questions. The rating scale items asked participants about their satisfaction with the content and format of each session as well as the extent to which their needs were met and whether they intended to use the strategies presented. The open ended questions invited parents to report what they felt were the most and least important aspects of each session as well as anything else they felt should have been included.

Results

Participants reported high rates of satisfaction with the content and delivery of each session, as well as the extent to which the information met their needs as parents, and their intention to implement the strategies. Mothers’ ratings were slightly higher than fathers for almost all questions, but the difference was not significant for any of the group sessions.
Fathers were more satisfied with the delivery of session one (causes of child behaviour, individual benefits of each parent to child development, goal setting) and the content of session four (planning ahead for high risk times) than mothers. Fathers were also more likely to report that they intended to implement that strategies demonstrated in session four than mothers. For all other sessions and questions mother ratings were higher.

Mean ratings shown in Table 7.1 illustrate that fathers were most satisfied with the content of session one, although they reported this as the session that least met their needs. The session that best met fathers’ needs was session three and this was also the session that fathers reported they were most likely to implement the strategies from. With regards to delivery, fathers rated three of the sessions equally, with only session two receiving a lower rating. Session two was also rated the lowest by fathers for content and intention to implement the strategies. There was a significant difference between session two and session three for fathers ratings of how much the session met their needs ($Z = -2.00, p = .046$), with session three rated higher than session two. Fathers also reported that they were significantly more satisfied with the amount of help they received in session three compared with session one ($Z = 2.00, p = .046$). No other significant differences were found for ratings between the four sessions.

Mean ratings show that mothers were most satisfied with the content and delivery of session three (managing misbehaviour) and also rated this session the highest for meeting their needs. Mothers’ reported intent to implement the strategies demonstrated in session three was high, though not as high as for session one. Satisfaction was high across all four sessions, though mothers were least satisfied with the content of session one and the extent to which it met their needs. Mothers also reported low levels of satisfaction with session four and indicated that these were the strategies they were least likely to implement. No significant differences were found for rating between the four sessions.
Parents were given the option to comment about the aspects of each session that they found most and least important, and offer suggestions for content that was not included that they felt should have been. Both fathers and mothers commented on the similarities of their children’s behaviour problems and others in the group, as well as the benefits of having someone to talk to and the friendly group environment.

Parents commented on various strategies that they found useful, with some of the strategies identified by both fathers and mothers, such as, ask, say, do, the difference between quiet time and time out, and planning ahead for high risk situations. Other strategies that fathers identified as being the most important were talking with children, quiet time, the immediacy of giving consequences, that small tweaks to their existing discipline strategies would make a difference, and letting children know the rules in advance. Mothers identified the escalation trap, descriptive praise, behaviour charts, setting a good example, being consistent, the length of the time out period and logical consequences, and the compliance routine as being the most important.

With regards to the content of the programme that parents found least important, fathers would have preferred more information on the impact of diet on children’s behaviour, more examples for older children, and for the videos to depict New Zealand families rather than

### Table 7.1

*Father and mother mean satisfaction ratings on a 7-point Likert scale for each session*

<table>
<thead>
<tr>
<th>Item</th>
<th>Father Session</th>
<th>Mother Session</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Satisfaction with content</td>
<td>6.00</td>
<td>5.14</td>
</tr>
<tr>
<td>Satisfaction with format</td>
<td>5.67</td>
<td>5.14</td>
</tr>
<tr>
<td>Extent of needs met</td>
<td>5.00</td>
<td>4.71</td>
</tr>
<tr>
<td>Satisfaction with amount of help</td>
<td>5.22</td>
<td>5.29</td>
</tr>
<tr>
<td>Ability to implement strategies</td>
<td>4.89</td>
<td>5.29</td>
</tr>
<tr>
<td>Intent to implement strategies</td>
<td>6.22</td>
<td>5.86</td>
</tr>
<tr>
<td>Total satisfaction</td>
<td>33.00</td>
<td>31.43</td>
</tr>
</tbody>
</table>
Australian. Mothers stated that they would prefer more information on the role that children’s health plays on their behaviour, more examples for older children, and how to use distraction with younger children. Mothers also commented on aspects of the programme that they felt were not important, such as, the getting to know each other exercise in session one, having the information shown in the videos be summarised by the practitioner, rather they should expand on the video and give more examples, and the role play exercise to practice giving descriptive praise. One mother also commented that specific strategies, i.e. quality time and developing good relationships with children, were not important as they were already doing this with their children.

**Discussion**

Fathers who were taking part in the programme felt that the strategies on managing misbehaviour best met their needs (session 3), and indicated that they were more likely to implement these strategies than those of any other session. Mothers also rated session three as most meeting their needs, which may be a reflection of this sample of parents, who were eligible to participate in the study based on high levels of child problem behaviours.

Fathers rated the strategies for encouraging desirable behaviour and teaching new skills (session 2) as least meeting their needs and did not intend to implement these strategies to the same extent as others. This is in contrast to the focus group fathers who had never participated in Triple P (see chapter four) who rated the strategies on teaching children new skills as very useful and relevant. However the focus group fathers rated the strategies for encouraging desirable behaviour as the least useful and relevant, and during the group sessions these two sets of strategies are combined together in one evening. Further investigation may be needed to identify which aspects of session two fathers find less relevant and their intention to use each individual strategy.
Interestingly the content of session one was rated the most highly by fathers. In this session there was additional content on the influence that fathers and mothers have on children’s social skills, and ways to increase children’s confidence through interactions such as rough and tumble play. Our previous research (Frank, Keown, & Sanders, in press – chapter 3) has shown that fathers would like more information on their contribution to children’s development, which was the reason for the additional content on that topic in session one. Mothers also rated the content of session one highly, though lower than the other three sessions and lower than fathers, and reported that they were more likely to use the strategies depicted than those in any other session. This is interesting as none of the 17 core strategies are introduced in session one. Parents are invited to set goals for change in their child’s and their own behaviour to work towards over the coming eight weeks, and are set a homework task of monitoring a specific behaviour that they want to change. It may be that mothers are interpreting the goals and monitoring as a strategy to implement.

Fathers and mothers commented positively on the ability to share stories with other members of the group and were surprised that many people were facing similar challenges to themselves. This is an important benefit of the group format as it normalises the situation and parents can take on the role as teachers while learning from one another. Some of the parents with children aged eight to ten years commented that the content did not seem as relevant to their families. Future research could investigate the acceptability of the strategies and examples for parents with children of various ages between 18 months and 10 years, which is the recommended age range for most of the strategies. Some mothers expressed dissatisfaction with the practical exercises in the programme, such as introducing another member of the group you have just met and role playing giving descriptive praise. This may be due to personal feeling of demonstrating skills within a group session, or it may be that these mothers felt this was not relevant to them as they were already proficient in these skills. The reasoning behind this
dissatisfaction is unclear, although many parents did show a preference for topics that directly impacted them such as strategies for specific ages of children and the impact of diet.
References


Introduction

Parenting programmes are primarily attended by mothers, however research has shown that having both parents participate in programmes together may result in more positive outcomes for child behaviour and the inter-parental relationship (Cowan, Cowan, Pruett, Pruett, & Wong, 2009). Findings from a small number of studies suggest that improvements in child behaviour are more likely to be maintained over time when both parents are involved in the programme (Bagner & Eyberg, 2003; Webster-Stratton, 1985). Conversely, there is some evidence that when only one parent participates in the intervention programme effects may not generalise to the non-treated parent (Fabiano et al., 2012). One possible reason for the improved maintenance of treatment gains when mothers and fathers attend a BFI together is that because both parents are getting the same message about child behaviour management strategies they may be able to support and help each other when implementing the techniques at home, leading to greater inter-parental consistency (Bagner & Eyberg, 2003; Webster-Stratton, 1985). Indeed, parenting strategies are more likely to be effective when both parents agree on one approach (Arnold, O’Leary, & Edwards, 1997) and implement it consistently (Frick, Christian, & Wootton, 1999; Strassberg, Dodge, Pettit, & Bates, 1994). In order to increase the number of couples that participate in a parenting programme together, it is important to understand some of the barriers to father involvement.

The reasons for low levels of father involvement in family interventions are often highlighted as the content not being relevant, or the time and location that the programme is held not meeting fathers’ needs (Fabiano, 2007; Lee & Hunsley, 2006). However, there is some
evidence that father presence may not be desired by mothers. For instance, a case study in the United Kingdom with low socio-economic families (163 mothers and 6 fathers across eight sites) who had attended a parent education programme found that both mothers and facilitators reported that mothers did not want partners to attend, mainly to avoid couple conflict (MacLeod, 2008). The partners of these women also reported that if there were problems between the couple it would cause tension in the group. The fathers were also apprehensive about attending the programme for other reasons, such as public perceptions or suspicions of why they were attending a programme at the children’s school, that their masculinity would be questioned, and a desire to be actively involved with their children during that time rather than “sitting around with women who were gossiping and drinking tea” (MacLeod, 2008). The mothers felt that the men would inhibit the conversations that took place amongst mothers and female staff (MacLeod, 2008).

Other research suggests that facilitators as well as fathers may have reservations about including both parents in a programme together. One example is a study conducted in Australia that used focus group and interview methods to collect data from 17 practitioners and 32 fathers who attended a father education group (Berlyn, Wise, & Soriano, 2008). The fathers in this study reported apprehension about attending a programme due to a perceived sense of personal failure in being a parent, gender-stereotyped beliefs about father’s roles, not wanting to talk about personal issues, or fearing to appear as a whinger - “you don’t want to be a whinger and you don’t want to be weak and you don’t want to be emotional”. The facilitators felt that it was important for group sessions to include only men because men and women deal with issues differently and services need to be targeted to each particular audience, and men may be less willing to talk if their partner is also in the group (Berlyn, Wise, & Soriano, 2008). Other literature has supported this opinion that fathers would find mixed gender groups intimidating and be less likely to engage and contribute to group discussions (Johnson & Palm, 1992).
Potential benefits of fathers and mothers taking part in a programme together include strengthening the partner relationship and reducing inter-parental conflict (Cowan et al., 2009). This may be especially important for fathers given that research has illustrated a strong correlation between marital quality and positive parenting for fathers (Krishnakumar & Buehler, 2000; Schoppe-Sullivan, Mangelsdorf, Brown, & Sokolowski, 2006). While marital quality has been shown to have an impact on child behaviour (Lewis & Lamb, 2007; Schoppe-Sullivan, Kotila, Jia, Lang, & Bower, 2012), co-parenting may have positive effects beyond the impact of marital quality (for a review see Paquette, Coyl-Shepard, & Newland, 2012). Specifically, studies that have controlled for the effects of marital quality have found a link between co-parenting and child internalising and externalising problems (Johnson, Cowan, & Cowan, 1999; Kolak, & Vernon-Feagans, 2008), with the absence of co-parenting predicting an increase in negative parent-child relationships (Floyd, Gilliom, & Costigan, 1998). For example, a meta-analysis of 59 studies found significant small effect sizes for co-parenting, after controlling for marital quality, such as parental cooperation and conflict, with children’s internalising and externalising symptoms and social functioning (Teubert & Pinquart, 2010). Aside from co-parenting, there may be other variables that impact the benefits that children and families get from both parents attending parenting programmes.

Previous studies have investigated what aspects of parenting programme participation have the biggest impact on outcomes. Many of these studies have looked at the importance of programme attendance and the quality of parents’ involvement as predictors of positive outcomes. For example, a meta-analysis of 31 studies investigated the predictors of participant attrition and outcomes, and found that income, education, and parenting behaviour were related to parent drop-out (Reyno & McGrath, 2006). The same meta-analysis found that programme outcomes were predicted by the severity of child behaviour, and to a lesser extent parent income and attendance (Reyno & McGrath, 2006). Other studies have shown that programme attendance was related to demographic variables rather than outcomes, though attendance was related to
programme engagement (Dumas, Nissley-Tsiopinis, & Moreland, 2007; Garvey, Julion, Fogg, Kratovil, & Gross, 2006; Nix, Bierman, & McMahon, 2009). Conversely, other studies have shown that it is engagement and the quality of participation that predict programme outcomes rather than attendance (Garvey et al., 2006; Nix et al., 2009; Ogrodniczuk & Piper, 2003). However, these studies often measured participant engagement through group leader’s ratings. In some instances only a single question was asked, i.e. ‘overall how well did the parent participate during the session?’ (Dumas, et al., 2007) and in others the facilitators were asked to consider and rate the participants contribution to different aspects of the programme and homework completion (Nix et al., 2009) or more specifically their level of contribution in discussions, support of other parents, sharing personal experiences, low resistance, and applying the techniques taught (Garvey et al., 2006).

This study attempts to expand on the findings of previous research by examining the similarities and differences between father and mothers contributions during participation in Group Triple P sessions. This is the first time session by session observational data has been collected and analysed to examine the topography of parental contributions within behavioural family interventions. This study aims to further investigate the benefits of including both parents in a group behavioural family intervention by; a) exploring and comparing the nature and level of contributions by fathers and mothers in a mixed-gender group, b) investigating the types/themes of contributions made by fathers and mothers in a group setting, c) examining reports of co-parenting made by fathers and mothers who attend Triple P sessions together, and d) investigating the relationship between each of these contributions and the impact on child behaviour, parenting and partner relationship outcomes.

The extent of co-parenting behaviour reported by fathers and mothers will be explored, and the relationship between co-parenting and post-intervention improvements in child and parenting behaviour will be investigated. Programme attendance and quality of engagement will also be investigated in relation to parent and child outcomes. In contrast to other research
(Dumas, et al., 2007; Nix et al., 2009; Garvey et al., 2006) where the facilitator rates their perceptions of participant engagement, in this study quality of participation was measured by coding audio-taped recordings of Group Triple P sessions for the types of contributions participants made.

**Method**

**Participants**

Participants were a subset of the families who participated in the adapted version of Group Triple P during the randomised-controlled trial (see chapter 6) and included fathers and mothers from 16 families. The families were split across four groups, with four fathers and four mothers in each group. All of the parents were co-habiting, with most being the target child’s biological parent apart from one step mother and one family whose child was adopted. Eighty one percent of fathers and 70% of mothers were born in New Zealand, with the remaining fathers being of European (13%) or Asian (6%) descent, and the mothers European (12%), Asian (6%), or South African (12%) descent. The fathers were all in full time employment, predominantly well educated (High school 25%, Trade certificate 25%, University degree 50%) and had a mean age of 42.13 years \( (SD = 6.39 \text{ years}) \). Of the mothers, 56% were in full time employment, highly educated (High school 19%, Technical college 25%, University degree 56%) and had a mean age of 39.31 years \( (SD = 4.57 \text{ years}) \). The families were of middle to high annual income (<NZ$50,000, 19%; NZ$50 – 100,000, 37%; > NZ$100,000, 44%). The children in the sample were European (75%), Maori (12.5%) or Asian (12.5%) ethnicity, 69% male, with a mean age of 5.86 years \( (SD = 1.51 \text{ years}) \).
Procedure

Parents participated in the adapted version of the Level Four Group Triple P program for eight consecutive weeks. The first four weeks consisted of one two-hour group session each week, where parents were taught strategies through live and video-modeling, and practiced using group discussions and role-playing exercises. For the following three weeks parents participated in weekly 30-minute telephone sessions with the practitioner, to support their use of the strategies in their homes. The eighth and final week was a two-hour group session to discuss progress, any issues that occurred when implementing the strategies, and how to adapt the strategies for future situations. The group sessions were audio recorded for later analysis. The five group sessions for each of the four groups of families (a total of 20 two-hour sessions) were transcribed and analysed using an inductive approach as outlined in Thomas (2006). The transcripts were read multiple times and participants’ statements were used to create themes of contribution.

Measures

Participants completed questionnaires at three time points; pre-intervention, post-intervention, and six months following the intervention. The measures included in the questionnaires were as follows:

The *Eyberg Child Behaviour Inventory (ECBI)* is a 36 item, multidimensional measure of parental perceptions of disruptive behaviour in children aged two to 16 years (Eyberg & Pincus, 1999). It incorporates a measure of the intensity of disruptive behaviours (Intensity score) rated on 7-point scales, and a measure of the number of disruptive behaviours that are a problem for parents (Problem score). Reliability with this sample was high for both fathers (intensity $\alpha = .78$, problem $\alpha = .81$) and mothers (intensity $\alpha = .91$, problem $\alpha = .82$).

The *Parenting Scale (PS)* measures three dysfunctional discipline parenting practices (Arnold, O’Leary, Wolff, & Acker, 1993). Across 30 items it yields a total score and three sub-
scale scores, Laxness, Over-reactivity, and Verbosity. Internal consistency was good for both fathers (self-reported $\alpha = .72$, partner-reported $\alpha = .81$) and mothers (self-reported $\alpha = .65$, partner-reported $\alpha = .88$) for the total score.

The *Parenting Task Checklist (PTC)* is a 28-item measure used to assess how confident parents feel in managing specific child behaviours and in different settings (Sanders & Woolley, 2005). This yields two subscale scores, behavioural self-efficacy (e.g. refuses to do as told, constantly seeks attention) and setting self-efficacy (e.g. travelling in the car, speaking with another adult). Internal consistency for this sample was high for both fathers ($\alpha = .95$) and mothers ($\alpha = .96$).

The *Parent Problem Checklist (PPC)* is a 16-item questionnaire which measures inter-parental conflict over child rearing (Dadds & Powell, 1991). It provides an index of the number of disagreements, as well as the frequency of occurrence of such disagreements. Internal consistency was high for both fathers (problem $\alpha = .80$, extent $\alpha = .88$) and mothers (problem $\alpha = .80$, extent $\alpha = .88$).

The *Relationship Quality Index (RQI)* consists of six items measuring relationship quality and satisfaction (Norton, 1983). Five items assess various aspects of marital relationships on a 7-point scale, and one global item assesses the happiness of the relationship (Heyman, Sayers, & Bellack, 1994). High reliability was found for both fathers ($\alpha = .96$) and mothers ($\alpha = .96$) for this measure.

The *Total number of iterations*, defined as a participant demonstrating an instance of using spoken language during each session was recorded and tallied for each individual participant.
Results

Data analysis

Contributions to the group by each participant were coded into the following themes: sharing personal stories, reporting co-parenting behaviour, the use of humour, asking clarification questions, or contributing to group discussion. Another theme was co-parenting which was coded into sub-themes according to a three category factor analytic co-parenting model; cooperation, conflict, and triangulation (Margolin, Gordis, & John, 2001). Cooperation refers to parents communicating, supporting, and respecting each other as parents. Conflict refers to parental arguments over childrearing and criticising or undermining the other parent. Triangulation refers to the three way relationship between the child and parents and the influence each separate relationship has on the others. Clarity of the themes was established by a second coder reading through the transcript and coding them into the pre-determined themes, resulting in inter-rater reliability of 93% agreement.

Iterations were tallied as distinct statements, rather than the number of words or length of each statement. This was to minimise the impact of individual differences in communication styles within the group (i.e., some participants used many words to convey their point, whereas others communicated using concise statements). The number of times each participant used a specific theme during a group session was also totalled individually, and a mean score created for both iterations and use of themes based on the number of sessions each participant attended.

Due to the small sample size, non-parametric tests were used for the quantitative component of the analysis. Mann-Whitney U tests were used to compare the mean number of iterations for fathers and mothers for the entire eight week programme. The total number of iterations from participants during sessions one and two combined was also compared with the total number of iterations during sessions three and four combined to investigate changes over time.
Spearman’s correlations were used to identify relationships between contribution themes and the parenting and child behaviour outcomes for the participants. Due to the large number of correlations a Holm-Bonferroni correction was used to minimise the possibility of Type-1 errors. A case summary approach was used to compare improvements in child behaviour, parenting practices, parenting efficacy, and the couple relationship with the type of contribution each member of the couple made during the group sessions. These comparisons involved identifying the five participants who improved the most on each variable and the five participants who verbalised the greatest amount for each theme in total across all five sessions, to investigate whether increased participant verbalisations were related to improved outcomes. Couples who showed the largest shifts in their level of agreement about child behaviour and relationship quality and conflict were also examined to identify whether their higher post intervention level of agreement was linked with the type of contributions they made to the group.

**Attendance**

Participants demonstrated good attendance at the group sessions with nine mothers (56%) and eight fathers (50%) attending all five group sessions. A further four mothers (25%) and seven fathers (44%) attended at least three sessions, with three mothers (19%) and one father (6%) attending only two of the five group sessions. Spearman’s correlations show that the number of sessions attended was not related to any of the outcome variables for this sample.

**Number of iterations**

When comparing the mean number of iterations, mothers \( M = 24.75, SD = 14.74 \) contributed more than fathers \( M = 19.88, SD = 13.58 \) across the five group sessions, however the difference between the two genders was not significant. The results of Wilcoxon signed ranks tests to investigate differences in the number of iterations for individual sessions revealed that both mothers \( Z = -3.297, p = .001 \) and fathers \( Z = -2.970, p = .002 \) contributed significantly
more during sessions three and four than in sessions one and two, though again the difference between genders was not significant.

**Father and mother contributions**

Fourteen themes emerged during the coding of the group transcripts. Table 8.1 shows the descriptions and examples of the 14 themes as well as their frequency of use by fathers and mothers. Many of the comments from fathers and mothers were directed toward the practitioner, while others were directed towards the group as a whole. Communication between parents within the group was the most frequent type of iteration for both fathers and mothers, followed by sharing personal stories and responding to the facilitator’s questions. The fourth and fifth most used themes by mothers were asking questions about the programme or questions to other parents, whereas fathers demonstrated more use of humour and comments about the programme and child behaviour. For both fathers and mothers the themes that came up the least during the group sessions were co-parenting conflict, co-parenting cooperation, and reflecting on the impact of their own behaviour. Fathers were less likely to offer advice to other parents than mothers, and mothers were less likely to make resistant comments compared to fathers.

Statistically significant gender differences were found for some themes. During the group sessions fathers used significantly more humour than mothers ($Z = -2.05, p = .041$) when contributing to the group discussion, sharing personal stories, or responding to the facilitators questions during learning exercises. Mothers in the group sessions shared significantly more personal stories than fathers ($Z = -2.20, p = .028$) and also reported more co-parenting behaviour ($Z = -2.27, p = .023$). Although reports of co-parenting conflict and cooperation were relatively low, fathers reported significantly less conflict during the final two sessions than the first two sessions ($Z = -2.00, p = .046$) and both mothers ($Z = -2.51, p = .012$) and fathers ($Z = -2.23, p = .026$) reported significantly more cooperation during the final two sessions than the first two sessions.
<table>
<thead>
<tr>
<th><strong>Theme</strong></th>
<th><strong>Description</strong></th>
<th><strong>Example</strong></th>
<th><strong>Iterations mothers</strong></th>
<th><strong>Iterations fathers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal stories</td>
<td>Sharing a story about their child or family</td>
<td>We took them out for dinner, they got five stamps and got ice-cream</td>
<td>462*</td>
<td>335</td>
</tr>
<tr>
<td>Question of program/parenting</td>
<td>Asking a general question about the program or parenting</td>
<td>Is there any rule of thumb about what you should expect developmentally at what age?</td>
<td>85</td>
<td>59</td>
</tr>
<tr>
<td>Question to other parent</td>
<td>Asking another parent a question</td>
<td>What are you doing for your behaviour chart?</td>
<td>85</td>
<td>52</td>
</tr>
<tr>
<td>Comment about program/parenting</td>
<td>General comment about the program, or parenting</td>
<td>I actually thought positive parenting would be all about encouragement, that was what I was expecting</td>
<td>86</td>
<td>72</td>
</tr>
<tr>
<td>Comment to other parent</td>
<td>General conversation with another parent in the group</td>
<td>It worked for us for a while but they were losing time with dad cause he got home late</td>
<td>560</td>
<td>430</td>
</tr>
<tr>
<td>Advice to other parent</td>
<td>Giving advice to another parent in the group</td>
<td>Instead of no story you could try reading a short boring book rather than one they choose</td>
<td>44</td>
<td>28</td>
</tr>
<tr>
<td>Use of humour</td>
<td>Making a humorous comment/response to exercise</td>
<td>I can imagine wife putting a star up for son when he is older, thank you for not bringing home any strange women</td>
<td>63</td>
<td>149*</td>
</tr>
<tr>
<td>Resistance comment</td>
<td>Negative comment about strategies effectiveness/ease of use</td>
<td>I have been told to get down to my child’s level, that doesn’t work, consequences don’t work and this is all for a family of morons</td>
<td>34</td>
<td>40</td>
</tr>
<tr>
<td>Use of strategies</td>
<td>Reported use of strategies at home</td>
<td>I went into the room and asked them again and it worked</td>
<td>77</td>
<td>55</td>
</tr>
<tr>
<td>Contributing to exercise</td>
<td>Answering facilitators question during activity</td>
<td>What would be some rules for eating out? Stay in your seat, use inside voices, eat with a spoon and fork</td>
<td>289</td>
<td>224</td>
</tr>
<tr>
<td>Impact of own behavior</td>
<td>Commenting on the impact their behaviour has on child</td>
<td>I have realised I have high standards that aren’t achievable for the kids</td>
<td>44</td>
<td>43</td>
</tr>
<tr>
<td>Clarification of strategy</td>
<td>Asking a question to clarify the use of a strategy</td>
<td>So if they are screaming do you just ignore it and when does the time start?</td>
<td>54</td>
<td>33</td>
</tr>
<tr>
<td>Cooperation</td>
<td>Comment/report of co-parenting cooperation with partner</td>
<td>We have been talking a lot more, good things come from talking</td>
<td>28*</td>
<td>18</td>
</tr>
<tr>
<td>Conflict</td>
<td>Comment/report of parenting conflict with partner</td>
<td>He was using this strategy but there was no follow through</td>
<td>7</td>
<td>11</td>
</tr>
</tbody>
</table>
Correlations

Spearman’s correlations showed some links between participant contribution themes and outcomes. Fathers who rated mothers as less improved for dysfunctional parenting practices on the Parenting Scale from pre-intervention to six month follow-up, were more likely to answer facilitator questions and participate in group exercises ($r = -.71, p = .004$) and reflect on the influence that their own behaviour and reactions have on their child’s behaviour ($r = -.75, p = .002$). Mothers reports of greater reductions in inter-parental conflict on the Parent Problem Checklist (PPC) from pre-intervention to six-month follow up, were related to both mothers’ ($r = .63, p = .029$) and fathers’ ($r = .86, p < .001$) reports of co-parenting cooperation during the group sessions. Mothers who reported more co-parenting cooperation during the group sessions were also more likely to rate fathers as more improved on the Parenting Scale from pre to post-intervention ($r = .62, p = .011$), and also at the six-month follow-up ($r = .60, p = .013$).

Case studies/summaries

Participants who verbalised the most for each theme during the group sessions were examined individually to see if the number of contributions was related to increases/decreases in child and parenting behaviour, immediately following the intervention. For the five mothers who reported the greatest improvement in child behaviour, three of the five demonstrated the greatest use of co-parenting cooperation, shared more personal stories, and reflected more on the impact of their own behaviour. Of the five mothers who reported the greatest improvements in inter-parental conflict, three demonstrated the greatest contributions to group exercises, asking for clarification, and reported use of strategies. Of the five mothers who reported the greatest improvements for parenting confidence when dealing with different behaviours, four of them shared the greatest number of personal stories during the group sessions. Three of the mothers that rated themselves as most improved for dysfunctional parenting also demonstrated the greatest participation in group exercises, asking clarification questions, and reported use of
strategies. Mothers rated fathers who shared more personal stories as showing greater improvements in parenting, and fathers rated mothers who asked more clarification questions as having the greatest improvements in parenting. Fathers who reported the greatest improvement in parenting efficacy across settings also demonstrated the greatest use of asking clarification questions.

**Discussion**

Previous research has suggested that fathers may be less willing to contribute to discussions in mixed gender groups (Berlyn, Wise, & Soriano, 2008; Johnson & Palm, 1992); however the results of this study show little difference between the amount of contributions made by fathers and mothers. Both parents did however contribute significantly less in the early sessions than in the later sessions, suggesting a getting to know each other period for group participants may be required to get the most benefit from participating in the group. The types of contributions from fathers and mothers were also very similar, and the high frequency of conversation between participants as well as sharing personal stories highlights the need to allow time for group discussion and learning from others through shared experiences. Evidence-based family interventions are structured to allow time to cover the prescribed topics in each session, which means that sessions may need to be longer or some of the less essential content reduced to allow time for discussion between parents. There were some differences between genders for themes of contribution, with fathers using more humour and mothers sharing more personal stories and reporting higher rates of co-parenting. This may be something that facilitators can take into account when delivering a programme to both fathers and mothers. It is important to ensure that all members of the group are given the opportunity to contribute to the discussion, for example, when mothers are reporting co-parenting behaviour the facilitator could encourage the father to give his opinion on the situation as well. Also participants’ use of humour may indicate
to the facilitator that they are not taking the content seriously, when in fact this may be how fathers prefer to express their opinion and share difficulties they are having with their child.

The majority of reported conflict, primarily consisted of inconsistencies between each parent's approach to child-rearing, occurred during the first two sessions, and the majority of reported cooperation occurred during the final two sessions. This indicates a shift towards more co-parenting behaviour for some parents as the programme progressed, which could be investigated further in future research. Also, analysing the content of the individual telephone sessions, which was beyond the scope of this study, may provide further insight into changes in co-parenting patterns.

Similar to previous research (Garvey et al., 2006; Nix et al., 2009; Ogrodniczuk & Piper, 2003), the results showed that the type of involvement in the group sessions was related to outcomes rather than attendance. Improvements in the inter-parental relationship were related to reported co-parenting cooperation, which highlights the importance of including a co-parenting component in programmes delivered to couples as marriage quality and co-parenting have been shown to impact children’s behaviour (Johnson et al., 1999; Kolak & Vernon-Feagans, 2008; Teubert & Pinquart, 2010). Co-parenting was also associated with mothers’ reports of improvements in fathers’ parenting, perhaps indicating more consistency between the parents in their approach to child rearing. Interestingly, the correlation results showed that fathers who contributed more to group exercises rated mothers’ parenting as less improved. This may be because those fathers who answered more of the facilitator’s questions were more confident in their own and their partner’s parenting ability and so there was less room for improvement in pre to post scores. However, comparisons of the fathers who contributed more to group exercises with their ratings of mothers’ parenting at pre-intervention do not support this hypothesis for this sample. Future research could investigate this further with a larger sample size to identify patterns.
Associations between participants’ contributions during the group and their child and parenting behaviour programme outcomes were also examined using case summary level analyses. Those parents showing the most improvement in child behaviour, relationship quality, and confidence being more likely to report co-parenting cooperation and to participate in group exercises. Reflecting on their own behaviour and asking clarification questions was also related to improvements in dysfunctional parenting and relationship quality. As such, recording the types of contributions made by participants rather than having facilitators rate the quality of involvement may give a more accurate and informative picture of what types of involvement affect outcomes.

The findings from this research can be used to help guide programme development for parenting programmes delivered to couples, as well as reduce some of the concerns facilitators may have about involving both fathers and mothers in the same group. These findings highlight that there are more similarities between father and mother contributions to a group than there are differences, and that the number and type of contribution from participants are likely to change as sessions progress. Future research could investigate participant contributions in groups where there is a gender imbalance, for example more women than men, as this may affect group dynamics and thus the type and frequency of contributions made by fathers compared to mothers. Finally, this study highlights the types of parent contributions that may be associated with programme outcomes. This information could be used to assist in training facilitators to encourage specific types of involvement from participants who may be less vocal in a group setting, such as reflecting on co-parenting with their partner, asking clarification questions and contributing to group exercises.
References


Chapter 9
Conclusions and implications for future research

This chapter reviews the findings from this thesis as a whole. An overview of the research process and outcomes of each of the investigations reported in each chapter of this thesis will be provided. Limitations and suggestions for future research will also be presented, as well as the implications of this study to researchers and practitioners.

Father involvement in behavioural family interventions

Fathers are often underrepresented in behavioural family interventions, possibly due to barriers such as lack of flexible scheduling, low involvement of fathers in the intake process, fathers’ reluctance to seek help or attend a group with women, and/or that the group delivery and content may be less relevant to fathers (Addis & Mahalik, 2003; Anderson, Kohler, & Letiecq, 2002; Berlyn, Wise, & Soriano, 2008; Fabiano, 2007). Some studies have investigated adapting content and delivery to fathers, and the effects with father only groups (Fabiano et al., 2009; Fabiano et al., 2012; Potter & Carpenter, 2008). To date the researcher is not aware of any research on adapting programmes to be more relevant and engaging to fathers and testing the effectiveness within a couple’s group. Having both parents involved in a parenting group can result in decreases in stress and increases in relationship quality (Cowan, Cowan, Pruett, Pruett, & Wong, 2009). There is also evidence that the positive outcomes of participating in a family intervention are maintained for longer periods when both parents are involved (Bagner & Eyberg, 2003; Webster-Stratton, 1992; Sanders, Markie-Dadds, Tully, & Bor, 2000). Having two parents participate in a family intervention together may also increase co-parenting behaviour, which has been shown to have a positive impact on children beyond that of parents’ marital quality (Johnson, Cowan, & Cowan, 1999; Kolak & Vernon-Feagans, 2008).
There is some research that suggests fathers do not benefit from behavioural family interventions as much as mothers do (Bodenmann, Cina, Ledermann, & Sanders, 2008; Heinrichs, Kliem, & Hahlweg, 2013; Winter, Morawska, & Sanders, 2011). This may be due to the programmes not being suited to fathers’ needs, or methodological limitations in the research. A review of 34 fatherhood programmes identified eight programmes that were considered effective based on methodological evaluations (e.g. randomised control trials, at least 30 participants per group, control group comparison) and outcomes (e.g. low rates of attrition and significant positive outcomes for father, child and/or partner) (Bronte-Tinkew, Carrano, Allan, Bowie, Mbawa, & Matthews, 2007). These eight programmes shared some common characteristics, including incorporating materials and methods that were relevant to fathers, trained staff that developed a relationship with the fathers, a high staff to participant ratio, a curriculum that targeted a few core issues and allowed time to complete the core activities effectively, approaches that had been proven effective in other contexts, and encouraging the use of incentives (Bronte-Tinkew et al., 2007). Methodological limitations in previous research include the lack of a no-treatment control group, no long term follow-up data, a lack of details about the number of fathers involved and how often they participated, and inconsistent data collection for mothers and fathers with little comparison of outcomes between the two parents (Bagner & Eyberg, 2003; Connell, Sanders, & Markie-Dadds, 1997; Ireland, Sanders, & Markie-Dadds, 2003; Schuhmann, Foote, Eyberg, & Boggs, 1998; Webster-Stratton, 1992; Winter et al., 2011).

The current investigation attempted to address many of these limitations to evaluate the effectiveness of Group Triple P that had additional father-relevant content, for fathers and mothers of children with elevated levels of conduct problems. Before conducting this trial, survey and focus group research was used to consult fathers about what they would want to be included in a parenting programme as well as the delivery features and methods that they would find the most useful. The materials currently used in the Triple P Group Program were also
shown to focus group fathers in order to assess their acceptability to this consumer group. Focus
group participants were also asked how the programme could be advertised to gain fathers’
interest initially and what incentives would encourage attendance. By taking fathers’ preferences
into account and adding new programme content, this investigation aimed to have a high rate of
initial attendance and to maintain engagement throughout the programme.

To overcome a methodological limitation of previous research, the randomised-
controlled trial participants were reported as the number of fathers and the number of mothers
involved in the intervention, rather than the number of families. Then data was collected from
each of the participants individually prior to the intervention, immediately following the
intervention, and at 6 month follow-up. Mother and father measures were analysed separately
and compared. In addition this study included a wait-list control group for comparison purposes.
This control group also received the intervention, but at a later date to ensure that it was the
intervention having an effect rather than other factors such as time passed or child maturation.

Group sessions were transcribed for a sub-section of the participants and explored to
compare the amount and type of contributions from fathers and mothers during the group
sessions. Contributions were compared with outcomes to further investigate which aspects of
involvement in a behavioural family intervention were associated with optimal outcomes.
Participants’ co-parenting behaviour with their partner was explored as the group sessions
progressed to investigate changes in the couple’s interaction and parenting behaviour, and the
impact this had on child and inter-parent relationship outcomes.

**Father preferences and acceptability of current materials**

The purpose of chapters three and four was to obtain an understanding of the fathering
support needs and parenting program preferences among New Zealand fathers with a child aged
two to nine years, using survey and focus group methods. Fathers were asked about their
preferences for programme content, delivery and advertising, and modifiers of these preferences
were investigated (e.g., education, income, child behaviour and stress). Fathers were also asked to rate the acceptability of video demonstrations used in the Triple P Group Program. The survey was completed by 161 New Zealand fathers, and fifteen fathers participated across three focus groups.

The survey results demonstrated that fathers desired information on strategies to improve the parent-child relationship, improve children’s confidence and social skills, and the unique contribution of each parent to child development. Fathers reported they would be more likely to attend a programme that was proven effective, run by trained practitioners, and personally relevant to their needs. Preferences for delivery were varied, with the most popular methods being less intensive and requiring lower levels of direct contact with a facilitator (e.g., seminar, television series or a web-based programme).

The focus group results also highlighted content that fathers felt was important, such as information on dealing with children’s emotions and techniques for keeping calm in disciplinary situations. In regards to advertising the fathers felt there should be more specific information about what is involved in the group sessions, a focus on the benefits to the child rather than any shortcomings of the parents, and the message should be delivered in a father-friendly manner, using terms and humour that fathers could relate to. The results of both the survey and focus groups suggest that having a male facilitator was not important to father attendance or engagement, unless it was a father only group.

The results of the focus group ratings on the acceptability of Triple P video materials showed that fathers found the clips relevant and engaging but would have preferred a greater father presence. The strategies rated most useful by fathers were incidental teaching, ask, say, do, time out, and logical consequences. Fathers rated the clips showing physical affection, about ask, say, do, and giving clear, calm instructions, and logical consequences as the most relevant.

These findings highlight the preferences of fathers with regards to the content and delivery of parenting programmes, which may be different to those of mothers and what is
currently being offered. In order to ascertain the degree of difference between father and mother preferences, a larger survey would need to be conducted with both parents and the results analysed and compared. The findings in this study were similar to those found in other research with fathers (Sanders et al., 2011), though they were less similar to preference studies that did not separate findings for fathers and mothers (Metzler, Sanders, Rusby, & Crowley, 2012; Morawska et al., 2011).

One implication of these findings is that programme advertisements should focus on optimising outcomes for children rather than fixing child behaviour and family problems, or parental shortcomings. Many fathers were particularly interested in the evidence base of the programme and this should be included in advertisements to attract fathers. Due to the limited nature or wording in advertisements it may be beneficial to provide a link to a webpage where parents can go for more detailed information about what will be covered in each programme session and links to research supporting the use of the programme.

With regards to the current programme materials, fathers found the strategies on teaching children skills and managing misbehaviour as the most relevant and engaging. Highlighting these strategies and the practical nature of implementing them with children may be an effective way to encourage more father participation in evidence-based programmes.

Overall the combination of survey and focus groups were used to gain an insight into the programme preferences of fathers, the acceptability and relevance of current Triple P materials, and how to attract fathers to participate in parenting programmes. The information obtained could be used to increase father involvement in evidence-based programmes, which may lead to more optimal outcomes for families if both parents are engaged with the content and delivery of the programme. The findings from chapters three and four of this thesis were used to inform the adaptation of the existing Triple P Group Program to better meet the needs of fathers. Details of these modifications were provided in chapter five, and the outcomes of this adapted programme for forty-two families are reported in chapter six.
The effectiveness of a programme adapted to be more relevant and engaging for fathers

In order to gain a better understanding of the benefits of including fathers in BFIs for young children with conduct problems, this study addressed limitations of previous research by including fathers and mothers in all aspects of screening, intervention, data collection and analysis, having a wait-list control condition, and collecting six-month follow-up data. The aim of this study was to evaluate the effectiveness of the enhanced Group Triple P Program, which had additional father-relevant content for fathers and mothers of children with elevated levels of conduct problems.

Additional father relevant content included information on how both parents can positively influence children’s development, additional parenting strategies to increase child social skills, practical examples for the strategies that were relevant to fathers (i.e. physical affection, quality time), a focus on recognising and managing stress in various situations and tips to reduce stress both at home and at work, and an emphasis on the importance of consistency between parents, using examples of situations where both parents are present rather than how individual parents would respond to a situation.

Forty-two families with a child age three to eight years were randomly allocated to either the intervention or wait-list control condition. Post intervention results showed significant improvements in parent-reported child behaviour, and self-rated dysfunctional parenting for both fathers and mothers. Mothers’ reports of parenting efficacy and ratings of fathers’ parenting were also significantly improved. Father reports of improvements in child behaviour and reductions in dysfunctional parenting following the intervention were maintained for six-months, and significant improvements in fathers’ ratings of parenting efficacy were apparent after six months, even though they were not present directly after the intervention. Mothers’ reports of decreased dysfunctional parenting were also maintained for six-months. Mothers’ reports of improvements in child behaviour for the intervention group were maintained at six-month follow-up, however
the group difference was not maintained, illustrating that the control group showed small improvements from post intervention to follow-up.

Prior to the intervention mothers rated children’s behaviour as significantly worse than fathers, and fathers rated their parenting efficacy as significantly higher than mothers, although these differences were not apparent following the intervention indicating that each parent’s perceptions of their child’s behaviour and their parenting confidence became more similar to those of their partner. Program attendance and satisfaction was high for both fathers and mothers.

The results suggest that Group Triple P was effective for both fathers and mothers at decreasing child behaviour problems and dysfunctional parenting practices, and increasing parenting efficacy. These significant findings, as well as the high levels of attendance and satisfaction with the programme reported by fathers and mothers, may be a result of including both parents in all aspects of the intervention process and including content that fathers reported would be more relevant and engaging for them.

As detailed above, most of the positive outcomes for child and parent behaviour were maintained for six-months following the intervention, which may be due to both parents attending the programme together, as reported in previous research (Bagner & Eyberg, 2003; Sanders, Markie-Dadds, Tully, & Bor, 2000; Webster-Stratton, 1992). The large effect sizes obtained for fathers in this study, along with the increases in programme satisfaction, to the high level reported by mothers, further supports adapting programmes to better meet the needs of fathers.

The finding that significant pre-intervention differences between father and mother reports of child behaviour and parenting confidence were no longer apparent at post-intervention may indicate an improvement in co-parenting. Future research should include a co-parenting measure to investigate this further.
Exploring the contributions of fathers and mothers in a mixed-gender group

This study aimed to expand on the findings of previous research by examining the similarities and differences between father and mothers' contributions in a mixed-gender group, and the impact that these contributions had on child and parent outcomes. Participants were 16 families across four separate groups attending the adapted Triple P Group Program. Group sessions were transcribed and coded to extract themes of participants’ contributions.

The results demonstrated that mothers contributed more than fathers across the five group sessions; however, the difference between the two genders was not significant. Both fathers and mothers contributed significantly more during later sessions than the first two sessions. The themes of contributions were similar for fathers and mothers, with communication between parents within the group being the most frequent type of iteration, followed by sharing personal stories, and responding to the facilitator’s questions. Statistically significant gender differences were found for some themes, such as fathers used significantly more humour than mothers, and mothers shared significantly more personal stories and also reported more co-parenting behaviour than fathers. The frequency of co-parenting behaviour changed as the sessions progressed with participants reporting less conflict and more cooperation.

Session attendance was not related to any of the outcome variables for this sample, though quality of participation was. The number of father and mother reported instances of co-parenting was related to improvements in mother reports of inter-parental conflict and fathers’ parenting behaviour immediately following the intervention and six-months later. When looking closer at the participants who contributed the most during the group sessions, patterns emerged for improvements in child behaviour with reported co-parenting and self-reflection. Relations were also apparent between improvements in the inter-parental relationship and parenting efficacy, with participants contributing more to group exercises and asking clarification questions on the use of strategies.
The results of this study showing which aspects of parents’ contributions during the group sessions have the most impact on outcomes may be important for programme design and facilitator training. It is likely important to allow for a period of the group members getting to know each other in the first session to build a trusting relationship and encourage greater communication in later sessions. It is also important to allow group members to partake in conversations with each other and share their own experiences. When delivering the programme to mixed-gender groups it may be useful for facilitators to know that mothers are likely to share more personal stories and fathers are likely to use more humour. It may also be useful to know which types of contribution result in the best outcomes so that facilitators can encourage these contributions from all group members (i.e., participating in group exercises and reflecting on the cooperation between themselves and their partner in child-rearing as the sessions progress).

**Limitations**

This thesis is made up of three separate investigations, and with all research there are limitations to each of these. One major limitation across all three studies is the lack of diversity in the sample. While efforts were made to recruit participants from a range of ethnicities and socio-economic situations, the final sample was predominantly highly educated, Caucasian families with moderate to high incomes. This type of sample is typically seen in self-referred research. To ensure that the findings are generalizable, it would be beneficial to repeat the research with a larger, more diverse sample. This could possibly be achieved by overcoming barriers to participation by offering incentives and childcare.

Another limitation of all three components of this research is the relatively small sample size. The largest, most representative sample was for the survey component which participants could complete in their own time in their own home. Recruitment rates for the focus groups were relatively high, and a monetary incentive was provided; however the actual number of participants that attended was lower than expected. For the randomised-controlled trial, a sample
of 42 families is quite small. This was partly due to restrictions in the eligibility criteria, with the main reason for non-eligibility being that both parents were required to attend the group sessions. Child age and elevated levels of behaviour problems were also a factor. However, very few of parents who enquired about the project had a partner who was unwilling to attend the programme or cited childcare as a barrier, rather there was a high number of inquiries from single parents wanting to participate. Recruitment into the study was carried out over a period of 14-months and the actual group sessions were held over a 20-months period. With a longer recruitment and intervention period the sample size would likely have been larger, however because the groups were predominantly facilitated by the researcher, with the exception of two groups that were facilitated by another trained practitioner and overseen by the researcher, this was not possible within the doctorate time period.

The final limitation is for the measures used in the randomised-controlled trial. Self-report measures were used for all items, which could lead to bias in the results. This was controlled for to a degree by each of the participants rating their partners parenting as well as their own. To further reduce bias it would be beneficial to include observational data of parent child interactions and/or the reports of a third party, such as the child’s teacher. Also in future research conducted with two parents attending a programme together, it would be beneficial to include a measure of co-parenting to explore how this changes over the course of the eight week programme. The final stage of this research attempted to investigate levels of co-parenting and the effects on outcomes through transcribing and analysing the group sessions, however the inclusion of a quantitative measure may be more informative.

**Future research**

Beyond the suggestions mentioned in the limitations section, this study paves the way for future research to investigate father involvement in behavioural family interventions. Comparisons of a father-only, mother-only and couples groups could be made using a
programme that has been adapted to be more relevant to fathers, in order to investigate whether the adaptations themselves or having both parents attend the programme has a greater impact on outcomes. This would also be useful to investigate in relation to whether the adaptations to make a programme more relevant to fathers had any impact on mothers’ engagement and outcomes.

To further investigate the impact of quality engagement on outcomes, facilitator reports or measures of each participant’s contribution could be compared with the participants’ own reports of perceived engagement and contribution. It would be interesting to compare participants’ perceptions of contributing to the group with their actual contribution to see if they were similar, and which had the greatest impact on outcomes (perceived or actual). This could be conducted with both mixed-gender and single-gender groups to investigate the difference in contributions of participants in each setting.

Finally, some of the fathers during the focus group discussion mentioned that there may be aspects of the programme that are not personally relevant to them, such as spending more quality time with their child or improving the bedtime routine. The survey findings also show that less intense delivery options may be preferred by fathers. Father involvement may be increased through offering a low-dose version of the programme which presents the core principles and strategies in a compacted format and then inviting participants to attend additional sessions that may be of personal relevance to them, such as, stress management, dealing with children’s emotions, separation anxiety, the couple relationship, and so on.

**Implications for researchers and practitioners**

The findings from this research can be used to help guide programme development for parenting programmes delivered to both parents. The results indicate that small modifications to programme content, delivery, and promotion may lead to higher session attendance and programme completion by both parents. Some practitioners may have concerns about involving both fathers and mothers in the same group, due to the possibility of one gender dominating the
conversation, each parent having very different view points, or couple conflict interfering with
the group dynamics. The analysis of the group sessions in the present study did not identify any
of these behaviours patterns. However, it is recommended that practitioners be trained to interact
with both fathers and mothers and about how to deal with issues, such as couple conflict or
gender dominance should they arise. Finally, this study highlights the types of parent
contributions that may be associated with effective programme outcomes. This information
could be used to train facilitators about which types of contributions might be especially
important to encourage from participants in a group parenting programme.
References


Appendix 1

Anonymous survey completed by fathers

Father Opinions Questionnaire: Parenting and Parenting Programmes

For these questions, please answer in relation to your child who is aged between 2 and 9 years old. If you have more than one child aged 2 – 9 years, please answer the questions in relation to your youngest child in the age range. For example if your children are aged 1, 5 and 8 please respond to the parenting questions in relation to your 5 year old child.

1. Today’s date ____________________________

2. Your Child’s Date of Birth: __________________ (dd/mm/yyyy)

3. Your Child’s Gender: (please tick appropriate box)
   □ Male
   □ Female

4. Your relationship to this child: (please tick appropriate box)
   □ Father (biological or adoptive)
   □ Step-father
   □ Foster father
   □ Grandfather
   □ Other (please describe) ____________________________

5. How many children, 16 years or under, live in your household? __________

6. Which best describes the household in which your child is presently living? (please tick appropriate box)
   □ Original family (both biological or adoptive parents present)
   □ Step family (two parents, one being a step parent)
   □ Sole parent family
   □ Other (please describe) ____________________________

7. Your Date of Birth: __________________ (dd/mm/yyyy)

8. Your country of birth: __________________

9. How many years have you lived in New Zealand? ________________

10. Which ethnic or cultural group(s) do you most strongly identify with? __________________
11. Your current marital status: (please tick appropriate box)  
☐ Married  
☐ Single  
☐ Divorced/ Separated  
☐ Widowed  
☐ Defacto (living with a partner not married to)  
☐ Other: please specify__________________________________________

12. Your highest level of education: (please tick appropriate box)  
☐ Primary school or less  
☐ Some high school  
☐ Completed high school  
☐ Non-university qualification (e.g. poly-tech/trade certification)  
☐ University degree  
☐ Post-graduate degree (e.g. masters, doctorate)

13. Are you in paid employment at present? (please tick appropriate box)  
☐ Yes, full time  
☐ Yes, part time  
☐ Not working, but looking for a job  
☐ Home based work (child care, internet or phone-based work, etc.)  
☐ Not working by choice (includes retired or full time home maker)

14. What is the total annual income in your household before tax (from all sources)? (please tick appropriate box)  
☐ Below 25,000  
☐ 25,000 – 50,000  
☐ 50,000 – 75,000  
☐ 75,000 – 100,000  
☐ More than 100,000

15. Do you have easy access to the internet? (please tick appropriate box)  
☐ No  
☐ Yes, dial up  
☐ Yes, broadband/ wireless/ mobile phone
16. Overall do you think that your child has had difficulties in any of the following areas in the past 6 months? *(please tick appropriate box)*

<table>
<thead>
<tr>
<th>Area</th>
<th>No</th>
<th>Yes – minor difficulties</th>
<th>Yes – definite difficulties</th>
<th>Yes – severe difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotions</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><strong>Concentration</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td><strong>Behaviour</strong></td>
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<tr>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td><strong>Being able to get along with others</strong></td>
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<tr>
<td></td>
<td>□</td>
<td>□</td>
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<td>□</td>
</tr>
</tbody>
</table>

17. Do these difficulties put a burden on you or the family as a whole? *(please tick appropriate box)*

<table>
<thead>
<tr>
<th>Burden</th>
<th>Not at all</th>
<th>A little</th>
<th>A medium amount</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
18. How confident you are that you can successfully deal with your child if he/she showed this behaviour: *(please tick appropriate box)*

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Not at all confident</th>
<th>A little confident</th>
<th>Moderately confident</th>
<th>Very confident</th>
<th>Extremely confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child whines or complains</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child constantly seeks attention</td>
<td></td>
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</tr>
<tr>
<td>My child refuses to do what HE/SHE has been told</td>
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<tr>
<td>My child misbehaves when I am out (e.g. while shopping)</td>
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<tr>
<td>My child becomes anxious or tense</td>
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<tr>
<td>My child becomes unhappy, sad or depressed about something</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>My child worries that something bad will happen</td>
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</tbody>
</table>

19. To what extent do you feel supported in your role as a parent over the last month? For example, by having someone to talk to when you experience difficulties as a parent.

- Not at all
- Slightly
- Moderately
- Very
- Extremely

20. To what extent do the following statements describe your experience as a parent in the last month? *(please tick appropriate box)*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting is rewarding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting is demanding</td>
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<tr>
<td>Parenting is stressful</td>
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<tr>
<td>Parenting is fulfilling</td>
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<td></td>
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<tr>
<td>Parenting is depressing</td>
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</tr>
</tbody>
</table>

21. To what extent have you felt stressed over the last month? *(please tick appropriate box)*

- Not at all
- Slightly
- Moderately
- Very
- Extremely

22. To what extent have you felt depressed over the past month? *(please tick appropriate box)*

- Not at all
- Slightly
- Moderately
- Very
- Extremely
23. For each of the programmes below, please indicate if you have heard of it. *Please tick appropriate box*

<table>
<thead>
<tr>
<th>Programme</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triple P-Positive Parenting Program</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The Parenting Place, Parents Inc.- Ian and Mary Grant</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Parents as First Teachers</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Parenting Enhancement Program</td>
<td>☐</td>
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<tr>
<td>Peaceful Parent</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Incredible Years Programme (IY)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>HIPPY</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Parenting Foundation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The Bricks and Mortar Parenting Program</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>

24. Have you participated in a programme on child development, child behaviour, or parenting, such as? *Please tick appropriate box*

<table>
<thead>
<tr>
<th>Programme</th>
<th>No</th>
<th>Yes, in the past 12 months</th>
<th>Yes, more than 12 months ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triple P-Positive Parenting Program</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The Parenting Place, Parents Inc.- Ian and Mary Grant</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Parents as First Teachers</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Parenting Enhancement Program</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Peaceful Parent</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Incredible Years Programme (IY)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>HIPPY</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Parenting Foundation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The Bricks and Mortar Parenting Program</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

☐ Other (Please specify): _________________________________

152
25. If you have previously participated in a parenting programme, how important were each of the following in initially motivating you to participate? *(please tick appropriate box)*

<table>
<thead>
<tr>
<th>Motivating Factor</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanted to seek advice on a particular parenting issue</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Wanted to seek advice on a range of parenting issues</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Heard about the programme from a friend</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Your partner suggested you attend the programme</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Wanted to develop a new parenting skill</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Wanted to improve your relationship with your child</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Wanted to learn how to effectively manage your child’s behaviour</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

☐ Other (please specify):

26. How useful was the programme to you? (If you have completed more than one programme, please answer with regards to the most recent programme)

<table>
<thead>
<tr>
<th>Level of Usefulness</th>
<th>Not at all useful</th>
<th>Slightly useful</th>
<th>Moderately useful</th>
<th>Very useful</th>
<th>Extremely useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

27. Was there anything not covered in the programme that you would have liked to have been included?

______________________________________________________________________________

______________________________________________________________________________

28. If you have attended a parenting programme, how likely is it that you will participate in another or different parenting programme in the future? *(please tick appropriate box)*

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Not at all likely</th>
<th>Somewhat likely</th>
<th>Very likely</th>
<th>Extremely likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

153
29. If you have never attended a parenting programme, how likely is it that you will participate in a parenting programme in the future? (please tick appropriate box)

Not at all likely  Somewhat likely  Very likely  Extremely likely

30. If you were to attend a parenting programme in the future, how important is it to you that the following topics are included in the programme? (please tick appropriate box)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about the ways in which fathers positively influence their children’s development</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Information on tips and techniques for raising girls</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Information on tips and techniques for raising boys</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How to support your partner as a parent</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How to manage difficult child behaviour e.g. temper tantrums</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How to increase your child’s confidence</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How to increase your child’s social skills and promote positive relationships with peers</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How to help your child do well at school</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How to increase your child’s participation and enjoyment in physical activities e.g. sports</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How to teach your child practical skills e.g. home maintenance</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How to teach your child financial skills e.g. managing money</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How to build a positive relationship with your child</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How to encourage your child to be more independent e.g. taking care of their things, getting dressed</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

☐ Other (please specify)  ________________________________________________
The following questions ask you to rate the extent to which you would find different ways of accessing a parenting programme useful. Please circle the number that best fits your choice.

31. **Television programme** e.g., a TV series that shows how parents work through a parenting programme to manage social, emotional and behavioural problems in their children.

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<tr>
<th>1</th>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Extremely useful</td>
</tr>
</tbody>
</table>

32. **Web-based programme** e.g., work through a structured online programme over a period of weeks to assist with parenting

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<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Extremely useful</td>
</tr>
</tbody>
</table>

33. **Newspaper Article** e.g., weekly article discussing parenting and applying it to a range of childhood problems and behaviours

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<tr>
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<th>7</th>
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<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Extremely useful</td>
</tr>
</tbody>
</table>

34. **Radio Segment** e.g., a regular radio segment discussing parenting and applying it to a range of childhood problems and behaviours, giving listeners the opportunity to call in and ask questions

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Extremely useful</td>
</tr>
</tbody>
</table>

35. **Self Directed** e.g. work through the programme on your own using a workbook with readings and homework exercises

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<tr>
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<th>7</th>
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<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Extremely useful</td>
</tr>
</tbody>
</table>
36. **Self Directed with telephone assistance** e.g. work through the programme on your own using a workbook with readings and homework exercises and receive a brief weekly telephone consultation with a practitioner

<table>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td>Somewhat useful</td>
<td>Very useful</td>
<td>Extremely useful</td>
<td></td>
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</table>

37. **Parent seminar** e.g., attend a seminar on general principles of positive parenting

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<th>7</th>
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<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td>Somewhat useful</td>
<td>Very useful</td>
<td>Extremely useful</td>
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</tbody>
</table>

38. **Group programme** e.g., attend weekly small group sessions dealing with parenting and child social, behavioural, and emotional problems.

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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td>Somewhat useful</td>
<td>Very useful</td>
<td>Extremely useful</td>
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</tbody>
</table>

39. **Couples Programme** e.g. attend weekly small group sessions with your partner dealing with parenting and child social, behavioural and emotional problems.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td>Somewhat useful</td>
<td>Very useful</td>
<td>Extremely useful</td>
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</tr>
</tbody>
</table>

40. **Father only programme** e.g. attend weekly small group sessions with other fathers dealing with parenting and child social, behavioural and emotional problems.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td>Somewhat useful</td>
<td>Very useful</td>
<td>Extremely useful</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
41. **Culture specific programme** e.g. attend weekly small group sessions with other people of the same culture, dealing with parenting and child social, behavioural and emotional problems.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td>Somewhat useful</td>
<td>Very useful</td>
<td>Extremely useful</td>
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</tbody>
</table>

42. **Individually tailored programmes** e.g. meeting individually with a clinician to discuss parenting and tailor a programme to your individual needs.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>5</th>
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<th>7</th>
<th>8</th>
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<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td>Somewhat useful</td>
<td>Very useful</td>
<td>Extremely useful</td>
<td></td>
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</tbody>
</table>

43. **Workplace access** e.g., access parenting programme within the workplace focusing on parenting and balancing home and work life.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td>Somewhat useful</td>
<td>Very useful</td>
<td>Extremely useful</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

44. **Home visits** e.g. a clinician coming to your home to discuss parenting and to tailor a programme to your individual needs.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td>Somewhat useful</td>
<td>Very useful</td>
<td>Extremely useful</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

45. **Religious organisation access** e.g., attend a parenting programme or seminar at your church or temple.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td>Somewhat useful</td>
<td>Very useful</td>
<td>Extremely useful</td>
<td></td>
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</tr>
</tbody>
</table>

46. **Weekend intensive** e.g. attend a two day intensive retreat on principles of positive parenting and dealing with parenting and child social, behavioural and emotional problems.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all useful</td>
<td>Somewhat useful</td>
<td>Very useful</td>
<td>Extremely useful</td>
<td></td>
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</tr>
</tbody>
</table>
47. Please indicate below what features of a parenting programme would influence your decision to participate. *(Please tick appropriate box)*

<table>
<thead>
<tr>
<th>Feature</th>
<th>No influence</th>
<th>A little influence</th>
<th>Some influence</th>
<th>Much influence</th>
<th>A lot of influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Different delivery formats (e.g. group, seminar) being available</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Programme can be tailored to the needs of the individual parent</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Trained practitioners conduct the programme</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Programme has been demonstrated to be effective</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Resources are professionally produced and presented</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Participants are encouraged to set and achieve their own goals</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Programme addresses personally relevant issues</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Programme is free or very low cost</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The programme is held in a convenient location</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The programme content is tailored specifically to fathers</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A male practitioner conducts the programme</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Extended family/whanau are able to participate in the programme with you</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

48. Overall how satisfied are you with the information that is available to fathers about parenting? *(Please circle the number that best fits your choice)*

<table>
<thead>
<tr>
<th>Rating</th>
<th>1</th>
<th>2</th>
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<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Extremely</td>
</tr>
</tbody>
</table>

49. Overall how satisfied are you with the services available to support you in your role as a father? *(Please circle the number that best fits your choice)*

<table>
<thead>
<tr>
<th>Rating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Extremely</td>
</tr>
</tbody>
</table>

50. Are there any other comments you would like to make?

________________________________________________________________________

Thank you for completing this survey
Appendix 2

Rating form for video clips of the 17 core strategies of Triple P

Please circle the number that best corresponds with your response

<table>
<thead>
<tr>
<th>Episode One</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>Fairly</th>
<th>Very</th>
</tr>
</thead>
<tbody>
<tr>
<td>How useful was this episode to you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How interesting and entertaining did you find this episode?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>If this programme was on TV, how likely would you be to watch it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How realistic did you think the parents’ behaviour was?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How realistic did you think the children’s behaviour was?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How realistic did you think the overall situation illustrated was?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How realistic was the way in which the situation was handled?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How relevant or helpful do you think this episode would be to fathers?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Overall how satisfied were you with the way fathers were portrayed in this episode?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Any other comments you wish to add: ______________________________________________________

__________________________________________________________
Appendix 3

Participant information sheets

Examining the effectiveness of Group Triple P for fathers and mothers of young children

PARTICIPANT INFORMATION SHEET

Dear Parent,

My name is Tenille Frank and I am a PhD student with the Triple P Research Group, Faculty of Education, University of Auckland. The Triple P Research Group conducts research looking at the effectiveness of the Triple P Positive Parenting Program. The current project aims to investigate the effectiveness of an enhanced version of Group Triple P. This programme aims to enable fathers and mothers to develop positive relationships with their child, manage their children’s behaviour in a constructive way, and help children develop social skills. We are inviting fathers and mothers who have a 3- to 8-year-old child who is showing some difficulties with his or her behaviour to participate in this project.

What is involved in participation?

The programme involves fathers and mothers attending a two-hour group session (1 x per week) over four consecutive weeks, followed by three weekly fifteen-minute telephone consultations and one final two-hour group session during the eighth week of the programme. There are no costs associated with participation and you will be allowed to keep all programme resources.

The Group Triple P Positive Parenting Program is run with a small group of parents, and facilitated by a trained practitioner. The groups will work through the Triple P Positive Parenting Program that includes strategies for promoting positive parent-child relationships and managing children’s behaviour in a constructive way.

Participants in the project will be randomly allocated to either complete the group programme immediately, or in six months time. Please note that participants are not able to choose which programme they would like to complete. Confidentiality with respect to your identity cannot be guaranteed due to the group nature of the research, that is, other members of the group may be able to identify you.

Participation in this project involves the completion of a number of questionnaires. These questionnaires ask about a range of parenting and child behaviour issues, as well as about parents’ own wellbeing and relationship quality. So that we can assess the immediate and long-term effects of the programme, participants will be asked to complete these questionnaires online or in paper format before the programme starts, at the end of the programme, and again 6 months after completing the programme. The questionnaires will take approximately 45 minutes to complete at each time point.

Confidentiality

Names and identifying details will not be used in any summary report of this data, and all data will be described only in general terms at the group level. Each family will be assigned a code number and your name will be erased from any forms or questionnaires. Only the researcher and her supervisors will have access to information that matches names with code numbers.
numbers. All information collected for this study will be stored in locked filing cabinets on University premises, and all electronic and web-based data will be secured by a password system. All data, including questionnaires, and forms, will be destroyed or erased 6 years after publication. Any research assistant hired to assist with data collection or analysis, or practitioners who will deliver the programme for this project will be required to sign a confidentiality agreement before commencing employment. For the purpose of quality control and to ensure that practitioners are providing the programme in a similar manner, some of the group sessions may be video recorded and some of the telephone consultations may be audio recorded. These recordings will only be viewed or listened to by the researcher, Tenille Frank, and her supervisors.

Participants will be given a summary of the findings at the conclusion of the research. Applications for funding to cover the costs of this research will be submitted to various funding bodies (e.g. Lotteries Commission), who may also receive a summary of the findings.

The findings from this study will be used in the researcher’s PhD thesis, publications in academic journals, and conference presentations.

Your participation in this study is voluntary and you are free to decline to answer questions. You have the right to withdraw yourself and any information traceable to you from the project at any time prior to the completion of data collection (1/12/2013) without penalty or giving a reason.

Thank you very much for your time and help in making this study possible. If you are willing to participate, please complete and sign the enclosed consent form and return it in the addressed, postage paid envelope. If you have any questions or concerns about your participation in this study, please contact me and/or my supervisor at:

Yours sincerely,
Tenille Frank

Tenille Frank
Triple P Research Group
09 623 8899 Ext. 83042
tj.frank@auckland.ac.nz

Dr Louise Keown PhD (Main Supervisor)
Senior Lecturer
l.keown@auckland.ac.nz
Ext. 86435

The Head of the School of Teaching, Learning and Development is:
Dr Frances Langdon,
Faculty of Education,
The University of Auckland
Private Bag 92601
Symonds St, Auckland 1150
Ph: 09 623 8899 ext. 48769

For queries regarding ethical concerns, contact:
The Chair, the University of Auckland Human Participants Ethics Committee
The University of Auckland
Office of the Vice Chancellor
Private Bag 92019
Auckland 1142
Ph: 09 373 7599 ext. 83711

Appendix 4

Participant Consent Forms

PARENT CONSENT FORM

THIS CONSENT WILL BE HELD FOR A PERIOD OF SIX YEARS.

Researcher: Tenille Frank

Study title: Examining the effectiveness of Group Triple P for fathers and mothers of young children

I have read and understood the participant information sheet for this research project. I understand the nature of this research and why I have been selected to participate. I have had an opportunity to ask questions and have them answered. I have been informed that participation in this project is voluntary.

- I agree to take part in this research.
- I understand that participation in this research involves attending five two-hour group sessions and three fifteen-minute telephone consultations over the course of eight weeks.
- I understand that participation in this research involves the completion of questionnaires about child behaviour, parenting, parental wellbeing and family context at the start and end of the program and six months following the end of the program, and that these will take 45 minutes to complete each time.
- I understand that all information I provide will be stored under my assigned number rather than my name to ensure confidentiality.
- I understand that confidentiality with respect to participation cannot be guaranteed due to the group nature of the research.
- I understand that all data, including questionnaires and forms, will be stored in a locked filing cabinet on University premises to maintain confidentiality.
- I understand that all stored electronic data will be password protected.
- I understand that some of the group sessions may be video recorded and some of telephone consultations may be audiotaped and that these recordings will only be viewed or listened to by the researcher and her supervisors.
- I understand that data from this study will be stored for the duration of the research and will be destroyed or erased six years after publication.
• I understand that any staff employed to work on this study, including research assistants, will be required to sign a confidentiality agreement before commencing employment.

• I understand that I am free to withdraw myself and any information traceable to me from the study at any time prior to completion of data collection (1/12/2012) without penalty or giving a reason.

Signed: ______________________________

Date: _____ / ____ / ______

Name: ______________________________

Appendix 5

Accreditation to facilitate the Triple P Group Programme

This is to certify that

Tenille Frank

is an accredited provider of

LEVEL 4
GROUP TRIPLE P

24 August 2011

Matthew R. Sanders PhD
Professor and Director of the
Parenting and Family Support Centre
Founder of Triple P-Positive Parenting Program

Recognition of New Award Program
Completion of this program does not provide credit points towards the official academic courses and awards of the University

THE UNIVERSITY OF QUEENSLAND
AUSTRALIA