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A Multi-faceted Approach to Understanding Acceptability of DOCS K-5: A Qualitative Analysis

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by

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Abstract

This qualitative study investigated the acceptability of DOCS K-5, a behavior parenting program adapted for parents of elementary aged children. Despite proven efficacy in preventing maladaptive behaviors, parenting programs have historically suffered from low attendance and engagement. Participants (N = 13) attending the pilot DOCS K-5 program took part in six group interviews while enrolled in the program to examine the facilitators and barriers to attendance, perceived effectiveness, and collateral benefits received from participation in the program. This study considered possible cognitive, affective, instructional, and pragmatic facilitators or barriers to attendance and engagement. Participants described motivations to learn various types of strategies including strategies to help with school related problems, strategies for children exhibiting very difficult behavior, and strategies that extend those learned in a prior parenting program. Pragmatic concerns, such as the time, location and length of the program were described as modest barriers to attendance. Parents' cognitive approaches in general were not experienced as barriers to attendance or engagement. However, some parents of children with more extreme behavior indicated a belief that the behaviors may be part of who the child is. Parent affect (e.g., feelings of guilt, isolation, or being overwhelmed) was experienced as a facilitator to enrollment or engagement, and often led to parents expressing mutual support for each other during group interviews. Parents also indicated that elements of DOCS K-5 instructional design such as the instructional materials, resources and the experience of the instructor were highly appreciated and facilitated learning.

Analysis of the perceived effectiveness of the pilot DOCS K-5 confirmed that parents reported learning and regularly using several new strategies taught. In addition to the specific strategies learned, parents described both changes to their overall approach to parenting and changes in their child's behavior that were often characterized as evolving or a work in progress. Participants of the pilot program offered suggestions for increasing attendance to other community members and increasing active engagement. Thematic analysis also identified collateral benefits of participation, such as increased feelings of calm during interactions with their children, increased confidence in managing behavior, and improved relationships not only within the family but also within the community and school environment.

Future research may further explore how to satisfy the competing needs of parents who may seek mutual support from others in group parenting programs, but may not have the ability to attend the session or may feel stigmatized in certain environments or venues. Also, further research may explore the significant role that parenting programs play in empowering parents who feel marginalized or isolated to access school and community resources and build factors of resilience.

Chapter 1: Introduction

Statement of the Problem

Emotional and behavioral problems in children can have a far-reaching impact on overall health and well-being. Children who have behavior problems early in their education career are likely to continue to struggle with maladaptive behavior throughout the education process (Nelson et al., 2007). These problems often have a cumulative effect over the years, widening the gap in academic functioning and well-being as students move through elementary, middle, and high school. A child who exhibits maladaptive behaviors in kindergarten may not be able to participate during academic instruction and may have difficulty making friends. Overtime, the student fails to benefit from the increasing opportunities to develop academically and socially, and these important skills fall further behind the skills of their peers (Walker et al., 1995).

The prevalence of emotional and behavior problems or disorders in school aged children is increasing (Nelson et al., 2007). Due to methodological differences, accurate estimates of prevalence rates of mental disorders are difficult to calculate; however, most sources cite worldwide prevalence rates of mental health disorders in youth between 10 and 20% (Ogundele, 2018; Polanczyk et al., 2015). According to a 2001 World Health Organization (WHO) report, prevalence rates for mental health disorders in children are estimated to be 20.9%, including 10.3% with disruptive disorders (Ogunedele, 2018). As of 2019, the prevalence rate for ADHD alone was 7.2% (Thomas et al., 2019). Furthermore, the National Alliance on Mental Illness (NAMI) estimates that roughly half (49.4%) of children who suffer from mental health problems did not receive mental health services within the past year (NAMI, 2001). Even more striking,

only 20% of students with severe emotional disturbance receive any form of mental health interventions (Burns et al., 2001). Children with emotional and behavioral problems have diminished quality of life that spans family functioning, school participation, and community involvement. To change this trajectory, children must be supported through not only direct school interventions that target the behavioral and emotional problems, but also through community and family influences on the child.

There has been a paradigm shift in health care and education treatments from a deficit model approach that is reactive in nature and treats problems after they manifest, to a preventive approach that targets root causes of children's mental, physical and behavioral health disparities (see Harris, 2014). Instead of focusing on just the child, the developmental influence of the community, family, school and neighborhood also are considered. Efforts to improve the well-being of children are expanded to address the social risk factors that are the well-spring of maladaptive behavior.

The parenting relationship is one of the strongest predictors of child well-being (Armstrong et al., 2005). Positive parenting relationships have been correlated with the reduction of problem behaviors (Brumariu et al., 2011; Hazel et al., 2014; Heernkohl & Hemphill, 2012). Alternatively, the lack of a parental bond can increase risk for childhood internalizing and externalizing disorders (e.g., Gruhn et al., 2016). Parents of children with mental and behavioral disorders are especially challenged to practice the positive and authoritative disciplinary practices needed (Berk, 2018; Pinquart, 2017). Parents' permissive attitudes toward maladaptive behavior, poor monitoring and inconsistent discipline have been linked to children's problem behaviors (Heernkohl & Lee, 2012).

Parenting programs have been shown to be effective at improving parenting knowledge and lowering the stress of parents (Haggerty et al., 2014). Haggerty and colleagues recommend choosing parenting programs that are developed from theory and have proven efficacy in systematic trials. Many programs have had positive effects on the current parenting relationship which can alter the developmental trajectory for a child (Haggerty et al., 2014).

Helping Our Toddlers, Developing Our Children's Skills (HOT DOCS) is one such program (Agazzi et al., 2020). This six-week, manualized parent-training program offers parents of children birth to age 5 years effective strategies grounded in behavioral theory and positive behavior supports (Agazzi et al., 2020). Parents learn to identify the function, antecedents, and reinforcers of behavior, to prevent maladaptive behaviors, and to teach replacement behaviors to children. HOT DOCS has repeatedly demonstrated reductions in parents' ratings of problem behaviors and parental stress, and improvements in parent knowledge and confidence (Childres et al., 2011; Williams, 2007; Williams et al., 2010).

Parents, however, continue to struggle with behavior problems after children enter elementary school. Although many programs exist to aid parents of toddlers and preschoolers, fewer programs are available for parents of older children. In 2019, the DOCS K-5 parent training program (Agazzi & Childres, 2019) was developed to meet the needs of caregivers of school-age children exhibiting disruptive behaviors. DOCS K-5 is an adaptation of the HOT DOCS program. In DOCS K-5 caregivers are trained in similar principles covered in HOT DOCS but the strategies and lessons are expanded to target the behavioral and social-emotional needs of older children. Like the original program, DOCS K-5 teaches parents to use positive behavior strategies to create routines, improve discipline, prevent behavior problems and reduce parental stress. In addition, the new K-5 program includes information on injury prevention and

problem-solving students' academic and behavioral needs in elementary school, neither of which are covered in HOT DOCS.

Although the ostensible purpose of parenting programs is to teach parenting strategies, group parenting programs of school age children have an additional opportunity to impact the life of the child in other indirect ways. For example, parenting programs may deepen the relationships between parents, schools and the community that affect the development of children. By sharing experiences and offering support, parents build relationships with others in the community. Parents can learn how to approach school staff, communicate effectively with teachers, and access school and community resources. Thus, the information presented and the relationships formed may establish a more robust system of supports for parents and developing children.

Although parenting programs have been shown to be effective in studies, their potential to reduce stress, improve discipline practices and ultimately improve the behavior of the child is limited in practice (Axford et al., 2012). The major impediment to success lies in notoriously poor enrollment and attendance of parenting programs (Chacko et al., 2016). On average, only 20-40% of families who would benefit from parent skills training go on to complete a program. Beyond initial enrollment, attendance rates continue to be low. Of those that do continue, they attend on average 60% of sessions with attendance dropping as the course continues (Baker et al., 2010). Clearly, low attendance and enrollment are the 'Achilles heel' of parenting programs and dilute the therapeutic benefits of these programs.

Efforts to remedy low enrollment and attendance have attempted to improve acceptability and feasibility of parenting programs. However, reasons why an intervention may or may not be acceptable are complex (Sekhon et al., 2017). Moreover, the concept of "acceptability" has been

defined in varying ways in the health and behavioral sciences literature complicating efforts to improve acceptability (Sekhon et al., 2017). Some treatments of acceptability focus on participation and retention rates and leave explanations of why a treatment was found acceptable to conjecture. Others involve a deeper analysis that investigates participants' thoughts, feelings, and behaviors affecting acceptability. To these researchers, acceptability is a multi-factorial concept that should incorporate wide ranging aspects of participants' attitudes, cognitions, burdens, ethicality, and perceived coherence of intervention (Sekhon et al., 2017). It is argued that acceptability research should be person centered, deeply engaging the participants' thoughts and feelings to inform the design of the intervention (Yardley et al., 2015).

Acceptability of the DOCS K-5 program has not yet been tested. Given the past success of the HOT DOCS programs specifically, and parenting programs in general, DOCS K-5 holds great promise to improve parenting skills and reduce behavior problems in school-age children. Moreover, a program for parents of older children has an added potential to encourage parent-school communication and collaboration and build networks of support within the community to reinforce resiliency of parents and children. Thus, an in-depth analysis of parents' thoughts and feelings about the new program should be conducted to investigate the facilitators and barriers to attendance and engagement, perceived effectiveness, and tertiary benefits of the newly adapted DOCS K-5 parenting program.

Theoretical Framework

This analysis of the acceptability of DOCS K-5 is framed by Bronfenbrenner's Ecological Systems theory that views development within a dynamic system of relationships, social networks, policies and resources within the surrounding environment. According to the Ecological Systems theory, several interconnected systems influence the psychological, social,

and biological development of the child. At the most immediate level, the microsystem, Bronfenbrenner conceptualized the bi-directional nature of relationships in which the child directly engages. Expanding outward, parent relationships and support structures continue to affect the well-being and functioning of the child. The mesosystem is comprised of the relationships and interactions between individuals in two or more settings of the microsystem (e.g., school and home) (Bronfenbrenner, 1979). Thus, once the child enters a new setting like school, the interaction between school and home becomes a factor in child development. These mesosystem relationships may be experienced as direct experiences of two settings, communications between two settings or gaining knowledge of different settings (McIntosh et al., 2008). The exosystem represents cultural and political systems that indirectly affect development. Working within the framework of Ecological Systems theory, the public health model of service delivery uses a community approach to health care. It posits that the health field should use scientifically derived evidence to develop relationships between stakeholders to build a network of care that focuses on promoting positive behavior instead of only reacting to problem behavior (Strein et al., 2003).

The content of the parenting program is informed by Behaviorism (Skinner, 2012) and Patterson's Theory of Coercive behavior (Patterson, 1989). Behaviorism defines learning from a mechanism of antecedents and consequences that constrain behavior patterns. An individual learns to behave in certain ways according to the function of the behavior within this environment. By recognizing the function of the behavior, behaviorally informed interventions may alter environmental conditions that inadvertently reward maladaptive behavior while encouraging adaptive behavior that serves the same function. Taken together, these theories support an approach to children's problem behavior that takes into consideration the interactions

of children with their environment and builds the network of relationships that positively support children's adaptive behavior.

In his theory of coercive behavior, Patterson describes a developmental model of anti-social behavior that is marked by predictable, sequential experiences that lead to childhood behavior disorders. The first step of this sequence is ineffective parenting practices and the influence of environmental conditions on family interactions. Next, as children reach school age, they experience academic failure and peer rejection, which lead to greater internalizing and externalizing problems. Children who develop under these conditions are at high risk for developing chronic behavior problems. The developmental progression for anti-social behavior begins at home. Parents unintentionally train the child to engage in anti-social behaviors when they respond to children's resistance and lack of cooperation with coercive techniques to control behavior such as yelling and physical discipline. Children respond to coercive parent techniques by reacting with anger and further resistance. Whether the child or parent desists in this scenario, the maladaptive behavior is reinforced functionally through escape. In turn, children who develop with coercive parenting techniques learn a pattern of behavior that carries over into other social spheres (Smith et al., 2014). Parent training program such as HOT DOCS and DOCS K-5, informed by the principles of behaviorism break this cyclical pattern of maladaptive behavior between children and caregivers by helping parents understand the function of children's current behavior and teaching parents strategies and activities that may be applied at home. Ultimately, parents learn generalizable techniques that encourage positive engagement with their children, prevent and reduce problem behavior, and promote adaptive behavior.

Purpose of Study

The primary purpose of this study was to explore parents' acceptability of DOCS K-5, a behavioral parenting program adapted for parents of elementary aged children. This study conceptualized acceptability to encompass multiple factors including 1) pragmatic concerns (e.g., ease of attending sessions), 2) cognitive and affective facilitators and barriers to participation (e.g., understanding the personal benefit of the intervention, motivations for enrollment), and 3) the design of the class (e.g., time allotted to teach concepts). Secondly, this analysis of acceptability explored whether the participants perceived the parenting program to be effective including the behavioral, cognitive, and affective changes within the participant (e.g., a skill learned, knowledge gained, or increase in confidence) and the perception of changes in child behavior. Thirdly, this study investigated how a K-5 parenting program may provide tertiary supports to parents that, in turn, improve the well-being of children (e.g., providing a social forum to communicate concerns).

Research Questions

1. What are the facilitators and barriers (e.g., facets of acceptability) to enrollment, attendance and engagement in DOCS K-5?
2. What are parents' perceptions of the effectiveness (e.g., facets of acceptability) of DOCS K-5?
3. What are parents' perceptions of the tertiary benefits (e.g., facets of acceptability) of attending DOCS K-5?

This study used qualitative analysis of archival data collected during a pilot DOCS K-5 session. Parents who participated in the pilot DOCS K-5 program during the fall of 2019 engaged in a series of group interviews immediately following each session. The group

interviews were audio and video recorded and explored parents' acceptability of the program. Questions addressed the parent's motivations to attend, pragmatic facilitators and barriers to attendance, instructional design, their cognitive approach to the material, their affective reactions to the session, and the perceived effectiveness of the strategies learned. Questions during the interview presupposed a broad view of acceptability informed by current literature on acceptability in health-related fields. Thematic analysis was applied to the participants' responses to investigate their personal reactions, thoughts and feelings regarding the acceptability of the new program, the perceived effectiveness and any additional benefits received from their participation in the course. The themes identified through the iterative process of thematic analysis were categorized and organized to explore what parents of elementary school children found most useful and beneficial in the parenting program, what facilitators and barriers affected attendance and participation, and what additional benefits parents of school-aged children enjoyed.

Definition of the Terms

Acceptability is a multi-faceted construct that includes facilitators and barriers to attendance and engagement, perceived effectiveness and tertiary benefits received by the participants. Facilitators to attendance not only involve concepts of feasibility, but also include design of instruction, participant attitudes, cognitions, ethicality, and perceived coherence. Within the research questions, this study isolates both perceived effectiveness and collateral benefits from other facets of acceptability to highlight these aspects of acceptability in the findings and discussion. Although acceptability often encompasses the perspective of both the participants and interventionists, , this study only addresses the thoughts and feelings of the participants.

Maladaptive behavior is used in this study to refer to externalizing behavior problems. Although parenting programs may also reduce internalizing problems in children, much of the research concerning the effects of parenting programs refer to externalizing and not internalizing behaviors.

Parenting programs refer to behavioral parent training that draws from behavioral strategies to improve positive discipline and routines.

Social supports refer to the network of relationships between family members, between family and schools and between family and community healthcare providers.

Contributions to the Literature

This study aimed to provide valuable information to investigate the acceptability of DOCS K-5, a newly adapted program for parents of elementary age children. When designing new programs, it has become increasingly important to consider aspects of acceptability in addition to measuring effectiveness. Acceptability is especially important for new and continuing parenting programs to address the historical struggles to increase enrollment and maintain engagement despite proven effectiveness for participants. This study not only contributes to the understanding of facilitators and barriers to acceptability for parenting programs in general, but also provides relevant information for how a newly modified program is received by parents of school-age children. The interviews that occurred immediately after each session provided an opportunity to investigate parents' reactions as they were progressing through the program, from the first through the sixth session.

In addition, this study explored other potential benefits the parents may have received beyond the acceptability and perceived effectiveness. There is growing recognition that health services can build resiliency through relationships and networks of support. Parenting programs

of school age children offer new opportunities to build support networks in myriad relationships and systems including within families, between families, between the school and family, and between health care professionals and families. These support networks may be especially important during times of community stress and social isolation practices that have been brought upon by Covid-19. Further, an analysis of the benefits participants enjoyed provided insight into how a change in the modality of the session, whether offered online or within the community was received. This information will be beneficial to researchers and program developers who are looking to expand psychological services into the community and online.

Chapter 2: Literature Review

Behavior Problems in School Aged Children

The prevalence of mental health problems and behavior problems in school age children is alarming. Studies estimate that between 10% and 20% of children and adolescents living in the United States are affected by mental health disorders (National Research Council and Institute of Medicine, 2009; Ogundele, 2018; Polanczyk et al., 2015). According the Center for Disease Control, 7.4% of children age 3-17 have a diagnosed behavior problem (2019). Although diagnoses of anxiety and depression increase with age, behavior disorders are most common in elementary school aged children (6-11 years) (CDC, 2019). Poverty and low SES appear to increase the risk of developing emotional and behavior disorders (Ogundele, 2015). According to a 2001 report by the WHO, 20.9% of children and adolescents have mental health disorders, 10.3% have a disruptive behavior disorder, 13% suffer from anxiety disorders, and 5% suffer from depression. It is estimated that $247 billion is spent each year on childhood mental disorders and yet, only about half (53.5%) of children and adolescents with behavior disorders receive treatment (CDC, 2019). Schools struggle to manage these concerns and children who display mental or behavior problems are at risk for a variety of negative outcomes including depression, substance abuse, delinquency, and poor academic achievement (Walker et al., 1995).

Parenting Relationship

Caregiver quality and warm parental relationships have been linked to improved outcomes for children (Masten & Monn, 2015). A positive parenting relationship has been linked to the reduction of risk factors (e.g., environmental stress) and improvement of resiliency factors

(e.g., emotional self-regulation) (Brumariu et al., 2011; Hazel et al., 2014). Alternatively, poor parenting relationships are associated with increased risk of problem behaviors. Nelson, Stage, Duppong-Hurley, and Epstein (2007) conducted a study to determine which factors in a child's life increased the likelihood that the child would subsequently show evidence for an emotional behavioral disorder. The researchers interviewed and tested 157 kindergarteners and first graders at risk for an emotional behavioral disorder (E/BD) who had been selected to receive a tier 2 intervention. All children were from a medium sized city in the Midwest. The researchers collected information on childhood behaviors with the broad band scale of the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001). In addition, thirty-six risk factors were identified and grouped into domains. Regression analyses were performed to determine the relationship between a CBCL total problems broad band score and 11 domains of risk-factors. Family functioning (which included parental distress, parent-child dysfunction, and parent reported difficulty of the child) were one of 5 domains identified as predictive of E/BD symptoms in early elementary years. Compared to the other predictive domains (internalizing behaviors, externalizing behaviors, maternal depression, childhood aggression) parenting relationships are arguably the most labile and receptive to intervention.

In the United States, about 20% of children live below the poverty level (National Center for Children in Poverty, 2019). Poverty has been identified as the single biggest threat to child well-being (Odgers et al., 2012). Because of the many stressors co-morbid with poverty (Evans, et al., 2009), poverty is considered to be an environmental risk factor that is linked to long range mental and physical health outcomes including increased behavior and academic problems. The parenting relationship may play an especially important role in buffering the stressors of low income and poverty. A large study from the United Kingdom confirmed the association between

poverty, behavior and the buffering role of parenting. In this study, anti-social behavior was defined as "aggressive and delinquent acts that result in physical or psychological harm to others or their property (e.g., stealing, lying, and getting into fights)" (Odgers et al., 2012). Analyzing data from the Environment Risk Longitudinal Twin Study (*N = 2,232*), researchers confirmed that SES is linked to anti-social behavior in children, and this gap between children from high and low SES neighborhoods continues to widen as the child enters adolescence (Cohen's *d* = 0.38 at age 5, *d* = 0.51 at age 12). Moreover, the effects of neighborhood poverty on antisocial behavior were still significant after controlling for familial SES, parent antisocial behavior, family history of mental health problems, exposure to domestic violence, and child harm (*B* = 0.08, *p* = .01). Combined, neighborhood and familial SES accounted for 36% of the variation in children's antisocial behavior. Importantly, further analysis revealed that supportive parenting mediated the effects of neighborhood and family poverty on children's antisocial behavior. Once maternal warmth and parental monitoring were entered into the model, the effects of SES (familial and neighborhood) became non-significant. Further analysis with structural equation modeling revealed that supportive parenting practices completely mediated the effects of neighborhood SES. Thus, policies seeking to improve the well-being of children cannot ignore the parental relationship. Even if fiscal policies to ameliorate poverty may be difficult to implement, improving the parental relationship can have strong effects on short-term childhood behavior and long-term individual, family and community well-being.

Community-Based Approach to Health Care

Within the fields of health, education, and social services, there has been a paradigmatic shift from a top-down, reactive approach that treats isolated concerns after they have developed to a model of care that is preventive, coordinated, and built on collaborative partnerships. The

collaborative models are grounded fundamentally in an ecological theory of human development and have been reinforced by scientific studies that uncover the pervasive effects of systemic environmental influences on health and subjective well-being (Atkins et al., 2018). This framework for health and human services is shared by leading organizations such as the WHO Organization. The WHO's objectives for mental health services for children and adolescents includes "provid[ing] comprehensive, integrated and responsive mental health and social care services in community-based settings" for recognition and treatment of mental and behavioral disorders (WHO, 2019, p. 14). This new public health paradigm values relationship building, self-efficacy, and participation among patients and providers.

One theoretical description of this shift of focus of care is offered by Prilleltensky (2005). He describes a shift in health and human services that focuses on strengths, prevention, empowerment, and community resources. Well-being is seen more than just the absence of disease or disorder, but also "encroach[es] into the realm of values, thriving, meaning and spirituality" (Prilleltensky, 2005, p. 54). A fundamental principle underlying his model is that the well-being of an individual is highly dependent on the strength of the relationships and the community in which one resides. He puts forth a model of well-being that describes four domains that contribute to health: sites, signs, sources, and strategies of well-being. Prilleltensky posits that distinguishing between the domains of well-being clarifies appropriate intervention strategies. The sites of well-being relate to "where" that well-being is situated: the individual, relational, and community level. For example, on a personal level, well-being may involve self-efficacy or control. On a relational level, well-being may involve having experiences of mutual support, respect, and affirmation. On a collective level, well-being may include contributions toward the common good, and a culture that fosters interdependence. He emphasizes that if our

focus is on the individual level only, we neglect important factors that contribute to overall well-being on an inter-dependent and collective level. The signs of well-being (e.g., access to high-quality health care and education) signify the outward indications that well-being is experienced at the individual, relational and community level. The source of well-being (e.g., policies that promote social justice, experiences of trust and nurturance) are, as the name implies, the source for the site and sign of well-being. Lastly, strategies for well-being refer to methods and interventions that promote well-being. These should not be focused just at the individual level and instead should promote relational and community well-being as well. This is particularly relevant for mental and behavioral health interventions. Strategies that only focus on individual well-being (e.g., cognitive reframing, positive thinking, and skill building) may undermine general well-being because they do not aim to support the connections between individual, others, and community that provide a more comprehensive framework for mental, behavioral, and physical health (Prilleltensky, 2005).

Within the field of education, there has been a call to promote collaborative relationships that strengthen the ecology of the developing child. In her book, School, Family and Community Partnerships, Epstein proposes a model for understanding the primary ecological factors impacting children's functioning in schools (2018). Her model depicts three spheres of socio-cultural influence: family, school and community. Many influences on the individual child occur within one domain, however, children benefit most when these domains of influence overlap with each other. When there is great overlap, families prepare the student for success in school, communicate with teachers, monitor homework and support parent organization. Schools may overlap with the family domain by providing information to families, approaching interactions with families with mutual respect, or identifying talents and skills that parents may contribute.

Although these interactions may be more common in well-functioning schools, Epstein's model highlights the oft overlooked importance of partnerships with the community. For example, parents and teachers may increase skills through extracurricular experiences, engage in opportunities to interact with other families within the community, or provide helpful referral to services for children and families. According to Epstein, greater overlap between the domains corresponds to better achievement and well-being of students.

A community-based focus of care may influence the development of parenting programs both in terms of the setting in which parenting programs are offered and the focus of the intervention. For example, to increase accessibility to parenting training and expand relationships between parents and healthcare providers, researchers have investigated the potential of offering parent training during pediatric visits (Berkel et al., 2020). Although the content and structure of the training would have to be adapted to the setting, alternative locations such as primary care centers offer a promising avenue for expanding the reach of parenting programs and deepening relationships between parents and service providers. In addition, research suggests that providers of parenting programs might consider expanding the focus of parenting interventions to incorporate not only increasing parenting skills and decreasing maladaptive behavior, but also target factors of resiliency such as the social supports of parents (Vanderbilt-Adriance et al., 2015).

Parenting Programs

Parenting programs are a well-studied therapeutic treatment for treating children's externalizing disorders (Kazdin, 2005). Parenting programs not only target parenting knowledge, they also indirectly improve parent well-being, parent-child relationships, and children's behavior. They are popular options for treatment not only because of their proven efficacy, but

also because they are cost-effective methods of treating the more upstream sources of maladaptive behavior. Grounded in behavioral, social learning, and attachment theory, parenting programs teach caregivers positive discipline strategies and methods to maintain positive relationships. Well known parenting programs include Triple P (Sanders, 1999), Incredible Years (Webster-Stratton, 2000), and Parent Child Interaction Therapy (McNeil, 2010).

Parenting programs have a strong body of evidence supporting their efficacy (Kazdin, 2005). A recent review of psychosocial treatments for children with disruptive behavior disorders found that, of the many treatments available, parent group behavioral therapy and independent parent behavioral therapy were the only two treatments with strong evidence to be considered well-established (Kaminski & Claussen, 2017). Both treatments are parent-focused treatments that incorporate behavioral psychology.

Two meta-meta-analyses critically review and consolidate the research on several independent meta-analyses studying the measured outcomes of parenting programs (Mingeback, et al., 2018; Weber et al., 2018). These two meta-meta-analyses transformed the estimated effect sizes of the meta-analyses into standardized mean differences and corrected for primary study overlap. The Mingeback study reviewed data from 26 different meta-analyses to determine the effects on child behavior and found that, overall, parenting programs have a significant and moderate effect on child behavior that was stable over time (SMD = 0.46). The range of effect sizes from the meta-analyses was large (range = 0.50-1.27); however, those meta-analyses that reported a small or large effect size on behavior tended to include only a small number of studies. Removing the outliers and running a second analysis yielded a similar moderate effect. Further, the researchers sought to resolve the concern that parent reported behavior changes may be biased due to a desire to justify efforts. They further separated the results on children's

behavior into parent reported results and observational results. The parent reported results and observational evidence both still had moderate effect sizes that were stable over time (parent reported SMD = 0.51; observational data SMD = 0.62).

In the second meta-meta-analysis, the researchers focused on the effects of parenting programs on *parent* characteristics (Weber et al., 2018). Results from the statistical analysis of 11 meta-analyses (140 primary outcome studies, 32,500 participants) revealed a moderate effect size when considering the overall effect on parenting behavior (SMD = 0.53), as well as for parents' report of parenting (SMD 0.60) and parental perceptions (SMD 0.52). Again, the meta-analyses that found a large effect size tended to have a small number of studies. When they isolated the studies that looked at observational data regarding parenting behaviors, the data revealed an effect size that was small and insignificant (SMD = 0.39, 95% CI 0.03 to 0.81, p = .07). However, the researchers explained this might be influenced by the small number of studies (n = 3) reporting observational parenting behavior. In addition, there was a small effect in improvement of parents' mental health that was significant (including stress, depression and anxiety) (SMD = 0.34, $p < 0.0001$). Lastly, the researchers reported that the effect on parental relationships had a small but enduring effect (SMD = 0.021, $p = 0.0006$). Thus, parenting programs do have consistent effects on parenting, parent well-being, children's behavior and family relationships.

HOT DOCS and DOCS K-5

One such program shown to be effective at increasing parenting knowledge and reducing parents' perceptions of their children's problematic behaviors is HOT DOCS (Childres et al., 2011; Williams et al., 2010). Grounded in a behavioral and ecological approach to behavior change, this program teaches caregivers how to understand, address, and prevent children's

challenging behaviors (Williams et al., 2010). The six-session curriculum includes lessons, practice exercises, problem solving activities, videos and weekly tips and strategies. The curriculum teaches parents to use positive and preventive parenting strategies that address their child's needs by manipulating antecedents instead of consequences. The step-by-step strategies include replacing maladaptive behavior with pro-social behaviors that encourage communication between parent and child. Session activities, resources and lessons are designed to help parents generalize strategies learned to the home and community environment. The two-hour sessions are taught in a group format and typically are offered at a university-based child behavior clinic or community centers. Parents are provided with a training manual, community resources, and supplemental aides to reinforce learned strategies.

The curriculum employs a pragmatic approach to teaching parents to understand and improve their child's behavior. Each week, the session introduces a parenting tip and a strategy that incorporate the behavioral principles discussed. The first week begins with early child development including early brain development and developmental milestones. Parents are taught the importance of structuring the home with routines and rituals. The content highlights the role of sleep in the development and behavior of the child. Week two introduces the basics of behavior including antecedents, consequences and the functions of behavior. Parents learn to use a problem-solving chart to begin to understand their child's behavior. The third session expands on the understanding of antecedents and consequences by applying these concepts to the current environment of the child. Parents are taught to prevent future problem behavior by manipulating the environment with tools such as timers, visual aids, first-then charts, social stories and allowing natural consequences. The following fourth session advances the application of behavioral principles to parenting by developing strategies to teach children positive replacement

behaviors and facilitate communication between parents and children. The fifth session helps parents understand appropriate ways to address both adaptive and maladaptive behavior. Participants are reminded to use behavior specific praise with positive behavior, and taught proper techniques for time out and follow-through. Lastly, the sixth session covers techniques for parents to reduce their own stress and develop self-care routines.

Studies have shown that participation in HOT DOCS significantly increases parental knowledge and improves perceptions maladaptive behaviors. A pre/post design study of 399 caregivers who attended HOT DOCS found both statistically and clinically significant increases in caregiver knowledge and decreases in caregivers' perceptions of severity of child problem behaviors (Williams et al., 2010). On a test of parenting strategies, caretakers' mean post-test score (M = 17.30, SD = 1.79) was significantly higher than the participants' mean pre-test score (M = 15.95, SD = 2.09), t (276) = 11.20, $p < .001$. The effect size of this change was large (d = 1.13). A weekly progress monitoring tool showed that parents typically found the strategies easier to implement as they continued to practice the strategy throughout the week after it was taught and assigned. In addition, caretakers' ratings on the Child Behavior Checklist of internalizing behaviors at post-test (M = 53.99, SD = 11.64) and externalizing behaviors at post-test (M = 56.44, SD = 12.04) were significantly lower than pre-test scores for internalizing (M = 57.05, SD = 10.09) and externalizing behaviors (M = 60.81, SD = 12.51). Moreover, participants indicated high acceptability of the program. On an end of course survey, 100% of participants reporting agreed that the program met their expectations, 98% agreed that the program positively impacted parenting attitudes and practices, and 97% agreed that the parenting strategies were beneficial. Parents who disagreed indicated that they felt the strategies presented during the session may not match the severity of problems experienced at home.

A controlled study compared HOT DOCS participants to a waitlist-control group (N = 100) and found that caregivers who attended HOT DOCS demonstrated greater gains in knowledge of parenting techniques and significant decreases in caretakers' perceptions of children's problem behavior (Childres et al., 2011). On the Child Behavior Checklist, parents who attended the session rated their child's problem behavior significantly lower at post-test (M = 51.31, SD = 11.21) than they did at pre-test (M = 57.39, SD = 11.42). In contrast, parents in the control group rated their child's behavior an average of 2.72 points higher at post-test (M = 60.26, SD = 11.30) than they did at pre-test (M = 57.54, SD = 12.47). A partial eta-squared test found that 23.2% of the change in post-test scores was attributed to participation in the HOT DOCS parenting program and time of measurement. On a pre and post-test analysis of parenting skills, parents who attended HOT DOCS scored an average of 1.31 points higher on the post-test (M = 17.00, SD = 2.01) than they did on the pre-test (M = 15.69, SD = 2.22). Those in the control group scored an average of 0.20 points lower on the knowledge post-test (M = 15.79, SD = 2.53) than they did on the pre-test (M = 15.99, SD = 2.00). Although participation in the session had significant effects on parenting knowledge and perception of maladaptive behavior, it did not significantly affect parental stress as rated on the Perceived Stress Scale (pre-test M = 18.91; post-test M = 18.29).

Not only have quantitative studies shown significant changes in participants knowledge and children's behavior, but a qualitative analysis of HOT DOCS participants described what participants most valued about the program (Armstrong et al, 2006). Of the strategies presented, participants most valued learning 1) consistent routines, 2) the function of the behavior, 3) positive communication, and 4) providing choices. Although they appreciated the generalized strategies they could implement at home, parents felt they would benefit from receiving more

individualized support for their specific parenting problems. Additionally, the study found that parents benefited not only from the strategies they learned, but also greatly appreciated the relationships they formed with other parents experiencing similar frustrations. Parents described feeling as if they had a growing network of support that was sustained beyond the session.

Building on the success of the HOT DOCS program for parents of toddlers, the DOCS K-5 program was adapted for parents of elementary school-aged children. This 6-week program applies the same behavioral and ecological principles to parenting school-age children. The structure of the six weekly sessions is similar and includes didactic lessons, problem solving sessions, weekly tips, homework review, videos, and activities. In addition to applying behavioral principles to parenting elementary-aged children, the course adapts strategies better suited to older children and families, and adds information on school related issues (see Table 1). The first week describes the problem-solving process and emphasizes the impact of routines on child behavior. Parents are coached on how to use labeled praise and engage in play-based interactions. Week two introduces safety measures that may be used at home, in the car and in the community. Parents practice giving clear directions. The third session advances the application of behavioral principles to parenting by developing strategies to teach children positive replacement behaviors and facilitate communication between parents and children. Parents are instructed on how to teach and reinforce age-appropriate social skills. The fourth session further instructs parents to encourage adaptive and pro-social behaviors and extinguish maladaptive behavior. Parents discuss the proper application of time-out procedures and selective ignoring and redirection. Parents are coached on using follow through and quality time to mold appropriate behavior. The fifth session guides parents through the appropriate use of the problem-solving chart. Participants also review strategies to promote parent self-care and

identify signs of mental illness. Parents are taught how to hold a family meeting to address concerns and facilitate communication. Lastly, the sixth session encourages parents to advocate for their children across school and community settings. The course explains Individualized Education Plans (IEP), 504 plans, and Response to Intervention (RTI).

Despite the effectiveness of HOT DOCS in particular and parenting programs in general, the ultimate success of parenting programs has been limited by a lack of initial engagement and retention. Studies show that only 10-34% of parents of children in preschool to grade school age ever enroll in a parenting program (Thompson, 2017). Another survey of behavior parent training programs found that even when they do enroll, 26% drop out during treatment (Chacko et al., 2016). For those who do remain, the average attendance rate is only 34-50% of the sessions (Thompson, 2017). An intervention, of course, cannot be successful without engagement of participants. Thus, parenting programs must consider methods to increase the acceptability and feasibility for parents to improve results.

Defining Acceptability

Social validity and acceptability are concepts that are often used interchangeably to describe how an intervention is perceived by the community. The assumption is that as social validity and acceptability increase, so will the use and effectiveness of the intervention (Finn et al., 2001). The terms, however, should be distinguished. Social validity is a term that encapsulates acceptability but also includes concepts related to whether the goals of treatment (i.e., behavior change in children and knowledge of parenting skills) are deemed important and whether the goals or effect of treatment have meaningful clinical significance. The focus of this study is not whether targeted change in behavior is deemed important or has meaningful clinical

Table 1

DOCS K-5 Program

Session	Title	Content	Parenting Tip	Homework
1	Understanding Child Behavior	Problem solving/function of behavior Routines Labeled praise	Labeled Praise	Labeled praise Quality time Evaluate routines Problem solving chart
2	Developing Preventions	Preventing challenging behavior with antecedent strategies Safety precautions	Give Clear Directions	Quality time Develop prevention strategies to address safety and challenging behaviors
3	New Skills for Children	Teaching replacement skills including communication, using a calm voice, taking a break, making choices, token economies, social skills	Teach new skills Teach Social Skills	Quality time Identify replacement skills for your child's problem behavior Problem solving chart
4	New Responses for Caregivers	Teaching new skills through responses to behavior such as selective ignoring, redirection, time-out, and follow through	Use Follow Through	Quality Time Complete problem-solving chart with replacement skills to teach
5	Strengthening Family Relationships	Problem-solving adult behavior Managing parental stress Developing preventions, new skills and new responses for families	Hold a Family Meeting	Quality time Review which preventions, new skills, new responses to use Complete problem-solving chart
6	Integrity Checklists	Problem-solving family interactions Navigating school environment	Use Community Resource Map	Quality time Complete problem-solving chart for family interactions

significance. The originating problem is that parenting programs, although they are intervention, that is, the extent to which the treatment seems fair, appropriate and reasonable (Kazdin, 1981).

Insuring acceptability is an essential component of developing an effective intervention. Funding agencies and quality review boards are increasingly including an analysis of acceptability of a study along with results of experimental analyses. Indeed, as Sekhon and colleagues state in their research on acceptability, the United Kingdom's Medical Research Council guidance documents for designing and funding interventions have increased its references to acceptability over the last several years (2018). In 2000, there were no references to acceptability, whereas in 2015 there were 14 references but no clear instructions on how to determine acceptability (Sekhon et al., 2018). Despite its importance, "acceptability" is treated very differently in academic reviews. Often in the health and mental health fields, acceptability is operationally defined by the behavior of the participants (e.g., consent to participate in the study, completion of tasks, or retention vs. dropout rates; Sekhon et al., 2018). However, analyses that calculate rates of behavior leave out critical information regarding the reasons, judgements, and impressions of the participants that informed their behavior. Another widely used method for determining acceptability is a survey at the end of the course that asks participants to rate their satisfaction. These investigations constrain the opportunity to address participants' expectations, concerns, and suggestions.

To better compare acceptability of different interventions and predict actual acceptability, a more thorough and explicit definition of acceptability should be established. Sekhon, Cartwright, and Francis argue that acceptability research can be more valuable by adopting a comprehensive and uniform definition of acceptability (2018). They analyzed the use of acceptability in healthcare interventions to identify the key shared components of this concept.

After analyzing 43 different studies of acceptability, they found that 55% of the studies provided objective measures such as attendance rates. Twenty six percent of the reviews used self-report measures including satisfaction surveys, open ended interviews and responses to hypothetical scenarios. Nineteen percent used both objective and self-report measures. To extract a meaningful definition of acceptability, they first employed an inductive or empirical approach to extract definitions and then constructed a theoretical framework of acceptability from the examples. They then tested this framework against constructs and theories of acceptability to determine if their framework was both appropriate and parsimonious with extant theories. Their analysis resulted in identifying 7 key aspects to acceptability: how the person feels about the intervention, the burden on the participant, the ethical fit with participant's value system, the perceived coherence of the intervention, the opportunity costs to the participant, the perceived effectiveness of the intervention, and the perception that the individual has the ability to participate in the intervention. These seven aspects of acceptability are listed in Table 2.

Table 2

Components of the Theoretical Framework of Acceptability (Sekhon et al., 2018)

Component	Definition
Affective Attitude	How an individual feels about the intervention
Burden	The perceived amount of effort that is required to participate in the intervention
Ethicality	The extent to which the intervention has good fit with an individual's value system
Intervention Coherence	The extent to which the participant understands the intervention and how it works
Opportunity Costs	The extent to which benefits, profits, or values cannot be pursued in order to engage in the intervention
Perceived Effectiveness	The extent to which the intervention is perceived to be likely to achieve its purpose
Self-efficacy	The participant's confidence that they can perform the behavior(s) required to participate in the intervention

These seven components highlight key psychological, cognitive, affective, and pragmatic facets of acceptability. Whether the purpose of acceptability research is to improve the intervention or to promote the program to a wider audience, a comprehensive examination based on these factors of acceptability is most informative.

However, the Theoretical Framework of Acceptability outlined in the table above was intended to define acceptability for health care interventions in general and not parenting interventions in particular. It is possible that there may be issues particular to the domain of parenting programs that may require a different definition or interpretation of acceptability. A continued look at how acceptability of parenting programs has been defined will aid the understanding of the concepts and inform an investigation of acceptability for the purposes of this paper.

Mytton and colleagues (2013) conducted a meta-synthesis of 26 qualitative studies to determine the facilitators and barriers to parenting programs. Through a content analytic, inductive process, they identified several facilitator and barrier themes that were most relevant to answer the question, "why did participants choose to commence or complete the program?". They also compared participant opinions to those of the researchers, often illustrating distinct differences in perspectives and valuations of the most salient facilitators and barriers. They provided a table that listed the themes and the percentages of participants and providers who identified these concerns in interviews. Among the most salient factors influencing engagement of parenting programs were pragmatic concerns, instructional design, and affective and cognitive factors influencing engagement.

Their research reveals that participants noted pragmatic concerns as facilitators or barriers to engagement while providers underestimated the importance of these practical barriers

to participation. Pragmatic concerns included competing demands on parents' time/resources and accessibility, suitability of the venue, and "lifestyle" issues as important barriers to acceptability. When convenient to participants, the location, timing and frequency of sessions were noted as facilitators to engagement by participants.

The study found that affective and cognitive elements both positively and negatively influenced engagement. The ability to meet others, exchange ideas, and find peer support was a facilitator to engagement. However, fathers reported that stigma played an important role in the decision to complete the program. In addition, "group dynamics" were experienced as either a barrier or deterrent to engagement with many of the participants.

Regarding the structure of the lessons, participants noted that the didactic form of the lesson could be a barrier to participation and engagement. In contrast to previous findings in a qualitative HOT DOCS study, participants did not consider "tailoring the lessons to the individual" as an important a factor to increasing engagement. More important to participant engagement was the ability to learn new skills. In addition, participants valued having trusted/known people instructing over having a well-trained instructor.

A recent study reviewed acceptability of HOT DOCS and included participants in the pilot DOCS K-5 program (Hayford, 2020). This quantitative study used responses to a questionnaire to evaluate pragmatic facilitators and barriers to attending the parenting sessions. The questionnaire investigated how location, length of session, time of day, duration of program, transportation and childcare may be perceived as facilitators or barriers to completion of the program. All who participated in the study had attended a 6- or 7-week HOT DOCS course or a 6 week DOCS K-5 course during the period between October 2019 to February 2020. The study found that pragmatic concerns tended to be considered as either modest barriers or facilitators to

enrollment of those who had enrolled and participated in the courses. Availability of transportation was rated as the highest facilitator to attendance. Relatedly, men tended to rate location as more of a barrier than women who attended the session. Those who were not able to attend all sessions rated the duration of the program as the greatest barrier to attendance. Over all the participants, the availability of childcare was rated as the greatest barrier to attendance and engagement with 53.4% of participants rating childcare as a slight, somewhat significant, or very large barrier. This study indicates that even with a population of those who did enroll and attend some sessions, pragmatic concerns were relevant as modest barriers or facilitators to enrollment.

In sum, group parenting programs hold great promise in addressing behavior disorders in school age children and developing supportive alliances between parents, schools and communities. However, low enrollment and attendance are well documented barriers to program effectiveness (Chacko et al., 2016). To improve efficacy, developers should consider program design features that increase factors of acceptability. DOCS K-5 is a new program designed to aid parents of school age children. Assessing acceptability of this newly adapted pilot program is necessary next step in refining the program to amplify its value and reach in the community. Sekhon and colleagues suggest an expansive definition of acceptability that incorporates pragmatic, cognitive, affective, and ethical considerations. This more expansive understanding of acceptability is supported by prior HOT DOCS research and a meta-synthesis of acceptability studies of parenting programs which indicate that cognitive and affective factors are relevant to parents' acceptability of the program. For example, research indicates that participants value not only the skills they learn, but the relationships that they form in the program. They appreciate trust and familiarity with the instructor over expertise and may be disappointed if programs do not seem to address the severity of behavior problems experienced at home.

This study analyzes interviews of participants of the pilot DOCS K-5 program to more deeply explore the experiences of the participants to investigate three important areas when designing new interventions: the facilitators and barriers to attendance and engagement, perceived effectiveness and the tertiary benefits received by participants. The Theoretical Framework of Acceptability provides an initial comprehensive framework of the varied facets of acceptability. These general themes include participants feelings, ethicality, pragmatic barriers, program coherence, perceived effectiveness and self-efficacy. In addition, prior research on the acceptability of parenting programs offer some guidance on pertinent issues to investigate. The Mytton study suggests that parents have found that the importance of opportunities to learn new skills, learn from trusted facilitators, reduce or resolve pragmatic constraints, and meet and share with peers were paramount to enrollment and sustaining engagement. Prior research of HOT DOCS participants in particular have valued both learning techniques that are generalizable and forming relationships with other parents. Taken together, these studies provide a theoretical and experiential background from which a thematic analysis of the acceptability of DOCS K-5 may be informed.

CHAPTER 3: Methods

The purpose in exploring the nature of facilitators and barriers to enrollment and engagement, perceived effectiveness, and tertiary benefits received by participants of the pilot DOCS K-5 program is to contribute to literature of acceptability of parenting programs so that program developers may enhance the effectiveness of the parenting program and better understand the range of ways that parenting programs support parents. This chapter presents this study's research questions and reviews the research methods used to address three questions. Specifically, this chapter describes the participants, setting, measures, procedures, data analysis, and ethical considerations.

Research Questions

This study addresses the following research questions regarding the acceptability and feasibility of a parenting program:

1. What are the facilitators and barriers (e.g., facets of acceptability) to enrollment, attendance and engagement in the DOCS K-5 program?
2. What are parents' perceptions of effectiveness (e.g., facets of acceptability) of the DOCS K-5 program?
3. What are parents' perceptions of the tertiary benefits (e.g., facets of acceptability) of attending the DOCS K-5 program?

Research Design

Because this study sought to understand parents' thoughts and feelings regarding a parenting program, the researcher used a qualitative study of group interviews to elicit a richer

and more nuanced understanding of parents' reactions to the K-5 parenting program. The benefit of using group interviews is to discover information about the participants' experiences at a deeper level than questionnaires may reveal. Questionnaires completed at the end of a program may only provide surface level answers and may be treated as a 'report card' on the presenter more than an honest investigation into the interviewee's opinions and reactions. The group interview format allowed the investigator an opportunity to mine participants' opinions to deepen an understanding of parents' experiences, thoughts and feelings (see Steward & Shamdasani, 2007; Atkins & Wallace, 2012). In addition, group interviews provoked the participants to react to others' statements, providing an added layer of information that may not have been captured from a questionnaire or personal interview.

Group interviews do have some limitations, as well. Participants may have been discouraged to disclose opinions in front of other participants. Information deemed negative or socially unpalatable may not have been freely shared as it would in a one-on-one interview. In addition, the moderator must be mindful that certain participants do not dominate the conversation and preclude others from sharing their opinions. Group dynamics, although sometimes revealing of agreement or interest in certain ideas, may lead to "group think" in which some participants may have accepted other's opinions and not be spurred to provide their own input. Thus, the moderator must be diligent in creating an environment that encourages the expression of a multitude of ideas and participation from all members of the group. These limitations should be taken into consideration when evaluating the external validity of the data.

Participants

Pre-existing interview videos, collected as part of a larger approved research investigation, were transcribed and analyzed to address the research questions for this study.

These interviews were collected from caregivers who enrolled and participated in the pilot implementation of the DOCS K-5 parent training program from October to December of 2019. All participants who attended the sessions of the pilot program participated in the interviews that immediately followed each session. The number of parents who attended the sessions and interviews varied between 6 and 14 (see Table 3). One participant dropped out of the program after one session. This person remained for the interview following the session but did not participate in the discussion during the first group interview. No data from this individual is included in the study. Eight of the remaining 13 participants attended at least 4 sessions and interviews, and five participants attended all the sessions and interviews. All participants voluntarily enrolled in the DOCS K-5 program or attended with a spouse who voluntarily enrolled. Participants learned about the pilot program from different sources including social media, pediatricians, and therapists. To qualify for the program, each participant had to be the parent of at least one elementary school-aged child who was displaying behavior problems. Participants paid $10 to attend the program and received a manual. They were not compensated for participation in this study.

At the end of session 1 content, participants were offered to leave or to remain for an additional 15 minutes to answer questions about their engagement in DOCS K-5. They were told the interviews would be video-recorded so project staff could review them and use the information to enhance the newly developed program. They also were told they could leave at any time if they decided in the middle of an interview that they no longer wanted to participate.

Table 3

Participant Attendance

Participant ID	Sessions Attended	Percentage of Sessions Attended
1	1,2,3,4	67
2	1,2,3,4,5,6	100
3	1,2,3,4,5,6	100
4	1,2,3,4,5,6	100
5	1,2,3,5,6	83
6	1,2,3,4,5,6	100
7	1,2,4	50
8	1,2,3	50
9	1,2,5	50
10	1,3	33
11	1,3,4,5	67
12	1,2,3,4,5,6	100
13	1,2,4	50

This acceptability study does not include opinions of those who did not participate in the pilot program. Although opinions of those who were not able to attend the program would be of value in assessing acceptability, this study also sought to answer questions on perceived effectiveness and tertiary benefits received. These questions rely on participants' experience with the sessions. Thus, interviewing only those who participated in the program is aligned with the overall purpose of the study. Feedback from all 13 participants who actively participated at least one session is included, with 62% participating in four or more sessions (see Table 3). Participant demographics are reported in Table 4.

Table 4

Demographics of Participants

Variable (n = 13)	n	%
Ethnicity/Race of parent		
African	1	7.7
Asian	1	7.7
White/Hispanic	4	30.8
White/Non-Hispanic	7	53.8
Educational Attainment		
Some college/Associates	2	15.4
Bachelors	7	53.8
Advanced	4	30.8
Household income level		
Under $25,000	0	
$25,000 - $34,999	3	23.1
$35,000 – $49,999	0	
$50,000 and above	10	76.9
Employment		
Full time (30 hours+)	9	69.2
Part time (<30 hours)	1	7.7
Not employed	3	23.1
Does child have a behavioral or mental health diagnosis?*		
ODD	2	15.4
ADHD	5	38.5
Developmental delay	1	7.7
Speech/language disability	2	15.4
Intellectual disability	2	15.4
Sensory processing problems	3	23.1
Depression	0	
Anxiety	1	7.7
Primary language is English	12	92.3

** Seven parents reported at least one diagnosis. Many of the diagnoses were co-morbid.*

Setting

The DOCS K-5 program was offered at a Children's Health Center affiliated with a local university in central Florida. The sessions were held in the evening, one day a week, for six consecutive weeks. Each interview was held in the same room as the session. The interviews lasted between about 15 and 20 minutes immediately following the session which typically lasted 1 hour and 45 minutes. During the interviews, participants were seated around a

conference table. The interviewer stood at the head of the table where she asked questions and facilitated the discussion. The questions also were presented on a screen behind the interviewer. Participants were offered ample time to fully answer the questions asked to the group. In addition, participants were asked for clarification when relevant and given opportunities to revisit some questions.

Instrumentation and Data Collection Procedures

This study involved transcribing and analyzing video recordings from a series of structured interviews previously conducted by the primary investigator (PI) during a pilot run of DOCS K-5. Prior to conducting the group interviews, the PI and developer of the program created a list of questions and divided the questions by topic among the six interview sessions. These questions were aligned with the research questions and pertinent aspects of acceptability as informed by the literature review. Questions were designed to access the participants' views as they progressed through the sessions. The first two series of questions focused on their intentions and reasons for enrolling in the program, their immediate reactions to the material presented, and their view of the costs and benefits of attending the sessions. The third and fourth sessions reviewed the participants' ability to successfully use the strategies taught, whether the program was fulfilling their expectations and whether they felt the strategies were effective. The last two sessions asked the participants to reflect on the value of the program, what they would modify about the program and their reactions to having the sessions offered at a school (for a full list of questions for all interview sessions see Table 5). At the first session, the instructors explained the purpose of the study and collected permission from the participants. The PI elicited answers to the questions in a conversational manner with the group. Participants were able to reflect and add to each other's responses. The PI maintained the flow of the conversation by

encouraging participation from all members and providing opportunities to agree or disagree with other's responses. The PI clarified responses or reiterated responses to invite participants' reactions to a statement.

The PI transcribed the video recordings of the six group interviews by listening to and watching the videos and typing the dialogue. Any statements that were unclear were noted in the transcription. A second research assistant compared the transcription to the video recordings. Only one minor inaccuracy was noted and corrected by the PI.

Data Processing and Analysis

The intention of a thematic analysis is to provide a meaningful articulation of key concepts of participant's responses and discourse to answer original research questions. It is an iterative process that requires the researcher to revisit and draw connections between theory and data (Decuir-Gunby et al., 2010). The thematic analysis used in this study followed a two-step process: coding and development of themes.

Initially, data were assigned different codes by the PI. The purpose of the first coding phase was to represent how the data related to the research questions. As described in Miles, Huberman, and Saldana's *Qualitative Data Analysis* (2014), this first application of codes is a largely deductive process in which the researcher applies a known theoretical framework of concepts to the data. Table 6 represents the major facets of acceptability defined by research on health care interventions and group parenting programs. These concepts represented in Table 6 helped to form the initial list of codes applied to this study's data. As the PI read through the transcript, additional codes were identified. Thus, the coding process included both a deductive process of applying pre-established codes and an inductive process of extracting a code from the data. Microsoft Word was used to apply codes to the six group interview transcripts. After these

Table 5

Interview Questions

Interview	Questions
1	1. What are you hoping to learn from the class? 2. Is the class what you expected so far? How is it different? 3. What are your initial reactions to the format of the class? (e.g., group delivered with lecture and discussion) 4. When would be the best time of day to have the class? 5. How did you hear about the class?
2	1. What are your reactions to the content covered in today's class? 2. Given the power points, discussions, videos, activities and homework – which do you find most helpful? 3. Which locations in the community are convenient to attend a class like this?
3	1. Are you able to apply the tips and strategies at home? Are the tips and strategies working? 2. Are there moments in class when you feel the material presented would not work? 3. What motivates you to continue coming to class? 4. What are important qualities for the instructor of the class to have?
4	1. Do you feel you are getting out of the class what you need? 2. What would you like to have learned more about? 3. Did the strategies you learned in class work? How big of a difference did the strategies make?
5	1. Do you feel that attending the program has affected your child's behavior? 2. Do you feel that attending the program has affected your relationship with your child? a. Any other relationships? b. Your confidence or feelings?
6	1. What were the most important things you learned? What tips and strategies were most effective? 2. Who would most benefit from this kind of class? 3. If you had to design a class like this, how would you tweak or change it? 4. What did you have to give up in order to be here? What would make it easier for parents to be here? 5. Would your school be a convenient location for the DOCS K-5 class? a. Would you be as likely to attend the if it was recommended by school staff? b. Would other parents and children at your school benefit from a program like this? c. What would be the benefits of providing a program through the school? What would be the drawbacks? d. What kinds of things would most likely motivate or prevent parents from attending a class that was offered by the school?

codes were created and applied, they were further amended and refined during subsequent readings of the transcripts (Miles et al., 2014). Sixty-four codes were initially established by the PI to represent how the data answered the research questions.

After the codes were refined, the PI created both a list of codes with their definitions and a codebook with the codes and each example of the code. As Miles, Huberman and Saldana explain, a definition of each code is essential to the application of codes overtime and between researchers. Two clinical psychology doctoral students, who served as research assistants, then assisted the PI in also applying the defined codes to the data. The research assistants manually applied these codes to each interview transcription that contained the PI's previous codes. To deter the risk that the PI's codes might influence the research assistants' interpretation of the codes, the PI encouraged the research assistants to disagree with the coding when appropriate and provide suggestions for new codes. After the three researchers applied their own codes to the same document, the PI reviewed the transcript and noted where there were discrepancies in coding. Then, the three researchers discussed all discrepancies in the coding at weekly research group meetings. For each discrepancy, the PI and research assistants provided reasons for coding a particular way and were able to come to an agreement on 100% of the codes. This inter-coder agreement surpasses the level of 90% recommended by Miles and colleagues (2014). During this process, the research assistants also provided insight into editing the codes to reduce redundancy in coding and distinguish between the meaning of different codes. The logbook was updated by the PI to reflect the newly agreed upon coding. In addition, a journal was kept to document the initial identification of potential themes during coding and discussions.

Table 6

Comparison of Acceptability Themes

Theoretical Framework of Acceptability (Sekhon, 2018)	Facilitators and barriers to parenting programs (Mytton, 2013)
Affective attitude	Bonding with parents
Burden	Timing of classes
	Busy lifestyles
	Lack of support
	Accessibility of class
Ethicality	Stigma (fathers)
Intervention Coherence	Using trusted/known people
Opportunity Costs	Competing demands on parents' time
Perceived Effectiveness	Learning new skills
	Tailored to individual
	Using trusted/known people

Coded data varied in length from statements comprised of multiple sentences to short statements of agreement like, "me too." In addition, the transcripts reflected when other participants did not make a statement but nodded their heads in agreement. This was noted in the codebook next to the statement with which others agreed.

During the second phase of analysis, the PI and research assistants identified themes according to patterns of meaning from the refined list of codes. An initial identification of themes was created by the PI. The purpose of this second-order process was to create a unified representation of the data that addressed the research questions (Miles et al., 2014). This process consisted reading and revisiting the list of codes and the coded excerpts in the logbook to extract themes from the many codes. Codes that contributed to the themes were organized into a hierarchical list using word processing programs. During this process, a reflective journal assisted the PI in mapping the evolution of themes and recognizing her own biases that may affect the interpretation of the data. Prior input from the research assistants obtained during the coding phase and a familiarity with prior research on acceptability contributed to the PI's

preliminary conceptualization of themes. This initial structure of themes was presented to the research assistants. Research assistants then provided recommendations which resulted in improving accuracy and creating a more parsimonious organization of themes. Themes were refined by examining internal cohesion and external distinction. A theme should, *inter alia*, act as a distinct and informative category that represents how codes answer the research questions. It should include all coded data that represent the same concept and exclude coded data that does not. When evaluating meaning of coded data, the researchers assumed an essentialist epistemology, treating descriptions of experience in a transparent and straightforward manner.

Although prevalence of a patterned response both between interviews and within an interview helped to identify the existence of a theme, a certain number of codes was not required to justify the identification of a theme. Instead, the identification of a theme is guided by how well it represents the data and contributes to an understanding of how the data address the research questions. However, the number statements and the number of people contributing to the theme may be informative in judging the relative value of the theme. Thus, the Results section contains tables that present the number of participants and the number of statements per participant that contributed to a particular code. Once the themes were identified, they were added to the coded data in the logbook. The final phase of thematic analysis consisted of synthesizing and interpreting the themes to provide a cohesive response to the research questions.

Trustworthiness

The trustworthiness of qualitative data must be supported through the methodology, design, and execution of the study. According to Maxwell (1992), the legitimacy of qualitative

research may be established through several types of validity. The PI has operationalized these forms of validity as the following:

- *Descriptive validity (factual accuracy of the data)*. The interviews were video recorded allowing for visual confirmation of what was heard. The transcripts identified when data were not clearly audible and also included when participants motioned in agreement or disagreement with another's statement. A research assistant reviewed the transcripts for accuracy. Only one discrepancy between the transcription and what was heard on the recording was noted. This proposed correction was reviewed by the PI and resulted in a change to the transcription.
- *Interpretive validity (the extent to which the researcher accurately represents the meaning of the interviewees).* Mutual agreement between researchers was reached when developing codes and themes. The research assistants played an active role in refining the codes and themes. Further, a table of the number of mentions per participant for each theme and code indicated how often a code was mentioned.
- *Theoretical validity (the extent to which the explanation or conclusions extracted from the data actually reflect the data).* The PI appreciated the slow and deliberate process of revisiting the data and theories when drawing conclusions in the analysis. The opportunity for discussion regarding codes and themes at two points of the analysis encouraged an accurate interpretation of the data. In addition, a reflective journal was kept to document the evolution of codes, themes and conclusions.
- *Evaluative validity (the extent to which evaluations drawn by the researchers are grounded in data and not in the researcher's explanatory or interpretative perspective)*. The PI approached the study with the desire to attain an accurate reflection of the

thoughts, feelings and experiences of the participants. The PI was not affiliated with the program under review and was transparent about conclusions drawn when communicating results of the analysis.

- *Generalizability (the extent to which findings may be generalized to other contexts).* The sample included all who participated in more than one session in the pilot study. Demographics of the participants were documented for comparison to other populations. Although this study may have limited external generalizability, the internal generalizability was established by considering opinions of all participants to accurately reflect the nuance and complexity of the thoughts and feelings expressed. The number of participants allowed the PI to take into consideration supporting and contrasting opinions offered by different participants

Ethical Considerations

The developer of the program and the PI received approval from the USF Institutional Review Board to conduct the interviews and perform the analysis. Participants were informed of the purpose of the study and the nature of the interviews. All participants consented to have their responses analyzed for this study. To protect confidentiality, participants were assigned ID numbers so that specific responses were not linked to a specific participant. Only the PI had access to confidentiality codes. ID numbers were used when discussing results and sharing example quotes from participants.

Researcher Reflexivity

All research is affected by the subjectivity of the researcher. Indeed, even the choice of topic to research reflects personal interest and bias. However, high quality research must also strive to reach conclusions that are meaningful and accurate. During the process of analysis and

writing, I kept a reflective journal to document my beliefs and identify potential biases. This process helped to identify when my own biases may affect the collection or interpretation of data.

I am a mother of three and have found my role as a mother to be my divining rod throughout my life. I have a deep respect for life-giving power of family bonds, values, and traditions. I am a product of the parents, grandparents, and great-grandparents who believed in being good to others, especially their children. I am training to be a school psychologist and have worked with many families during my current training and my past experience as teacher, guardian ad litem and community volunteer. I have worked with families from different cultures and circumstances and appreciate that the parent-child relationship is beautifully unique to each parent and child. I approach each family whom I have counseled with respect for their individual experience and needs. Parents and children ultimately seek loving and fulfilling relationships and I believe that behavioral strategies such as those taught in DOCS K-5 can help families facilitate positive interactions, establish a healthier home environment, create new patterns of communication, and ultimately increase a parent's capacity to guide and love their child. I am not a HOT DOCS or DOCS K-5 trainer, but I am grateful to have worked with one of the developers of the program to conduct this study. I have observed the HOT DOCS and DOCS K-5 programs and have recommended them as a school psychologist in training.

I believe that given the long range educational, social-emotional and economic costs of children's maladaptive behavior, it should be a social priority to resolve factors that contribute to the formation and continuation of maladaptive or antisocial behavior. The parenting relationship is arguably the most labile environmental factor affecting child behavior. Parenting programs

offer great potential in reducing maladaptive behavior by strategically aiming to improve aspects of the parenting relationship that directly influences behavior.

I also believe that individual well-being should not be the only aim of health interventions. Individual health is much less attainable when individuals do not have supportive relationships and communities. Thus, health care interventions should, when feasible, embrace more expansive aims to improve overall well-being by considering important ecological factors of well-being. This current analysis into acceptability of a parenting program included relational and community benefits of participating in a group parenting program.

Chapter 4: Results

This chapter presents the results of the qualitative analysis of six group interviews of parents attending a pilot DOCS K-5 program. This chapter addresses each research question with a description of the themes and codes that emerged from the data. The themes, codes, and number of mentions per participant are listed within Tables 7, 8, and 9. All 13 parents were given an ID number (1-13) and statements made by parents affiliated with a particular theme are represented by the ID number and the number of statements made (e.g. Parent #1 endorsed Motivation to learn strategies twice = 1:2). When several participants indicated a general agreement to a statement by nodding their heads or vocalizing agreement, this was denoted as "GA" for general agreement under the participant column. Once, a participant who made a statement was not within the scope of the video camera, but the statement was captured on audio recording. This is denoted as "UP" for unidentified participant. Following each table is an explanation of the themes and codes. Examples of coded data are provided.

Research Question #1: What are the facilitators and barriers (e.g., facets of acceptability) to enrollment, attendance and engagement in the DOCS K-5 program?

Seven themes were identified in response to the first research question: what are the facilitators and barriers to attendance and engagement? These are "motivation to learn strategies," "cognitive approach," "parent affect," "referral sources," "pragmatic concerns," and "design of class." The number of statements made offer some insight into the relative importance of the theme. Some themes only had a couple participants who spoke on the topic,

Table 7

Facilitators and Barriers to Attendance and Engagement: Themes, Codes, and Participants

Theme	Code	Definition	ID: # of statements by parent
Motivation to learn strategies	School related strategies	Parent desires to learn strategies to improve behavior occurring at school or related to school demands, including strategies for homework, meltdowns at school and interacting with staff.	1:2, 3:1, 4:2, 5:1, 7:1, 8:1, 11:1
	Strategies that work with older children	Parent is seeking strategies that are effective with older (elementary aged) children.	1:2, 4:5, 7:3, 8:1, 11:1, 12:1. 13:2, UP:1
	Strategies to improve social skills and communication.	Parent is seeking to improve their child's social skills and communication.	7:2, 8:1, 12:1
	Review HOT DOCS strategies	Parent desires a review of strategies learned at HOT DOCS class designed for parents of toddlers and pre-school aged children.	1:1, 4:2, 7:1, 8:2
	Whole family functioning	Parent desires to learn methods to help the whole family function well including learning to manage the behavior of siblings.	4:2, 6:1
	Special needs	Parent desires to learn strategies that are designed for children with special needs such as autism spectrum disorder.	2:1, 6:3, 10:1
	Very challenging behaviors	Parent is hoping to learn strategies to help with behaviors that are experienced as very challenging.	1:3, 2:1, 4:2, 6:1, 8:1, 10:1, 11:1, 12:1, UP:1
	Establish everyday routines	Parent desires to learn strategies to help with daily routines such as bedtime and getting ready for school.	3:1, 4:2, 5:1, 6:2
Parent Affect	Guilt	Parent expresses feeling guilt about current or past parenting practices.	2:3, 4:1, 5:1, 7:2, 8:1, 10:1
	Isolated	Parent felt they were alone in facing parenting challenges or expresses feelings of isolation prior to taking the class.	2:1, 4:1, 6:1, 7:1, 13:1, GA
	Overwhelmed	Parent feels that they don't have the knowledge, skills or patience to handle parenting challenges.	1:1, 2:2, 3:1, 4:2, 5:1, 6:1, 7:2, 8:1, 13:1, GA

Table 7. (Continued)

Cognitive Approach	Hope	Parent expresses hope or confidence that the class will improve their child's challenging behaviors.	1:1, 2:1, 4:5, 5:1, 7:1, 8:1
	Fixed mindset	Parent indicates that their child's behavior is part of who the child is.	4:2, 6:1, 7:1, 10:2, 13:1
	Values aligned	Parents discuss whether their values align with the purpose or whether their habits or parenting style align with the strategies taught.	4:3, 6:1, 8:1
Referral Sources	Varied referral sources	Participants describe hearing about the class from psychologists, pediatricians, social media, schools, school psychologists, friends, and spouse.	1:2, 2:1, 3:1,4:2, 5:1, 7:1, 11:1, 12:1, GA
Pragmatic Concerns	Convenient Location	Parents mention the location as a factor in ability to attend or ease of attending classes.	2:1, 3:1, 4:6, 6:3, 7:1, 12:2, GA, UP:1
	Time	Parents feel that time is an important factor in determining ability or ease of attending classes.	3:1, 4:1, 6:1, 8:1, 9:1, GA
	Length of class	Parents discuss the number of sessions or length of each session.	4:2, 6:1, 9:1, 12:2
	Online	Parents suggest having classes online.	4:1, 6:1, 8:1
Instructional Design	Materials and Visual Aids	Parents appreciated the materials and visual aids such as charts, PowerPoints of slides, community references, and signs	1:1, 2:4, 3:2, 4:5, 6:1, 7:2, 8:2, 12:1, GA
	Instructor	Parents noted qualities of the instructor that facilitated learning and engagement	3:2, 4:2, 5:1, 6:1, 7:1, 8:1, GA
	Learning from Peers	Parents noted that they learned from peers.	2:1, 3:1, 4:4, 6:5, 7:3, 12:2, GA

while other themes had many more. However, the frequency should not be the only indicator of importance of a theme because some interview questions were geared to provoke a conversation on certain topics while other themes emerged spontaneously from their conversation. Also, some

participants indicated agreement with others' statements during the group interview but did not provide their own statements. The themes and the content of coded data are described below.

Motivation to learn strategies. Thematic analysis coded six types of strategies that parents of elementary aged children desired to learn. Parents explained that they hoped to learn strategies for older children, very challenging behaviors, school related problems, special needs children, whole family functioning, and a review of strategies learned in prior HOT DOCS sessions. The most frequently mentioned was the desire to learn new strategies that were appropriate for older children. Many of these parents had attended the HOT DOCS and were hoping to learn strategies that would be effective with their now older children.

For example, Participant 7 mentioned

> It seems like it's going to have content that is going to be relevant to this new age range which is going to be great.

Participant 4 expressed that strategies she had previously learned may not work for older students: "[I am] not sure that strategies such as "time out" will work for an older child." Because many participants had attended the HOT DOCS program designed for parents of toddlers and preschool aged children, they indicated a desire to build on the skills by learning adaptations or new skills for their older children. This sentiment also is reflected in parents' perceptions of effectiveness which is discussed later in this chapter.

The second most often stated reason for attending the program was to learn strategies for what was perceived as their child's very challenging behaviors such as physical and verbal aggression, tantrums, and disobedience.

Participant 6 mentioned,

> [My daughter] had meltdowns, things like that, so coming into the class there were a list of behaviors that I thought I would get some tips or even some practical strategies to work with.

Another participant indicated,

> So, he's non-compliant, he's very defiant…I think his functional age is like seven years or six, so he's a bit of a concern to me…because I couldn't manage him back home in Nigeria so I want to get as much information as I can and strategies too.

Another participant admitted,

> I resorted to corporal punishment to stop meltdowns and realized that something had to change.

Caretakers of older children also explained that they wanted strategies for the new challenges and expectations of school. Parents discussed disruptive behaviors that seemed manageable before but became worse once school started.

Participant 5 mentioned,

> My son just started kindergarten and before that we were noticing that you know he has some issue following directions and behavior issues, but it blew up when he started kindergarten.

Another participant explained,

> My daughter has the proverbial light switch where she's on at one moment and the next moment she's having a meltdown. And sometimes we'll recognize the triggers but it's become more of a problem in school now where the impulsivity is just so quick and she'll just start screaming and it's so hard to control. And, you

know, I feel for my daughter. I want to help her, I want to help her, but I'm not really sure what to do.

In addition to impulsive behaviors, a few parents stated that they need strategies to help their children complete homework while many other parents indicated agreement with this. Another explained how the structure of school may cause difficulty,

> You have to follow the schedule, you have to… do this, do reading time…go to lunch, go to PE, go to music. It doesn't matter if you don't want to do it.

Also, school presented greater demands on children's social skills.

One mother explained,

> You have to succeed in schools. And you have to have social skills to succeed in school or else you are constantly going to get calls from the principal or the assistant principal or their teacher.

Several parents had received diagnoses for their children and were hopeful for strategies that catered to helping their special needs child. Two of these parents just recently received a diagnosis prior to attending the program.

One parent explained,

> I just found out like probably two weeks ago, three weeks, that my son has autism. He's twelve. I never knew. I never knew…what is wrong with him…So now it makes me realize now I have to do things differently.

Because many of the parents had also participated in a prior HOT DOCS program, they appreciated the strategies they learned in the prior sessions and expressed a desire to review and build upon the HOT DOCS strategies.

One parent even expressed,

> I didn't believe in any of this stuff. I mean, I don't know if I ever told you, I never believed in any of this really, I was pretty laid back. I thought my other kids didn't need it. But, you know, it really does work. So, I was very excited when we finished the one [program] that there was going to be another one.

Two parents expressed a desire to learn strategies to help with whole family functioning. One stated that she would like to learn strategies and routines to make the entire family function well between typically developing siblings and a child with autism. Similarly, another parent questioned,

> What do you do when you have other children and they have sometimes, they do still have challenging behaviors? They are just different. You know, how would you use this for that? Do you still use this for that?

The desire to learn routines was echoed by parents of typically developing children. One parent stated,

> I would like help with the morning routine, just the general routine, the whole transition time, early morning, bedtime, it's still a struggle for us.

In sum, parents expressed both an interest to learn general strategies, and a desire to learn strategies that were more tailored to their child's specific needs. In addition, as children age, parents are looking for strategies that addressed behaviors that had arisen with the new demands of school and peer socialization. Parents also expressed doubt that previously learned strategies which may have been successful when children were younger may not be suited to working with older children. Lastly, parents of school-age children sought strategies to aid whole family functioning which could be applied to both special needs children and their typically developing siblings.

Affect. During the group interviews parents expressed feeling overwhelmed and isolated. When these sentiments were raised during our group discussions, they were often met with indications of agreement from other members of the group such as head nods and expressions of "me too." Parents appeared to appreciate the opportunity to describe their feelings and connect with other parents.

One father mentioned,

> I'm a single parent so it's kind of hard between work and everything to give him all the time and attention he needs. So, I hope that this can help me with that.

Another parent confided,

> My son, that is the worst problem that we have with him. He has meltdowns and he starts getting frustrated, but he starts throwing things. You think that maybe a time-out of us not talking to him would stop him. It doesn't. He just keeps on the entire house on the floor. So, his behavior escalates and I don't know how to deal with it so my behavior escalated and we got to spanking and then that's when I said something has to change.

Some parents also expressed feelings of isolation and guilt about their parenting. When one parent admitted the following, other parents indicated they could "relate" or "identify:"

> Because sometimes I think you feel alone. I mean I'm telling, I mean I would feel horrible because, like I said, I would never say that to other people. It's not like I hated my child but I didn't really like being around him.

Another parent admitted,

> I think I caused most of that because now I'm learning these strategies to manage him.

Prior to this program, this same parent had moved from another country to find resources for her son. She expressed,

> Before now I was feeling like even coming to America was a mistake. Maybe I'm not finding what I came for. I'm not getting the help that I need for my son.

Cognition. Many parents expressed hope that the program would help with both their child's behaviors and their parenting. Several expressions of hope at the beginning of the session were related to learning strategies that were appropriate for older children or refreshing previously learned strategies that had been successful. For another participant, just finding the program online created a sense of hope:

> Then I saw it was either an email or a post on Facebook and I went, "That!" I immediately registered and was grateful for some hope.

Other parents who expressed hope often explained that they understood that to produce change, the strategies needed to be adapted to the parents' style of parenting or that it might take time to change the behavior.

As one parent stated,

> You just have to find techniques that works in everyone's own situation.

Another parent also explained that strategies could be adapted to help all students,

> If you can't explain it, because sometime kids just don't understand, so if you show us different ways to do it, it could work for all kids.

On the other hand, some parents indicated a "fixed mindset" regarding the possibility of behavior change occurring. These parents seemed to indicate resistance to trying a strategy or that the difficulty was a part of the nature of the child. Two parents indicated that their child is challenging because of the nature of the child's disability.

Other parents felt that they had a history of being challenged by their child and had already tried many strategies unsuccessfully.

One parent mentioned,

> Please, you know, a 10-year-old, too. So, this wasn't my first rodeo…But, yeah, I mean sometimes I'm like, will this really work? I mean I think that's just something naturally you think of. Will it really work?

A couple parents mentioned that the strategies were difficult to implement because they were at odds with their personality or style of parenting. One parent stated that she was "laid back" and had a difficult time sticking to routines suggested in the session.

Another parent stated,

> I have had a hard time with special time, of being spontaneous or artsy with them. It's hard for me to stop for those 5 minutes. I have a difficult time being spontaneous or artsy. I don't think of myself in that way...Because I think of myself not as the mom that's going to play and do fun stuff. I think I'm more of the parent, so I may do it in a different form or like nurturing.

Lastly, another parent mentioned that while she enjoys discussing her personal parenting stories with other parents, she felt that some parents may feel that if the program were in a local community setting, open discussions may violate a sense of privacy about family issues. In sum, a few parents indicated hope and a plasticity to try new strategies, while other parents indicated that they felt they had been unsuccessful with similar strategies or that difficult behavior was a result of the child's disability.

Referral sources. Parents identified several different ways of hearing about HOT DOCS and this pilot DOCS K-5 course. Three parents indicated they had first heard of HOT

DOCS through their pediatrician. Three other participants indicated they heard of HOT DOCS through the Florida Diagnostic Learning and Resource System. One heard of the program from the school psychologist and another heard of the program from her psychologist. Lastly, one parent indicated he heard of HOT DOCS from his spouse and another parent was referred by a friend. Six parents who had attended a prior HOT DOCS program indicated that they follow the HOT DOCS Facebook page and had heard of the new program from Facebook. A husband and wife who attended the prior program were reached via email by a former instructor of the course.

Pragmatic Concerns. Parents considered several pragmatic concerns that might affect attendance: location, length of class, and the time of day the session is offered. A few indicated that a central location or a location that was embedded in their local community would be helpful. One parent indicated that she had to leave work early in order to travel to the session. Another impediment to regular attendance was the number of session that parents had to attend. One parent explained,

> And I said, "what's this HOT DOCS, really? You have to go every week?" I'm like how am I going to go every week...but what about this week, how am I going to ask to be off these certain days?

Several participants noted that evenings were the best time to attend sessions, and two emphasized that they could only attend sessions in the evenings due to work. Some participants mentioned that work, traffic or children's bedtime constrained the amount of time they could attend a session in the evenings. Although all participants in this study were able to attend the sessions, two participants stated that they had a friend or acquaintance who could not attend the

program due to pragmatic concerns. One parent explained how a co-worker could not attend due to child care.

> I know someone that needs it so I've tried to help her with tips, but she doesn't have the family support and she doesn't have the transportation. She doesn't have someone to watch her children. You know, so maybe something online…I think she actually may live close to here, but she works at the hospital. Because she's, you know, a single mother and she doesn't have a lot of people to you know watch her child and she works at night.

Three parents suggested providing an online program to help those who could not attend in person. Another suggested providing a more intense workshop that condensed the material within a few days.

> I just had an idea that maybe in the future, where may be design a workshop for two or three days with the kids and with the complete family because a workshop for two days with family just to have the activities, just applying the mix with the psychologists and the monitors so you can see and be corrected in action. Of course, it would be 10 hours, it would be a little bit more. But that would be a suggestion.

Despite the distance of the program from work or home, participants considered that the type of office or building where the session was held may offer other benefits that affect attendance and engagement. One parent suggested that holding the meetings at a neighborhood school may make the program known to more people in the community. Another parent suggested that a school location might offer other benefits:

> I think that the school is a bigger area, I mean, the space might be bigger. You can reach out to more people. I think you can do network, you can have parents that have the same situation so you can say, hey, you know, I talked with ** the other day, and, you know, I have the same situation. So, you can do like networking. If I can say, you can share experience that, you know, otherwise you say I don't know who else to talk about this situation. I think that, uh, the school can also, it would be like working together with the teachers. You know? Like the teachers see the parents doing the things and the teachers also teach the course I mean that would be like working together and, hey, you know, now there's no excuse. You did it, I did it, so let's work together.

Another parent reiterated the point that it might be beneficial to have a local support group:

> I think another advantage of being in a local school area would be you have a local support group at school as well. So that would be like a more local support group for you.

This same parent qualified her statement by suggesting that some parents may feel uncomfortable discussing their concerns in front of teachers or parents they knew.

> I think some parents may not be…they would be more private about their issues and not want to come out and, you know, be talking in public in the same school that they know the teachers and other parents. That's a problem probably, not for us, but you know for some parents it could be an issue as well.

In addition, this parent suggested that participants in the session might appreciate advice on how to approach school staff or what services a school might offer. She feared that the information

presented by the instructor or the informal tips conveyed by other parents might not be as forthcoming if the sessions were held at a school.

Three parents mentioned that they enjoyed participating in the sessions at the children's health center. One parent appreciated that the health center gave the impression of being professional and research based. Another discussed how the university health center would be independent and not directly connected to the information as a school might be.

> I think another point is like thinking about how USF is like an independent party It's not in their way. So that way it gives a different point of view. Whereas if it is in a school, it would be like, you know, whether other things will apply because they are inside the school.

In sum, parents discussed pragmatic concerns such as time of day, length of the program, and coordinating with work and family schedules. However, because all participants were able to attend the sessions, the timing and location were not obstacles to their attendance. Parents also considered how a more convenient location may make the program more accessible to others and provide a more local support group. On the other hand, parents also recognized that familiarity with other parents may discourage attendance or engagement. In addition, one parent noted that they may not receive as much information about school procedures if the sessions were held at the schools. These sentiments reveal that parents may still feel stigma about enrolling in a program. In addition, there may be an adversarial relationship with school for which parents are seeking support.

Class design. The participants noted several aspects of instructional design and materials that they felt facilitated engagement and learning. Parents felt that the materials and the presentation of strategies facilitated learning and generalizing the strategies to their

homes. Three participants commented with many indicating agreement that they appreciated the addition of a handout of the PowerPoint slides with space to be able to take notes. Several others appreciated the folder of resources provided during the first session. One parent mentioned that she would also love to have a handout of any helpful or recommended websites that were mentioned during the sessions. Two participants also mentioned that they appreciated how the manual and PowerPoints presented the strategies in clear, concise and explicit manner. One father stated:

> Great class. One thing that I particularly appreciate are the very clear, concise, step-by step directions like the follow through I thought was very helpful. I think we learned that in the first HOT DOCS class and I think this was a great refresher. So, love that.

Two participants noted, with several indicating agreement, that the videos demonstrating the strategies being used by the instructor in a live setting were very helpful.

> The videos were helpful. Just to see how she like ignored certain behaviors or you know what she would do to keep the kids going.

Another participant noted that she appreciated running through the exercise of the problem-solving chart.

> I like the problem-solving chart. I'm using it. Even if my problem didn't really fit like everything where there was a trigger…it still helped me work through it.
>
> I love these charts. I love how it's laminated just like those. Like I have all of them. I would hold it, I would stand against the door because we had to go to time out room so, but yeah, just to make sure I did everything right. But I like how it's

> very laid out and I can count in my head and I even count the three minutes for time out in my head.

Another parent noted how the checklists help her to apply what she learns at home:

> I think that the resources, many of them were checklists…that's very cool because it helps if you actually want to go through the steps and talk about it or implement it.

The visual aids such as the laminated charts and signs were appreciated by the participants. One parent mentioned that she felt her son would pay attention to the visual sign better than her verbal instructions. Another participant explained,

> I know for me I like the visuals, I'm not creative, and so just knowing that I have to work and spend a little time, that can be a little overwhelming for me. But getting that handout today in class, "stop, think, do." I think that will be very helpful.

Parents noted dual qualities about the instructor that they felt facilitated learning and engagement. One parent mentioned that he appreciated that she was a professional psychologist, and four other parents noted that they appreciated her experience as a parent. One stated,

> It helps the stress that she can relate to what we're saying.

Another parent noted,

> I like her experiences. She is raising children herself.

Others appreciated that the instructor included examples when teaching strategies and used the participants' own circumstances to illustrate concepts.

In addition to the many positive comments about the PowerPoint handout, the visual aids, the folder of resources, and the instructor, another appreciated aspect of instructional design was

the ability to learn from peers. Indeed, there were instances during the group interviews when parents began discussing parenting issues with each other so that they might learn of special programs or techniques that worked with their children. For example, one parent explained how she approached another parent regarding her child's behavior.

> She was explaining something last week about her son and I thought, I went to her, and I say you know, my son has the same thing and he has not any diagnosis or something but I don't know if he might have something, I don't know.

Another parent explained how she would love to share her experience in private parent training and with the school's IEP team with another parent.

> I would love to hear, too, because I have an IEP. We went through PCIT with Dr. Agazzi when he was in kindergarten, we have a great team. You know, so, I feel like I could maybe share some of how I went about doing stuff.

The following is an example of an interchange between parents during the group interview. Several times during the interviews, they shared information and even agreed to meet after the interviews were over to continue to talk about parenting experiences.

> Participant 6: You know, I called, the Children's Board actually has a social skills group. I remember seeing a flyer. I go home and then ... (indiscernable)
>
> Participant 7: I tried so many places and they're all good for social skills.
>
> (participants nodding)
>
> Participant 4: Because I mean, I would do it. I would do it with all my kids. I think all the kids need it.
>
> Participant 7: Benefit from it, yeah.

Participant 4: You know, and I mean it's fun and they learn and they learn from other kids, too.

Participant 7: And they apply it.

Participant 12: That's the only way they learn social skills.

Participant 2: That's true.

As mentioned previously, the ability to learn from peers' experiences was a consideration when evaluating whether the university health center or a community location such as school would be good locations to host the program. Some parents felt that the local venue may provide a community support group and allow teachers and parents to share insights. Contrary to this, another parent mentioned that inviting teachers and parents from your school to the sessions may make parents feel uncomfortable and stifle the ideas shared between parents.

In sum, parents agreed that the materials and presentation of the information were celebrated and appreciated aspects of the program. Parents specifically mentioned the PowerPoint, videos, manual, resources and visual aids. They enjoyed that the instructor was a parent herself and was able to incorporate the participant's situations into her instruction. They also enjoyed sharing their experiences and were eager to learn from each other.

Research question #2: What are parents' perceptions of effectiveness (e.g., facets of acceptability) of DOCS K-5?

Data that answer the second research question are divided into two themes: "programs is effective" and "areas for improvement." These themes and codes are listed in Table 8 along with the participants who made statements and the number of statements

made. Generally, parents felt that the program was successful and often noted by name the strategies learned and the changes in their or their child's behavior. Parents also characterized the change in parenting or the change in their child's behavior as a work in progress. Many also described how their overall approach to parenting had changed to be more parent-focused and preventative. In addition to describing how the program had been effective at changing behavior, parenting knowledge and general approach to parenting, the participants also offered suggestions for improving the program. Seven codes contributed to the theme "program is effective." These include: specific strategies are effective, strategies in general are effective, work in progress, change in child's behavior, altered approach to childcare, general applicability, and adapted strategy to personal use. Four codes contributed to the theme, "areas for improvement." These include focused instruction, overlap with HOT DOCS, applicability, and social skills training.

Program is Effective. The participants were able to name multiple specific strategies that they were using effectively at home. For example, one participant mentioned:

> I like the problem-solving chart. I'm using it. Even if my problem didn't really fit like everything where there was a trigger there was this, it's still helped me work through it. And it was good to help.

Another participant noted:

> Oh definitely, you know, like the first-then and clear directions because I'm one that used to never give clear directions so it's hard for me. It's a skill that I'm still working on. So, to use less words, because my son would be one that if you are

talking, he would be (participant holds up a visual aid) because I would be talking too much.

Table 8

Perceptions of Effectiveness: Themes, Codes and Participants

Theme	Code	Definition	ID: # of statements by parent
Program is effective	Specific strategies are effective	Parents discuss specific strategies learned or used.	1:3, 2:4, 3:3, 4:5, 6:3, 7:2, 8:2, GA
	Strategies in general are effective	Parents state that they have learned or use strategies without specifying which strategy.	1:1, 2:1, 4:8, 6:3, 7:1, 8:1, 11:1, 12:2
	Work in progress	Parents indicate that the change in their behavior or their child's behavior is not complete, is partial or is in progress.	1:2, 2:1, 4:11, 7:2, 8:5, 13:2
	Noticed change in behavior - child	Parents notice a change in child's behavior while they attended the class.	1:2, 2:2, 3:1, 4:2, 8:3, 11:1
	Changed approach to childcare	Parents discuss a changed approach to childcare including having a parent-focused view of change, understanding that change occurs overtime, and being more structured.	1:3, 2:3, 3:1, 4:8, 6:4, GA
	General Applicability	Parents state that many parents or children may benefit from the program including siblings and parents in the community.	1:2, 2:1, 4:5, 6:1, 8:1, 12:1
Areas for Improvement	Pre-identify behaviors	Parents suggest picking one behavior to focus on during the sessions.	3:1, 4:4, 12:4
	Overlap with HOT DOCS	Parents state that there was repetition of material from HOT DOCS.	7:1, 12:2, GA
	Applicability	Parents question whether the strategies are applicable to their child.	1:2, 4:1, 6:3, 7:2, 8:1, 11:1, 13:4
	Social Skills Training	Parents desire information on social skills training.	3:1, 4:1, 7:2, 8:2, 12:2, GA

Another participant replied:

> The problem solving, which she said. The special time, which helps me, the special time which helps, yes. And then using the special interaction with kids. The setting the examples, the resources that were described in the manual is really helpful. Then the routines, the reading routines, the bedtime routines. I'm using all of those and they are generally effective.

In all, parents named at least ten different strategies that they were using at home. One parent remarked how the signs, charts and examples coordinated well to teach the specific strategies to parents.

> So, I will just that, yes, I do feel like I got what I needed …that there are specific tools, like guides and visuals, etc. and examples of how to do this kind of work. You know, how to follow through, and she's teaching it.

Many parents described how they used the strategies generally by stating "I use the tools every day" or "these strategies are very helpful and I'm using them at home actually." Another parent mentioned the following:

> There's no doubt that the tips and strategies that we're getting in each class are great tips and they are very functional, practical skills that you can actually work at home.

In addition to learning and using strategies regularly, parents often depicted the positive change in parenting or the change in the child's behavior in terms of partial success or as a work in progress. Several recognized the long-term commitment needed to change some behaviors. For example, one participant stated:

> Sometimes it works and sometimes it doesn't, but I realize…even if it doesn't work, I think, ok well, how can I do it different this next time.

This same participant explained how she struggles to talk to her son in a calm voice:

> You know, so just constantly talking to myself in my head to make sure that I'm following the directions and then I can always reset and start over, even if I start to yell, I can stop and the next command can be a more a normal voice.

Parents also recognized that although their child's behavior hadn't changed completely for the better, they still had achieved partial success. For example, a parent stated:

> So, no, I think it feels like I fix one thing and then there's another thing that comes out. I mean, he's not doing it at school...It's a work in progress. That's what I tell myself. It's better than it was a year ago, it's better than it was six months ago. You know, there's always going to be challenges and it never ends, but it's, at least it's, I'm not pulling my hair out.

A few parents noted how their general approach to parenting had changed. They described this change in parenting as more preventative, and more structured. As mentioned before, they began to recognize that behavior change would happen over time, and developed a more forgiving or long-term view of change. They also began to focus on changing their own parenting behavior as opposed to changing their child's behavior. For example, one mother explained:

> So that was a big impact, coming back to us saying that, you know, we are part of the problem. There are scientific ways to solve these and those are the tips and strategies that we got.

Another parent explained:

> It's more preventative now and understanding that you know you are part of the problem. Like, it's training us as well.

One parent described how the program had helped her become more structured:

> Even with my spouse, he's more structured and I was the one who was easygoing and you know, "it's all right, let's just you know…" And now, as a family, we are trying to be more structured and be in a routine it's just helpful for everybody, you know.

One parent who had struggled with her child's behavior for many years began to recognize that the strategies would improve her child's behavior over time:

> Right now, my language in my son has changed. I'm communicating well with him now. We talk to each other. We like follow through, like giving him expectations and getting him to focus, um, an activity or...Yesterday we were trying (indiscernible) a step at a time because I've been saying things like that to him. So, I know that in the next three years, he'll be much better than he is now so I'm more confident now in my parenting skill than when I came here.

Many parents indicated that they felt the strategies were generally applicable to many families. Parents noted that the strategies could be adapted to fit family needs, children's ages or personalities. One parent noted that she used the strategies for her special needs child and his typically developing siblings. As one parent describes,

> There's no doubt that the tips and the strategies that we're getting in each class are great tips and they are very functional, practical skills that you can actually work at home. So, there are not, there is probably some things here and there but most of the things, 90% of the strategies, are applicable to any aged kid.

Parents noted both parent and child behavioral changes. Parents' behavior changed as a result of the training and the child's behavior changed in response to the parent's use of the strategies and techniques taught. Most of the behavior change noted was regarding the parent's behavior. These statements are described under this theme as "specific strategies are effective," "strategies generally are effective," "change in approach to parenting." and "general applicability." Parents did describe some of the changes they noticed in their children. For example, one parent described how her children now follow a bedtime routine:

> I've got both my kids to sleep in their own bed. They are brushing their teeth and flossing their teeth by themselves at night because sometimes I would have to fight with them even though they would do it. You know, so there's a lot of things that are working.

Thus, parents felt the program was effective at teaching strategies and they noticed some change in their parenting and their child's behavior. When parents spoke of the changes in their behavior and their child's behavior, they tended to depict this as a work in progress or something that would take place over time. They also recognized that they had a different approach to parenting and described this as more structured and preventative.

Areas for Improvement. Although parents conveyed that the program was successful and they had seen positive changes in their behavior and the child's behavior, two parents in this pilot program who also had attended the HOT DOCS program noted that there was overlap in content. At the beginning of the program, many parents described their enthusiasm to learn strategies for working with their now older children. Some felt that

the strategies taught were similar to the strategies in HOT DOCS and had felt there was more review than anticipated. As one parent stated,

> Because now, I mean, I know the tools work because I give, I give let's say the previous level and sometimes I found this, some is quite repetitive. So, it's like, ok, I was expecting something like, higher level.

Another parent noted,

> I was going to actually going to bring up the fact that the beginning I think for us who did the HOT DOCS classes the first few chapters are, classes are repetitive. Which is probably it's just like we're just not seeing the automatic benefit as people that have never done it before. It doesn't mean it's bad, you know, it's more for validation and keeping us on the right track.

This parent continued to mention that she expected to receive newer information in the later course sessions.

In addition to this, several parents questioned the applicability of some of the strategies to their own children. The question, "will this work with my child?" seemed to be a nagging doubt that needed to be clarified. Parents felt the strategies may not fit with their circumstances for three primary reasons: 1) their child has special needs, 2) their child is older, or 3) their child displays extreme behaviors.

Two parents suggested that they felt that some of the strategies did not take into consideration the typical behavior and sensitivities of their autistic children. These parents wondered if there might be a program especially designed for children with autism. As one parent stated,

> Again, coming from autism and special needs, I love what I'm getting right now because this is really helpful but if you want to probably add something, like I don't know if there could be a class for special needs or autistic kids because there are some behaviors or some reactions which are not triggered, or you know something that is just not like a controllable event for them.

These parents expressed some confusion as to whether or how the strategies could be applied to their children. This parent continued to explain,

> My need is that my daughter is 6 and some of the children do not tend to be able to stop-think-do. Some of those things. So, she is not there yet even though she's six years old, and she's not there so, you know, some strategies for probably that could work for kids who are not, who cannot completely understand those things

On the other hand, two other participants noted that the strategies did not seem appropriate for their older elementary child who was exhibiting more extreme behaviors. One parent explained that although her son understood what he was supposed to do and could teach a three-year old sibling the strategy, he would never implement the strategy in the heat of the moment. She hoped to find strategies that would help her calm her son when he was exhibiting extreme and aggressive behaviors. Similarly, the attempt to use charts and signs provoked anger from another parent's son. As she explained,

> And also, the visual supports are not doing great either. He's just pushing those away. If I point, you know, it's like, "Get that out of here, I don't know what you guys said." Boom! If I can sense that this is escalating. It's just, I'm like, "look at the chart." Boom! The chart goes.

Parents sought guidance on how to work with more intense behavior beyond the preventive measures and routines suggested in the course. Although strategies such as the problems solving chart may have helped the parents with this behavior, these parents were unclear how to apply strategies to be effective with this more physical and aggressive behavior.

> I think self-control is the main thing. Again, just reiterating that because he can, my son can recite everything, and he knows what to do, and he knows the right choices, but in the heat of the moment he is not interested. Not yet. So how do we de-escalate them when they're at that breaking point?

There was general agreement among many of the participants that their children would benefit from social skills training, but they weren't sure how to teach social skills or where to find a group to practice the social skills.

> Probably this age group needs more social skills than the previous group so maybe the focus in this age group is more social skills than going to bed, and that kind of things, I mean, that's also needed. I'm not telling you that it's not needed but that maybe, the focus might be more in social skills.

Parents mentioned teaching turn taking, communicating, and avoiding angry outbursts. Another parent explained why social skills might be important:

> because you have to succeed in schools. And you have to have social skills to succeed in school or else you are constantly going to get calls from the principal or the assistant principal or their teacher or whatever.

Thus, although DOCS K-5 covered social skills in its curriculum, parents still felt that more time should be spent on this developmentally important topic.

One parent suggested and another agreed that it might be beneficial to identify a problem behavior at the beginning of the program so that you might recognize the progress made and the success of the strategies learned. As she explained, "you would feel peace when mak[ing] progress on one behavior." In her words,

> I think that it would be a good idea to have at the beginning of the class or at least the second class to ask the parents to think of one behavior. One behavior to work in the six classes during the six weeks. Because in that way you might see the results at the end of all the classes... And that way you might see a change. You might see the tools really works.

In sum, suggestions for improving the program revolved around four primary concerns. Three of these suggestions pertained to content and one suggestion involved including a learning exercise. Parents who had taken the prior program felt there was a lot of overlap, they desired social skills training, and several needed clarified, "will this work for my child?" To help recognize the value of the strategies and notice improvement, a couple parents suggested incorporating a continued exercise of workshopping and tracking progress on one behavior over the course of the sessions.

Research Question #3: What are the tertiary benefits (e.g., facts of acceptability) received by the participants of DOCS K-5?

In addition to noticing behavior change in themselves and their children and describing a change in their approach to parenting, parents felt that participation in the program improved their lives in other impactful ways (see Table 9). Although it is not an ostensible aim of the program, many parents commented on how much they enjoyed the camaraderie. Parents felt

comfortable and seemed relieved to discuss their frustrations. But, the ability to discuss also offered opportunities to give advice or offer peer support. As one parent explains,

> She was explaining something last week about her son and I thought, I went to her, and I say you know, my son has the same thing and he has not any diagnosis or something but I don't know if he might have something, I don't know. But the feeling that I am not alone, that then I share with someone, with a group of people that I'm free to share that I'm not crazy that sometimes I just make, I want to say that I'm exhausted. This is my son and I don't want to be with him. You know what I mean because it's like...exhausted. You know?

Table 9

Additional Benefits Received by Participants: Themes, Codes, and Participants

Theme	Code	Definition	ID: # of statements by parent
Improved affect	Confidence	Parents express a feeling of confidence as a result of taking the class or implementing the strategies.	2:3, 4:3, 6:4, 7:1, GA
	Calm	Parents express a feeling of calm or relaxation as a result of taking the class or implementing the strategies.	1:1, 3:1, 4:5, 6:1, 8:2, 15:1, GA
Peer Support	Peer Support	Parents engage in peer support, discuss receiving peer support in the class, or indicate a desire for peer support.	2:1, 3:1, 4:3, 6:5, 7:2, 8:1, 12:1, 13:1, GA
Improved relationships	Family	Parents express that relationships or communication within the family has improved.	1:1, 2:4, 3:2, 4:4, 6:5, 12:1, 13:1, GA
	Community	Parents express that relationships or communication with members of the community have improved.	2:1, 4:3

During another interview, another parent confided negative feelings toward her child, while other parents reached out to support the mother.

> Participant 4 Because sometimes, I think, you feel alone. I mean I'm telling, I mean, I would feel horrible because I mean, like I said, I would never say that to other people. It's not like I hated my child but I didn't really like being around him.
>
> Participant 7: Oh, you sound exactly like me. Like I totally get it...A lot of parents can identify, yep.
>
> Participant 2: I can relate to it as well.

Parents also discussed potentially meeting on Facebook or continuing discussions after the sessions so that they might continue to share information and experiences as illustrated in the following dialogue:

> Participant 7: Yeah, I'd love to hear all (pointing to participant 13). We have the same issues with the homework and the struggles.
>
> Participant 4: I would love to hear, too, because I have an IEP. We went through PCIT with Dr. Agazzi when he was in kindergarten, we have a great team. You know so I feel like I could maybe share some of how I went about doing stuff so that we could have the struggles still at times with some people on the team but most of the team, his teachers and speech are pretty good. Yeah, it's really great.
>
> Participant 7: Yeah, well, we are probably going to have to go right after class someday, because that would definitely be interesting.
>
> Moderator: That's great.
>
> Participant 12: I don't know if it's a suggestion for everyone or what it would look like or if everyone's on Facebook, but have a closed group of, you know...
>
> Participant 7: That's a very good idea.
>
> Participant 12: People in class where you can share ideas and talk to each other.
>
> (Participants nodding)

Thus, finding an opportunity to confide in other parents, support each other, and share ideas seemed gratifying to parents who had at the beginning of the program expressed feelings of isolation and guilt.

In addition, parents recognized that after using the strategies taught, they now experienced better communication and healthier relationships with their children. Increased

communication occurred during the use the strategies such as follow-through and family meeting. For example, on parent explains:

> I took pieces of the family meeting like where you were doing that thumbs up thumbs down… That really got my son to talk and so I've been doing it every night now. Just kind of, "What was thumbs up today?" A good way to communicate.

Parents also spoke of the change in communication as a new way of interacting with the family, not just a momentary improvement during the use of a strategy. One parent spoke of the lasting change she expected to see in her son.

> Now I know how to read and ask questions and get him to comprehend and not to create (gestures) ...is really helpful. Before, I never know how to approach it...But right now my language in my son has changed. I'm communicating well with him now. We talk to each other. We like follow through, like giving him expectations and getting him to focus on an activity or...Yesterday we were trying (inaudible) a step at a time because I've been saying things like that to him. So, I know that in the next three years, he'll be much better than he is now. So, I'm more confident now in my parenting skill than when I came here.

The improvement in communication and relationships occurred not just between parent and child, but also was experienced with spouses of the participating parent. One parent describes how understanding why problem behaviors were occurring helped parents work together.

> I think the relationship between each member of the family has changed as well. It was almost like, you know, why is the child doing this? Is she trying to make me angry or is it something that she's doing? It's more preventative now and

> understanding that you know you are part of the problem. Like it's training us as well.

Communication improved between parents and community members as well. Two parents suggested that because of the course, they now had confidence to approach school personnel. One parent described how, as a recent immigrant, she had not had the courage to address concerns she had regarding her son's Individualized Education Plan. She explains:

> I am even more confident in handling an issue with him. Like we were speaking of right now you are going to talk to the teacher. Do I talk, or maybe I do not have the right to speak to the teacher? But now you know, and I can also question his IEP because I have not liked it for the past three years and I never said anything. I'm just like, ok, I'm not an American. But now... (nods head up and down). So, it's good.

The other parent explained, "I'm more confident in dealing with other people with him, like teachers or other people that may or where before I may have gotten more, um, how do you say it...defensive."

Other parents reiterated that participating in the course helped them feel more confident about their parenting. As one parent states, "I'm gaining more confidence that things that you are doing are the right things." This parent also disclosed that because her spouse was forced to care for her special needs child while she attended the sessions, he also gained confidence in parenting.

> We actually have an opposite thing, my husband was so, he has anxiety, and so it was always me who was taking care of my children. Because I had to come here for six weeks, he did it, and now he's more confident that he can actually do it by himself.

In addition to feeling confident, parents also felt that their participation in the program helped them to feel more relaxed when parenting and speaking to others about their child. Seeing his child succeed with homework helped a father feel more calm and more effective.

> Yes, especially with homework because they are able to do something and then it helps me relax, too, and, you know, for us to be more effective.

Another parent explained how learning about child behavior has the potential to help her feel in control and less guilty about her child's behavior.

> Understanding why they are behaving in a certain way, and then figuring out, is it this that I'm doing, this bad thing? Or it's just, you know, just given this time. Strategically, it could be better for the both of us, you know, for the relationship it would be better.

Another parent exclaimed, "I think the ideas...it recharges me," while other participants nodded in agreement.

Thus, parents not only gained new strategies, changed their approach to parenting and saw improvement in child behavior, but they also commented on additional benefits gained through their participation in DOCS K-5. Several parents stated that they felt calmer and more confident, they improved communication among family and members of the community, and they enjoyed a supportive network of fellow participants in DOCS K-5.

Chapter 5: Discussion

This chapter summarizes the findings of this study and explains how the findings compare to the extant literature regarding acceptability including perceived effectiveness and additional benefits received by participants in DOCS K-5. Following a review of the findings, this chapter presents implications for practice, contributions to the literature, limitations of the study, and directions for future research.

Research Question 1: What are the facilitators and barriers (e.g., facets of acceptability) to enrollment, attendance and engagement in the DOCS K-5 program?

The themes identified as facilitators and barriers to attendance and engagement are consistent and expand upon prior research into the acceptability of parenting programs in general and the acceptability of HOT DOCS specifically. Prior research on acceptability of HOT DOCS programs identified that parents desire to learn strategies to manage challenging behaviors in general (Armstrong et al., 2006; Salinas et al., 2011). This is mirrored in a meta-synthesis of studies on the acceptability of parenting programs that describe parents' desire to learn new skills to affect overall behavior change (Mytton et al., 2013). Because this study reviewed acceptability of participants in a specific pilot program geared for parents of elementary-aged children, distinctions in parents' motivations to attend this new program were articulated in greater detail.

Parents in this study were in a more unique situation than parents in prior HOT DOCS studies due to the fact that they had older children (ages 5 to 12). Consistent with this, parents' primary motivation for attending the program was to learn strategies for older children. Most of the parents who participated in this pilot program had previously attended a HOT DOCS

parenting program. Thus, parents described their intent to build on these skills with strategies that were effective with children who were more developmentally advanced. Parents expressed excitement and hope that the success they had felt in the prior HOT DOCS program would be carried over into strategies for their now older children.

Given social learning theory (Bandura, 1977) and Patterson's theory of coercion (Patterson et al., 1989), parents in this study may have experienced longer periods of time in which the cycle of maladaptive behavior may take root and be reinforced. Consistent with this, parents' second most cited reason to attend the program was to receive help with what they perceived to be very challenging behaviors such as meltdowns and outbursts. The third most commonly stated reason was to receive help with behaviors associated with school demands. Parents expressed concerns about behaviors that seemed manageable at home but escalated at school. They discussed difficulty with adjusting to the more structured schedule of school and completing homework without meltdowns. Although they did not mention this as a motivation to attend at the beginning of the interviews, several parents indicated at a later point that they had also experienced difficulty communicating with school personnel regarding their child's behavior or special education services. These data indicate that parents of elementary school children continue to seek strategies to help with evolving environmental and developmental needs of elementary school aged children.

In addition, parents attending the sessions were motivated to review the strategies learned in HOT DOCS. Many described their excitement upon hearing that another program was being offered, with one participant even asking if there could be a program for adolescents, as well. Parents also identified the desire to establish routines, a strategy taught in prior the HOT DOCS program. Establishing routines helps children develop appropriate cognitive and behavioral skills

by encouraging the growing independence and executive functioning of school-age children (Berk, 2018). Thus, parents also are hoping to review the strategies that were successful before and that may be effective for their now older child.

Parents in our study were able to identify the particular behaviors they hoped to encourage in their children. The identification of these skills expands prior research that did not specify the type of behavioral change parents desired to enact (Mytton et al., 2014). In addition to overall behavior change, parents in this study described a desire to learn strategies to develop social skills, strategies to parent special needs children, and strategies to assist whole family functioning. These, too, may be motivations more common to parents of older children. As children age, they are expected to engage in cooperative relationships and learn conflict resolution skills. School often places a magnifying glass on this aspect of development, augmenting the opportunities and challenges of social functioning. Accordingly, one parent described how behaviors that seemed manageable before became more frustrating at school. In addition, parents of older children are more likely to have received a diagnosis for their child's developmental disability or behavioral disorders. Two parents in this study described recently receiving a diagnosis of Autism Spectrum Disorder for their child. Although diagnoses can resolve some questions for parents, they also may bring forth many more questions. The parents in this study sought information on how to structure the environment given their child's differing needs and abilities. Lastly, parents in this study discussed finding strategies that worked not only for their child that exhibited behavioral difficulties, but also for the siblings, as well. As children age, sibling rivalry and cooperation become more prominent aspects of parenting.

Other factors investigated were the parents' feelings that may affect their motivation and engagement in a parenting course. Prior research has identified that parents may feel stigmatized

which may be a barrier to attendance and engagement (Mytton et al., 2013; Salinas et al., 2011). Parents in this study commonly stated feelings of being overwhelmed. A few parents also indicated feelings of guilt regarding coercive parenting behaviors, while others expressed feelings of isolation. These findings are consistent with and extend prior research into fathers' motivation to attend HOT DOCS parenting program (Salinas et al., 2011). The study by Salinas and colleagues also found that some fathers expressed feelings of frustration and desire to change more aggressive parenting tactics. Statements made by participants in this study indicate that these feelings of being overwhelmed contributed to their motivation to enroll in the program. Parents identified that they knew the spanking and yelling should stop and believed that the parenting program would provide the strategies to do so. In addition, it is conceivable that these feelings also may contribute to continued attendance and engagement. When parents were given the opportunity to express feeling guilty or being overwhelmed, they were often met with expression of support and understanding from other parents. Thus, given a non-stigmatizing environment, parents may be able to reduce their feelings of alienation or negative self-appraisal and increase feelings of self-efficacy when they are able to support other parents.

In addition to identifying emotions that may affect attendance and engagement, this study also explored parents' cognitive attributes that may affect their engagement in the course. According to more expansive definitions of acceptability (Sekhon et al., 2018), the extent to which a person understands the purpose of the intervention or feels the intervention reflects the values of the individual may affect the acceptability of health interventions in general. In this study, the following cognitive themes were identified: "hope for change," "alignment of values or parenting style," and "fixed mindset." When asked at the beginning of the sessions, many parents expressed hope that the intervention would alleviate behavioral problems they were

experiencing. Six parents expressed feelings of hope indicating that they believed the intervention was likely to achieve its purpose. Although this study did not investigate this, it may be informative to map how the perceived effectiveness and parent's hope for change increased or decreased over the six weeks of the intervention. Relatedly, during the course of the program, four parents made statements that indicated having a fixed mindset regarding the ability to implement strategies or change their child's behavior. As one parent stated, "this wasn't [her] first rodeo." Although this seemed to be a concern for only a few parents in the study, it may be reasonable to assume that parents of older children may be more susceptible to doubting that strategies can change behaviors. They may have tried similar strategies in the past that were not effective. This would affect not only the perceived effectiveness of the intervention, but also the parent's sense of self-efficacy. Thus, instructors may find that devoting time to trouble-shooting or workshopping strategies with parents who have a history of unsuccessful attempts to use behavioral modification strategies may encourage acceptability and promote attendance and engagement.

In general, parents did not indicate that the strategies taught or methods of instruction were misaligned with their personal values or style of parenting. One parent explained that she tended to be less structured and more argumentative, and thus would have to adapt her parenting style to the strategies taught. Although she recognized it was sometimes difficult, she felt that the strategies were good training to develop important skills. Another parent indicated that she had a difficulty implementing one of the strategies, Special Time, because she was not "spontaneous or artsy." However, she did indicate that she could adapt the strategies to her more nurturing parenting style. Thus, while a few parents discussed that the strategies may seem unlike their

typical methods of parenting, they seemed to embrace the cognitive flexibility to accept change, even if they had to adapt the strategies to better suit their personalities.

Parents indicated a wide range of referral sources. This is consistent with prior research on parenting programs (Delach, 2020). Parents had initially heard of HOT DOCS through professionals (including a pediatrician, school psychologist, and psychologist), the FDLRS program, a friend and their school. Many of the parents continued to stay in touch with the HOT DOCS program through the HOT DOCS Facebook page. During one interview six parents indicated that they had heard of the new pilot K-5 program from Facebook. This indicates that parents may be encouraged to attend by both informal word of mouth and professional references. In addition, parents who originally participated in HOT DOCS clearly were satisfied with the strategies learned in the first program and desired to continue learning strategies for their now older child. Because this is a convenience sample of parents who enrolled and participated in DOCS K-5, this finding is limited and does not include a sample of parents who were not encouraged or able to attend. One parent indicated that as a pre-school owner, she felt that many more in the community may benefit from the program, but may not know of it.

Parents in the DOCS K-5 program indicated that convenience of location, time of sessions, length of class, and to a lesser extent, child care, were modest barriers to regularly attending the sessions. This is consistent with prior quantitative research on HOT DOCS which found that pragmatic barriers were not critical to the success of the program (Armstrong et al., 2006). However, it is also consistent with Mytton's synthesis of qualitative studies on the acceptability of parenting programs which found that 47% of studies mentioned competing demands on parents' time and resources as a barrier to attendance and engagement (2013). Although all participants had attended the first session, only 62% attended at least 4 sessions,

and 92% attended at least 3 sessions. Parents still recognized that attending the sessions was somewhat inconvenient. They described that they had to coordinate childcare with spouses, leave work early, or adjust their child's bedtime so that they could attend the sessions. One parent in this study discussed being initially surprised to hear that the first HOT DOCS course spanned to six sessions. Another parent suggested creating a more condensed weekend workshop for parents who may not be able to make multiple sessions. Thus, although pragmatic barriers such as time, location and length of the session did not prevent participation for the those included in the study, many parents still expressed that attending the sessions required some sacrifices or effort to coordinate.

This study revealed that venue is an important consideration when designing a parenting intervention, not just for the convenience of location, but also for other attributes of the venue that may affect parents' ability to engage in the program. Prior studies have considered how travel time may be a barrier to parent's enrollment and continued attendance (Hayford, 2020). Accordingly, a few parents in this study discussed the desirability of a location convenient to their work or to their home. Others discussed finding a central location that can be accessed from surrounding areas. Some parents suggested that hosting the sessions at a school or community center may make the sessions known to more people. However, parents also qualified their statements about the importance of a convenient location. Of note, parents expressed that the venue may affect not only attendance but a parent's willingness to engage in the program. Some parents may feel discouraged to openly discuss their parenting if the sessions are held where parents were familiar with each other. Also, one parent expressed that having the sessions in a professional setting like the children's health center conveyed to parents a sense of facial validity that the course was scientifically based. This finding extends prior research on parent

stigmatization and barriers to engagement (Hayford, 2020; Salinas et al., 2011) by suggesting that a professional venue apart from the local community may help to de-stigmatize parenting programs and encourage participation.

This study extends prior research of acceptability by considering which elements of instructional design aided engagement in the program. Parents in this study noted how the materials, the visual aids, and the instructor aided learning and engagement. Parents appreciated the PowerPoint handout that allowed them to write notes during the session and helped them remember the information presented. Several parents commented that the videos were very helpful in learning how to apply the strategies. Many parents also commented that the visual aids such as signs providing reminders to "stop, think, do," and laminated charts that help parents identify the function of the behavior facilitated learning and generalizing the strategies to the home environment. One parent explained that she would hold the card in her hand as a reminder while she talked to her children. Another parent admitted that she was not creative and therefore would not be likely to create signs on her own, and but was grateful for the signs provided.

Qualities of the instructor also enhanced engagement and facial validity of the program. Findings from this study are consistent with prior research which indicates that parents may appreciate the experience of the instructor over their expertise (Mytton et al., 2013). Several participants described how they appreciated that the instructor was able to incorporate examples from her own parenting experience. They confided that knowing that the instructor understood their struggles made them feel calmer. This dynamic may be akin to the role of empathy in humanistic theories of counseling which posit that empathy and acceptance in the counselor/client relationship allow for growth and change in the client (Rogers, 1977). Similarly,

an instructor who has been a parent may not only have more credibility due to their experience, but may also create an environment of acceptance that destigmatizes and promotes change.

Parents' desire to learn from each other appeared to be an important motivator to attend and engage in the program. This is consistent with prior research in HOT DOCS that has found that parents enjoy interacting with each other (Armstrong et al., 2006). Similarly, participants in this study expressed a desire to share their own experiences and to learn from others. They spontaneously engaged in this activity during the group interviews and even discussed possibly meeting after the session to continue conversations or staying in contact through a close group Facebook page. Desiring a forum to communicate their experiences is connected to parent's feelings of isolation described earlier and may be harnessed as an important motivator for continued attendance. Sessions that provide opportunities for participants to share their experiences in a safe and accepting environment will likely encourage continued attendance and engagement.

Overall, participants identified several aspects of DOCS K-5 that promoted attendance and engagement. Parents indicated positive perceptions that the intervention would help resolve the parenting struggles they face. They described the different emotions they experienced regarding the program and their parenting including hope, guilt, and feelings of isolation. When presented with a non-stigmatizing environment, these feelings may encourage attendance by serving a need to feel connected to others experiencing similar problems. Accordingly, parents in DOCS K-5 especially enjoyed sharing ideas with parents and sought opportunities to continue a dialogue within this new community of parents. In line with this, they also saw value in the instructor's experience as a parent. In addition, the instructional materials were viewed as instrumental in learning and generalizing the strategies to the home environment. Pragmatic

barriers to attendance and engagement were consistent with prior research that found location, timing, childcare and length of the program may be modest barriers to engagement, but it should be noted that only those who were not deterred from attending participated in the study. This study extends prior research by suggesting that choice of venue may actually affect the stigma that parents feel and affect their engagement in the program.

Research Question 2: What are parents' perceptions of the effectiveness (e.g., facets of acceptability) of DOCS K-5?

This study of DOCS K-5 is consistent with prior qualitative findings that participants of HOT DOCS feel the program is effective (Armstrong et al., 2006). It is also consistent with prior studies' quantitative findings that participation in HOT DOCS increases participant knowledge of specific strategies (Armstrong et al., 2006; Childres et al., 2011; Williams et al., 2010), and improves parent's perceptions of their child's behavior (Childres et al., 2011; Williams et al., 2010). Participants in the DOCS K-5 program were able to identify several strategies they learned and regularly use at home including: follow through, family meeting, clear directions, establishing routines, specific praise, problem solving chart, special time, planned ignoring, setting examples, and using "stop, think, do." Participants of DOCS K-5 often referred to the visual aids and charts when describing their use of strategies at home. They indicated that the materials and instruction were very effective at teaching specific strategies.

Consistent with the study on father's perceptions of the effectiveness of HOT DOCS (Salinas et al., 2011) and a study on the general effectiveness of HOT DOCS, parents also described a change in their general approach or attitude toward parenting. Parents of DOCS K-5 adopted a more preventive and structured approach to parenting. Parents described reducing

coercive parenting techniques such as yelling or spanking and learning positive, preventive and structured approaches to parenting.

This study extends prior research by further identifying that when parents described the positive effects of participating in the program, much of the change experienced was characterized as change that happens over time or as a work in progress. This applied not only to the child's behavior, but also to the parent's behavior. Parents stated that they sometimes slipped into old parenting habits but would catch themselves and try to improve or adopt an attitude of "better next time." Elementary aged children and their parents may have more in-grained patterns of behavior. Thus, sessions designed for parents of older children may consider incorporating information on the behavioral and neurological mechanisms associated with changing behavior patterns over time. At least, the instructor may consider whether parents are harboring a fixed mindset and encourage an approach that sees the potential for change over time.

Lastly, many participants felt that the strategies learned in the program would be beneficial for many parents in the community. This also is consistent with prior research of HOT DOCS program which found that 97% of participants in the study agreed that parenting strategies were beneficial (Williams et al., 2010). Parents in this study noted that although many parents may benefit from attending DOCS K-5, some may not be able to attend or may not know of the program.

Participants in this pilot program identified a few areas for improvement in program design. The most common criticism from DOCS K-5 participants pertained to the applicability of the strategies to their own situations. A common question pervading participants' concerns was "will this work for my child?" This is consistent with prior research of HOT DOCS participants

which found that those who did not think the strategies were beneficial felt that it did not match the severity of problems experienced (Williams, et al., 2010). Similar to the participants in the earlier study, parents questioned whether the signs, tools and strategies would be successful for the children who were displaying more extreme verbal and physical aggression. Because parents may be reticent to reveal their lack of success with strategies, participants may benefit from instructors pre-emptively incorporating examples with more severe behavioral concerns. In addition to parents with more severe behavioral concerns, parents of children with special needs expressed some doubt whether the strategies should be used for both typically developing children and those with developmental concerns. These parents had recently received a diagnosis of autism for their child and were facing many questions about what that might indicate about their parenting needs. Although parenting programs may address these concerns, it may be helpful to consistently reinforce the message to parents that strategies taught in parenting programs are appropriate for children who display more severe behavior and children with disabilities or developmental concerns.

Another reason for questioning the applicability stemmed from a concern that the strategies may not be appropriate for older children. A couple parents who had taken HOT DOCS prior to this program felt that there was overlap between the two programs. Some parents suggested to each other that those experiencing difficulty applying the strategies to their older child may try involving the child in the problem-solving process. Parents also desired more strategies to develop social skills in children. They recognized this as a growing need in children with behavioral concerns who are now in elementary school. Thus, program designers may consider emphasizing social skills training or offering a parenting program that focuses primarily on developing social skills.

Lastly, a couple parents suggested that the program might consider workshopping a particular behavioral concern throughout the sessions. The parents suggested identifying a behavior at the beginning of the program and focusing on improving that behavior throughout the sessions. By doing so, parents felt that it would be easier to identify the progress made and troubleshoot any difficulties that parents were experiencing. This suggestion is in line with prior research on HOT DOCS indicating that parents appreciated active engagement, and in vivo explanations and feedback (Armstrong et al., 2006). Although lessons currently incorporate practicing the strategies within the session, parents may benefit from structuring the manual as a workbook that identifies behavioral concerns in the beginning of the sessions and provides step by step guidance in applying the strategies to the behaviors. In this way, parents who miss a homework assignment or session would be able to catch up on missed material by following the exercises in the workbook.

Research Question 3: What are parents' perceptions of the tertiary benefits (e.g., facets of acceptability) of attending DOCS K-5?

Three themes were identified in response to the third research question which investigates the additional benefits received by participants of DOCS K-5. In addition to improving parenting skills and child behavior, parents appreciated the mutual support they experienced with other parents, the effect the program had on their affect, and changes in relationships within the family and within the community.

Consistent with prior research of HOT DOCS and parenting programs in general, parents enjoyed the mutual support of other parents in the program (Armstrong, 2006; Mytton, 2013). Repeated findings indicate that parents highly value the opportunity to connect with parents who are experiencing similar struggles. A qualitative study of HOT DOCS participants by Armstrong

and colleagues found that parents felt less isolated as a result of the group parenting program and continued to meet outside of the session (Armstrong et al., 2006). Although this is not a formal aim of the intervention, connecting with parents is often discussed by participants as a benefit of the program. This was clear not only in the DOCS K-5 participants' comments, but also in the way they took the opportunity during the interviews to discuss their concerns, share experiences, and plan to meet after the session. Indeed, the group interviews would infrequently slip into what felt like an informal support group with parents confiding their frustrations and offering support. When parents felt comfortable enough to confide that they were overwhelmed, used coercive parenting, or even felt that they didn't want to be around their children, others would often support the parent by communicating, "you are not alone in this." Given the previously identified feelings of isolation and exhaustion that parents experience, interventions that aim to improve child well-being through parenting should not ignore, but actively promote, the social supports that can organically develop in group parenting sessions. This would not only augment a recognized factor of resiliency for parents (Heiman, 2002), but may also provide a powerful motivator to attend sessions.

In addition to the group support in which parents engaged, parents expressed feeling a sense of calm and confidence as a result of having learned the strategies. A previous study on HOT DOCS participants did not find a significant effect on parents' level of stress (Childres et al., 2011). However, Salinas' qualitative study of father's experience with HOT DOCS reported that parents expressed opinions of feeling better about themselves knowing that others experienced similar struggles (2011). This study suggests that parents do feel calmer and more confident as a result of learning the strategies. Parents described how the knowledge they gained gave them the confidence that they were doing the right thing. Parents no longer felt stuck with

behavior problems but better understood what sustained the behavior and what they could change to improve the behavior. In addition, even knowing that behavior change takes time but is possible gave them hope and a sense of calm. A few parents described how the strategies helped to de-escalate tense situations like homework and bedtime. Another parent described using a calm voice toward her children. This parent described how her children showed more affection which helped to "relieve the worry." On the other hand, parents did express that the changes they noted were a work in progress or that when one behavior improves, another surfaces. Thus, parenting programs that use rating scales to calculate a change in stress levels may capture little overall change in parenting stress as parents' lives continue to be busy and full of new challenges. These scales may miss the differences that parents feel in the more idiosyncratic or specific situations.

With the new understanding about what sustains behavior and what adjustments may be needed to change behavior, a few parents expressed having greater confidence in approaching school personnel. One participant explained that as an immigrant, she had not felt comfortable approaching school staff about concerns she had over her son's Individualized Education Plan. She had not approached the school to address her concerns in the three years that she had been in the country. But, as a result of the confidence she had gained from the program, she now felt comfortable approaching the staff and engaging in a discussion about her son's needs. Another parent described that the conversations that she had with the teachers about her son's behavior upset her less because she knew she was doing the work at home to help her son. Thus, not only did some parents feel more confident about their parenting and understanding the needs of their child, but because of this, they felt more empowered to approach and coordinate with their schools to help their children.

In addition to the improved relationship with members of the community school, a few parents also indicated that their participation in the program has led to improved relationships within the family. Parents described improved communication by using calmer voices and establishing practices like family meetings. Another parent also described how her husband had not participated as much in child care of their special needs child, but that because he had cared for the child during the sessions, he now had developed greater confidence in his ability to parent. One couple attended the sessions together and were able to use a common language and approach to resolving their child's behavior concerns. Although research on parenting programs tends to focus on knowledge gained and perceived behavior changes, further research is needed to examine the extent to which group parenting programs such as DOCS K-5 improve not only personal well-being, but also relational and community levels of well-being.

Implications for Practice

This qualitative study reinforces other findings that the HOT DOCS/DOCS K-5 programs are perceived by participants as well designed and effective at teaching strategies to parents. Parents in this study were able to name the several different kinds of strategies that they had been able to use on a regular basis at home. They indicated that the course presents the strategies in clear and concise language that makes it easy to replicate at home. They appreciated that the instructor was not only a professional, but also parent herself who had experience using the strategies being taught. They also highlighted the instructional methods and tools that encouraged their learning. The many charts, signs, videos, and examples incorporated in the DOCS K-5 instruction aided their learning and practice.

Participants also made suggestions for improving the DOCS K-5 instruction. In line with appreciating the hands-on approach to learning, two participants suggested identifying a behavior

at the beginning of the program and workshopping this behavior through the session sequence. By doing so, participants would be able to have guided practice tackling the behaviors of greatest concern and would be able to more easily recognize tangible benefits of participating in the sessions. To help parents integrate their learning into their parenting practices and identify their successes, parenting programs may consider incorporating a journal that guides parents along the journey to more effective parenting. This journal can serve as a place to take notes during the session, highlight key principles, integrate learning into their practices at home, document change over time and even create a community with other parents. At the beginning of the session, such a manual may help parents identify what behaviors or dynamic they would most like to change or their short term and long-term goals of parenting. This journal can help parents identify their strengths as a parent, and identify strengths of their child and incorporate them into their parenting relationship. This orientation may encourage the kind of growth mindset seen in some of the participants of the study. The journal can be a convenient way for parents to make a plan for how to implement strategies throughout the week and reflect on their successes. Parents can reflect on how the lesson will help the parents reach their short-term and long-term parenting goal. Data tracking for the entire program may be incorporated through QR codes that link to graphs showing real-time results from session surveys. Lastly, the journal might also provide links that take parents to relevant websites, social networking sites, or helpful charts and signs that can be downloaded and printed.

Another implication for practice is that parents of elementary school-age children demonstrate a continued need for parenting programs beyond the early childhood years. Even parents who participated in earlier HOT DOCS programs revealed a desire to be reminded of strategies or learn different strategies for their now older children. Parents described how the

newly introduced school environment and demands had augmented the challenges they previously had faced at home. Conjointly, parents expect to learn strategies that incorporate the cognitive and emotional needs and abilities of their developing children. Some parents felt that the curriculum overlapped with the curriculum of HOT DOCS. Thus, the instructors may highlight how the strategies are appropriate for the needs and abilities of elementary school children. Strategies to engage children in problem-centered coping strategies and joint regulation may be included. In addition, parents may benefit from a series of questions in the form of a semi-structured interview that teach parents how to begin important conversations with their child. Also, parents in this study indicated that they highly valued learning strategies to encourage social-emotional and communication skills in children. DOCS K-5 and other parenting programs designed for parents of older children may further investigate whether sufficient time is dedicated to this highly desired parenting skill.

Although the parents in this study were not asked about the stigma of parenting programs per se, some parents indicated that they felt guilty about their parenting. Another participant stated that parents may not be as forthcoming if they had sessions with other parents with whom they were familiar. This stigma likely affects attendance and engagement. Those who refer parents to behavior training should present the program in a way that would help diffuse the stigma. Parenting programs may be presented as positive and responsible actions that can result in changes that affect parents and children's well-being. In addition, parents in this program were comforted by learning that others shared their experiences. They also appreciated that the venue of the program, a children's health center, provided an atmosphere that lent credibility to the program as being science-based. Thus, practitioners may diffuse the stigma of parenting

programs by considering how it is presented to parents, promoting a supportive atmosphere during the session, and even providing the program in professional settings.

To encourage full engagement with the material, parenting programs should address cognitive barriers and facilitators to engagement. This study identified that many parents harbor the question, "will this work for my child?" Parents of children displaying very difficult behaviors or children with special needs share some uncertainty as to whether the strategies would be effective with their children whom they perceive as difficult or different. Parenting programs should encourage participants to discuss this concern openly so that they and other parents may benefit from learning how to apply strategies to more individualized or extreme situations. Also, parents who may not choose to ever attend the program may hold a similar doubt that they cannot help to change their child's defiant behaviors. Thus, professionals who recommend parent training should be educated as to the research supporting parent training so that they may persuade parents as to the program's efficacy. In addition, parenting programs should actively encourage a growth mindset toward changing parenting practices and improving child behavior. Parents in this study discussed having acquired a parent-centered approach to changing behavior and recognized that change happens over time. By encouraging this conception of behavioral change, parenting programs may enhance parents' engagement and feelings of confidence and calm that result from the program.

This study also supports the findings of prior research in recognizing the integral role that mutual parental support plays in the acceptability and benefits received from the program. During the interviews, parents in this study demonstrated an eagerness to learn from each other and continue meeting beyond the session. Parents were able to comfort each other and say, "you are not alone." Results from this study indicate that the ability to share and feel connected with

other parents affects engagement, learning and tertiary benefits received. To encourage this, parenting sessions should offer opportunities for discussion and connection.

Lastly, this study highlights a potent opportunity for parenting programs to address the needs of parents of school-aged children. A few parents discussed frustration with school interactions. When discussing the appropriate venue, one parent expressed her worry that if the sessions were held at the school, instructors may not be as forthcoming about IEP process or services available for their children. This indicates that some parents may harbor a distrust of schools. Parents of children with behavioral needs may have a history of adverse experiences with teachers or administration. Thus, parenting programs are presented with an opportunity to repair an important relationship that affects elementary school age children. Parenting programs can improve parent-school relationship by building parents' knowledge and skills so that are better able to coordinate with schools regarding their child's well-being. In addition, parenting programs may wish to emphasize the importance of using the same language to describe expectations across home and school environments. Indeed, two participants in this study described feeling more confident in approaching school staff after attending the program. Those participants who had felt marginalized because of immigrant status or had a negative history of interacting with school officials now felt they had the courage to engage in difficult conversations or ask for a change in services. The information that parents gained regarding behavior principles and the IEP process helped to balance the power dynamic and increase communication between schools and parents.

Contributions to the Literature

This study provides valuable information on the acceptability of DOCS K-5, a newly adapted program for parents of elementary age children. When designing new programs, it is

important to consider aspects of acceptability in addition to measuring effectiveness. Acceptability is especially important for new and continuing parenting programs to address the historical struggles to increase enrollment and maintain engagement despite proven effectiveness for participants. This study not only contributes to the understanding of facilitators and barriers to acceptability for parenting programs in general, but also provides relevant information for how a newly modified program is received by parents of school-age children.

In addition, this study explored collateral benefits the parents received beyond gaining knowledge of parenting skills and improving child behavior. There is growing recognition that health services should consider relational and community aspects of well-being. Parenting programs of school age children offer new opportunities to build support networks in myriad relationships and systems including within families, between families, between the school and family, and between health care professionals and families. These support networks may be especially important to parents who may feel isolated and unsure of how to help their school-age children.

Limitations

This study involved a convenience sample of parents who voluntarily enrolled and attended the program. Parents who could not attend the sessions were not present for the interview. Thus, data on barriers to attendance are not collected from those who did not enroll or continue to attend. Further, many of the participants previously had attended the HOT DOCS parenting program for younger children. Because they are returning voluntarily to a DOCS parenting program, their opinions may have been influenced by previous experience with parenting programs. In addition, the sample size was small and may reflect opinions and experiences that are more idiosyncratic. These factors affect the external validity of the findings.

In addition, measurement validity may have been affected by the format of the study. The participants in the study may not have been as forthcoming if they perceived the interviewer as affiliated with the parenting program offered.

This study is qualitative and does not provide a quantitative measure of acceptability. There is no threshold level and so it cannot provide a quantified estimate of an acceptability rating. In addition, a qualitative analysis is necessarily informed by the subjective eye of the investigator. Efforts were made to be transparent regarding the theoretical orientation affecting the interpretation of information extracted from the interviews.

Directions for Future Research

This study found that parents may have different cognitive approaches to developing parenting skills. Some parents described how they appreciated that change would happen overtime. When they experienced set-backs by falling into old parenting habits, they recognized that they could do better next time. These parents also demonstrated a parent-centered focus on behavioral change. That is, they understood that to change child behavior, they had to change their own behavior. Other parents spoke in more absolute terms regarding their limitations as a parent. Parents of older children who have already attended a parenting program and may have a longer history of behavioral difficulties also indicated more resistance to techniques already tried. Future research should further explore the extent to which parents of older children or parents of children who have received a diagnosis harbor more fixed mindsets regarding their or their child's ability to change. A parent's cognitive approach to behavior change would likely affect aspects of acceptability, attendance and effectiveness.

Furthermore, the study indicates that parents of children with behavioral difficulty may be especially desirous of supportive relationships within the home, school and community.

Parents described how they had not felt confident in approaching school personnel. Parents also expressed feelings of being overwhelmed, isolated and unsure of resources available in the community. At the end of the sessions, parents discussed increasing their communication with their children, spouses, and even school personnel. Further research may investigate the relational deficits experienced by parents of children with behavioral problems and further explore the potential ways that parenting programs may support healthier relationships at home, school and in the community.

Lastly, some parents asserted that they may feel less inclined to engage in parenting programs with familiar parents in the community. Future research may investigate the relationship between venue and stigma of attending a group parenting program. Do some settings lessen stigmatization and facilitate increased engagement? In addition, may local venues lessen stigmatization by presenting the program as a healthy and positive endeavor for all parents, not a class for "struggling parents?" Do parenting programs present information as a positive skill-building endeavor or as remedial instruction to aid parents deficient in parenting skills or parents with behaviorally challenged children?

Summary

Parent-focused behavior training programs are considered well-established methods of treating children with disruptive behavioral disorders (Kaminski et al., 2017). A review of metanalyses on parent behavior training programs found a moderate effect on children's behavior and parent's behavior (Mingeback, et al., 2018; Weber et al., 2018). In addition, these studies have found that parenting programs have a small but significant effect on parent's mental health (includuing stress, depression, and anxiety) and spousal relationships. However, studies have shown that there can be variability in the effectiveness of different parenting programs

(Kaminski et al., 2017). HOT DOCS is a group parenting program shown to be effective at increasing parenting knowledge and reducing parents' perceptions of their children's problematic behaviors (Childres et al., 2011; Williams et al., 2010).

Although parenting programs have proven efficacy, these programs have been hampered by historically poor enrollment and attendance. To improve attendance and engagement in these effective programs, practitioners should consider the acceptability of parenting programs when designing and promoting interventions. This study examines the acceptability of DOCS K-5, a newly adapted parent behavior training program for parents of elementary school aged children. Although prior studies on HOT DOCS have indicated that the program has high acceptability, these studies have focused on pragmatic barriers or provided a summative statement of general acceptability. This qualitative study examines the participants' affect, cognitive orientation, values, motivations and reactions to instructional design, in addition to pragmatic barriers such as location and time.

An analysis of parents' motivation indicates that parents of elementary school aged children have continued need to attend parenting programs that are related to their child's growing developmental needs and demands of the school environment. Analysis of parents' affect indicates that parents in this study were hopeful that the program would help to improve their child's behaviors. In addition, several parents revealed feelings of guilt and being overwhelmed. These feelings may be considered a barrier to enrollment if they play a role in stigma associated with parenting programs. However, it also may present an opportunity for programs to encourage attendance by providing a forum for parents to share similar experiences in a safe environment. Parents' initial cognitive approach to the sessions was generally hopeful that the they would help. However, a couple parents indicated more of a fixed mindset that their

child's behavior was unlikely to change by applying strategies or that they had tried the strategies before to no avail. Parents of older children may be more prone to resisting change if they have been unsuccessful in using similar strategies.

DOCS K-5 instructional design and referral sources were facilitators to attendance and engagement. Parents enjoyed many aspects of the instructional design, including the materials, visual aids, resources, video examples and the ability to take notes on PowerPoints. These materials enabled parents to engage in the sessions and more easily apply the strategies at home. Participants appreciated that the instructor was a parent herself. In addition, parents described multiple referral sources, both professional and informal.

The parents reported some of the difficulties in attending the sessions. Parents spoke of needing to coordinate childcare with a spouse, having to leave work early, or adjust bedtime. However, this study only interviewed those parents who were able to participate in the sessions and interviews. Thus, these concerns did not prevent participants from attending. Although a few parents appreciated having the sessions in a central location or close to work or home, one parent indicated that a location outside the family's community or neighborhood may help the parents to feel more comfortable discussing family experiences. This sentiment indicates that parents do feel stigma related to their family's struggles with behavior and appreciated an environment that lessens the potential stigma to attending and engaging in the program.

In addition, this study considered the perceived effectiveness of this pilot program. Two broad themes, "the program is effective" and "areas for improvement" indicate that participants found the program to be effective in teaching strategies and changing behavior, but also were able to provide suggestions for improving the pilot course. Parents identified specific strategies they learned and regularly applied at home. Parents tended to explain their success in using the

strategies as a "work in progress." In addition, they also conveyed that they now approached parenting differently. Their efforts to change behavior became parent-focused and they were more structured in their parenting. However, when parents were unsure of the success of the strategies, it often related to the question "will this work for my child?" Also, parents of older children may show more resistance to trying strategies due to a history of interactions with their children.

This study confirms prior analyses that have found that parenting programs also provide additional benefits to parents above the individual benefits of parenting knowledge and change in child's behavior (Weber et al., 2018). Parents in this study reported improved communication and relationships with their children, spouses, and also with those in the community. Parents in the study described feeling calmer, more confident in their parenting and developing a more patient, long-term view of behavior change. In addition, this study indicated that parenting programs also may help parents build stronger relationships with school personnel. Parents of elementary aged children who exhibit defiant behavior may have a history of interactions with school officials or may be confused by educational plans and procedures. Parent training programs may benefit parents of school-aged children by providing information that increases confidence to engage in educational planning and relationships to benefit their children.

Results of this study indicate that DOCS K-5 is perceived to be acceptable and effective parent training. Parents provided insights into elements of instruction that facilitated learning. This study also provides insight into affective and cognitive disposition of parents that might lead to barriers to attendance or engagement and also opportunities to address common concerns and encourage engagement. Lastly, this study expands the consideration of benefits received by parents of elementary school aged children to include not only individual, but also relational and community levels of well-being, as well.

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