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Examining the Social Validity of Parent Training: Post-Participation Parent Perceptions and Reflections of Group Triple P

Nycole C. Kauk
University of South Florida

Examining the Social Validity of Parent Training:

Post-Participation Parent Perceptions and Reflections of Group Triple P

by

Nycole C. Kauk

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Co-Major Professor: Jose Castillo, Ph.D.
Co-Major Professor: Linda Raffaele Mendez, Ph.D.
Robert Dedrick, Ph.D.
Amanda Keating, Psy.D.

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Abstract

Child behavior problems are highly prevalent and impact the child and their family system with short-term and long-term consequences (Sanders, 2012). Many risk factors for child behavior problems are modifiable via the use of Behavioral Family Interventions (BFI), such as behavioral parent training programs (Kazdin, 1991). BFIs modify factors within the family system to minimize modifiable risk factors and engineer protective factors to produce behavior change (Kazdin, 1991). The Triple P parenting program is one of the most researched and effective programs used internationally, particularly the Level 4 package; Group Triple P (Sanders, 2012; Sanders & James, 1983; Sanders & Morawska, 2007). While Group Triple P has been highly researched for change in child and parent outcomes, it is unclear as to how these outcomes are perceived by participants over time. To date, social validity and aspects of continuing need have not been evaluated via qualitative methods. The goal of this post positivist study was to understand the experiences of parents post-participation; particularly the social significance of the content and goals, appropriateness of strategies, changes in their child's behaviors (both in regard to use of the strategies present day and the perceived importance of the intervention) and ongoing or additional challenges that persist or arise post-Group Triple P intervention. Findings suggest participants report support for each prong of social validity, as well as need for additional supports for reoccurring problem behaviors, booster sessions, and additional direct support. Implications for research and practice are discussed.

Chapter One

Introduction

Child behavior problems are associated with short-term and long-term consequences for the child and the family system (Sanders & James, 1983; Kazdin, 1991; Sanders, 2012; Serbin, Stack & Schwartzman, 2002). Child behavior problems impact the family system with immediate consequences, such as increasing stress and decreasing parent's wellbeing, and long-term effects on the child's social-emotional development, brain development, mental health, and physical health (Collins et al., 2000; Sanders, 2012, Stack 2010). Over a lifespan, maladaptive coping strategies and problem behaviors increase the risk of interpersonal strain, academic duress, and contribute to underemployment (Collins et al., 2000; Serbin, Stack & Schwartzman, 2002).

Combatting the negative effects of maladaptive behaviors involves increasing protective factors within the environment and decreasing risk factors (Sanders & James, 1983; Sanders, 2012). Importantly, parenting interventions address the needs of the family as a whole as well as the individual members (Wadham, 2016). Diverse parenting strategies and/or differing degrees of parental effort may be required for different children, largely due to within-child characteristics and/or the environmental demands (Collins et al., 2000). Difficult temperaments (e.g., negative affect, intensity in demands for attention) in children have been shown to be associated with increased risk for externalizing and internalizing disorders in adulthood (Collins et al., 2000; Stack 2010). For example, children who exhibit inhibited, shy behaviors in infancy are at risk for anxiety disorders later in life (Collins et al., 2000).

Successful parenting interventions teach a variety of strategies to a) modify the environment as a means of preventing problem behaviors, b) teach children prosocial response styles and appropriate behaviors, c) reinforce desirable behaviors, and d) deter the occurrence of problem behaviors (Turner, Markie-Dadds & Sanders, 2012; Sanders, 2012). The most evidence-based strategies for decreasing child behavior problems are interventions falling under the umbrella of Behavioral Family Interventions (BFI; Kazdin, 1991), such as manualized behavioral parenting interventions. BFI's teach parents how to change the variables in the environment to produce a change in a child's behaviors (Sanders et al., 2003). While these interventions directly change parent behaviors, the indirect result is a change in child behaviors (Sanders, 2012). Parents have a great amount of influence on the environment, especially in the primary years, making parent training programs, such as Triple P, an excellent option in assisting families in modifying maladaptive behaviors within the home and community setting.

Triple P- Positive Parenting Program

Triple P is comprised of multi-tiered levels of support and has been used with individual families and communities in 25 countries around the globe. It is cited as the most widely used manualized behavioral parenting program (Sanders, 2012; Sanders, 2008). The goal of Triple P system of interventions is to support all families in the parenting experience, regardless of degree of need. Thus, the Triple P system is comprised of five levels of support. Each of the five-tiered levels serves parents at their present level of need for skill acquisition (Turner, Markie-Dadds & Sanders, 2012). Level 1 interventions are inclusive of marketing campaigns and parenting information as a means of normalizing parenting as a malleable skill to learn. Level 2 interventions provide brief parenting advice, usually in a one-time meeting. Level 3 is a brief, but narrow focused training, and Level 4 is a broad focused parent training. Level 5 is a behavioral

family intervention that is the most intensive in nature as it assists families with maladaptive attributions or when there are major external stressors within the family system, such as a divorce (Sanders, 2012).

The evidence for the Triple P system is highly positive. Nowak and Heinrichs (2008) completed a metanalysis to evaluate the impact of Triple P's system on parent and child outcomes. Their findings indicate Triple P causes positive changes in outcomes related to parenting skill, child behavior, and parental well-being. Changes are observed to be in the small to moderate range, varying based on the intensity of the level of the intervention; and Triple P Levels 1-3 produced smaller effect sizes than Levels 4 and 5. Their findings also indicate that fathers consistently reported lower rates of improvement across all levels. Group formats were found to yield smaller positive effect sizes for child behavior problems at post and follow up compared to other formats (Nowak & Heinrichs, 2008).

This study will focus in on Level 4, broad focused parent skills training. The Level 4 package of focus is called Group Triple P. Group Triple P offers a menu of strategies to support families with moderately intensive needs, including the possibility of tailored support from the facilitator (Turner, Markie-Dadds & Sanders, 2012). Group Triple P is an 8-session course, taught in a group format. Throughout the course, parents are taught a menu of skills specific to treating a child problem behavior of their choosing, as well as monitoring and tracking child behaviors, preparing for high-risk situations, and self-monitoring and self-regulating their own skill development (Sanders, 2012).

Level 4 Group Triple P

Manualized interventions such as Group Triple P can lead to significant decreases in child problem behaviors, increased parental self-efficacy, and increased appropriate child and parent behaviors (Turner, Markie-Dadds & Sanders, 2012). Group Triple P is one level within the Triple P system, and there are few articles to date that evaluate only the Group package.

Cross-culture use of Group Triple P has been examined with populations such as Australian Indigenous families, families from Hong Kong, China, and families from Switzerland. Effects reported indicate significant decreases in maladaptive parenting practices and significant decreases in frequency of child problem behavior (Bodenmann, Cina, Ledermann, & Sanders, 2008; Leung et al., 2003; Turner, Richards & Sanders, 2007). It is of note that measures of parental adjustment (e.g., depression, anxiety, stress) did not change post-intervention or at follow up for the sample of Australian Indigenous families (Turner, Richards & Sanders, 2007). However, parental attributions within the sample of parents from Hong Kong and Switzerland significantly improved (Bodenmann, Cina, Ledermann, & Sanders, 2008; Leung et al., 2003).

Group Triple P has been used with several populations of interest such as parents of children diagnosed with ADHD and parents that were rated to be high-risk for abuse and maltreatment (Au et al., 2014; Sanders et al., 2004). RCT results indicate that negative parental attributions (e.g., risk for maltreatment) and intensity of child problem behaviors decreased (Sanders et al., 2004; Au et al., 2014). Modified versions of Group Triple P also indicate successful changes in child and parent attributes. Gallart and Matthey (2005) compared standard delivery models to an abbreviated model. Their findings suggest improvement in child behavior problems and parental adjustment in both versions when compared to the waitlisted control group (Gallart & Matthey, 2005).

When comparing Group Triple P to other manualized behavioral parenting interventions, such as Parent Child Interaction Therapy (PCIT), research suggests positive effects for both interventions (Thomas & Zimmer-Gembeck, 2007). Group Triple P yielded a medium group effect in regard to child behavior change during treatment, whereas other manualized interventions were cited to have a small to medium effect. When compared to a waitlist, Group Triple P yielded a medium effect size in regard to changes on parenting attributes (Thomas & Zimmer-Gembeck, 2007).

Group Triple P and Social Validity

One of the most significant indicators of long-term use of an intervention is high social validity. Social validity is a construct that describes "the social significance of the target behaviors, the appropriateness of procedures and the perceived importance of the results" (Armstrong, Ehrhardt, Cool & Alan, 1997; Wolf, 1978). Social validity increases the probability of generalization and maintenance of strategies across time and settings (Cooper, Heron, & Heward, 2007). Social validity can be assessed in a variety of ways, with the most common method being caregiver or consumer questionnaires of satisfaction. The data derived from subjective measures assist the practitioner in understanding the degree to which the consumer finds the intervention to be acceptable, which is essential in determining treatment adherence (Carr, Austin, Britton, Kellum, & Bailey, 1999). Questionnaires, however, may give a limited picture of treatment acceptability and do not provide feedback to incorporate into their treatment program (Ayala, & Elder, 2011). Treatment acceptability describes participant satisfaction and it is important to note that treatment acceptability is indicative of high social validity (Cooper, Heron, & Heward, 2007).

Social validity is rarely assessed and reported on in research. Findings suggest that social validity data are present in less than 15% of publications (Armstrong et al., 1997). Although interventions can be efficacious without monitoring or collecting social validity data, practitioners and researchers have a limited understanding of the scientific implication and practicality of the intervention without such data (Cooper, Heron, & Heward, 2007). Without assessment of social validity, practitioners and researchers have no way of understanding or predicting treatment fidelity, adherence to procedures or likely outcomes (Carr et al., 1999). To date there is minimal research inclusive of social acceptability of Group Triple P, regardless of method of measurement. As such, there appears to be a gap in the literature exclusively identifying participant perceptions related to the social significance of Group Triple P intervention, the appropriateness of the intervention procedures, and the perceived importance of the results.

In terms of assessment of social validity, the Triple P system uses the *Client Satisfaction Questionnaire- CSQ* to assess client satisfaction (Turner, Markie-Dadds, & Sanders, 2000). The CSQ measure is an adapted version of the *Therapy Attitude Inventory* (TAI) by Eyeberg (1993), which has established reliability, discriminant validity, and internal consistency (Eyeberg, 1993). The CSQ was designed to evaluate the quality of service provided; specifically, how the program met the parent's needs, how the program met the needs of the child, and satisfaction regarding parent perceptions of change in child behavior. The CSQ allows for participants to answer the 13-item measure using a 7-point Likert scale. Thus, the scoring results in a maximum score of 91 and a minimum score of 13. While this measure is an option for use, it is not always implemented or reported upon in research. Given the format of the measure, it is often used to gauge the perceived quality of the service delivery, rather than deriving qualitative data to inform

specific goals for improving program implementation or additional participant need (Turner, Markie-Dadds, & Sanders, 2000).

Statement of the Problem

While social validity is recognized as a construct that impacts long-term skill maintenance and generalization, much of the literature does not report measures of social validity for Group Triple P. The only method to date of accessing aspects of social validity post intervention is the Client Satisfaction Questionnaire (Turner, Markie-Dadds & Sanders, 2012), which is administered in the form of a Likert scale with minimal opportunity for individualized feedback. While this scale derives quantitative information regarding the participant's perceptions of their experience, quality of service, changes in relationship and outcomes; it fails to specifically prompt for qualitative data that can be used to improve the delivery of the course, content of the course or supplemental areas for resources. Without adequate data on the social validity of this intervention, practitioners and researchers have a limited understanding scientific understanding of the practicality of the intervention from the perspective of parents (Cooper, Heron, & Heward, 2007). To date there is not qualitative research primarily assessing the social acceptability of Group Triple P. As such, there appears to be a gap in the literature of qualitative exploration identifying the degree of social significance of the Group Triple P intervention. Additionally, there does not appear to be qualitative studies that provide more in-depth insight into the appropriateness of the intervention procedures and the perceived importance of the results that can be used to increase participant acceptability and long-term use of Group Triple P.

Purpose of the Study

The proposed study will focus on participant experiences post-Group Triple P intervention as they relate to social validity. Qualitative, semi-structured interviews will be used

to investigate participants' reports of social significance with regard to the content and goals within the Group Triple P intervention, the appropriateness of the intervention procedures for the participants' family system, and the perceived importance and success of the results. The researcher will examine emergent themes of additional needs that arise or persist post-Group Triple P participation. Qualitative data collection via the use of semi-structured interviews is widely accepted in use with program feedback and/or treatment acceptability, and allows for thematic analyses of participant experience (Ayala & Elder, 2011). Thus, interviews will be used as the primary data collection instrument. The themes that emerge may inform intervention needs related to contextual fit, cultural fit, generalization, and maintenance of skill use.

Conceptual Underpinnings of the Current Study

This post-positivist qualitative study will utilize Behavioral Theory as the primary conceptual theory central to this study. Post-positivism utilizes a variety of approaches to discern an approximated reality, as post-positivists argue that a true reality can never be fully captured. Post-positivism places emphasis on discovery and verification of theories (Denzin & Lincoln, 2013, p. 17). Within the Behavioral Theory framework, behaviors are acquired through the process of conditioning, which occurs through interactions with the environment (Cooper, Heron, & Heward, 2007). Through the lens of behavioral psychology, behaviors are functional, meaning they serve to produce access to tangibles, escape, attention, or to meet a sensory input or output (automatic reinforcement; Cooper, Heron, & Heward, 2007). This conceptual framework underpins this study due to the ideology that behavior can be studied in a systematic and observable fashion, and that discreet skills can be taught to replace a problematic behavior.

In parent training interventions, the parents receive the direct intervention and are taught adaptive skills to assist in childrearing, which often replaces their maladaptive strategies that

produce an increase in undesirable child behaviors. Through the intervention process, parents learn new ways to approach their child's behaviors, which typically include antecedent-based strategies, strategies for teaching replacement behaviors, reinforcement strategies for desirable child behaviors and response strategies for when problem behaviors occur.

Social validity as a construct is rooted in behavioral theory, as it describes "the social significance of the target behaviors, the appropriateness of procedures and the perceived importance of the results" (Armstrong, Ehrhardt, Cool & Alan, 1997; Wolf, 1978). Modifying problematic behavior is the central tenet in behavior theory. Long-term behavior change (e.g., maintenance and generalization factors) is highly impacted by the degree of social significance the change agent (e.g., caregiver) and the client indicates the intervention yields. For example, an intervention with low social validity may target behaviors that were not deemed problematic by the client or caregiver, required too much response effort, or resulted in minimal changes in behavior; and as a result, the use of such intervention would diminish.

Theoretical Framework of the Current Study

Family Systems Theory will be used to guide data collection, analysis, and interpretation of this proposed study, as it allots for a collective lens to view family behavior patterns (Kerr, 2000; Wadham, 2016). Similar to behavior theory, behaviors are viewed to be interconnected with the behaviors of one family member impacting the family system as a whole. Behavioral Family Interventions (BFI), such as Triple P, are rarely successful without participation of other members within the family system (Kazdin, 1991), and social validity as a construct accounts for the impact on not only the child-outcomes, but also that of the whole family (Cooper, Heron, & Heward, 2007). Family Systems Theory views the family as an interconnected unit and identifies the complex relationship between how the individuals impact the unit (Kerr, 2000; Wadham,

2016). Within the Family Systems Theory framework, the individual is seen within the greater context of the family, in which the individual's behaviors and traits are subsequently reinforced or punished and relationships within the family system are seen to be bi-directional (Kerr, 2000). Family Systems Theory accounts for the parent-child relationship within the context of the parenting, thus allowing for a comprehensive guide data collection, analysis, and interpretation of this study.

Research Questions

The following research questions were addressed within this study. The results of this study were applied to each question. Participant data was utilized to understand social validity of the intervention post-attendance of Group Triple P.

1. How do parents describe the social significance of the Group Triple P intervention post attendance?

2. How do parents describe the appropriateness of strategies discussed during the Group Triple P intervention in relation to the needs of their family system?

3. How do parents describe changes in their child's behaviors post-Group Triple P intervention regarding use of the strategies present day and the perceived importance of the intervention?

4. What additional challenges persist or arise post-Group Triple P intervention?

Definition of Key Terms

Problem Behavior

Problem behavior is defined as the behavior identified by the parent that warrants change; specifically, what the child says or does that would require modification (Cooper, 2007; Miltenberger, 2012).

Target Child

For the purposes of this study, the "target child" is defined as the specific child the parent elected to use as the focus of the course. This child is the subject of the assessments, intervention, and child behavior modification goals.

Parent Training

For the purpose of this study, parent training is defined as a systematic approach for teaching skills related to child rearing that result in a warm, consistent approach promoting boundaries and limits within a low-conflict family system (Sanders, 2012).

Triple P

Triple P is defined as a "blended, multileveled intervention comprising of universal and targeted interventions" that promotes parenting skill acquisition (Sanders, 2012).

Group Triple P

Group Triple P is defined as a broad focus parent skills training intervention package aimed at assisting parents that want assistance with improving their parent-child interactions and learning a menu of strategies applicable to a variety of target behaviors (Turner, Markie-Dadds & Sanders, 2012).

Social Validity

Social validity is a construct that describes "the social significance of the target behaviors, the appropriateness of procedures and the perceived importance of the results" (Armstrong, Ehrhardt, Cool & Alan, 1997; Wolf, 1978).

Chapter 2

Literature Review

The purpose of this chapter is to review the literature on the construct of social validity and the widely known behavioral parent-training program, Triple P. The chapter begins with an introduction to parent training interventions, Triple P as a parenting public health model, and literature specific to the Group intervention package. Next, there is a review of current literature pertaining to social validity as a construct and how aspects of social validity have been evaluated within the Triple P system to date. Finally, the current research questions are noted, and the rationale for the importance of gaining additional understanding regarding social significance post-intervention is discussed.

Problem Behaviors in Childhood

Child behavior problems can have significant short-term and long-term impact on a child's social-emotional development, brain development, mental health, and physical health (Collins et al., 2000; Sanders, 2012, Stack 2010). In fact, disruptive behavior disorders constitute 30% to 50% of all clinical referrals, making these the most frequently diagnosed child disorders (Kazdin, 1987). These impacts lead to less than favorable outcomes in areas such as academic achievement, income, and interpersonal relationships (Collins et al., 2000). Child behavior problems can exacerbate existing family discord, create strain within the family system, and impact the child's ability to engage socially with same age peers (Wadham, 2016). Given the magnitude and importance of a child's development, opportunities, and well-being, it is of

utmost importance to prevent and address resistant, intense, or high frequency maladaptive behaviors.

Several risk factors related to the child's environments and family system have been identified in the literature. Mental health, social-emotional concerns and economic problems are linked to an increase in family system dysfunction (Chamberlain & Patterson, 2016). Lack of warm positive relationships with parents, insecure attachment and coercive discipline practices are major factors that increase the likelihood of a child developing clinically significant behavioral and emotional concerns such as substance use, antisocial behaviors, and engagement in juvenile crime later in life (Loeber & Farrington, 1998).

Parental warmth and responsiveness are critical for infants to develop the appropriate neural pathways that promote emotional strength, self-regulation skills and an overall secure attachment style (Wall, 2018). Occurrence or lack thereof of behaviors such as aggression, antisocial conduct, depression, and internalizing problems are indicative of a child's degree of social-emotional competency (Stack et al., 2010). Parenting style and parenting skill has a profound impact on the development of social-emotional functioning and overall emotion regulation in children (Serbin, Stack & Schwartzman, 2002). Early childhood development of social-emotional regulation skills occurs within the context of the parent-child relationship and is impacted by the environment in which they are raised (Serbin, Stack & Schwartzman, 2002). Socialization and the development of emotional competency are taught through parental modeling and guidance, as well as via the use of direct instruction and feedback (Serbin, Stack & Schwartzman, 2002).

Coercive parenting practices with high rates of hostility has been the most researched, with a clear distinction that aggression in parenting behaviors transcends generations resulting in

aggressive behaviors in children (Conger, Neppl, Kim & Scaramella, 2003). Thus, hostile parenting practices lead to aggression in children, which are typically replicated in the child's parenting skillset. Similar effects have been found for mothers exhibiting behaviors associated with depression or antisocial behaviors, as there are lower incident rates of maternal warmth and higher rates of coercive parenting practices (Kim-Cohen, Caspi, Rutter, Thomas & Moffitt, 2006). Effects of such maladaptive behaviors in children, such as aggression, have been linked to social difficulties and delinquent behavior later on in life (Dishion, Nelson & Bullock, 2004). Additionally, there is an association between maladaptive emotion regulation in childhood and long-term symptomology and/or diagnosis of a clinical disorder later in life (Serbin, Stack & Schwartzman, 2002). Thus, parenting style and parenting skill is a modifiable factor that can either increase or decrease mental health, academic and social-emotional wellness over the lifespan.

The ultimate goal in childrearing is to increase child-skills in the areas of emotion regulation, socialization, adaptive behaviors, and communication. Competent parenting is defined as "warm, responsive, consistent parenting that provides boundaries and contingent limits for children in a low-conflict family environment" (Harrist & Gardner, 2019, p. 61). Behaviorally, the impact of parenting is bidirectional meaning that the behaviors of the parent impact the behaviors of the child and vice versa (Serbin, Stack, & Schwartzman, 2002). Risk factors within the family environment are shown to increase the risk of child-behavior problems; thus, many successful interventions aim to not only enhance the parent-child relationship, but whole family wellness. While some risk factors are static characteristics (e.g., genetics), many risk factors (e.g., coercive parenting practices) can be modified via the use of parent training interventions.

Parent training is used to increase the likelihood of desirable behaviors in the child, but also behaviors that promote appropriate attachment, communication, and social-emotional development. Epidemiological studies indicate poor parenting skill influences child development, and positive parenting strategies can influence protective factors for the child and family system (Cummings & Davies, 1994). Kazdin asserts that Behavioral Family Interventions (BFI) based on social learning principles are the most extensively evaluated psychosocial interventions for children. This family of interventions is effective at reducing risk factors that are associated with family system dysfunction and child behavior concerns (Kazdin, 1991).

Importance & Use of Behavioral Parent Training Programs in Practice

Behavioral parent training with foundations in social-learning theory and behavioral theory is one of the most evidenced-based methods for addressing child behavior concerns (Turner, Markie-Dadds & Sanders, 2012). Because parenting quality has major impact on child well-being, child development and outcomes associated with adulthood wellness, comprehensive evidence-based practices are needed to increase safe and nurturing parent-child interactions (Sanders, 2012).

Parenting intervention programs assist in direct and indirect behavior change. When parent behaviors are strategically modified through skills acquisition, child behaviors improve. Evidence-based parenting interventions are shown to identify and modify the problem behaviors, antecedents and consequences of the parent and the child. Quality parent training consists of teaching discrete skills and providing opportunities for practice and feedback (Embry, 2004; Turner, Markie-Dadds & Sanders, 2012).

Effective parent training programs are often comprised of key teaching strategies that increase parent skill acquisition. Strategies such as behavior skills training, video modeling, in-

vivo modeling, observations of parent-child interaction, and immediate feedback are components that increase participant skill acquisition (Cooper, Heron & Heward, 2007; Turner, Markie-Dadds & Sanders, 2012). Use of these key teaching strategies increases the likelihood of the parent participant generalizing the learned skill to daily interactions with their child, and maintaining use of the skill overtime (Cooper, Heron & Heward, 2007). Embry (2004) illustrates this idea via the use of behavioral "kernels" that come together to make up a "behavioral vaccine." Kernels are described as an "irreducible unit" of behavior change technology that produces an observable and consistent result. A behavioral vaccine is essential a unit of "kernels" or strategies that become cultural practice, resulting in total population change. The criteria for behavioral vaccines to become cultural practice calls for the intervention to be low or no cost, to create immediate benefit, to be easy to explain, imitate and generalize, to replace competing behavioral demands, to be easily marketed to the public and to include essential behavior prevention principles (Embry, 2004). These criteria are the blueprint for behavioral parenting programs to become inclusive in community practice as well as at the individual level.

Outcomes of Behavioral Parent Training

Outcomes of behavioral parenting programs cite widespread positive changes in parent and child behaviors. Research on behavioral parent training programs demonstrate an increase in positive parent-child interactions, as well as an increase in parent wellness and child functioning (Sanders, 2008; Thomas & Zimmer-Gembeck, 2007).

Meta-analyses of parenting programs generally show an increase positive parenting and parental encouragement, and decrease negative parent-child interactions (Topham & King, 2020). Qualitative methods have been used to understand parental perspectives and the change process that occurs during parent training programs (Holtop, Parra-Cardona & Forgatch, 2013).

Holtop et al. asked participants to identify delivery methods that led to participant change post-participation in a manualized intervention (Holtop, Parra-Cardona & Forgatch, 2013). Results revealed themes that highlighted effective change with the use of role play, in-between session activities for generalization, in-class troubleshooting and the use of visual aids during instruction (Holtop, Parra-Cardona & Forgatch, 2013).

Dretzke et al (2009) completed a study systematically reviewing RCT's of parenting programs that have targeted parents with children exhibiting conduct problems. Studies included in their sample examined structured, repeatable parenting programs that targeted parents with children up to age 18 exhibiting a conduct problem. Inclusion criteria also indicated that the RCT must have administered at least one measure of child behavior. An overall total of fifty-seven RCTs were included in the research review. They used meta-analysis and qualitative synthesis to investigate the overall effectiveness of the parenting programs and the relative effectiveness of the delivery approach. Both parent report and independent observation outcomes indicate that parenting programs are effective in improving conduct problems. In terms of research on the use of behavioral parent training, much of the outcome data are collected via qualitative report measures immediately post intervention. Overall, there is not a clear understanding on how the improvements of child behavior scores translate to clinically meaningful outcomes, as well as long-term impacts on the family system (Dretzke et al., 2009).

Mode of Delivery

Parent Training programs are delivered in a variety of forms to increase use and access for families. For example, the content can be taught to parents in one-on-one format (e.g., Standard Triple P is delivered one-on-one with the family), in small group formats (e.g., Discussion Groups are designed to be very small to allow for more opportunity for feedback),

large group formats (e.g., Seminar Triple P is typically taught to 50+ participants as an introduction to Triple P), and online and/or self-directed formats. Group Triple P is taught in the context of a small to moderate size group, typically 10-20 participants. This allots for group participation and opportunity to utilize the self-regulatory model with participants. In terms of delivery method, Dretzke et al. (2009) assert that there is insufficient evidence to show clear superiority of any one specific mode of delivery.

Overview and Use of Triple P

Triple P (Positive Parenting Program) is a behavioral parent-training program used in over 25 countries around the globe (Sanders, 2012). Since it's conception in the 1960's, Triple P has grown into a comprehensive model for parenting public health (Sanders, 2012). Triple P has been assessed and evaluated for efficacy since 1978 and the evidence suggests Triple P is an effective intervention in addressing child behavior problems (Sanders et al. 2003). Triple P aims to reduce family risk factors via the use of social learning models and assist parents in learning non-coercive parenting practices to assist in creating and preserving protective factors within the family system. The program teaches positive parenting skills for use with children to prevent problem behaviors through antecedent manipulations of the environment, use of naturalistic opportunities to teach new replacement behaviors, and reinforcement of desirable behaviors and responding in a non-coercive, corrective fashion when problem behaviors do occur. Triple P's systematic approach also addresses parental attributions and expectations that may lead to decreased parental self-efficacy and to improved parental self-regulation to increase independence and problem-solving skill (Graaf et al., 2008)

The Triple P model is comprised of five tiered levels of service that each serve parents at their present need for skill acquisition (Turner, Markie-Dadds & Sanders, 2012). The Triple P

system is designed to work for parents with children from birth to age 16 (Sanders, 2008; Sanders, 2012). The overarching goal within the Triple P framework is to prevent behavioral, social, emotional, and developmental concerns in children by increasing parents' content knowledge, skills, and self-efficacy (Turner, Markie-Dadds & Sanders, 2012). Each level of Triple P is designed to prevent child behavioral problems, child developmental concerns and child social-emotional delays (Nowak & Heinrichs, 2008). See the figure below for a summary of the Triple P system with each tiered level of support.

Level 5:
Individual
Family Intervention

Level 4: Broad Focus
Skills Training

Level 3: Narrow Focus Skills
Training

Level 2: Brief Parenting Advice

Level 1: Parenting Information
Campaigns
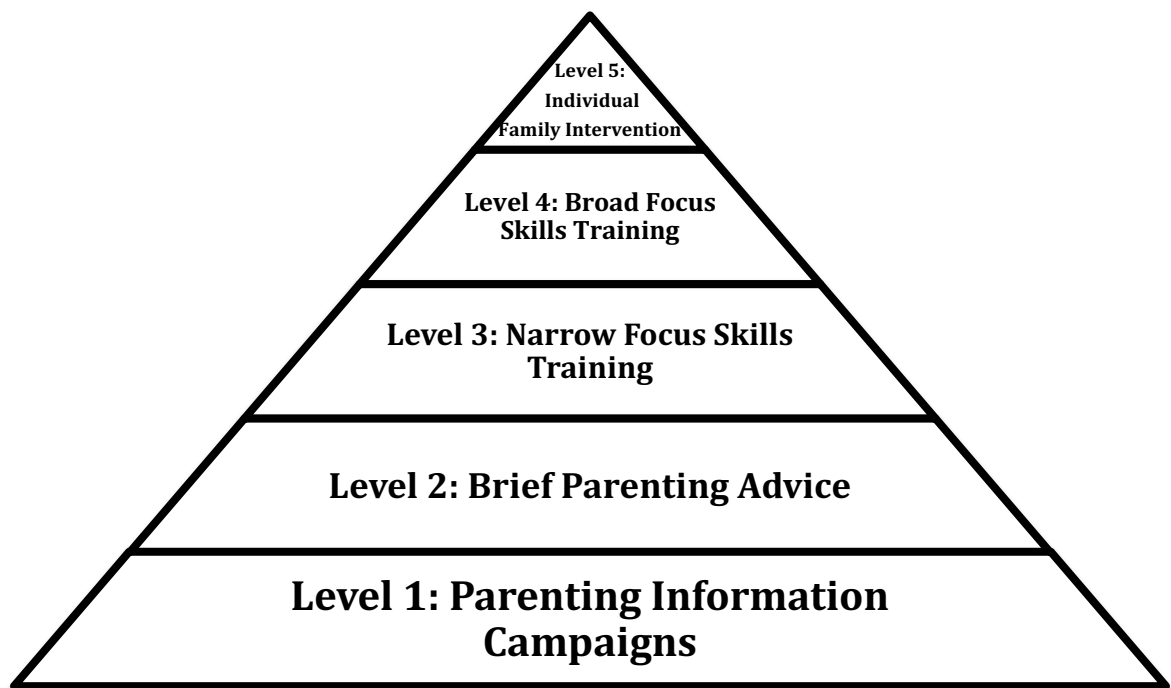
Figure 1: *Overview of Triple P* (Turner, Markie-Dadds & Sanders, 2012)

While each specific level varies in the amount of support the parent receives, all levels promote the five key aspects of positive parenting. These aspects are designed to mitigate risk factors and promote protective factors that encourage child wellness. The five key aspects of

positive parenting include (1) ensure a safe and interesting environment for the child, (2) create a positive learning environment for the child, (3) learn how to use assertive discipline, (4) have realistic expectations as a parent, and (5) take care of yourself as a parent. These five aspects of positive parenting ensure that children have access to appropriate behaviors and activities available, parents deliver assertive discipline practices, and that parental mental wellness is promoted through self-care (Turner, Markie-Dadds & Sanders, 2012).

Triple P: Multi-Leveled Behavioral Parent Training

Each level of Triple P consists of evidence-based strategies that range in intensity across the tiers of support. Below is a descriptor of each level within the Triple P system.

Level 1

Within the Triple P framework, Level one intervention provides the lowest intensity of support. Level 1 interventions are comprised of media and communication to the public regarding the topic of positive parenting. The delivery methods include web sites, television advertisements, public advertisements, radio, newspapers, blogs, and magazines. The population targeted at this level is all parents within the community. The goal of this level of intervention is to promote the idea that parenting is a modifiable skill, to destigmatize the topic of parent training and to encourage parents to participate in parent training (Sanders, 2012). An example of a Level 1 campaign is the "Stay Positive" advertisements that are seen on billboards and television.

Level 2

Level 2 interventions are considered low intensity, brief-parenting interventions that can be delivered in large group or via brief individual consultation. Program packages that are considered Level two trainings are Selected Triple P, Selected Teen Triple P, and Selected

Stepping Stones Triple P, with each package having its own set of three topics to be covered. Selected Triple P is geared towards parents that have typically developing children with minor behavioral concerns, whereas Selected Teen Triple P is geared towards parents that have typically developing teens or adolescents with developmentally appropriate behavioral concerns such as "testing the limits" (Turner, Markie-Dadds & Sanders, 2012). Selected Stepping Stones is geared towards families that have a child with a developmental diagnosis, such as Autism Spectrum Disorder and would like additional information on topics such as promoting their development.

Individual level 2 interventions can be one to two individual consultations with families. Materials used to deliver individual consultation include a "tip sheet," which is a pre-printed page with evidence-based strategies on a specific topic. Tip sheets are available on over one hundred different behavioral topics from bedwetting to dealing with aggression.

Seminars are designed to be a 90-minute large group seminar on one of three general topics. Seminars are typically delivered in a large group format at childcare settings, schools, or any facility in which parents have consistent communication with service providers (Sanders, 2008). Seminars are often offered in a speaker-series format on one of the three topics specific to the population package. For example, topics in the Selected Triple P package include The Power of Positive Parenting, Raising Confident Competent Children, and Raising Resilient Children. The format of a seminar typically involves large group presentation, question-and-answer opportunities between the practitioner and the audience, distribution of tip sheets on the topic reviewed, and an option for post-seminar consultation (Sanders, 2012).

Level 3

Level 3 interventions are delivered individually or in a group setting and are designed to include strategies for low to moderate intensity of child behavior problems. Level 3 interventions are most appropriate for parents that have a specific concern, but may require brief consultation and behavior skills training. Level three interventions can be delivered in community settings, as well as in pediatrician offices, hospitals, and community centers.

Group interventions at Level 3 are part of the Discussion Group package. Discussion Groups are two-hour small groups offered on pre-determined topics such as disobedience or hassle-free shopping. Parents receive a workbook on the topic and attend the one-time session in which strategies are reviewed. Once strategies are reviewed, practitioners assist the parents in tailoring the implementation plan for use in terms of what would fit best for their family system.

Individual interventions at Level 3 are part of the Primary Care series. Primary Care comes in Primary Care Triple P, Primary Care Teen Triple P and Primary Care Stepping Stones Triple P (Sanders, 2012). Parents meet with the practitioner for three to four 20-minute sessions. The tip sheets are used to present strategies for a parent-selected child behavior concern. Strategies are presented in a menu-format and demonstrated via use of behavior skills training. With minimal assistance, the parent creates a parenting plan to address the behavior concern using strategies from the menu that fit within the context of their family.

Level 4

Level 4 Triple P packages are for parents that have children displaying moderate to high degrees of problem behaviors and can be taught in a group or individual setting. Level 4 training programs are geared towards parents that want a more intensive version of training with a broad array of skills designed to improve parent-child interactions and learn strategies that apply to a

variety of targeted problem behaviors. Additionally, training packages at this level are inclusive of generalization enhancement strategies referred to as the Planned Activities Routine (Sanders, 2012; Sanders & James, 1983; Sanders & Morawska, 2007).

Individual packages include Standard Triple P, Self-Directed Triple P, Standard Teen Triple P, Self-Directed Teen Triple P, Online Triple P, Standard Stepping Stones Triple P, and Self-Directed Stepping Stones. Standard Triple P is an individual format course package designed to meet the needs for neurotypical children ages 2-12, Standard Teen Triple P is for families with neurotypical teens and adolescents, and Standard Stepping Stones is geared towards families in need of strategies for their child diagnosed with a developmental disability. Standard packages are typically 10-hours of instruction delivered over the course of 10-weeks for 60-minutes per session. Self-Directed Triple P, Self-Directed Teen Triple P, and Self-Directed Stepping Stones are all individual 10-module workbook-based self-help packages with options for a 15-minute brief consultation. Online Triple P is an 8-session modularized package that allows participants to work through the content at their own pace.

Group delivery packages include Group Triple P, Group Teen Triple P, Group Stepping Stones Triple P and Baby Triple P (Sanders, 2012). Each Group package serves the aforementioned populations with the exception of Baby Triple P. Baby Triple P is the newest Level 4 individual delivery Triple P package for families that are newly transitioning into parenthood. Group packages include five 120-minute in-person sessions with three 20-minute phone sessions. Parents learn how to apply strategies across settings, both in-home and in-community.

Level 5

Level 5 Triple P interventions are the most intensive interventions and are an optional addition to families that complete a Level four training. Families with additional risk factors may need Enhanced Triple P, which is a package that allows for additional time to review concepts learned in Level four training and expound upon topics of relevance (Sanders, 2012). Enhanced Triple P includes modules that discuss partner communication, mood regulation skills and stress management skills. For parents at risk for child maltreatment or abuse, Pathways Triple P addresses attributions and anger management skills. Family Transitions is an additional package that assists parents going through separation or divorce in learning coping skills, co-parenting skills, and conflict management strategies. Lifestyle Triple P is a package for parents with concerns of childhood obesity that want to learn about nutrition, healthy lifestyle, and general parenting skills. Below is an overview of Triple P Packages offered. Packages are grouped by level, and describe delivery format, degree of intensity and population targeted. See Table 1.

Table 1: *Overview of Triple P Packages*

Level	Delivery	Package	Intensity/Population
Level 1	Media Campaign	• Stay Close	Community-based; all parents
Level 2	Individual Format	• Selected Triple P • Selected Teen Triple P • Selected Stepping Stones Triple P	
	Group (Seminar) Format	• Selected Triple P • Selected Teen Triple P • Selected Stepping Stones Triple P	Low intensity interventions geared toward parents interested in general parenting topics

Table 1: *Overview of Triple P Packages (Continued)*

Level 3	Individual Format	• Discussion Group Triple P • Discussion Group Teen • Discussion Group Stepping Stones	
	Group Format	• Primary Care Triple P • Primary Care Teen • Primary Care Stepping Stones	Low to moderate intensity geared towards parents with a narrow scope of concerns
Level 4	Individual Format	• Standard Triple P • Standard Teen Triple P • Standard Stepping Stones Triple P • Self-Directed Triple P • Self-Directed Teen Triple P • Self-Directed Stepping Stones Triple P • Online Triple P	
	Group Format	• **Group Triple P** • Group Teen Triple P • Group Stepping Stones • Baby Triple P	Moderate to high intensity intervention geared towards parents wanting strategies to improve parent-child interaction and to target a range of child problem behaviors
Level 5	Individual Format	• Enhanced Triple P • Pathways Triple P • Family Transitions Triple P	High intensity interventions for families needing additional supports post-Level four training due to family risk factors
	Group Format	• Lifestyle Triple P	

Group Triple P

Group Triple P is one training package in the Triple P parenting public health framework. Group Triple P is a Level four intervention within the Triple P system designed to address behaviors of moderate to high intensity such as aggression, yelling at others, and non-compliance (Turner, Markie-Dadds & Sanders, 2012). Group Triple P is appropriate for families with children that are typically developing, but have detectable degrees of child behavior problems.

This course is taught in an 8-session, moderate size group format with anywhere from 8-15 participants. Below is an overview of the session content.

Table 2: *Overview of Session Content*

Session Number & Title	Content	Duration
Intake Session: **Pre-Evaluation**	• Pre-assessments	120 minutes
Session 1: **Positive Parenting**	• Working as a group • What is positive parenting? • Why do children behave as they do? • Goals for Change • Keeping track	120 minutes
Session 2: **Helping Children Develop**	• Developing good relationships with children • Encouraging good behavior • Teaching new skills and behaviors	120 minutes
Session 3: **Managing Misbehavior**	• Managing misbehavior • Developing parenting routines • Finalizing your behavior chart	120 minutes
Session 4: **Planning Ahead**	• Family survival tips • High-risk situations • Planned activities	120 minutes
Session 5: **Using Positive Parenting** **Strategies 1**	• Preparing for the session • Update on practice • Other issues	20 minutes (Minimum)
Session 6: **Using Positive Parenting** **Strategies**	• Preparing for the session • Update on practice • Other issues	20 minutes (Minimum)
Session 7: **Using Positive Parenting** **Strategies 3**	• Preparing for the session • Update on practice • Other issues	20 minutes (Minimum)
Session 8: **Program Close & Post Evaluation**	• Post-assessments	120 minutes

Specific strategies covered in the Group Triple P course include strategies for enhancing the parent child relationship, strategies for encouraging desirable behaviors, skills for teaching

children new skills and behaviors, skills for managing misbehavior and skills related to planning

and generalizing use of parenting skills across settings. Additionally, each set of strategies is

presented in a menu-fashion that allows the participant to self-select which strategy they would

like to use after they evaluate the needs of their child, the context of their family system, and

their goals for change. Below is a detailed description demonstrating strategies taught by

category within Group Triple P.

Table 3: *Overview of Group Triple P Strategy Groups*

Strategy Grouping	Description of Group	Specific Strategies Taught
Enhancing Parent-Child Relationship	• Increases number of positive interactions between parent and child; provides opportunity for parent-child interaction • Antecedent strategy group, as it allots for non-contingent reinforcement to occur	• Spending quality time • Talking with their child • Showing affection
Encouraging Desirable Behaviors	• Descriptive praise and providing attention are contingent strategies, as they are delivered post completion of a desirable behavior or any behavior except the problem behavior • Providing interesting activities is a strategy to increase opportunity for desirable behaviors to occur	• Descriptive praise • Giving attention • Providing interesting activities
Teaching Children New Skills and Behaviors	• All are options given to parents to teach their children new skills and behaviors, such as brushing teeth or more complex tasks such as cleaning their room.	• Setting a good example • Incidental teaching • Ask-say-do • Behavior charts

Table 3: *Overview of Group Triple P Strategy Groups (Continued)*

Managing Misbehavior	• Each of these skills have a temporary response cost or repeated practice component as to ensure the child is practicing appropriate behaviors rather than accessing attention or escape for the undesirable behaviors.	• Setting ground rules • Directed discussion • Planned ignoring • Providing clear, calm instructions • Logical consequences • Quiet time • Time out • Start-stop routine

Group Triple P also includes a strategy geared towards planning for high-risk situations called the Planned Activities Routine. This strategy increases the likelihood that parents will utilize the strategies learned across settings. High-risk situations are defined as situations in which the child is likely to engage in problem behavior in a context where the parent or caregiver has little predictability over the variables in the environment or an environment that has a competing demand. For example, a trip to the grocery store, the dentist, or visiting a friend may all qualify as high-risk situations. Table 2 has an outline of each skill that falls into the planning ahead grouping of skills. It is of note that there is one skill from each of the other categories present, as this is when the parent utilizes a skill learned from each category to create a behavior plan for use in a novel setting.

Throughout the course parents learn skills to assist in building their confidence and self-efficacy. These skills include learning to operationalize and monitor their child's behavior, learning to track and interpret data on their own behaviors, how to set chronological and developmentally appropriate goals for change in regard to their child, how to set goals for change regarding their own behaviors, how to complete in-between session practice tasks independently and how to self-monitor and self-evaluate their own skills.

The core principles that are foundational in the Triple P system include teaching parents'

self-regulation, self- management, self-efficacy, personal agency and self-sufficiency. Bandura

(2001) indicates the core features underpinning personal agency are intentionality, forethought,

self-reactiveness, and self-reflectiveness. Self-reflective practice is a central principle towards

skill development and personal development. By choosing and shaping environments,

individuals are capable of influencing their own learning. Social cognitive theory expands

beyond human agency toward collective agency. Collective agency highlights that the group

process is inclusive of interactive, coordinated, and synergistic dynamics (Bandura, 2001).

Throughout the course, parents gain greater independence to move towards fading assistance,

generalizing the skills to a new environment and across behaviors.

Group Triple P Evidence-Base

Outcomes of Triple P as a system have been studied at the individual level with small

group populations all the way up to large-group random control trials (RCTs) to understand

effects at a population level. The overwhelming majority of studies find positive effects for

changes in child behavior problems, decreases in maladaptive parenting practices, and positive

effects on parental attribution measures. Populations within the literature were examined on a

variety of family and child factors such as intensity of problem behavior, variance across

cultures, variance across children's age and gender, and variance of parent and/or child

diagnoses. Below is a synopsis of relevant findings that exemplify the current evidence base.

Population Effects of Group Triple P within the Triple P System

The public health approach with use of Triple P has been widely effective at reducing

child behavior problems and decreasing indicators related to maltreatment and abuse. When

demonstrating the use of Triple P at a population level, Triple P was broadly used across 18

counties in the United States. Counties were matched for indicators of maltreatment and abuse, population size, and poverty rates within the counties (Prinz & Sanders, 2007).

Table 4: *Overview of Skills Taught within Group Triple P*

Parent-Child Relationship Skills	Encouraging Desirable Behaviors	Teaching New Skills	Managing Misbehavior	Planning Ahead	Self-Regulation
Spend Time with Your Child	Praise Your Child	Set a Good Example	Ground Rules	Preparing in Advance	Monitor Behaviors (Child)
Talk with Your Child	Give Your Child Attention	Use Incidental Teaching	Directed Discussion	Establish Ground Rules	Monitor Behaviors (Self)
Show Affection	Have Interesting Activities	Use Ask-Say-Do	Planned Ignoring	Interesting Activities	Set Goals for Self & Child
		Use Behavior Charts	Clear, Calm Instructions	Reinforcement for Desirable Behaviors	Practice Sessions
			Logical Consequences	Deliver Consequences (Back Up or Earned)	Self-Evaluation (Strengths and Areas for Improvement)
			Quiet Time	Set Goals for the Next Trip	Set Goals for Change
			Time Out		
			Start-Stop Routine		

The counties were then allocated to treatment or control groups via randomization. In terms of dissemination, each level of Triple P was delivered, diverse delivery modalities were

used, providers across disciplines were trained (e.g., pediatricians, therapists, etc.), and a variety of recruiting sites were obtained. Prinz and Sanders (2007) found large effects for decreasing rates of substantiated child maltreatment, decreased number of child out-of-home placements, and decreased frequency of emergency room visits of children related to maltreatment injuries over a two-year period. These levels of effects were estimated to prevent 688 cases of child maltreatment, 240 placement changes, and 60 fewer cases of child maltreatment requiring emergency care in a community with an estimated 100,000 children under 8 years of age (Prinz & Sanders, 2007).

Similarly, Zubrick, Silburn, Williams, Robertson, Ward, Lawrence, Blair, and Sanders (2005) evaluated the effectiveness of Triple P via a quasi-experimental longitudinal design with roughly 1,600 participants divided into two groups of parents with preschool aged children in Western Australia. They tracked participants of the treatment and comparison group requiring them to complete pre-measures, and post-measures immediately after group ended, 12 months post participation, and at 24-months post-participation. Their findings suggest that participation had a significant immediate effect on parenting style behavior, and the improvement was observed to a lesser, but significant degree at both 12-month and 24-moth follow up. Additionally, there were small, but significant declines on measures of parent depression, anxiety, and stress immediately post-intervention. These improvements declined over time, but remained significant at the 2-year sampling point. Conflict between parents related to parenting significantly decreased immediately and at the 12-month and 24-month follow up (Zubrick et al., 2005).

Intensity of Parental Attributions

Group Triple P has been employed in use with parents found to be high-risk for abuse and maltreatment (Sanders et al., 2004). Sanders et al. (2004) compared standard Group Triple P and an enhanced version of Group Triple P via random control trial. The enhanced version included supplemental attribution retraining and anger management strategies during the weeks that are typically used for phone contact. Groups were comprised of 98 parents assessed to be at-risk of child maltreatment due to anger-management concerns via random control trial. All parents had preschool-aged children and the sample was primarily made up of mothers.

Participants completed measures pre-intervention, post-intervention and at a 6-month follow up. Measures utilized assessed risk of maltreatment, parenting skill, parent adjustment and wellness, child behavior problems, and one measure of generalization and social validity. Post-intervention outcomes indicated significant improvements in both the standard and enhanced version of the Group Triple P in the areas risk of maltreatment, parenting skill, parent adjustment and wellness, child behavior problems, and measures of generalization and social validity. The enhanced version showed additional improvements in the areas of parent potential for abuse, parent blame and internal attributions for abuse, and unrealistic expectations of child problem behaviors. At the 6-month follow up, families of both conditions maintained all observed post-intervention gains and the greater improvement from the enhanced version of Group Triple P dissipated because the standard Group Triple P participants caught up to the enhanced Group Triple P counterparts. Thus, the differences observed from post-intervention to follow up indicate continued improvement on parent attributions for both versions of Group Triple P. It is of note that client satisfaction and social validity was not assessed again at follow up (Sanders et al., 2004).

Use Across Cultures

The Triple P system is used across 25 countries worldwide to date. Evidence suggests that Group Triple P has been found to have positive effects for parent and child behaviors across cultures.

Turner, Richards and Sanders (2007) examined the effects of Group Triple P with Australian Indigenous families via a repeated-measures randomized group design study. Researchers compared the measures from the Group Triple P intervention to a waitlist control condition at pre-, post- and 6-month follow up time points. Parents within the Group Triple P condition reported significant decreases in child behavior problems and a decrease of use in maladaptive parenting strategies. Measures of parental adjustment (e.g., depression, anxiety, stress) did not change post-intervention or at follow up. The intervention group also indicated high levels of client satisfaction. All effects observed post-intervention were maintained at the 6-month follow up (Turner, Richards & Sanders, 2007).

Leung, Sanders, Leung, Mak, and Lau (2003) evaluated the use of Group Triple P via the use of a randomized, controlled trial that compared the intervention group to a waitlisted group in Hong Kong, China. Their findings suggest that participants in the intervention group reported significantly lower incidents of child behavior problems, lower scores on measures of dysfunctional parenting styles, and improvements of parental competency compared to the waitlisted condition (Leung, Sanders, Leung, Mak, & Lau, 2003).

Distressed Family Systems

An additional study viewed the effects of Group Triple P for use with families that reported marital distress. Bodenmann, Cina, Ledermann, and Sanders (2008) evaluated the efficacy of Group Triple P in comparison to parents participating in a marital distress prevention

program (Couple Coping Enhancement Training) and a waitlist control group via the use of a random control trial (RCT) over the course of one year. This longitudinal study indicated that the Triple P Group intervention is effective with Swiss families, and furthermore the Triple P group had the greatest effect on improving parenting, improving parent self-esteem, decreasing parenting stress, and lowering rates of child behavior problems as rated by mothers. Across conditions, there were minimal effects found for fathers within this sample (Bodenmann, Cina, Ledermann, & Sanders, 2008).

Group Triple P Compared to Other Manualized Interventions

Thomas and Zimmer-Gembeck (2007) conducted a review and metanalyses of 24 studies evaluating the outcomes of Triple P and Parent Child Interaction Therapy (PCIT), two well-known and widely disseminated parenting interventions. Participants in all of the sampled studies were caregivers with children ages 3 to 12 years of age. Both interventions differ slightly in their theoretical framework, as PCIT is based on attachment theory, whereas Triple P is founded on principles of applied behavior analysis, social learning theory and developmental psychopathology. Additionally, Triple P has an embedded collaborative learning model where group interactions assist in the participant learning process. PCIT is delivered individually with direct observation of the parent-child interaction, and Triple P's system of care differs in delivery models. Thomas and Zimmer-Gembeck's outcomes suggest that there are positive effects for both interventions. In regard to Group Triple P, Thomas and Zimmer-Gembeck found that Group Triple P yielded a medium group effect in regard to child behavior change during treatment in comparison to waitlist controls. When compared to waitlist, Group Triple P yielded a medium effect size regarding changes on measures related to parenting (Thomas & Zimmer-Gembeck, 2007).

Group Triple and Dysfunctional Parenting Style

Graaf, Speetjens, Smit, Wolff, and Tavecchio (2008) assert that increasing parenting skill, particularly in parenting response style, would have a positive impact on overall child wellbeing and decrease the numbers of child-behavior problems. Graaf et al. completed a metanalytic review of the literature on Level 4 interventions in the Triple P Parenting System. Specifically, they evaluated changes in parenting style and parenting competency denoted through a post-assessment and follow up assessments using the Parenting Scale measure (Arnold, O'Leary, Wolff & Acker, 1993) and the Parenting Sense of Competency Scale (Gibaud-Wallston & Wandersman, 1978). Graaf et al. hypothesized that the results would indicate (a) an improvement in in dysfunctional parenting styles, and improvement in parenting competency post intervention and at a 3-12 month follow up, (b) the efficacy would be impacted by the delivery mode (individual, group or self-directed), (c) the intervention would be more effective of parents indicating higher scores on measures of child behavior problems, (d) intervention would be most effective for parents of children ages 2-4 and to parents with boys. Results indicate that the overall mean effect size for parenting style and parenting competence were both large. Dysfunctional parenting styles significantly decreased and parenting competency significantly increased at post-intervention, and the effects maintained at the 3-12 month follow up. Additionally, the results indicate that the effects of the Level 4 intervention were independent of delivery mode. The intervention was not found to have a greater effect on parenting style or competency for parents of children with behavior concerns rated to be within the clinical range when compared to the non-clinical range. The age of the child had no impact on the effects of the intervention, but it was found to have a greater effect long-term for parents with boys in the area of parental competency (Graaf, Speetjens, Smit, Wolff, & Tavecchio, 2008).

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Parent and Child Outcomes

Nowak and Heinrichs (2008) completed a meta-analysis encompassing studies evaluating the impact of Triple P's system on parent and child outcomes, and to identify variables that moderate program effectiveness. The authors used hierarchical linear models to analyze effect sizes of 55 studies that met their inclusion criteria. Overall effects indicate positive effects of Triple P across all settings, initial levels and countries for child behavior problems, parenting behaviors, parental well-being, and parental relationship quality. Additionally, follow up levels on measures of parenting were significantly better than pre-intervention.

When examining moderator variables, there were a number of between-group effects. Triple P causes positive changes in parenting skill, child behavior concerns, and parental well-being in the small to moderate range, which varied based on the intensity of the level of the intervention. Triple P Levels 1-3 produced smaller effect sizes than Levels 4 and 5. Additionally, fathers consistently reported lower rates of improvement than other caregivers (e.g., mothers, teachers) on parenting, parental well-being, and child behavior problems across all levels. Interestingly, group formats tended to yield smaller positive effect sizes for child behavior problems at post and follow up, as well as a significantly smaller effect on parenting compared to other formats. This finding suggests that participants within a group format experience less pronounced positive change than parents receiving individual formats. Higher levels of parent-reported child behavior problems were not associated with larger effect sizes immediately at post, but for children that were initially rated as having behaviors in the clinical range, it was much more likely to see strong effects on child behavior problems at follow up. Greater intervention effects were observed for younger children. Differences observed by the country of

origin included higher reported effects on parental wellbeing and parent relationship quality in countries other than Australia (Nowak & Heinrichs, 2008).

Modified Group Triple P

Gallart and Matthey (2005) examined the use of the traditional Group Triple P delivery mode with telephone contacts to a modified version; specifically, evaluating group differences in parenting style, child behavior problems and parental adjustment. They used a randomized controlled trial to evaluate the efficacy of the traditional Group format with phone call contacts in comparison to a Group Triple P version with only the four in-class contacts, and to a waitlisted control group. Their findings suggest that there are statistical and clinical main effects for improvement in child behavior problems and parental adjustment in either the traditional Group Triple P delivery or the shortened Group Triple P version when compared to the waitlisted control group. Changes in parenting style were not observed. Additionally, the results indicate that the participants in the full non-modified version of Group Triple P did not make additional gains in comparison to those in the shortened version of Group Triple P. Gallart and Matthey indicate that while the telephone contact sessions may not present with additional gains immediately post intervention, these contacts may facilitate generalization and maintenance of skills (Gallart & Matthey, 2005).

Group Triple P and Child Diagnoses

Au, Lau, Wong, Lam, Leung, Lau and Lee (2014) completed a pilot randomized controlled trial with 17 participants to evaluate the effect of a supplemented Group Triple P on parents with children diagnosed with ADHD. Researchers modified the Group Triple P intervention to supplement information on ADHD and strategies for organizing. Outcomes were assessed at pre, post, and follow up at 3-months post intervention. This mixed methods study

incorporated a focus group component to identify themes related to the effectiveness of the intervention. Results indicate that parents experienced a reduction in the intensity of child behavior problems and an increase in parenting self-efficacy at post, and the decreased intensity of child problem behaviors maintained at follow up. Qualitative data suggests that the precursor to parental behavior change was an increased understanding that the child's problem behavior was not in fact intentional, but rather a skill deficit associated with ADHD. Participants additionally reported that they learned how to regulate their negative emotions and skills to exhibit patience.

Furthermore, this study used qualitative methods to conduct focus groups to understand their experience applying the strategies learned in Group Triple P in their day-to-day lives. Five themes were found, which included *Understanding ADHD* (e.g., parents understood behaviors derived from skill deficits)*, Understanding the importance of positive parenting* (e.g., parents learned the importance of relationship building strategies)*, Making changes in parenting* (e.g., parents learned self-regulation skills that increased their sense of calm)*, Observing improvements in the child with ADHD* (e.g., parents saw improvement in ADHD related behaviors such as attention and work completion)*, and *Advice for parents with a child of ADHD* (e.g., parents found consultation to be helpful, as well as applying "time, love, patience, determination, and persistence) (Au et al., 2014). Strategies that were deemed most helpful included praise, rewards, quality time, planning ahead, clear and calm instructions and rule setting. Participants also indicated that the improvement in their parent-child relationship facilitated greater communication, increased interaction via the quality time strategy and more understanding of their child's behaviors. Program feedback indicated continued concerns with differing parent style to that of their spouse (Au, Lau, Wong, Lam, Leung, Lau & Lee, 2014).

Generalization and Maintenance

The goal of any skills-based training is to see use of skills across time, settings and subjects. Sanders and Dadds (1982) employed the pilot Group version of Triple P in-home to evaluate generalization of parent training and the use of the planned activities routine via the use of a multiple baseline design across families. The planned activities routine occurs towards the end of Group Triple P after parents learn to rearrange stimulus in environments viewed as "high risk." "High risk" settings are defined as settings in which the parents have competing demands of their time (e.g., grocery shopping, eating out at a restaurant, trips to the dentist, etc.). Thus, parents are taught to identify when a situation is high risk and how to prepare for the trip. Preparation includes setting positively worded ground rules and discussing them in advance with the child, behavioral rehearsal of desirable behaviors, and providing positive activities for the child to engage in within the setting. Results indicate that parent behavior changed across the home setting and generalization settings, but child behavior change was observed by the researcher across both settings for only four of the five families. Thus, for the bulk of participants the skills learned in-home were maintained and generalized across settings (Sanders & Dadds, 1982).

Generalization and maintenance of skills must be planned (Cooper, Heron, & Heward, 2007). Self-instruction is an effective way of increasing the likelihood of generalization and maintenance (Bandura, 2001). Within Group Triple P, self-management training includes teaching parents to self-monitor, goal setting and environmental planning skills specific to their own performance in generalization settings. Sanders and James assert that planning for generalization and maintenance must be pre-programed and the behaviors targeted must be of

importance to the parent; specifically, targeting the settings, behaviors and times that parents find it most difficult to manage (Sanders & James, 1983).

Sanders and Glynn (1981) hypothesized that generalization across settings may be unsuccessful when there are "competing contingencies and incompatible demands" on the parents' time (1981). They found that when self-management skills are explicitly taught, parents have generalization effects across settings at a 3-month follow up with the addition of self-management skills (e.g., skills of self-monitoring, goal setting and environmental planning) paired with instruction and feedback, rather than instruction and feedback alone. They indicate a need for parent selection of behaviors that are relevant to their needs and assert that their research indicates that the social context impacts parent use of learned skills (Sanders & Glynn, 1981).

Group Triple P Summary of Efficacy

Significant reductions of child behavior problems have been cited in several studies. Positive effects for changes in child behavior problems, reductions of maladaptive parenting practices, and positive effects on parental attribution measures have been cited across populations, cultures, and family systems. There is also indication that these gains maintain. Triple P variants resulted in maintenance of treatment gains and decrease of disruptive behavior 3-years post intervention based on parent self-report measures (Sanders, Bor & Morawska, 2007).

Social Validity as a Construct

Interventions of merit often lead to significant change for the individual and their families including their ability to participate and contribute to society and to gain skills that improve their experience in life. Overall, the goal of intervention at large is to "modify behaviors that are

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problems of social importance" (Wolf, 1978). In fact, interventions with a behavior analytic

foundation should be "effective," which includes modifying a behavior of social significance

(Baer, Wolf, & Risley, 1968; Carr et al., 1999). Practitioners and researchers can assess

intervention outcomes via change in treatment outcomes (e.g., reduction of problem behavior or

increases in desirable behavior, or via the use of treatment acceptability, such as the contextual

fit of the intervention) (Carr, Austin, Britton, Kellum, & Bailey, 1999). It has been long

documented that the more acceptable intervention goals, procedures, and effect, the higher the

likelihood of intervention participation, adherence, maintenance and generalization (Wolf, 1978).

Thus, the term "social validity" was coined to describe the degree to which behavior-change

interventions make a favorable impact for the constituent (Carr, Austin, Britton, Kellum, &

Bailey, 1999; Wolf, 1978).

Methods of Measurement

Social validity can be assessed by asking caregivers or consumers to provide subjective

data (e.g., completing questionnaires, comparing treatment outcomes to established behavioral

norms). Often, the data derived from subjective measures assist the practitioner to understand the

degree to which the consumer finds the intervention to be acceptable, which is essential in

determining treatment adherence (Carr, Austin, Britton, Kellum, & Bailey, 1999). Rather than

relying on practitioner perception to determine the validity of an intervention, it is best to

approach the participant or representatives of the relevant community and use interviews or

ratings to precisely determine the degree of socially significance of an intervention (i.e., what is

working well for the population group and what needs to be done differently to increase social

significance; Wolf, 1978). These subjective data can then be converted into objective goals for

change in intervention goals, content or delivery. Researchers and practitioners have a duty to

establish conditions in which the client is seen as the expert or best evaluator on their own intervention needs, procedural preferences and overall satisfaction post-treatment (Wolf, 1978).

Baer, Wolf and Risley (1968) assert that the application of behavior analytic theory is inclusive of self-examining, self-evaluating and is wholly discovery oriented. In fact, applied research is often inclusive of behaviors deemed socially important, however, research rarely assesses for social validity (Baer, Wolf & Risley, 1968). When social validity is assessed, it is most often completed via subjective questionnaires asking the caregiver or consumer to rate the degree of impact that the outcomes of intervention had, descriptions of what aspects of the intervention they found to be acceptable/unacceptable and how well the intervention fit their needs (Carr et al., 1999).

Several examples of incorporating social validity data from subjective questionnaires and interviews have been documented in the literature. For example, Jones and Azrin (1969) completed an intervention on decreasing stuttering behaviors, which they successfully decreased to elimination. Yet, when they assessed for social validity, they received feedback that the vocal outputs post-intervention sounded "artificial." In addressing this feedback, they created variations to their intervention and had people judge the "naturalness" of the speech (Jones & Azrin, 1969). Additionally, Braukmann, Kirigin and Wolf (1976) found the need for interventionists to relate to the young adults in the study post-completion of an intervention used to modify juvenile compliance behaviors via the use of a token system in a group home setting. This feedback was further defined via the use of interviews with the clients to understand what specific behaviors would result in better relating to the youth and incorporated into the intervention procedure (Braukmann, Kirigin & Wolf, 1976). Once objective goals from change

are defined from the subjective social validity data, one can create observation protocols to gauge for true change in the intervention.

Similarly, one can use social validity data to ensure that the goals of an intervention are targeting behavior goals that are valid and relevant. For example, Piliavin and Briar (1964) completed a study modifying adolescents' demeanor towards police by first soliciting social validity feedback from police as to what social behaviors displayed by adolescents lead to poor youth-police interactions via interviews and questionnaires (1964). Themes that were shared included "expression of cooperation, body orientation facing the officer, and politeness," which thus became the goals for intervention with the adolescents in the study (Piliavin & Briar, 1964, p. 213).

Importance of Social Validity

The construct of social validity was defined over three decades ago and was best defined by Wolf as an essential aspect of intervention in the "pursuit of social relevance" (Wolf, 1978). The goal of social validity assessment is to understand to what degree the intervention has impacted the consumer, the social significance of the target behaviors, the appropriateness of procedures and the perceived importance of the results (Armstrong, Ehrhardt, Cool & Alan, 1997; Wolf, 1978). Once social validity is assessed, the data derived can be operationalized into specific goals for change to ensure that the intervention has better fit for the consumer (Wolf, 1978).

Examples of social validity assessment and use for change come from a comparatively small body of research, as social validity is often not assessed. Carr et al. analyzed the trend of social validity reporting in the Journal of Applied Behavior Analysis over a 30-year span. Their results indicated that social validity measures were rarely reported on in the 1970's, increased

during the 1980's and has since stabilized with only 12% of research articles assessing any of the three dimensions of social validity (Carr et al., 1999). Armstrong et al. analyzed frequency of social validity reporting within the Journal of Developmental and Physical Disabilities over a 4-year period. Their findings are similar to Carr et al.'s, as social validity data were present in only 13% of treatment articles published during their sample window (Armstrong et al., 1997). While interventions can be successful without collecting social validity data, it helps practitioners and researchers understand the scientific implication and practicality of the intervention. Without assessment of social validity, practitioners and researchers have no way of understanding or predicting treatment fidelity, adherence to procedures or likely outcomes (Carr et al., 1999).

Outcomes Associated with High Social Validity

When the treatment is found to have high degrees of social validity, use of intervention practice post-treatment is often maintained, and the skills learned are often generalized to novel use. Wolf indicates that without incorporating participant feedback, "society will be much less likely to use the technology, no matter how potentially effective or efficient it might be" (1978, pg. 206). Social validity data allows the research practitioner to predict if the intervention will be used with treatment fidelity, as well as any undesirable side effects that may be derived from the use of the intervention (Hawkins, 1991).

Social Validity & Group Triple P

There is very little research solely on the social acceptability of Group Triple P regardless of method of measurement. There appears to be a gap in the literature identifying the average degree of social significance of the aims of Group Triple P intervention, the appropriateness of the intervention procedures, and the perceived importance of the results.

Matsumoto, Sofronoff and Sanders (2007) examined the effectiveness of the Group

Triple P model with 50 Japanese parents residing in Australia. While their randomized group

comparison revealed significant reduction in maladaptive behaviors exhibited by the child and

the parent (e.g., overreactivity, laxness, parent conflict), it is of note that they evaluated for

program acceptability due to concerns related to cultural fit for this population. As a means of

assessing programmatic fit and acceptability, they gave the Client Satisfaction Questionnaire to

participants, as well as a list of all 17-strategies taught and asked them to rate each skill based on

a 7-point Likert scale. Their findings suggest that this sample of Japanese-Australian parents

found the program to be highly acceptable, as the ratings indicate good acceptability of Group

Triple P (M=5.65, SD= 0.69). Their ratings of acceptability were similar to the averages for

Australian parents and higher than that of the mean for Chinese parents. In terms of skills that

were rated to be most useful, "Descriptive Praise, Showing Affection and Talking with Child"

were rated highest. Lowest ratings were given to "Quiet Time and Time Out," which was

thought to be reflective of Japanese parents taking more of a non-authoritarian approach in

childrearing (Matsumoto, Sofronoff & Sanders, 2007).

Inclusive of the program is the Triple P *Client Satisfaction Questionnaire- CSQ* (Turner,

Markie-Dadds, & Sanders, 2000)*.* This measure is an adapted version of the *Therapy Attitude*

Inventory (TAI) by Eyeberg (1993), which has established reliability, discriminant validity, and

internal consistency (Eyeberg, 1993). The CSQ was designed to evaluate the quality of service

provided; specifically, how the program met the parent's needs, how the program met the needs

of the child, and satisfaction regarding parent perceptions of change in child behavior. The CSQ

allows for parts to answer the 13-item measure using a 7-point likert scale; thus, the scoring

results in a maximum score of 91 and a minimum score of 13. While this measure is an option

for use, it is not always implemented or reported upon in research. Given the format of the measure, it is often used to gauge the perceived quality of the service delivery in a quantitative measurement, rather than deriving qualitative data specific goals for improving program implementation (Turner, Markie-Dadds, & Sanders, 2000).

Theoretical Framework

The theoretical framework that will be used to guide data collection, analysis, and interpretation of the proposed study will be Family Systems Theory (Kerr, 2000). Family Systems Theory views the family as an interconnected unit and identifies the complex relationship between how the individuals impact the unit (Kerr, 2000; Wadham, 2016). Within the Family Systems Theory framework, the individual is seen within the greater context of the family, in which the individual's behaviors and traits are subsequently reinforced or punished. The relationship between the individual and the other family members is bi-directional, as there is a relationship between the family behavioral patterns and to that of the individual. Individualistic frameworks often only view the problem behavior through one lens, whereas Family Systems Theory allots for the interconnectedness and relationships between problem behaviors within the context of the family.

Family Systems Theory addresses the parent-child relationship within the context of parenting. For example, coercive or maladaptive parenting practices may lead to an immediate decline in child problem behavior, but it will not extinguish it. In fact, coercive parenting practices are often shown to increase the frequency, duration or intensity of child behavior problems. Thus, when viewing parent-child behaviors, Family Systems Theory allots for a complete view of the family system, which is essential when assessing for social validity. Social

validity requires report of intervention appropriateness and effectiveness from the change agent (e.g., caregiver) when assessing family system interventions (Wadham, 2016).

The Current Study

As discussed throughout this chapter, childhood problem behaviors are impactful for the child, their family system, and engagement in community in terms of education, social relationships and employment. Group Triple P is one level of the Triple P system, which has been shown to be efficacious in modifying problem behavior. To date, the literature examining parent perceptions post attendance of Group Triple P intervention is minimal. Furthermore, there is no literature to date exploring how Group Triple P as an intervention meets the needs of families through the lens of social validity.

In particular, it is important to know how parents describe the social significance and appropriateness of the content and goals of the Group Triple P intervention post attendance, how parents describe the appropriateness of strategies discussed during the Group Triple P intervention specific to their family system, how parents describe changes in their child's behavior since attending the course, and what challenges persist in regard to their child's behaviors and their skills training needs. Given the post and follow up effects cited across studies, it is hypothesized that aspects of social validity would be indicated. Viewing participants' experience post participation will allot for a greater understanding of specific skills acquired, generalization across problem behaviors, children, settings and what additional needs persist. This information can assist researchers and practitioners in understanding what aspects of content and delivery of the Group Triple P intervention worked well for families, and what areas may be in need of modification to create a greater contextual fit for families. Furthermore, it

would be helpful to understand what challenges continue to persist post-participation as to

preventatively plan for additional needs or accessing additional support.

Chapter 3

Method

Research Design

The purpose of this post positivist study was to explore aspects of social validity post-Group Triple P intervention. Specifically, the social significance of the content and goals within the Group Triple P intervention, the appropriateness of the intervention procedures for the participants' family system, and the perceived importance and success of the results were investigated. In addition, this study aimed to examine emergent themes of additional needs reported via participants. This assists in creating an understanding of the challenges that persist post-Group Triple P intervention, as well as challenges that may arise post-completion. The themes that emerged inform intervention needs related to contextual fit, cultural fit, generalization, and maintenance of skill use. The following research questions guided this study:

1. How do parents describe the social significance of the Group Triple P intervention post attendance?

2. How do parents describe the appropriateness of strategies discussed during the Group Triple P intervention in regard to the needs of their family system?

3. How do parents describe changes in their child's behaviors post-Group Triple P intervention, both in regard to use of the strategies present day and the perceived importance of the intervention?

4. What additional challenges persist or arise post-Group Triple P intervention?

This study is an exploratory interview design via a post-positivistic paradigm. As the researcher, I took a distanced role within the research and learned about how perceptions of social validity impact intervention outcomes alongside the participant. Open-ended, exploratory research allows for participants to share their perspectives and understanding, highlighting how participants think and talk about social validity aspects (Ryan, 2006). I compared their perspectives and understanding to the extant literature with the notion that my findings approximated an objective truth regarding parents' perspectives of the social validity of Group Triple P. This new knowledge allows for a greater understanding as to how the content and teachings of Group Triple P led to change for parents and children.

Researcher Reflexivity

As the researcher, understanding my own epistemologies is an essential part of the research process. In reflecting on my own experiences and knowledge, particularly related to parenting, I would state that many of my beliefs are in alignment with family systems theory and behavior theory. Parent and child relationships are rooted in the interactions and events that occur within the family, and behaviors are shaped through reinforcement and punishment processes. I have worked with families experiencing challenging behavior problems, particularly parents of children diagnosed with Autism Spectrum Disorder (ASD), for the past thirteen years.

My beliefs about parenting have been shaped by my training and experience, both professionally and personally. Early exposure to parent training occurred when I was trained in a manualized parenting intervention that has a set of task-analyzed skills to increase desirable behaviors. During this experience I worked with many families in-home and in the community. I cultivated the belief based on my own observations that intervention fidelity is highly influenced by the degree of social validity. If a caregiver does not have buy-in and if they cannot see

meaningful change attributed to the intervention, the fidelity to the intervention will be very low. The importance of generalization from classroom teaching to community and in-home settings became a personal target for successful outcomes in my work with families. Later, I became a trained provider of several Triple P packages. I worked at a grant that provides Triple P training in the community for five years, and I trained between 6-8 cohorts of participants each year. It became clear to me that what is gained in the training must fit with participant goals for change, or the attrition rates increase or their quality of participation declines. In contrast, participants with clear goals for change and high rates of in-between session practice vocalized their use out of the classroom and developed a keen sense of the strategies. I have worked with a variety of families, across varying socioeconomic status and diverse cultures, and these experiences reinforced the need for assessing social validity to increase intervention use and maintenance.

In working with an array of different families and in reflecting on my own experiences as a child, I would say that "positive parenting" is not typically a skillset that comes naturally. Rather, I believe that people become the parent they had (for good and bad) if they do not learn a different way. My personal belief as a parent is that once we have a child, we are gifted the opportunity to engineer childhood for our children, which becomes our greatest responsibility. As parents we teach our children skills necessary to be successful in life, but we also shape their core beliefs about themselves and the world around them. As a professional, I have observed how coercive parenting is impactful across the lifespan. The interactions parents have with their children when they are young impact the relationships they have as they grow. In my own parenting, when there is disagreement or discord I feel "mommy guilt," but I also recognize that there is growth in the struggle. I believe that it is not possible to be a "perfect parent," because knowing and doing can often be at odds. Rather, I think that each day we must strive to be better

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than the day before. Children inherently want to please parents and our parenting is a skillset that is malleable; thus, with the right intervention and support every parent can have success.

Through my experiences and education, I have developed my own core beliefs regarding parenting. I adamantly believe that manualized Behavioral Family Interventions (BFI) such as Triple P can help parents from all walks of life learn skills that allow them to optimize the parent-child relationship, thus decreasing the number of adults that have to recover from childhood.

My beliefs, values, and experiences influence who I am as a researcher and cannot be completely put aside. However, in the post-positivist paradigm, striving toward objectivity is a central tenet. Although one cannot maintain complete objectivity, one can take actions to reduce biases and increase objectivity. As a means of striving toward objectivity, I have maintained awareness of my beliefs, values and personal biases pertaining to parent training and positive parenting methodology. Self-awareness has been paired with the use of existing literature to guide my analysis of the data. The rationale for use of these methods would be to ensure that I strive towards objectivity throughout the procedures and resultant analysis and reporting of the data.

Participants & Sampling

Below are details regarding how participants were recruited, screened for inclusion and exclusionary factors, as well as participant characteristics that were identified.

Recruitment

As the researcher, I recruited 12 individuals to participate in this study. When conducting semi-structured interviews with a homogenous sample, twelve is cited in the literature as an appropriate estimation to achieve saturation (Guest, Bunce & Johnson, 2006). Saturation began

to emerge around participant 9, as the frequency of variable codes was stable (Guest, Bunce & Johnson, 2006). Data collection continued to attempt for a comprehensive sample (e.g., diversity across cultures and genders).

Participants were identified through the use of purposive sampling at a local agency that teaches Triple P courses. This agency regularly has contact with "alumni participants" via phone, email and in-person events. Thus, agency personal were provided with information regarding this study to offer participation. Purposive sampling identified individuals who had previously attended the Level 4 Group Triple P intervention, as this study was aimed to only explore perceptions of parents that have attended the Group Triple P intervention. Flyers and a summary of key points regarding this study were provided to staff. Staff disseminated the information to alumni families that they have served via phone, email, or at alumni events.

Inclusion and Exclusion Criteria

To participate, an individual must have taken the Group Triple P course within the last five years, as to obtain perspectives from participants at varying time points post-completion of the course. Varying time points post-completion allowed for an understanding of generalization and maintenance factors. All but one participant met completion criteria (e.g., attended 80% of classes), but participants were not screened out if they had not. Completion criteria did not screen out participants that dropped off as they may have done so due to lower social validity. Participants were included if they were the biological parents, stepparents, adoptive parents, or legal guardians of the target child. All participants had to reside in the state of Florida and have proficient fluency in English to participate. Participants were excluded from this study if they did not have conversational fluency in English, as I am not bilingual. Below is a visual summary of the pre-screening data provided by participants.

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Table 5: *Summary of Pre-Screening Data*

Pseudonym	Intervention Timeline	Time Post Completion	Number of Classes Missed	Relationship to Target Child	State of Residence	Primary Language
Lisa	August-October 2018	26 Months	1	Adoptive Parent	Florida	English
Rachel	January-March 2019	21 Months	1	Biological Parent	Florida	English
Melissa	December-February 2019	22 Months	1	Biological Parent	Florida	English & Spanish
Chandler	December-February 2019	22 Months	0	Biological Parent	Florida	English
Jennifer	March-May 2019	19 Months	4	Biological Parent	Florida	English
Victoria	December-February 2019	22 Months	1	Biological Parent	Florida	English
Heather	November-January 2019	23 Months	1	Biological Parent	Florida	English
Iris	November-January 2019	23 Months	1	Biological Parent	Florida	English & Arabic
Ginger	August-October 2019	14 Months	0	Biological Parent	Florida	English & Spanish
Phoebe	August-October 2019	14 Months	1	Biological Parent	Florida	English
Lindsey	July-September 2019	15 Months	0	Adoptive Parent	Florida	English
Laura	July-September 2019	15 Months	2	Biological Parent	Florida	English

Participant Characteristics

Each participant completed a demographic data questionnaire titled Participant Demographic Questionnaire. The purpose of this questionnaire was to gather additional information regarding their family system, as well as an understanding of relevant environmental variables (e.g., number of people in the household, economic resource, agency utilization). This questionnaire requested parents to provide information regarding how long ago they completed Group Triple P, their age, their gender, their education level, their field of employment, their total number of children, their relationship status, their "target child's" age and gender, any diagnostic information regarding their target child and their original referral source (e.g., a specific agency, a self-referral). Descriptive data are summarized in Table 6.

Because purposive sampling was used, rather than quota sampling, there was not a "set" criteria for sample demographics. The following demographic patterns emerged based on self-report as reported in Table 7.

As expected, the sample yielded a higher number of female participants than male, as it is typical for mothers to attend parenting classes rather than fathers. Only one father participated in this study, and eleven mothers participated. Thus, 91% of the sample was female and only 8% of the sample was male. In terms of race, 50% of participants identified as Caucasian/White, 33% identified as African American/Black, 8% identified as biracial and 8% of the sample identified as North African. In terms of ethnicity, 25% of the sample identified as Hispanic and 75% of the sample identified as non-Hispanic. Participant ages ranged from 30 to 68 years of age. The majority of the sample (75%) was between 30 and 39 years of age.

Table 6: *Summary of Demographic Data*

Name	Gender	Age	Race & Ethnicity	Relationship Status	Level of Education & Field of Employment	Child Ages (Years)/ Gender	Target Child Diagnoses	Referral Source
Lisa	F	50	White; Not Hispanic	Married	Bachelor's Degree; Sales	7 (F) **7 (M)**	ADHD	Parenting Agency
Rachel	F	32	Biracial; Not Hispanic	Married	High School Diploma; Home Maker	8 (M) 7 (F) **5 (M)** 4 (F) 2 (M) 8 (M)	Developmental Delay; Speech Delays	Parenting Agency
Melissa	F	39	White; Hispanic	Married	Bachelor's Degree; Home Maker	**3 (F)**	Mild Hypotonia	Early Childhood Agency
Chandler	M	38	Black; Not Hispanic	Married	Bachelor's Degree; Environmental Support	**3 (F)**	Mild Hypotonia	Wife
Jennifer	F	31	White; Not Hispanic	Living with Partner	Some College; Customer Service	**12 (M)** 6 (M) 1.5 (M) 10 (M) 4 (M)	ADHD	Online
Victoria	F	30	Black; Not Hispanic	Married	Associates Degree; Grant Work	**9 (M)** 1 (M)	None	Work
Heather	F	40	White; Not Hispanic	Married	Master's Degree; Healthcare	5 (M) **7 (M)**	ADHD, SPD	Online
Iris	F	38	North African; Not Hispanic	Married	Bachelor's Degree; Home Maker	**4.5 (F)** 2.5 (M)	None	Mom's Group
Ginger	F	33	White; Hispanic	Single	Associate's Degree; Healthcare	15 (M) **14 (M)** 5 (M)	ASD & Bipolar Disorder	Early Childhood Agency
Phoebe	F	30	White; Hispanic	Remarried	Associate's Degree; Home Maker	2 (F) 7 (M) 9 (M) **12 (M)**	ADHD	Early Childhood Agency
Lindsey	F	68	Black; Not Hispanic	Single	Some College; Retired	**8 (M)**	ADHD	School Counselor

Table 6: *Summary of Demographic Data (Continued)*

Laura	F	30	Black; Not Hispanic	Separated	High School Diploma; Designer	8 (F) **4 (M)** 1 (F)	ADHD	Local Nonprofit

Table 7: *Comprehensive Sample Demographics*

Demographic	Number of Participants	Sample Percentage
Gender		
Female	11	92%
Male	1	8%
Race		
Caucasian/White	6	50%
African American/Black	4	33%
Biracial	1	8%
North African	1	8%
Ethnicity		
Hispanic	3	25%
Non-Hispanic	9	75%
Participant Age		
30-39	9	75%
40-49	1	8%
50-59	1	8%
60-69	1	8%
Target Child's Age		
3-5	5	42%
6-8	3	25%
9-11	1	8%
12-14	3	25%
Target Child Diagnostic Labels		
With Diagnosis	10	83%
Without Diagnosis	2	17%

Participant age categories 40-49, 50-59, and 60-69 were each represented by 8% of the

sample. Target children ages ranged from 3 to 14 with most target children being under the age

of 5 (42%). In addition to the age of the target child, participants were asked about any

diagnostic labels assigned to the target child. It is of note that 83% of target children had a parent

reported diagnostic label and only 17% did not have diagnostic labels. The most prevalent target

child diagnosis reported was Attention Deficit Hyperactivity Disorder (ADHD).

As expected, the sample yielded a higher number of female participants than male, as it is typical for mothers to attend parenting classes rather than fathers. Only one father participated in this study, and eleven mothers participated. Thus, 91% of the sample was female and only 8% of the sample was male. In terms of race, 50% of participants identified as Caucasian/White, 33% identified as African American/Black, 8% identified as biracial and 8% of the sample identified as North African. In terms of ethnicity, 25% of the sample identified as Hispanic and 75% of the sample identified as non-Hispanic. Participant ages ranged from 30 to 68 years of age. The majority of the sample (75%) was between 30 and 39 years of age. Participant age categories 40-49, 50-59, and 60-69 were each represented by 8% of the sample. Target children ages ranged from 3 to 14 with most target children being under the age of 5 (42%). In addition to the age of the target child, participants were asked about any diagnostic labels assigned to the target child. It is of note that 83% of target children had a parent reported diagnostic label and only 17% did not have diagnostic labels. The most prevalent target child diagnosis reported was Attention Deficit Hyperactivity Disorder (ADHD).

Interview Protocol

Participant interviews were semi-structured. Semi-structured interview protocols allow for comparable qualitative data, but also encourage participants to share their experiences in their own words. Semi-structured interviews allow the researcher flexibility to follow-up on salient information or to prompt for additional information. Open-ended questions were used to allow participants to communicate their specific thoughts and feelings related to the experience. Clarifying questions paired with follow up statements were used to encourage participant participation throughout the interview process. Interview questions were designed to expound upon the research questions, as well as to solicit relevant information related to their experience

(e.g., contextual factors, follow up concerns, etc.). In terms of interview content, participants were asked to share information regarding the structure of their family system and the problem behaviors at the time of class participation. They were then asked to reflect on how well Group Triple P fit the needs of their family system. Participants were prompted to reflect on the structure, content and application support offered within the course. Additionally, the interview closed with an exploratory examination of what current challenges persist present day, post participation. The interview protocol with the questions that were asked during the interviews is in Appendix A.

Interview Procedures

Below is a summary of the interview procedures used in this study. The pilot study procedure, consent procedure, data collection and data analysis are each described below.

Pilot Study

Pilot interviews with the initial two participants were completed first. This was completed to ensure the interview protocol and consent process were both well vetted before use. The first two participants were recruited to go through the verbal consent process and established interview questions. Through completion of this pilot process, I identified that the revised post-proposal interview and consent protocol submitted to the IRB did not require any additional changes. This pilot process allowed me to see how the scripted procedures went with actual participants.

Consent

After participants expressed interest in participation via phone or email, I held a formal meeting to discuss the study in detail. The university Internal Review Board (IRB) approved a waiver for signed consent, thus allowing participants to verbally consent to participation. I

reiterated key aspects of consent prior to the start of the onset of the interview. The purpose of the study, the interview data collection of recording and transcription, the use of pseudonyms and parent rights to confidentiality were highlighted in detail. Opportunity for asking questions and discussing participant concerns was provided before I accepted verbal consent. Demographic information questionnaires were administered post verbal consent, but prior to the start of the formal interview. I used a Consent Process Checklist was used to ensure fidelity of the consent process.

Interview Data Collection

Semi-structured interviews were conducted to capture each participant's experience. Participants were interviewed up to one hour ($M = 56$ minutes) to allow for ample time to share their experiences and to build rapport. Interviews were all conducted via a video conferencing system. During video conferencing interviews, only the audio was recorded. Audio recordings were immediately transferred onto my computer and housed in the USF Box to ensure security. Once transferred, audio files were permanently deleted from the digital recorder. The interview protocol was provided prior to the interview via email to each participant. This allowed each participant time to review the questions to be asked and have time to think about their responses. As denoted on the interview protocol, the goal of each interview was to gather data regarding their experiences related to Group Triple P intervention, both historic and current. As interviews were completed, the recorded interviews were transcribed.

Data Analysis

Constant-comparison analysis was be used to analyze the interview data (Elliot, 2018). This process is described as "the process of breaking down, examining, comparing, conceptualizing, and categorizing data" (Glaser & Strauss, 1967, p. 61). The coding process

included a primary analysis that was deductive (a priori) and a secondary, inductive (open) coding. The coding approach used to analyze the a priori themes (e.g., the key aspects of social validity) was code-and-retrieve for a priori themes (Richards & Richards, 1994). Initial hypothesized themes (e.g., key aspects of social validity) derived from the current literature were used as a priori codes. This primary analysis was completed to confirm or disconfirm aspects of social validity for Group Triple P. From the post-positivist framework, the goal is to capture approximated truth related to the verification of current constructs or theory (Denzin & Lincoln, 2013).

The secondary inductive coding process captured additional themes that emerged based on the parent interview data related to post-attendance needs. This secondary analysis was used to provide valuable perspectives and experiences related to post-completion participant need. This information can be used to inform practice and follow-up services.

Throughout the process, my codebook was refined via the use of axial coding to combine codes and generate themes. Consistency and fidelity of the coding process was ensured by conducting inter-coder reliability with a peer researcher and disagreements were discussed. The peer researcher was a doctoral-level student who was trained in several levels of Tiple P, including Group Triple P. The first two interviews for the pilot study were transcribed and coded, and remaining interviews were transcribed and then coded after the data set was complete.

Quality Criteria. During the interview process, measures were taken to ensure credibility of the data; thus, increasing the "trustworthiness" of the data and the methodological process. Below are several quality markers that were incorporated into this research as a means of

preserving creditability of the data and increasing the likelihood that the research made a significant contribution (Tracy, 2010).

Worthy Topic. One of the eight primary criteria for qualitative research is to target a worthy topic, primarily meaning that the research topic is relevant, timely, significant and interesting (Tracy, 2010). Triple P targets parenting skills within the context of the family system (Sanders, 2012). Parenting style and quality has significant long-term and short-term outcomes for children, particularly on their mental wellbeing (Turner, Markie-Dadds & Sanders, 2012). While outcomes of Triple P for parents and family have been studied around the globe, it is notable that the topic of social validity has not been directly addressed, and to date there have only been quantitative studies addressing the outcomes. Thus, the topic represented relevant and socially important information. Parenting is a topic that impacts large populations across the globe (Turner, Markie-Dadds & Sanders, 2012).

Rich Rigor. Rich rigor is another tenet of high-quality qualitative research (Tracy, 2010). The idea of rigor indicates a.) that there are enough data to support significant claims, b.) that adequate time was spent to collect data, c.) that an appropriate sample for the goal of the study was obtained, and d.) that appropriate procedures for interviewing and data analysis occurred (Tracy, 2010). This study was designed to ensure that there was enough data by using the recommended number of participants (e.g., 12) to meet saturation (Guest, Bunce & Johnson, 2006). Participants were asked to meet for an hour and were asked to consent to an additional meeting if needed. The hour of time was long enough to ensure the depth of interview data, but also prevented participant fatigue. As for the sampling, all participants were sampled post completion of a Group Triple P class from a local grant-funded agency. The goal of this study

was to evaluate the social validity of Group Triple P interventions post-participation. Thus, the sample set of participants aligned well with the goals of this study.

In addition, respondent validation was used to evaluate the quality of data collected and my analysis of the data. Respondent validation was used throughout the interview process to ensure accuracy and clarity by providing summary statements to participants. Post-analysis respondent validation was used by asking participants to review the emergent themes to assure an adequate reflection. Participants were provided with the inductive and deductive themes that were emergent in their own data and they were provided with an opportunity to provide feedback via a feedback sheet. Of the twelve participants contacted post review, two participants provided completed feedback sheets. These feedback sheets indicated agreement with the thematic findings.

In terms of procedures to ensure study rigor in the area of data analysis, I utilized Intercoder Reliability. Interviews were conducted and led by me, the researcher. Post interviewing, the recordings were transcribed verbatim by me as well. Use of a codebook ensured consistency and to deter observer drift, and inter-coder agreement (ICA) was completed with a peer researcher. To ensure consistency and reliability of the data, inter-coder reliability was conducted with a peer researcher with 33% (e.g., four) of participant transcripts and a percentage of agreement was calculated. The peer researcher was provided with the codebook and transcripts for the four selected participants, and then was asked to check coded statements for agreement. Inter-coder agreement (ICA) was calculated by tallying the number of codes agreed upon within a theme and calculated similarly to Trial by Trial Interobserver Agreement (e.g., # of codes with exact agreement divided by total number of codes multiplied by 100) to derive a percentage of accuracy (Cooper, Heron & Heward, 2007). ICR percentage was indicated

to be 94.8%, which prompted a review and discussion of disagreements. Post-review 100% agreement was achieved. Triangulation with multiple coders increases consistency and reliability (Braun & Clarke, 2006). By ensuring accuracy during the analysis, rich rigor is observed (Tracy, 2010).

Sincerity. Another essential tenet of high-quality qualitative research is sincerity (Tracy, 2010). Sincerity as a criterion encompasses the idea that the researcher engaged in "self-reflexivity, vulnerability, honesty, transparency, and data auditing" (Tracy, 2010, p. 841). To ensure sincerity, I pre-wrote a researcher reflexivity statement. My researcher reflexivity statement was completed to identify self-bias, belief systems regarding the topic, and motivation for evaluation of this topic. Self-reflexive statements allow for the readers understanding of my point-of-view and the lens on the research (Tracy, 2010). To encourage transparency, a diagram of my process was created. This allows consumers of this research to understand what I did methodologically. The finalized map of my process can be found in Appendix E..

Ethical. Another central tenet to high quality qualitative research is the practice of ethical research. Tracy (2010) defines this as procedural, relational and exiting ethics. Regarding participant risks for participation, measures were taken to preserve procedural, situational, relational, and exiting ethics. Overall, it was assessed that the risks of participation or harm to participants was low. This study was reviewed by the Institutional Review Board (IRB). The IRB reviewed my research protocol and determined that this study met criteria for exemption of IRB review. Participants were informed that at any point they could discontinue their participation and could do so upon notification. Potential risks were reviewed in detail, such as if the intervention was unsuccessful, it may have been emotionally taxing to discuss. Because the participants shared information that may indicate ongoing needs, a resource guide was provided

to each participant to assist with further follow up. The resource guide can be found in Appendix H.

Potential benefits were reviewed with the participants. The primary benefit identified was an opportunity to reflect and summarize information that they learned, which could lead to additional use of evidence-based practices in the area of parenting. Each participant was provided with a $30.00 Visa gift card for his or her time after the interview. This gift card reimbursed them for their time spent with the researcher.

In terms of confidentiality, I used pseudonyms to ensure participant confidentiality when I was interviewing, transcribing, coding, and writing about the participants. When discussing or sharing the results, the participants have and will always be referred to by their pseudonym to protect their confidentiality. Due to the IRB exemption, written or identifying consent forms were not signed by the participant. All scans, audio files and electronic data is housed on the USF Box website to ensure confidentiality. Any files initially saved to my personal computer were immediately deleted upon upload.

Chapter 4

Findings

Overview

This chapter presents findings from the 12 participant interviews conducted with Group Triple P participants post completion of the intervention. Within this chapter textual descriptions of each participant are provided, as well as a description of emergent themes and an overview of the emergent themes sorted by research question. Finally, research questions are answered with emergent themes and a representative sample of participant quotes.

Participants' Individual Textual Description

There were 12 participants in total who each participated in the interview process. Within the sample, 11 mothers and one father consented to participate. Below is a textural description of each participant. For each participant pseudonyms, family system descriptions, target child information, participant education levels, and field of employment are shared. Participant quotes regarding what they enjoy about being a parent, referral source and problem behaviors at the time of enrollment are also shared.

Participant 1: Lisa

Lisa was an adoptive mother to two children: a seven-year-old female and a seven-year-old male. She noted that the children are not twins and do not share biological parents, rather they were contacted to adopt two separate children at the same time. In completing the demographic information, she shared that she resides with her husband and both of her children.

Both parents have college degrees and work outside of the home. Lisa reported that she works in home sales, and her husband works in the field of engineering. Lisa attended the course without her husband, as his work schedule prevented his attendance.

She shared that she enjoys being their parent because she has the opportunity to show her children how to do things and watch them learn. She indicated that she enjoys the little things like "watching [her] husband play tennis in the yard with [her] son for the fifth hour in a row, just that warm feeling that [she gets.]" Spending time with her children was shared as an important aspect of raising her children, as she reflected;

There are always things that your parents couldn't do, or didn't do, or were busy working, and while they did the very best that they could; we feel the kids are so important. We are older parents, so we have done all the traveling, all the going out to nice dinners, we have done all that. We really for the most part just love being with them; we have our days (laughs) but, um for the most part I think just enjoying them as much as we can.

Lisa heard of the class at a local screening fair and the Triple P class was recommended by an agency. She reported that she was wanting strategies to "help me work with my son" and to learn skills to "make the house run smother, calmer," as Lisa and her husband were "conflicted in ways to handle things." Lisa indicated that her "target child" for the purposes of the Group Triple P class was her son, as he was exhibiting problem behaviors such as impulsivity (e.g., jumping on the couch, touching items that were "off limits,") fidgeting, running, and school refusal. She was collaborating with his school at the time of her participation as to assist him with problem behaviors in-home and at school.

Participant 2: Rachel

Rachel was a biological mother to four boys and two girls, ranging in ages from two to eight-years old. She reported that she resides with her children and her husband. In completing the demographic information, Rachel shared that she is a homemaker and artist. The highest level of education completed is reported to be high school. Rachel attended the course without her husband, as his schedule did not allot for participation.

A community-based learning center referred her to Triple P, as she was interested in additional information and knowledge to help her son develop. Her "target child" for the purposes of the class was her five-year-old son. At the time of the course, she had recently found that her son qualified for a special educational eligibility category of "Developmental Delay", and she was concerned with his speech and social skills. When asked what she enjoys about her being his parent, she described her son as "very, very active and very caring." She indicated that she enjoys "his sweetness and energy level. Man, the energy level is a blessing and a curse. Blessing when you want him engaged and he is high energy and ready to go; go getter." Rachel indicated that at the time of the course her son was engaging in problem behaviors such as difficulty with following directions, difficulty with verbal communication, aggression towards same age peers and crying behaviors.

Participant 3: Melissa

Melissa was the biological mother to a three-year-old female and resides with her husband and child. Melissa indicated that she worked previously in social services and that her highest level of education is a bachelor's degree. Melissa had recently decided to take time off from work to be present with her daughter and to be a stay-at-home mother.

Melissa heard about the Group Triple P course from a flyer provided by an early development agency, as her daughter was diagnosed with mild hypotonia at birth and was eligible for in-home services. Melissa indicated that she and her husband (Chandler) decided that they did not want to raise their daughter using the same strategies they grew up with, so they decided to attend the course. Melissa wanted to obtain strategies to further assist their daughter's development. When asked what she enjoys most about being a parent, Melissa indicated;

My daughter gives me a chance to become a better person. Not just for my child, but for everybody in this world. It is like a second opportunity to better myself. What I love about my daughter is ah, I am going to be honest with you (laughs) I mean I love my daughter, she is my child, and I would give my life for her you know, but it is exhausting. I guess in my case I was naive. I did not realize how much it would take to raise a child. It sounds kind of dumb, but that's the truth. I think, to me at least, it is mentally, emotionally, and physically exhausting. I thought sometimes about the baby, and didn't realize this baby becomes a toddler, becomes a preschooler, becomes a teenager and adult. But right now, to be honest, we are struggling right now, my husband and I because we do not have a lot of support systems. So, what we love about our daughter, we love her laughing, playing with us, playing around but we love her most when she is asleep (laughs) and that is the truth.

At the time of the course, the target behavior of concern was their daughter's tantrum behaviors. For example, Melissa and Chandler would give an instruction to brush teeth and her daughter would cry or verbally refuse. Before the course, Melissa and her husband would tell their daughter "No, stop crying" but Melissa felt their "had to be another way than saying 'no, no, no' all the time because that wasn't working."

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Participant 4: Chandler

Chandler was the biological father of a three-year-old female and resides with his wife (Melissa) and daughter. In completing the demographic information, Chandler disclosed that he is currently completing his Bachelor of Science degree and he works in environmental management. He reports that his wife (Melissa) is a stay-at-home mother to their daughter. His wife (Melissa) shared the information about Group Triple P, and they decided to attend together. Chandler indicates that his daughter was diagnosed with hypotonia and receives services in-home from a local agency, which is how his wife heard about Group Triple P. When asked about what he enjoys most about being a parent, Chandler indicated;

> I enjoy playing with my daughter (laughs). I spend most of my time with her when I am home. I have cut out a lot of things I use to do. We have a majorly big backyard and I use to cut that myself when I first bought the house, but then I realized that when I am home, I want to spend time with my daughter. We read together. We have our own little daddy daughter time we do together. We do playdoh together. I enjoy most watching her develop, watching her grow.

Chandler indicated that he attended to learn strategies to help their daughter develop independence skills (e.g., complete age-appropriate chores, self-help skills). Chandler also indicated concern with tantrums or meltdowns when their daughter was not permitted to engage in a preferred activity or when provided with a non-preferred demand.

Participant 5: Jennifer

Jennifer was a biological mother to five boys, ranging in ages from 20-months to 12-years old. Jennifer shared that she resides with her children and her partner, their biological father. She reported that she has completed some college courses and currently works in

customer service from home. Jennifer attended the course without her partner, as their schedule did not allot for them to attend together.

In completing the demographic information, Jennifer indicated she obtained information about the class from an internet search when she was looking for parenting classes. Jennifer reported taking the class due to behavioral concerns exhibited by her 12-year-old son. When asked about what she most enjoys about being his parent, she replied;

I love my son he makes things very, very fun. He adds humor to everything we do. He is passionate about a lot. We share a lot of the same fandoms with, so he is fun to watch movies with and TV. He is just very challenging in a parenting sense. He is at this age where he knows it all and I went specifically looking for help for him.

Given that her son was her target child for the course, she defined the target behavior as concern with "disrespect." When asked to do a task or help out, her son would "refuse to do anything he was asked." Jennifer indicated that she wanted him to "help out more and set more of an example [for his siblings]."

Participant 6: Victoria

Victoria was the biological mother of a nine-year-old male and a one-year-old male. Victoria reported that she resides with her husband and both children. For her participation in the Group Triple P course, Victoria identified her nine-year-old son as her target child. Victoria attended the course alone, as her husband was not available to attend at the time.

When asked what she enjoys about being his parent, she indicated that she enjoys having shared interests as her son. Victoria indicated her son "really does building and he loves math. He has a lot of Legos and things like that, he is a homebody. He is a lot like me as far as his love for math, building and creativity. So, I think seeing the things I have seen in myself, I have seen

those features in him. I really love that and love that he appreciates the things I appreciate in myself."

In completing the demographic information, Victoria indicated that she works for a local grant-funded program and has completed some college. She initially heard about Group Triple P at work and was interested in taking the course for informational purposes to serve her professionally and personally. Professionally, Victoria wanted to be able to have the experience of the Group Triple P course so she could "understand what the course offers" before referring families. Personally, Victoria took the course to address concerns related to a concern for her son's listening behaviors. At the time of the course, Victoria indicated that her son was "having trouble listening." For example, when she would yell a direction, he would continue engaging in a preferred activity.

Participant 7: Heather

Heather was the biological mother of two boys, ages five and seven years old. She shared that she resides with both children and her husband. Heather indicated that she has a completed master's degree and is employed in healthcare. Heather heard about the Group Triple P class from an online advertisement. For her participation in the Group Triple P course, Heather identified her seven-year-old son as her target child. She reports that he has a diagnosis of ADHD and Sensory Processing Disorder (SPD). Heather attended the course alone, as her husband's work schedule conflicted.

When asked what she enjoys most about being a parent, Heather indicated that she enjoys her son's disposition but that she struggles with his lack of emotion regulation. She said;

[He is] very energetic, very happy and laughs all the time. He is always a ball of energy. I

like when he has all the energy, but he is difficult at the same time; not just because he

cannot sit still but he fights you in any way possible. He knows all the ways to push my buttons, no matter what I say. Any punishments given; he will fight it every single time. He just, he has a lot of aggression and emotional behaviors he cannot regulate.

Heather indicated that she needed skills to manage his "impulsive behaviors" because "nothing [she] did worked." Behaviors of concern included difficulty following directions, throwing the ball inside the house, and yelling. Prior to the course, Heather indicates that she attempted "traditional parenting" like using time out and spanking. Spanking was reported to be ineffective and when she attempted to use time out it would be where she would have to "drag him" there, with him engaging in a meltdown and screaming. Heather's goal was to "get [her son] to listen the first time" and to learn management strategies that did not include physically taking him to time out.

Participant 8: Iris

Iris was the biological mother of a four-year-old female and a two-year-old male. She shared that she resides with her children and husband. Iris indicated that she has completed her bachelor's degree and is currently a stay-at-home mother. Iris heard about the Group Triple P course through her participation in a Whatsapp group "designed for Muslim mothers." For her participation in the Group Triple P course, Iris identified her daughter as her target child. Iris attended the course alone, as her husband was not available to attend at the time the course was offered.

When asked what she enjoys most about being a parent, Iris indicated that she "enjoys learning about her daughter and who she is growing to become." The problem behaviors of concern were "giving a 'no' to everything and tantrums and whenever she did not get what she

wants, she would start kicking and screaming." These behaviors were particularly prevalent when prepping for bedtime.

Iris indicated that she also took the course for her own knowledge. She wanted to ensure that she found the "right way" to raise her daughter and to ensure she learned "the proper science of parenting," as it was her first child. Iris indicated that she was looking for strategies that were divergent from her culture and childhood, as she indicated;

> I wanted to not change her, but rather change how I handle her because I know gifted children or smart children need to try to not have their creativity silenced. In our culture and the culture, I came from, I came here six years ago from Morocco, and like a child who speaks back or talks back like "No" they say "No, you don't talk back, you stop." It is a culture, so I wanted and needed my home culture to be more towards getting her to be fully herself and teaching her to manage her attitude. I did not want to pressure her to be raised the way I was raised. I was not happy how I was raised actually.

Participant 9: Ginger

Ginger was the biological mother of three boys, ages fifteen, fourteen and five-years. She is a single parent that lives with her three sons. Ginger completed her Associates degree and works in healthcare. Ginger's coparent, the biological father of her children, is in the military and will often see the children every few years. Her children each have a diagnosis of Autism Spectrum Disorder (ASD), and her middle child has a comorbid diagnosis of Bipolar disorder. Ginger heard about the Group Triple P course from a friend that took the course and from her participation in Healthy Start. For her participation in the Group Triple P course, Ginger identified her 14-year-old son (middle child) as her target child. Ginger attended the course alone, as she reported not having a partner or active coparent at the time of the course or present

day because her sons' father does not have consistent contact with her or her children (e.g., contact was reported to be every few years).

When asked what she enjoys most about being her sons' parent, she indicated that she enjoys their relationship. She describes that her son is "strong willed to say the least. He suffers from bipolar disorder and ASD. He is also my biggest helper. He is like the man in the house. I tell him all the time why would I get a husband if I have you because he monitors me 24/7?! [Laughs]."

During the course Ginger wanted to address verbal aggression. Her son's verbal aggression occurred most often when "he would do something wrong" and she would provide feedback or correction. Prior to the course, she would respond to his behaviors by yelling back at him or arguing with him. To address his behaviors, Ginger was enrolled in the Group Triple P course (taught in Spanish), then post attendance Ginger was enrolled in the English version of Group Triple P, then the Stepping Stones Triple P course which is geared towards parents with children diagnosed with developmental disabilities.

Participant 10: Phoebe

Phoebe was the biological mother to four children. She has a two-year-old daughter, seven-year-old son, nine-year-old son, and a twelve-year-old son. Phoebe resides with her four children and her husband, who is her oldest son's stepfather. Phoebe completed her Associates of Science degree and is currently a stay-at-home mother. Phoebe heard about the course from participation in the Healthy Start program. For the purposes of her participation in the Group Triple P course, Phoebe identified her 12-year-old son as her target child. Her son has a diagnosis of ADHD. Phoebe attended the course without her husband or her son's biological

father, as she reports that her husband works long hours and could not come to the course during or after work. Her son's biological father is "not really in the picture."

When asked what she enjoys most about being her son's parent, Phoebe indicated that her son is "very kindhearted, sensitive and helpful. He is always trying to help everyone and put his cents to help with everything." The problem behavior that Phoebe selected to address during the course was concerns with lying behaviors exhibited by her son. She indicated that her son was "lying about things at home. If something was misplaced, or if something was missing, or if someone like left something out. It was all little the little things."

Prior to the course, Phoebe would take away privileges, such as removing time with the television, video games or toys. She reported that they tried to make it linked to what he lied about. Her goal for the course was to "shift focus from the focus away from the negative behaviors," learn skills to "let go of the negative response to his behavior," and to learn how to redirect her son and help him "do behaviors we want to encourage."

Participant 11: Lindsey

Lindsey was the adoptive mother and biological great-great-grandmother to an eight-year-old male. She reports that she resides with just her son and is currently retired. She completed high school, some college and worked as a manager in a restaurant prior to retirement. Her son has a diagnosis of ADHD. Lindsey shared that the adoption is an open adoption, with his biological parents having limited contact with her son. Lindsey indicated that his biological mother, her great-granddaughter, is currently on house arrest and has limited visitation and his biological father is not present. Lindsey attended the course without a coparent or partner.

When asked what she enjoys most about being her son's parent, Lindsey indicated that her son is "very funny and very smart. He just tries to make me smile all the time. He's turned

out to be alright." At the time of the course, Lindsey's son was having problem behavior at home and at school. Lindsey was at the school "in his class every day" and "would just be staying at the school." At school he was "hitting, biting and he didn't take transitions very well. You know when he goes from one thing to another, he wanted to play instead of learning how to go on to the next like math or whatnot. He wasn't very good at that, and he got mad at the teacher." At home, her son was having "meltdowns" where he would "cry and scream." Meltdown behaviors would happen most often after he came home from school, particularly on days when he was "in trouble that day at school." Prior to the course, Lindsey "would put him in his room and leave him there or spank him. It was like every day he had to go to his room and stay in his room. [She] took all his toys, his X-Box, everything was taken away from him." The school counselor at his school told Lindsey about the Group Triple P class.

Lindsey's goal for the course was to "find another way." She did not agree with spanking him. She reported that she was at "the end of my rope," as she found herself crying often and "did not know what else to do" to address the problem behaviors at school and home. She wanted to learn to "cope and handle the situations" and to get to a point where the meltdown behaviors would not happen when he was given a direction or transition.

Participant 12: Laura

Laura was the biological mother of an eight-year-old daughter, a four-year-old son, and a one-year-old daughter. She shared that she resides with just her children, but coparents with their biological father. She completed high school and works as a designer.

For the course, her four-year-old son was selected as her target child. Her son has a diagnosis of ADHD. Laura attended the course without a coparent or partner. When asked what she enjoys most about being her son's parent, Laura indicated that she "loves just how, he just

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makes me smile. He is fun and a very smart kid. I just love his little whimsical acts." Laura

reported that she was referred to the Group Triple P course by her case worker at a local agency.

Problem behaviors of concern were fighting with his siblings and putting hands on other

children at the park or at school. Laura also indicated that she needed help with his behaviors

because "he is just all over the place sometimes and I was doing a lot of putting hands on him

and it needed to stop. I needed other ways to deal with his personality." Laura wanted strategies

to increase the probability of her son "using his words instead of his hands" and to help her learn

how to prevent and manage his behaviors.

Emergent Themes

The themes that emerged from deductive and inductive analyses are described below. In

addition to definitions of the emergent themes, participants that discussed each theme

individually are listed. The theoretical framework that was used to guide the development of this

analysis is Family Systems Theory (Kerr, 2000). Family Systems Theory views the family as an

interconnected unit and identifies the complex relationships within the family and how they

impact one another (Kerr, 2000; Wadham, 2016). As demonstrated via participant experiences,

child behavior impacts the parent-child relationship, child relationship with the coparent, the

coparenting relationship, sibling relationships, and even relationships with extended family (e.g.,

grandparents, aunts, etc.). The assessment of social validity requires participation and

understanding from the vantage point of each caregiver, as well as the child, through the lens of

Family Systems Theory (Wadham, 2016).

Table 8: *Summary of Emergent Themes*

Themes/Subthemes	Definition	Participants Discussing Theme
1. Socially Significant Target Behaviors	This theme speaks to the social significance of the target behaviors addressed by the parent; a reflection of the child's behaviors for change, parent behaviors for change, as well as what led them to the course.	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
a. Socially Significant Target Behaviors (SSTB) Child	This subtheme indicates participant reported problem behaviors exhibited by the target child prior to parent enrollment in the Group Triple P course.	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
b. Socially Significant Target Behaviors (SSTB) Parent	This subtheme indicates participant reported problem behaviors (e.g., parent behaviors that contributed to escalation of child problem behavior) that the parent engaged in prior to participation in the Group Triple P course.	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
c. Context	This subtheme speaks to family and environmental factors that were present prior to or at the onset of parent participation in the Group Triple P course.	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
2. Procedural Appropriateness	This theme speaks to aspects of procedural appropriateness reported. In particular, participant reflection on the implementation of the intervention, instructional format, and course content.	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe

Table 8: *Summary of Emergent Themes (Continued)*

a. Implementation of Intervention	This subtheme indicates participant reported experience related to the implementation of the Group Triple P intervention; including aspects such as the length of the class, the time of day the course was offered, the number of classes in the series, pre-post assessments, childcare, food and gift cards, and agency attributes.	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
b. Class and Instructional Format	This subtheme indicates participant reflection on their experience related to the instructional aspects of the Group Triple P intervention; including aspects such as Family Educators and instructional style, use of role plays, videos, materials provided (e.g., Group Triple P workbook, worksheets, etc.), homework assigned in the course and elements of the group dynamic during their Group Triple P enrollment.	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
c. Strategies and Course Content	This subtheme speaks to participant reflection of the strategies taught in the Group Triple P course during the time of their enrollment. participant response, child's response and partner or coparent response to participants' use of the strategies during the time of their course enrollment, as well as any barriers to using the strategies experienced during their Group Triple P course participation.	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
3. Perceived Importance of the Results	This theme solicits participant feedback regarding participant perception of the importance of their results from the Group Triple P intervention. The aspects of their results shared included child or parent behavior changes, participant description of the impact the course had on the parent, their child and/or their family post participation, and aspects of generalization and maintenance post participation.	

Table 8: *Summary of Emergent Themes (Continued)*

a. Child and Parent Behavior Changes	This subtheme indicates participant reported changes in parent and/or child behaviors observed or experienced during their Group Triple P enrollment when they started to use the Group Triple P strategies.	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
b. Individual and Family Impact	This subtheme speaks to participant report of the impact the Group Triple P course participation has had on their child, themselves as the parent, other family members or their family system present day, post-participation in their Group Triple P course.	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
c. Generalization	This subtheme identifies participant report of parent and/or child use of strategies, content or acquired replacement behaviors across settings, people, or behaviors present day, post-participation in their Group Triple P course.	Lisa, Rachel, Chandler, Victoria, Heather, Iris, Ginger, Lindsey, Phoebe
d. Maintenance	This subtheme identifies participant report of strategy use, present day, post-participation in their Group Triple P course.	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
4. We Still Struggle	This theme indicates that the child's problem behavior the participant selected to change has continued to occur post-participation or has started to occur again post completion of the course.	Melissa, Chandler, Heather, Laura, Phoebe
5. It Just Doesn't Really Happen Anymore	This theme indicates that the problem behavior targeted in the course is no longer occurring present day, thus only the maintenance of skills is needed.	Lisa, Rachel, Jennifer, Victoria, Iris, Ginger, Lindsey
6. Need for Follow Up	This theme indicates that the parent who participated in the course reports that they need additional assistance with parenting skills learned in Group Triple P.	Lisa, Rachel, Melissa, Jennifer, Victoria, Heather, Laura

Table 8: *Summary of Emergent Themes (Continued)*

7. There's No Roadmap	This theme indicates that there is a need for additional support for the child's behavior above that of Group Triple P, either a direct service for their child or as an additional support for the family system; but are reporting resistance or uncertainty in accessing supports.	Lisa, Rachel, Melissa, Chandler, Jennifer, Heather, Ginger, Lindsey, Laura
8. Parents on Different Pages	This theme indicates that the differences between caregivers (e.g., presence, knowledge, beliefs) has an impact on the use of strategies or on the child's behaviors.	Heather, Iris, Ginger

Overview of Mapped Themes

Emergent themes with corresponding subthemes were mapped onto appropriate research questions. Below is a table of each research question, as well as the themes that mapped to each question.

Table 9: *Emergent Themes- Sorted by Question*

Research Question	Emergent Themes

1. How do parents describe the social significance of the Group Triple P intervention post attendance?	1. Socially Significant Target Behaviors
	   a. Socially Significant Target Behaviors (SSTB) Child
	   b. Socially Significant Target Behaviors (SSTB) Parent
	   c. Context
	2. Procedural Appropriateness
	   a. Implementation of Intervention
	   b. Class and Instructional Format
	   c. Strategies and Course Content
	3. Perceived Importance of the Results
	   a. Child and Parent Behavior Changes
	   b. Individual and Family Impact
	   c. Generalization
	   d. Maintenance

Table 9: *Emergent Themes- Sorted by Question (Continued)*

2. How do parents describe the appropriateness of strategies discussed during the Group Triple P intervention in regard to the needs of their family system?

1. Procedural Appropriateness
   a. Strategies and Course Content

3. How do parents describe changes in their child's behaviors post-Group Triple P intervention, both regarding use of the strategies present day and the perceived importance of the intervention?

1. Perceived Importance of the Results
   a. Child and Parent Behavior Changes
   b. Individual and Family Impact
   c. Generalization
   d. Maintenance
2. We Still Struggle
3. It Doesn't Happen Anymore

4. What additional challenges persist or arise post-Group Triple P intervention?

1. We Still Struggle
2. Need for Follow Up
3. There's No Roadmap
4. Parents on Different Pages

Research Questions

The following section details the themes that mapped to each research question via inductive and deductive analysis. I also include quotations to support the themes and to illustrate participants' feedback.

Question 1: How do parents describe the social significance of the Group Triple P intervention post attendance?

Social significance of the Group Triple P intervention would be derived from high support across the three central tenets of Social Validity, which correspond with each of the a priori themes (Socially Significant Target Behavior, Procedural Appropriateness and Perceived Importance of Results). All participants described Socially Significant Target Behavior (e.g., Socially Significant Target Behavior [SSTB] Child [12/12, 100%], Socially Significant Target Behavior [SSTB] Parent [12/12, 100%], Context [12/12, 100%] subthemes) and Procedural

Appropriateness (e.g., Implementation of the Intervention [12/12], Class & Instructional Format [12/12], Strategies & Course Content [12/12] subthemes). The majority of participants described factors related to Perceived Importance of the Results (e.g., Child and Parent Behavior Changes [12/12, 100%], Individual and Family Impact [12/12, 100%], Generalization [9/12, 75%], and Maintenance [12/12, 100%] subthemes).

Socially Significant Target Behavior

The Socially Significant Target Behavior theme was a theme derived from a priori coding, as this is one of the central tenets of the Social Validity construct identified in the literature. Within the Socially Significant Target Behavior theme, participants endorsed and described child/parent behaviors that were problematic prior to the course, and described context indicative that child and/or parent behavior was problematic for their family system. Subthemes within the Socially Significant Target Behavior theme were Socially Significant Target Behavior Child, Socially Significant Target Behavior Parent, and Context. Below I include more information on each subtheme including supporting statements described by participants.

Socially Significant Target Behavior (SSTB) Child. Participants reflected and described problem behaviors their child exhibited prior to their enrollment in Group Triple P intervention. Each participant in the sample (100%) shared a child problem behavior exhibited before parent enrollment in the Group Triple P course. Child-based problem behaviors parents described included difficulty listening or following directions, tantrums or having meltdowns, verbal aggression, or physical aggression. It is of note that many participants described the behaviors escalating due to their own responses to their child behaviors.

Listening or difficulty with compliance was cited as the number one problem behavior that was identified as child target behavior. Eight of the twelve participants (Lisa, Rachel,

Melissa, Chandler, Jennifer, Victoria, Heather, Iris) cited that their child was having difficulty with listening to directions or complying with verbal directions, rather they would continue engaging in a preferred activity or they would verbally refuse. For five of the eight participants (Rachel, Melissa, Chandler, Heather, Iris) that endorsed listening concerns, they cited that the behaviors escalated into tantrum behaviors. For example, Lisa shared that her son was engaging in difficulty listening and "impulsive" behaviors that were safety concerns, such as throwing a ball in the house or jumping on the couch. She shared,

> Well for instance, you go in the kitchen to get something and then you come back, and he is jumping on the bed. I would leave the room for a minute, and he would be jumping on the bed, doing a flip or something. I feel that is a huge safety issue, so I would be like "we do not do that" and then go get his sister something, then I would come back, and he would be doing it again.

> Similarly, Rachel shared that her son was having difficulty listening that would escalate to tantrum behaviors, which was more challenging due to developmental concerns (e.g., communication deficits). She was hoping to increase his language abilities, but most importantly decrease tantrums. She shared that her son was exhibiting "just a lot of defiance, not listening to me, fits, crying." Melissa also indicated that her daughter had developmental concerns (e.g., gross motor and communication deficits) and was having a challenge with following directions, which led to tantrums that then led to parents yelling. For example,

> Well usually [before her tantrums] she was playing and I asked her to do something or um, she didn't want to brush her teeth. She was usually involved in something, and we would tell her to do something else. Or my husband would tell her "Please pick this up" and she was a year and a half so of course she would not do it; so, he would get upset and

I would try to figure out and say, "Hey I know there is another way that we can guide

her." Telling her no and yelling is not going to work; I have seen that it does not work

100%.

Melissa's husband Chandler also participated in this study. He shared that his primary concern

coming into the class was to teach her how to teach her routines and to follow directions, as "she

was having difficulty listening," but while balancing his daughters' development. He shared,

Well, she was learning how to take "no" at the time, she was reading books, making her

make her bed. These things we were trying to get done. The way we came after was that

we locked down everything. So, when you wake up in the morning, you brush your teeth

and wash your face, make your bed, and read your book. If those things are not

completed, everything else is locked down. So, you can't play with a toy until those are

done; no doors open until that gets done. We wanted to know how to go about getting

that engrained in her without making it stressful on her.

Jennifer also indicated that her son was having difficulty following directions and helping

out with household tasks. On occasion her son would tell her that he completed tasks he did not

actually complete. She indicated that she wanted him to be more compliant, helpful, and

agreeable. Jennifer shared,

Oh, I really wanted and needed a change. I wanted to be able to have things as I can

approach nicely, give a request and then it was met. It was not even like I was asking

anything out of the ordinary. I was just asking them to help out. I was very pregnant; I

was very uncomfortable, and I already had a toddler and a Kindergartener. It was already

challenging already. I wanted more "yeah mom," more agreements, and just more

agreeability.

Jennifer also indicated that because her son was the oldest, his behavior had a significant influence on the other children on the home. She wanted him to help more to also set a positive example for his siblings. She indicated,

He did not like helping out, he refused to really do anything if we asked, and it was creating a really negative image for his little brothers to follow and it went right down the line and no one [was helping] because he was not helping.

Victoria indicated that her son had difficulty with listening to directions, particularly answering when she would call him to come and do a task. Victoria reported that "It was more that we would be in the room, and I would yell and tell him to do this or that and then it doesn't get done, or if I gave directions, it was not going through." This created an escalated argument that often led to yelling.

Heather indicated that prior to the class her son would engage in intense behaviors frequently and was unresponsive to verbal correction. She shared that "He is a kid who wants to do his own thing; he is hitting his brother or throwing the ball inside. Just anything, just the wrong thing. Like throwing food." When she would give him corrective feedback prior to the course she reported that "He just was not listening at all. You have to ask him to change 15 times and he does what he wants to do."

Iris indicated that her daughter would engage in verbal refusal when given a direction, particularly when the next activity was non-preferred. This behavior was increasing in frequency and had an impact on her relationship with her daughter and with her husband and was disruptive to their nighttime routines. She indicated,

[My daughter was] asserting herself with giving a "no" to everything and tantrums and whenever she did not get what she wants, she would start kicking and screaming. The

sleep time was the big headache. We would spend one hour and a half to get her to sleep because she would not sleep by herself.

Other participants indicated that they had concerns with primary child target behaviors such as verbal aggression (Ginger), physical aggression (Lindsey & Laura), or lying behaviors (Phoebe and Jennifer). Jennifer indicated that her response to her son's lack of listening led to him lying about completion of tasks after she would escalate. Phoebe indicated that her son's behavior led to major concerns as it increased in frequency. Her son was engaging in lying behaviors. She reported "It was more [that he was lying about] things at home. If something was misplaced, or if something was missing, or if someone like left something out. It was all little things," which led to her having concern about his wellbeing and solutions. She shared,

> His issue is he would lie, even for little things that had no consequence. We didn't know why he was doing it and we would speak to him, and he would just say I don't know, and he couldn't find a reason why he was doing it. It started when he was eight years old, and he started lying but we hoped he would grow out of it and that it was a phase.

Lindsey, indicated that her son was having physical aggressive meltdown behaviors in the school setting where,

> It was hitting, biting and he didn't understand that when he wanted to play a little play time, he just didn't take transitions very well. You know when he goes from one thing to another, he wanted to play instead of learning how to go on to the next like math or whatnot. He wasn't very good at that, and he got mad at the teacher. He didn't hit the kids, he just, it was like when they tried to control him, he would kick or hit and things like that.

His behavior increased to where at both home and school he was having physically aggressive meltdowns that were lasting longer and longer. The meltdown behaviors brought her to the class, as she wanted to extinguish or lessen these behaviors. She shared,

I wanted him to at home and school when he is told to do things to do it and not have a total meltdown. He was crying, screaming and just a total meltdown. It was awful at school, it was awful. He was the only one that was having a fit and tearing up everything once he tore up a classroom.

Laura also reported that her son engaged in physical aggression with siblings and with peers. She indicated that her son was "fighting his sister a lot. Not just his sister but also other kids. He thinks that when he plays with other kids, that in order to be their friend he has to fight them." She said that this behavior occurred in community settings as well such as the playground. She stated,

Let me give you an example. Like say we go to the park and its other kids at the park, it's like he has to bully the kids. He doesn't know how to express his feelings without putting his hands on, like you know how other kids try to be friendly? He doesn't try at all.

When reflecting on his behaviors at the onset of the course, Laura indicated that her son became escalated by "Everything, and anything. He's like everything is a competition. If he loses, it is the end of the world."

One participant, Ginger, indicated that her child's problem behavior was verbally aggression most often directed towards himself, and only sometimes others. Ginger indicated that her son would engage in verbal aggression, such as name calling. She indicated that "with bipolar can get aggressive sometimes or be very negative. He takes medication for it which is supposed to help him." She described that verbal aggression "was like more negativity. Like he

would get down and he would get angry." He would make statements of a self-deprecating nature, or he would call his mother or siblings names.

In summary, every participant had an identified Child Target Behavior in the Group Triple P Course. They were all indicated to be problem behaviors that occurred prior to enrollment in the course and were often the behaviors that drew the participant to the course. Some participants reported that the behaviors amplified by intensity, duration, or frequency prior to reaching out to the course. Four participants (e.g., Lisa, Phoebe, Lindsey, Laura) indicated that their child's behavior occurred across settings (e.g., school or playground). Only two participants reported behaviors that did not belong to a behavioral class (e.g., Ginger with Verbal Aggression and Phoebe with Lying behaviors). For the remaining participants, these behaviors were often sequenced were in the same hypothesized function (e.g., "ignoring" instruction to escape or delay demand, then crying or hitting to escape or delay demand).

Socially Significant Target Behavior (SSTB) Parent. Each participant identified and described at least one maladaptive parenting behavior they came to the course wanting to change. Parent behaviors that participant shared they came to the class wanting to change in themselves were often related to the child's problem behavior. Parent behaviors cited by participants were both covert and overt change targets. Common parent problem behaviors that were indicated to be areas of desired change going into the class included getting upset or yelling at their child, learning how to effectively discipline that would create a consistent change in child behavior, managing their own emotions to discontinue putting hands on their child, taking away privileges or obtaining skills that are "correct" or different than what they experienced in childhood.

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In terms of parent response, many parents wanted to change the way they responded to their child's problem behaviors, as their own response would elicit beliefs about themselves. Lisa indicated that she wanted to get to a point where she was not expressing her frustration through yelling but disciplined from a point of calm. Overall, she desired a calmer household and the skills to prevent, deter and address problem behaviors. She shared that her experience prior to the class,

> I would say [the behavior] is not safe and try to discuss it with him and it would get so frustrating. To where I would lose your cookies a little bit; like "Mama has asked you four times!" and then you know an hour later after they would go to bed, and I would just be beating myself up. Like why did I get upset with him? Why did I do that? I think it was those kinds of things and running through the house; just being an ADHD boy. Busy and on the go.

Rachel also shared that the latency of following directions would lead her to escalate and become frustrated, which led to yelling. She shared,

> Like, I would be in the kitchen, I would tell him lets go and get your shoes on and I would call out to him. He would just totally tune me out. It would make me frustrated because I know he has two working ears. (laughs) Everyone else can hear me when I say let's go.

Rachel also indicated that she would have a tough time addressing and managing her own emotions prior to the course. In particular, she indicated, "I would get upset, I would go over to him and angrily get him. I would try to make him do what I wanted him to do. You know, I wasn't the kindest or the most patient." Similarly, Iris indicated frustration with her daughter's behavior and shared that she struggled to maintain calm during times when her daughter

persisted in exhibiting problem behaviors, which led to significant parenting distress outside of times of conflict. She shared,

> We would scream "No you cannot do that!" or I would have some patience for some times and then she would be like "No, no, no.' First, she would assert her opinion and then she would just say no to annoy me or to tell me "I decide." So, at a certain point I was getting nervous, like it is too much. I understood she needed to be, I needed to promote her genius and things, but my brain and my nerves could not control the whole time. So, we would go to screaming, I would ask her what was wrong and have very long conversation about what made her say that and it was chaos in the beginning.

Ginger shared that prior to the course it "would be where he did something wrong, and I would scream at him or argue with him. Depending on what he did wrong." She indicated concern that her son would get angry and start yelling, which would lead to her yelling back at him.

Melissa reported too that she and her husband (Chandler) would often yell at their daughter for not listening, which led them to look for another way and to attempt to understand their daughters' developmental needs. She indicated that "Oh before the class we would tell her stop, no, stop crying. We would not get close to her to give her a hug because we thought that it would spoil her. That's what the old school parenting leads you to believe." Chandler, like his wife Melissa, indicated that he wanted to gain knowledge to help his daughter acquire skills and not just to punish for the sake of punishing her. He indicated,

> So basically, if she was in trouble, if I could turn it into a teaching moment than that's what I wanted to do. I did not want to just sit there and say sit in the corner because that is not teaching anything. [I did not want her] just sitting there and taking time.

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Jennifer indicated that she would most often yell, scream, and cry when her son would refuse to help or would tell her that he completed a task that he did not actually complete. Additionally, she felt low self-efficacy about her ability to handle the problem behaviors her son exhibited. She reported that prior to the class, "Oh I would cry. I would just break down and cry, I would scream, I was miserable, and nothing was changing."

Victoria shared that her own belief systems of child behavior caused her additional frustration. Her frustration would lead to calling him over and over or yelling for her son multiple times. She indicated,

> I would call him, and the thing is I had to call him multiple times. I have always been a big believed that parents should not have to talk to children multiple times about something. The first time you know, maybe you did not hear me, but the second time it's like okay I know you heard me.

Phoebe stated that she felt like the only tool they had was to take away privileges, so she wanted to change their own parent behaviors regarding that as it was a punishment to the whole family. She stated,

> Well, we would take away privileges. So, he couldn't have as much TV time, or video games, or if it was something to do with a toy or experience, or whatever. We tried to make it linked with whatever it was he lied about, but he would get grounded and that wouldn't work because he would not have access to anything, and we would all be stuck at home.

Some participants indicated that the occurrence of problem behaviors elicited parent responses that included putting hands on the child (e.g., physical force when bringing to time out

by pulling by limbs, spanking). For example, Jennifer shared arguments would escalate to the point where she was spanking him on occasion. Jennifer shared,

> I tried taking things away, I would spank; but nothing was...it was just a level of disrespect that I was like I cannot believe you would be so bold to say these things. It turned into him trying to sneak out, lying constantly. Oh my gosh, he was always lying. I just did not know what to do.

Similarly, Heather indicated that during attempts to "punish" or "correct" her son's behaviors, she would get to a point of spanking or using physical force to place him in timeout. After problem behaviors escalated to a point of physically pulling her son into timeout Heather indicated,

> [I realized I needed] different ways to parent him and any ways to get him to turn around without having to physically take him to time out or maybe not get him to scream for so long; or any way to get him to listen the first time.

Lindsey also felt pressure to find an alternative solution to her son's physically aggressive meltdown behaviors. She indicated that she wanted to change the strategy she was using (e.g., spanking) but was uncertain as to how she could. She indicated,

> The outcomes I wanted was knowledge; a different way of trying to fix it. The spanking, I just didn't agree with that even though you know that was the way. I didn't want to spank him. I wanted another way. Sometimes I felt like "Well I guess you might have to," but I can't see using that now.

Laura too felt like she needed to change how she was discipling her son because "[Before the class] I was putting a lot of hands on him, and I was like there has got to be another way." She

indicated she walked away feeling stressed and worried after responding to her sons' problem

behaviors. She reported,

> I was hurt, I was disappointed in myself. I just wanted change. It was stressful. The stress
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> because I don't want to hurt him, but I didn't know [what to do instead].

Overall, all participants (100%) endorsed having parent behaviors that they went into the

Group Triple P course looking to change. Parenting traps of escalation behaviors endorsed

included yelling, taking away privileges, use of physical force when placing the child in time out,

and spanking. It is of note that many of the parent and child behaviors led to an escalation cycle

(e.g., first instruction is given, child continues preferred activity, parent escalates in volume as

they repeat the direction, then the child begins tantrum behaviors, then parent escalates, etc.)

prior to course attendance. Goals for change across participants included changing how they act

when they are upset with their child (verbal and physical), knowing how to help their child

develop, effective discipline techniques to replace "stop" or "no," feeling more confident in their

skills and having an alternative to taking away privileges and/or spanking.

Context. In addition to parent and child behaviors selected for change, another factor that

influenced the selection of socially significant target behaviors was the family and environmental

factors at the time that brought them into the course. Several participants identified that the

course appeared to be an appropriate fit at the time because they were experiencing child

problem behaviors across settings. For example, Lisa shared that her son was struggling with

behaviors across school and home settings. Her son was being provided with assistance in the

school setting, which led to a decrease in the problem behaviors at school. Problem behaviors

were still happening at home, so when she was told about Group Triple P she indicated,

These people at his school can act this quickly and do something for me I am going to do something for myself. I wanted to take what they were offering because what did I have to lose?

Phoebe indicated that her sons lying behaviors started at home about innocuous, seemingly small things but then generalized into lying to teachers. They then noted he was having trouble with peer relationships. She reported,

I didn't know what else to do. Then he started having issues in school; trouble-making friends and things like that. I started thinking there may be something else going on, so we looked into doing [Group Triple P].

Lindsey's son was also having significant meltdowns during the school day, particularly around transitions. These behaviors were occurring at school and at home, so when the counselor at her son's school shared the Group Triple P information she enrolled. Lindsey stated,

My son was misbehaving a whole lot. He was having issues at school and when he was at pre-K I was in his class every day, I would just be staying at the school. When he was in Kindergarten, I had to go to the school a few times. In first grade he did pretty good. In Kindergarten it was everyday too, then I switched him to a new school, and he had a few episodes, but he did okay. I took things to that new school that I had learned in the class; you know like how to talk to him, how to make sure when I address him and want him to do something I have to tell him how to do this first, then the proper steps.

The desire to address his behavioral concerns increased for many participants due to their own experiences as a child. Four participants indicated that they sought out Triple P because they wanted an alternative way of raising their children. Lisa indicated that as a child she had similar

struggles to that of her sons' and she did not want him to go through the same struggles she went through. She stated,

> I feel like my husband, and I are it for [our son] when it comes to being an advocate or doing things. Since my ADHD was not diagnosed and I have some processing issues as well, that they didn't discover until I was in high school. So, for me I look back and see how my life would have been so different like my struggles at school and all that would have been so different had we had the knowledge we all have today. If teachers had spoken more to my parents about it, their genuine concerns. Verses, I was always the good girl do the extra credit and whatever it takes to work so hard for B's and C's. I think for me I didn't want my son to go through the same thing I went through. I want to understand his behaviors and give him everything my parents didn't give me access to at the time.

Melissa indicated that her husband (Chandler) and her were raised in "dysfunctional homes" with physical abuse and neglect. Melissa stated,

> We decided to take the class because at the time, my husband and I were talking about parenting. We both grew up in dysfunctional homes; meaning that for my husband it was a lot of physical punishment, yelling, I don't know about the cursing, but I know physical punishment. For me it was the same thing, a lot of physical abuse and neglect. We didn't know all the things; so, I had smacked her once when she was little, and I told my husband that we had to do something because we know we don't know any better. You know we grew up in dysfunctional families, and I have always been the kind of person that I believe you can learn from books, you can learn from people. Especially books and classes. I told my husband I think we need parenting classes. At the beginning my

husband was a little hesitant because they sometimes paint parenting classes as "we are going to tell you what to do" but the way I talked to him about it was it is like going to school, you learn something new and you apply what you want and what you don't, we don't have to. That is basically why we wanted to understand what things we can change as parents because we didn't want to do physical punishment with her.

Jennifer wanted more updated methods for child rearing. She indicated that spanking is the primary method of child behavior management observed by her parents, and she wanted a more positive approach. Jennifer stated,

Yeah, I wanted to learn something outside of what we had been shown by our parents. A lot of things our parents still agree that we should be doing is not welcomed anymore; they are frowned upon methods. Just like "yeah beat his butt" and I'm like that does not work. Our child does not respond to that, it does not work; just does not work at all. Time outs were really not working; there wasn't really anything. I really wanted a positive approach. I saw that it was offered through the county and decided we needed in on the class like now.

Ginger indicated that there were differences in child rearing techniques that she attributed to the culture she was raised within. Ginger stated,

We are raised to respect our parents and the only answers are yes and yes. They slapped first, then they grounded, and then whatever you just keep going. But I found it doesn't work. I am a single mom with three boys. I know that if I don't [do something] it will get worse as they get bigger. So, it was a tug between keeping them in order, in ways they are advanced and in other ways they are not; and the times are different now.

Another environmental variable that was identified as a contribution to participants selecting to attend Group Triple P was a history of criticism from family members. Lisa indicated that she was struggling with opinions from her mother and grandmother. Lisa stated,

One thing too, I was struggling with my family, my grandmother, my mom; we would go to target and if [my son] let go of my hand and ran off, they would get so frustrated with me. Like, they said you should just spank them right here, do this, do that. My husband and I don't believe in hitting and I don't think [my son] can help it. Even in my mind before the class, I knew he wasn't trying to be difficult. This is who he was and so I think I was struggling with outside pressures of I am not parenting the way the older generation, or my sister felt I should. So, I think taking the class I was just like, what do I have to lose? Everyone already thinks I am a horrible parent (laughs). I don't really mean that, but you know what I mean. You can only go up from here.

Phoebe indicated that her mother would often share that she was too "strict" which is what caused her sons lying behaviors. Phoebe stated,

Then like my mom always tells us that we are very strict with our kids so I thought maybe changing our parenting strategies might help. So, I saw this and thought this sounds like it is something for us.

One participant indicated that they wanted to take the course due to feelings of isolation and a need to connect with other parents that could relate to the concerns they were having with their child. Lisa indicates,

I was kind of excited to go. As a parent, you feel so isolated some of the times. It is not that often that you feel comfortable telling people that my mom is mad because I didn't spank my son, or I didn't this or that; you know you just want to sweep it under the rug a

little bit. So, I guess that I was feeling so helpless, and I was the only one that was in control to change the situation. I wanted to make the kids' lives and our lives better.

Another environmental factor that was cited that influenced participants decision to take the course was partner conflict regarding parenting. Lisa and her husband were experiencing conflict regarding how to get on the same page and address their sons' behaviors and in a reactive response style. Lisa indicated,

> I think my husband and I were conflicted in ways to handle things, like I am sure many couples. Even today you can still be that way, but I think what helps is being able to come home from the class and talk about it. How often do you sit down and have a mindful conversation about how you are going to parent? People seem to be doing it on the fly unless they are going to counseling or they are doing something in advance.

Lisa also reported tension between her husband and her regarding their parenting roles, as well as a feeling that their child "ran the house."

> I would take them to school and pick them up, so I was here until he was home at 5-6pm and it sort of felt like, looking back it felt like [my child] ran the house. His mood or activity controlled us, and today that is only somewhat true. We were frustrated then. I was primary and I am probably a little more of the rules-based person, but when you are with them more, a lot of it comes down to safety.

After each instance of problem behavior, Melissa reported that she and her husband (Chandler) would argue about her daughters' intent and abilities. Melissa shared,

> We were trying to figure out what to do when she would throw a tantrum. We were also trying to figure out how to guide her without telling her no too much, but also not giving into her wants every time. I used to work in a daycare and took a few classes of child

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development. So, she was a year, a year and a half, and my husband would say she can be manipulative; I would argue that no she can't. So, we were trying to see how we can use strategies to tell her no but in a way that is not "because I said so." We were trying to control the tantrums and guide her a little bit without always saying "no, no, no" all the time because that does not work.

Three participants shared that they were in need of tangible skills and resources for their child's problem behaviors. Rachel indicated that as she started the diagnostic and educational eligibility process, she recognized that it would be beneficial to obtain some additional resources to "make her a better parent" to her son. Rachel stated,

I wanted some resources for my son. I wanted more information and knowledge, so I thought why not? It would help me be a better parent, so I was all for it. I just wanted more resources and try to see what ways I could help him listen better and have a more peaceful home. When you have a disruptive child, it is not the easiest.

Victoria indicated that she heard about the course through her role at work, but that she wanted to take it not just to address her sons' listening deficits but also to pass it on to others. Victoria stated,

Some of the parents told me about it that attended my program, so I was interested in knowing what the program really offered because with the work I do, I like to have resources for my parents. Being able to participate in the class gave me the resources I could pass on to other families.

Ginger indicated that she heard about the course from Healthy Start and took it because a friend of hers had completed it. She was interested in techniques to address her youngest sons' behaviors associated with his diagnosis of Autism Spectrum Disorder, but once she started (e.g.,

during the overview course) she recognized that it would have been more appropriate for her

oldest with ASD & Bipolar diagnoses given that her youngest son is non-verbal. Ginger stated,

> I just took it because my friend took it and told me that it was a class for parenting and
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> could help me out. I thought it was never bad to learn new techniques to raise them. My
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> friend took it too to learn new techniques because I wanted to learn techniques to get into
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> my youngest son's head. Sadly, my son is very underdeveloped, so it didn't help with
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> him, but it helped with my older ones.

Two participants shared that they wanted to be sure they are exposed to scientific

parenting strategies, so they enrolled in the Group Triple P. Chandler indicated that as a first-

time parent, he wanted to learn the science of parenting. Chandler indicated,

> Well for one thing, I would not say that I know what the hell I am doing (laughs). I mean
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> I am a first-time father. I don't know what I am doing, and I want to take as much
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> education as I can get! So, if people tell me how-to's I am going to take notes; I am not
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> going to say don't tell me how to raise my kid. I don't believe in that line. We just don't
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> know what the hell we are doing (laughs). I mean if you are the parent of a three-year-old
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> and it is your first kid, and you tell me that you know what you are doing...Okay?! You're
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> a surgeon and you never went to college for it?

Iris shared that she wanted to be certain that she knew the "proper science of parenting" to

ensure she was raising her children effectively. Iris stated,

> I saw the program talked about, in the informational sense, a detail of the behavioral
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> things that the program covers for children and yeah that made me very interested. She is
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> my first and she was 3-years at the time and usually we parent the way we saw our
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> parents did it, but we read many parenting books to be sure we found the "right way" for

her. We wanted to make sure that we knew the proper science of parenting. I always felt

like I had a retrospective view. Like am I doing well with her, and am I going to do well

with my son? It was the right time for me too because my son was just one at the time.

So, I thought this is the right time and the program covered exactly what I needed.

Another environmental influence that participants shared were life transitions or changes

that impacted the whole family system, such as the primary caretaker returning to work, living

with extended family, and a remarriage starting a blended family. Jennifer shared that her

husband was returning to the workforce, whereas he was the primary caretaker. Jennifer stated,

We were living in Tampa; my husband was taking a job where he would be traveling for

work. He had been a stay-at-home dad for many years and took care of the kids and

everything while I worked from home. We were preparing for [my husband] to take a job

outside of the home that would require him to be gone for weeks at a time. It was creating

an issue with me having five boys that did not want to listen, mainly my oldest who was

setting the example and giving me a lot of challenges.

Victoria indicated that they were living with family, which led to a change in their family

routines. Once they transitioned back into their own home, her son was having difficulty with

listening skills. Victoria stated,

At the time we were living with family members so our structure and routine we had at

our own house had got changed, so when we got back to our own space, we tended to

have some listening issues.

Phoebe shared that her son started engaging in lying behaviors when she remarried. She stated,

Well, when we got together, he was the only child. It was just me and him. His dad was

not really in the picture. Then when I met my husband, when we finally started to get our

kids together, I think that is when the lying came about. At first, I thought it was just a way of him getting attention now because he wasn't really an only child. I think that was a main change in his life when it all started, and we needed help.

Three participants indicated that another factor that led to Group Triple P is when their child's behavior increased, and they felt that they were in crisis. Participants described that these child behaviors increased significantly, and that their own responses to their child's behaviors significantly escalated. Heather indicated that she started to notice how different her oldest son was from her youngest, and that he was not responding to any "traditional" parenting strategies. Her son's tantrums escalated in duration and intensity, and she found herself managing his behavior with physical force (e.g., pulling him into time out or spanking). Heather stated,

> I just needed parenting skills to manage him because he is not like a normal child. He has never been able to; you put him in time out and he will scream for two hours. He can't calm himself down; so, the more time out or punishment he will cry for two hours, yell, scream, bang the doors, you name it. It was not working. The regular time out, regular spanking would not work. I started reading a book on positive parenting; I forget where I heard about it, but I saw it online and started reading it. I saw it and realized it was something completely, completely, different. I didn't even know the class was about positive parenting when I called; I was just like you know what I just read a book on positive parenting. I was like this is great and I can figure out new strategies because you have to change your whole way of thinking and punishing but it is the only thing that has worked for these kids. They are just backwards.

Lindsey indicated that her son had a significant family transition that followed an escalation to his behaviors. She was struggling with how to respond to his problem behaviors, as she was spanking him to correct his behavior but did not agree with it. Lindsey stated,

> Well, I had had him three times I just never let him go back this last time. He was the first time, like 2-months old. The second time I got him he was 8-months old and the third time I took him when he was three and a half. I went over and I didn't like the situation I saw him in because his mother, who is legally my granddaughter. She had lost, her rights have been terminated. His daddy you know he is busy doing his thing and whatnot. He is not living in his life. Me, I was not going to let him go into foster care. At the time I was working at night and sleeping in the daytime. He was looking too pitiful. I just was going to retire; I was at the age of retirement, and I just decided to take care of him. He didn't deserve to be you know small sleeping and eating and stuck in a room by himself all day. The class was one of those things that was to teach me how to cope and not, because he was going through his things, so it was a thing to teach me how to learn and cope to help him. I needed it because I was at the end of my rope. I was just crying and not knowing how to handle the situation. I spanked him a couple times and I didn't like that because you can't get angry and handle things you know. I needed to learn other avenues of doing things.

Laura stated that her sons' behaviors were escalating, as he was putting hands on his peers and siblings. She responded to his escalated behavior by "placing hands" on her son. Laura stated,

> I just needed help with his behaviors. He is just all over the place sometimes and I was doing a lot of putting hands on him and it needed to stop. I needed other ways to deal

with his personality and I was explaining that to [case worker] and she told me about the Triple P program.

Procedural Appropriateness

When determining procedural appropriateness, the components included the implementation of the intervention, the class and instructional format, and the strategies taught and course content. Feedback on these three components indicate presence of Procedural Appropriateness, which is a central tenet of Social Validity.

Implementation of the Intervention. Participant opinion on aspects that accompanied the content/instructional components (e.g., the length of class and time of day, number of classes, pre-post assessments, childcare, gift cards and food) were provided by participants. Below is a synopsis of each of the implementation aspects of the Group Triple P course with participant data.

Length of the class & time of day. Each of the twelve participants in the sample gave feedback on the length of the class (e.g., minutes) and the time of the day their class was offered. All participants gave feedback stating that it was a good length and appropriate time of day for their schedule.

The morning slot was reported to be a good fit by several participants. Lisa indicated that it was a good fit for her and her family, as the time it was offered made it easy to attend. She stated,

I have my own car and everything so [getting there on time] was easy. The class time was in the morning, at 9-9:30am. We had two facilitators, and they sat at the front, and we were seated in a horseshoe almost. When we would get there, we would have snacks and coffee. People came in all through in an hour. People didn't show up at the same time. It

started off that way and the number of people in the class was like 6. I think it went to

1:00 so sometimes I had to rush.

Similarly, several participants indicated that the morning time slot and two-and-a-half-hour length was a good fit for their family. Rachel indicated "I thought [the organization of the class] was good. [The length] was just right. I took it in the mornings." Melissa stated "The class was a few weeks; I think the time was 9-12. It fit with my schedule." Laura explained that the morning slot was best,

> I thought it was very organized! I was the disorganized one honey [laughs]. I feel like it
> was perfect because in the morning time, I feel like that it is the best time to do anything.
> After a lot goes on in the day it's like this slump, no one wants to do anything at the end
> of the day.

Iris indicated that the morning slot was ideal for her schedule as well. She indicated that the length was appropriate for productive sessions, but did not go on too long. She stated,

> The time of day was so great. We started at 9:30am and went to 12. It was nice, not too
> short, and good to get it done by the middle of the day. It was not too long to get you
> bored. It was also mostly conversation and exchanges with moms that would speak of
> their concerns and situations and experiences.

Another factor shared by participants was that they liked the day their course was offered during the week. Two participants noted that they particularly enjoyed that their class was on the weekend. It is of note that both of these participants attended with their partner. Chandler stated, "I think it was pretty good on a Saturday because people are off on the weekends. I think it was great timing and everything." Jennifer also indicated that "[The length of the class] was nice. I took it on weekends, which was great." Two other participants noted that the weekday course

they attended was a great fit. Heather took a morning weekday class and she stated "I enjoyed [the time of day]. I came to class on Wednesdays, and it was a good amount of time." Iris took a Tuesday morning class and she noted that "The times was perfect, and Tuesday was good because it was not a crazy Monday or lazy Friday."

In terms of the two and a half hour meeting length, Phoebe noted that "[The length of the class] worked well for me given that I was a stay-at-home mom. A lot of the other participants made the time too, so I think it was a good time and length for everyone." Ginger stated that "[The length of class and time of day] was good. It was the right time for me and wasn't too long." Similar to Phoebe, Lindsey also indicated that the flexibility of her schedule allowed her to attend the course. She stated,

> Well [the time and length of the class] was good because I am not working. It seems alright with me because you have, you were in there for more than 5-minutes. You were in there for a while, and you really go to talk about it with the other ladies and the instructors.

Victoria stated that the time went by quickly and that she liked that the morning hours allowed her to be available. She stated,

> I think the class was about 3-hours long. It was organized really well. The length of the class, the three hours went so fast. I think it was like from 9am to 12pm. At the time, honestly nothing starts before twelve o'clock on Saturdays for the most part, so the time of day was good.

Number of classes. Four of twelve participants provided feedback on the number of classes that were in the course series. One of the four participants indicated that the number of classes were enough. Heather indicated that she thought "it was a good number. [She thought]

we needed a time to constantly wrap your brain around the behavior and talk to others about how we can tackle this together." Chandler indicated that the number of classes in the course was "just right" because it allowed for time to learn "different things on different modules," but he said he would have liked for it to be ongoing and available for a "drop in." He stated,

> You can actually continue the Triple P class every Saturday like a college course; keep
>
> going every Saturday and you can drop it at any time. If it was funded like that it could be
>
> very effective for parents. It would be a place and go to and say, 'I need help.'

Two participants indicated that they would have liked for the series to have more classes. Phoebe stated,

> I actually wished it had been longer, like more classes. I really enjoyed the class and I
>
> feel like I wish it had been a long-term thing. It was so nice to have somewhere to go and
>
> get advice for issues with our kids.

Lindsey indicated that she would have liked for the course to be longer, and she would have liked for there to be an opportunity for an increase in the number of times the cohort met per week. She stated,

> I think it was 6-weeks or 8-weeks, and I think it could be more. Then increase it to twice
>
> or a couple times a week. It is helping to hear it as you learn it. It is a good thing. I am
>
> just so proud of you guys; you just don't know. I didn't even know you all there existed,
>
> and I would have loved to [have] made the meetings twice a week.

Pre-post assessments. Five of the twelve participants provided feedback on the assessments administered at the beginning of the course and at the end of the course. These assessments provided were demographic and rating scales completed by the parent participant on their behaviors and responses to their child's behaviors, ratings of their coparent relationship,

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intensity and frequency of their child's behaviors and their feelings of self-efficacy in addressing their child's problem behaviors. Two participants (i.e., Rachel and Phoebe) indicated that they remembered the assessments and indicated approval. Rachel indicated that she felt "the assessments were fine; they were good." Phoebe indicated that she enjoyed the feedback from the assessment data. Phoebe indicated, "I think [the pre-post assessments] were eye opening. So, it was insightful to learn about ourselves."

Two participants indicated that they had difficulty remembering the content of the assessments. Jennifer indicated that she "[doesn't] remember [the pre-post assessments]." Victoria indicated that she could not remember the content, but she could recall the logistical aspects of taking them. Victoria indicated,

The pre-post, I cannot really remember what was on them per say. I don't remember, but I think it was a little screen on a computer. I didn't think it was lengthy. I think it was like one sheet of paper. I think it was okay.

One participant, Laura, indicated dissatisfaction with the pre-post assessments. Laura reported,

Oh my god [laughs] [the pre-post paperwork] was a lot! I feel like [the pre-post paperwork] was a lot of tedious and over repeating questions and different ways of asking the same things.

Childcare. Ten of the twelve participants gave feedback on the childcare provided during their course they attended. Some participants indicated that they did not utilize the childcare service for some or all of their children, as their children were in school. Lisa indicated that her children were in school during the time of the course, but that she really enjoyed the culture that was created in the course by having childcare onsite. She indicated,

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Some people brought their babies, some people had sitters, or used the sitters there. Sometimes the babies would come in to get fed; it was really a nice experience. You don't always feel that moms can take care of themselves and learn what works and take care of their kids; it is usually having to be a choice. You have to give up your free time as a parent, but they were able to bring their kids. If the kids were fussy, they would sit in there with us and they could feed them, hold them, whatever. It was just a really great experience to see that society should do more of its okay to bring your kids anywhere. Especially that small, some babies were 3-4 months old, but the moms could still come and do self-work for their family. To see that was just awesome to me.

Chandler also indicated that the support provided was helpful for his family, but that he liked that childcare was available for families that may not be able to attend without it. He shared,

The childcare was good. My wife and I, even if wasn't there one of us was to go and one could stay home but I am glad it was there for single parents. That was great to have.

Iris also indicated that she used the childcare, and liked that it was available as a support to the whole group and that the childcare program provided additional resources to families. She stated,

I would drop her off at pre-k and take my son. I liked that there was babysitting there too. I liked that they gave supports to other moms and their babies, giving kids' stuff and babysitting. I liked the little big things that made the whole program really amazing.

Five participants (e.g., Heather, Ginger, Phoebe, Victoria, and Laura) indicated that they enjoyed having childcare onsite, as their children were in the next room which was reassuring to participants. Heather indicated that she used the childcare only once for her younger son, but that "it was nice having it right there and all." Ginger indicated that she regularly used the childcare,

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and that it was good to have on site. Phoebe indicated that she liked having the childcare onsite and that she utilized the childcare regularly. Phoebe shared,

> I really liked how they have the separate rooms for the kids, so we didn't have to worry about childcare when we came to the class. Having our kids there was great; our kids didn't freak out in the other room [laughs]. I think everything was done so well.

Victoria also indicated that she liked having her son onsite, for both factors of convenience and comfort. She shared,

> Also, it was an opportunity to bring our children, and someone would watch them in the other room. The childcare was good too because I didn't have to ask someone else to watch them. I got to bring him, and it was such a comfort having him right in the next room. If anything happened, I could be right there listening.

Laura indicated that childcare made the experience easier and allowed her to concentrate on her own learning. She indicated "[The childcare] made it much easier and smooth. I didn't have to worry about who had my son when I was trying to learn things."

One participant, Rachel, indicated that she was very satisfied with the childcare offered and that she was pleased with the staff that were watching her children. She said, "They were very nice ladies." Another participant, Jennifer, indicated that the childcare experience allowed the course to be a family experience and that her children enjoyed the childcare. Jennifer shared,

> They provided childcare for the little ones. We would all go together as a family and start our day. They would give snacks to the kids, so the kids loved it.

Food & Gift cards. Eight of the twelve participants gave feedback on the incentives (e.g., food and gift cards) provided during the course they attended. Several participants (i.e., Lisa, Melissa, Jennifer, Rachel, Phoebe, and Victoria) stated that the food served, and gift cards

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provided were nice to have. Lisa indicated that she liked when they served lunch. She shared, "Every week I went they served a nice lunch of some kind; sandwiches or something." Melissa indicated that she was happy with the breakfast and coffee. She indicated "They gave breakfast and coffee each morning; I was really happy with it." Jennifer indicated that the food created a nice environment for participants. Jennifer shared, "[The class organization] was nice; they had everything. They gave lunch, and snacks and really created a nice environment for us." Rachel also indicated that she was happy with the food and gift cards provided,

> I also loved how they provided breakfast. That was really nice too. Nice perk. It is always
> fun to eat. The gift cards and food were nice incentives.

Phoebe indicated that she thought the gift cards and food were "really nice bonuses, and [she] wasn't excepting that part. It was very pleasantly surprising." Victoria indicated that she too was surprised by the incentives provided. Victoria indicated,

> Well, the incentives were a plus. I wasn't really going to the course for them, but they
> were very nice to have. The breakfast and things were good. We were able to have Chick-
> fil-a, so it was real good [laughs.] The good thing about it was that for people that were
> rushing, like if I woke up late, there was breakfast laid out for us.

Chandler shared that he too valued the incentives, and he stated that it was really helpful for families that may need support to attend, but that people shouldn't attend the course just for the incentives. Chandler stated,

> The gift card was nice to have. I mean everyone likes free stuff (laughs). It was pretty
> good. Honestly coming from a family that, I wouldn't say we are affluent, but we are well
> off, it was still nice to have and especially for those single parents that are there. The
> target demographic for those classes is going to vary; some people may be court ordered

to go and then you will have people like me that just want to go. It was pretty good to

offer to people. You can't offer it all the time, but it is an enticing thing, but I don't want

people to be just focused on that and the offer of free money.

One participant, Ginger, indicated that she received gift cards for this course, but that she

did not receive the gift cards for the additional courses she took with the agency due to agency

rule, but that she enjoyed receiving the gift card for this course. Ginger indicated,

I got gift cards for this class but when I took it again, I didn't get them. I wanted to see the

difference between this one in Spanish and the other in English.

Agency Attributes. Two participants shared information related to the agency structure

that offered the Group Triple P class. On participant, Iris, indicated that she enjoyed the multi-

level support structure that was offered to the parents in the group. Iris stated,

Beyond the class, I liked that there was a whole support structure. I did not use the

support of the case manager, but she did an interview with me, and she was there to make

sure the moms had everything else to be covered in such a way that wouldn't trouble their

learning. I liked the financial counseling too. I actually like how the whole program is

designed. There was even transportation for moms who needed it. I didn't ask for this

help, but I know it exists and I am amazed how they have thought of everything.

Another participant, Chandler, indicated concern with the location of the offsite locations

utilized. The course he attended was hosted at a local church, which he indicated was not

problematic for him specifically but that he thought others may have/had concern with this

location. Chandler stated,

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Having it at the church was fine, but because of how the world is today many people

don't want to go to a church and do something. I am sure it is hard to find a different area

to do these things in.

Class & Instructional Format. Participants provided opinion on aspects that

accompanied the class and instructional components (e.g., family educators and instructional

style, role plays, videos, materials and Group Triple P participant workbook, homework, and

group dynamic). Below is a synopsis of each of the implementation aspects of the Group Triple

P course with participant data.

Family Educators and Instructional Style. Nine of the twelve participants shared

information regarding the Family Educators (e.g., instructors) and the instructional style.

Participant feedback regarding the Family Educators indicated that they were welcoming, would

provide resources, and would use a variety of instructional methods. Five participants indicated

that the speakers were personable. Chandler indicated that the "speakers were great." Jennifer

indicated that the Family Educators "kept a nice environment" that led participants to always feel

welcomed. Jennifer shared, "Both [facilitators names] kept a nice environment. We always felt

welcomed. It was really great." Lisa also indicated that the facilitators were welcoming. Lisa

stated,

There isn't really anything I would change in the class. I don't think we could have had

nicer facilitators really; even when you walked in everyone was welcoming. I think they

had something to offer everyone in my opinion. If you are open to listening, you can

learn.

Phoebe stated that the staffs' attitude towards participants made the course an enjoyable

experience. Phoebe stated,

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The people there were so caring. Not just the one providing childcare but the leaders that

taught the class. They were genuinely, you can tell they actually cared which was really

nice. It made the experience.

Similarly, Lindsey noted that the Family Educators were kind and she held them in high regard.

She shared,

They did a great job to me. They were friendly, they fed us, they taught us, and they sat

all those kids. I think it was a good, I would give them an A+. I met some very nice

people [on staff]. I have nothing but five stars all around for them. I feel like they taught a

great course and anything I can do to be a better parent I am definitely all for.

Aspects of instruction that were reported by participants included structure, using

engaging activities and providing hands-on opportunities. Two participants, Melissa and Phoebe,

discussed that the instruction was well organized and structured. Melissa indicated that she

enjoyed "the fact that the first class is where they set up some rules, they set up rules like

confidentiality, being on-time; the structure was helpful." Phoebe indicated that she liked that the

course structure was organized, but judgement-free. She stated,

I liked how everything was set up, like with no judgement, and open discussion for

anyone. I liked how the leaders were on point and they wouldn't get distracted and lose

time on certain topics. It was very organized, and it felt like a safe environment to me. I

think [the class] was well thought out. It seemed like they were working from past

experiences, and it was really helpful and organized.

Lindsey also indicated that she liked how the instructors had the physical seating organized. She

indicated that she liked "the way they had us sitting around facing one another; it was really

friendly and very nice."

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One participant, Iris, shared that she liked that the classes were co-taught, as they were supportive of one another and provided personal examples throughout the course. Iris shared,

> I loved that there were two trainers that were there to complete each other. I think it was [Family Educator Name], but I have poor memory with names. I can remember things and people but after a certain time I forget names [laughs]. I loved that the trainer had the theory and that there was support from the other instructor. I also liked that the teachers, the instructors would use examples from their own experience as moms.

Three participants indicated that the instructional strategies were engaging. Victoria shared that the facilitators would have an engaging activity to start the class. She indicated,

> I like the fact that in the beginning the facilitator would have a quote she would set on our desk. I like the fact that she shared it because it got you to thinking, or like oh wow! Or we would do a scavenger hunt thing prior, and it was very engaging.

Victoria additionally indicated that the course incorporated hands-on instructional strategies. She shared,

> I love the fact that they were hands on. That is how I learn best, so there may be others that learn best that way too. Interactive interactions in a course helps. I am not a big believer with online courses, but they have to show the videos and if I had to sit and watch videos for three hours, I know how easily I can get distracted. So, I liked those times where people had to respond or play games. I really enjoyed that, and I would continue to do things like that because it keeps individuals engaged. I think it was very hands on and engaged kind of setting. I am a hands-on learner and I like to be involved.

Iris indicated that she felt the instructional methods were multi-element, which led to participant engagement. Iris shared,

> It was a nice mix of lecture and then videos from specialist, then go back to exercises. I liked that there were different parts to the class. There were exercises to make sure you know what to do.

Phoebe indicated that she liked that the class included follow up from the Family Educators. She reported that the calls and emails each week were helpful communications. Phoebe stated,

> I think what [the class] did was enough because even now after they reach out and sent an email to ask how things are going. I have even received calls from one of the teachers a few weeks after to find out how things were going. I think the strategies I learned I was able to implement, and they were always available if I needed to reach out to them so that was great.

> Another participant, Victoria, additionally shared that she enjoyed how the Family Educators modified the environment to induce learning and connection. Victoria shared,

> I loved how they split it up and gave us assigned seats and we made little name tents and I think we had to draw something on there that was about us. We were able to explain to the group who we were, things that we liked; things like that.

> Two participants (Ginger and Jennifer) indicated that they would have liked an opportunity for one-on-one. Ginger indicated that she felt that the instructors and instruction style spoke to families that had a support system, which she did not resonate with during the course. Ginger indicated,

> They expect that you have people that help you so you can decompress or do something, but I have nobody. I am here in the states on my own. I have my friends, but they live

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with their families. We don't see each other for months. I think if they had one on one and targeted things for what I needed, it would have been better.

Jennifer indicated that she felt that she needed more instructionally. She indicated that she would have liked an opportunity for one-on-one in-home coaching. She shared,

One-on-one [would have helped with skill implementation]. As much as I love the groups, I think there was a part of me that would have preferred the one on one at times. Even to have someone come over.

Two participants, Chandler and Melissa, indicated that having the Family Educators instruct was helpful, but that they would have liked to have a previous participant come and speak to the group to share their successes with Triple P. Chandler indicated that Family Educators would not have the experience of raising a child with problem behaviors, thus a layperson co-teaching the course would be more relatable. Chandler indicated,

[It would be nice to] get people to come in and just have them talk about the development of their children after they took the course. Then, we see its everyday people. It's like in my work, we have engineers. There is no point in me talking to them because I am just an operator. So, in the class if you cannot be the layperson with them, they won't take the advice from you. So, you can be a doctor in parenting, but you don't know what it is like to raise my kids. So, if you bring me in then they will see he is just like you, he didn't study this field, hear it from him. That would be a big help because a lot of people shy away with people educated in that area; they think they might know everything because they have done this and that. [Like success stories] but at the same time for people to see there are people like them in the same class as them who went through the same situation. Not just the instructors in the class, but others to come speak to us.

Similarly, to her husband, Melissa indicated that she would want to hear from parents that used the Triple P strategies taught at the agency and then had positive outcomes with their own child throughout the course. Melissa shared,

> You know, I think, I think when it comes to parenting, I think maybe someone that has been there and has something for you to learn would be great to talk to. For me putting people that have children with good outcomes; education, support themselves, no jail. Something a parent would respect and hope for from their kids. It would help people start talking. We are first time parents, and she is going to be the only one so it would help to see the people that have done it. We see the trainers as professionals; I don't see them as a parent. So, a parent that has children that are adults and that have grown up well. It is like having a warrior (laughs) and you can ask how they handled different things. Not that they will tell us what to do, but I would feel closer to them personally because we share something. Maybe something they did something back in the day; they had different strategies that we can talk about and contrast them to the ones we implement. I think something like that would be nice. Not for every class, but maybe at the end of the class or sprinkled throughout. I would really love to hear from parents that were in my position. I learn a lot from people, so if I met someone that went through it and used some techniques, I want to hear what they did too.

Role Plays. Ten of the twelve participants reported engagement in role plays during the instructional time, with one participant, Jennifer, indicating that she "[does] not remember ever doing role plays but more videos instead." Collectively, participants provided positive comments regarding the use of role plays in the course. Both Lisa and Phoebe indicated that the role plays

were helpful to go through as practice before using the skills with her own children. Lisa indicated,

> Then we would do role playing as well. We would stand up, go up front or sit in your chair and work with another person for role plays. That was really helpful because I would get stumped and be unsure how to respond; so, it helps to go through it. We would learn how to improve [the skill] and role play it.

Phoebe shared,

> I really enjoyed going through [the role play] because as we learned the skills, then we would use them, then come back. Even when we did the role play just like during the session, it was helpful to help me remember them when we got to go home and use them with our kids. The role-plays were helpful, but applying it was too.

Heather also indicated that she liked that she had the opportunity to practice the strategies before using them in-situ with her own children, as well as collaborate as a group. She indicated,

> [The roleplays] were helpful. It helped me practice the strategies beforehand. When we would role play everyone had something to add to it.

Chandler indicated that he enjoyed doing the role plays in class because it allowed him to bring up trouble-shooting ideas to problem solve with the Family Educators and individualize the strategies to his own needs. Chandler indicated,

> [Role plays] gave me a chance to actually play the devil's advocate on some things and challenge the instructors. Not to say that they didn't know what they were talking about, but more like what if your kid didn't just sit there or what if they talk back. Like there was one we did where we were asking our child to go to bed, and the child said no I am going to play my game. I mean those words alone growing up were grounds for you to no

longer be on this planet. So, in the role play we were trying to do it where we were not

discussing with kids, especially simple things like take out the trash. It allowed me to

show them where I was coming from; not that my kid has to listen 24/7 but choices like

you can wear the red shirt or the blue shirt but you are still going to school today. That

was the part not up for discussion.

Ginger indicated that she liked the role plays and would participate when they were applicable to

her own needs. She indicated,

[The role play] was good, no problems. If it applied to me, I did it. If it did not, then I was

honest and told them that it wouldn't help me. It isn't something I would do every time.

One parent, Rachel, indicated that she felt the role plays made the course more engaging.

Rachel indicated "I liked [the role plays]. It was engaging and hands on. It held my attention."

Another participant, Iris, indicated that she really enjoyed the role plays because it allowed her to

observe other parents engaging in the skills, as it allowed her to reflect on how she responds in

similar situations. Iris indicated,

I loved [the role plays] too! It made me see myself, how I behave, see other moms and

how they behave. There were many times I said, "Oh gosh I do the same thing", but we

all got to role play the new way. It is not just about thinking about it, but it is about trying

to try the role and sit back and see how I behave and how other moms behave.

Another participant, Lindsey, shared that she liked having the ability to role play as the child, as

it would allow her to experience the strategies from the child's vantage point. She shared,

We did role play a couple of times and it was good. We did role plays where we were

pretending to be the child and put yourself in the situation. The role plays were very

good. [Role Plays helped because] you put yourself in your child's position and you had

to think now okay, being a little child; adults don't always think about that you know we forget that we are dealing with these little human beings. They have these little brains, and they might not think like we want them to think so we have to show them.

In terms of role play concerns shared by participants, one participant (i.e., Laura) shared that she was initially very nervous about participating in the role plays. She shared "[Role playing] was fun but at first, I was nervous about it. It all worked out and they helped." Another participant, Heather, indicated that she would only change the frequency and individualization of the role play scenarios. Heather shared, "I think we needed maybe more role playing in the course. Just more scenarios to help, more individualized scenarios." Two participants, Laura and Rachel, each shared that they would have liked to have the opportunity to role play with their child and receive live coaching. Laura shared,

> Role plays with our kids [would have helped me with implementation], like literally not just me but also the kids. Like say we go to the park somewhere and the instructors see the kids in action and then once they see a behavior, we basically talk about it and then pull the kids to the side and do a real-time, like you know what I am saying?

Rachel shared,

> I'd like, maybe a class where we bring our kids together? I really think the program was great but maybe they could have come to the home and observed and done a one on one. They could see how he was acting and done some in-home training. Like if they wanted to offer that to parents who feel over their head.

Videos. Each of the twelve participants provided feedback regarding the videos used in the Group Triple P course. One participant, Victoria, indicated that she enjoyed the videos

because they allowed her to see how to improve her own skills through video modeling. Victoria indicated,

> I really liked [the videos] because it showed things we would do as humans, as far as unconsciously actually happen at home or in the environment. It would be like a doctor or someone that said, "hey this is where we went wrong, so let's replay and see how it can be better." It was the simple difference, and the child reaction was so different. It made you think about how simple things, like walking to the child or giving the transition time, can change everything.

Nine of the twelve participants (i.e., Lisa, Rachel, Heather, Ginger, Phoebe, Chandler, Melissa, Jennifer, and Laura) indicated that the videos were outdated. Of the nine participants that indicated the videos were outdated, five participants indicated that the videos were effective regardless. Lisa indicated that the videos were "outdated" but "funny." She learned to like the videos overtime and learn how to reset if the strategies went awry. She shared,

> Well, we had a book that was handed out and we watched videos. We would get there, talk about our week before and then we would usually watch a video. Many of the videos were British accents of some type, and they were funny because of the accent and outdated. Like the clothing and things were outdated. They were good in a way because they made you laugh because their yelling was like "I told you Timothy not to blah blah blah." It was just so; it just smacks you in the face. At first, I was like these videos are huh, but then after the first week I learned to like them because they were almost making fun of the things, we might do at home but in a more severe way in the video. For me, watching videos of people role playing it helped; so more about what could go wrong and how to reset yourself and try again.

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Rachel indicated that while the videos were "older" and "took place in another country," she enjoyed that they showed how to utilize the skills when presented with diverse challenges. Rachel shared,

> The videos were a little bit older. It seemed like it took place in another country. Like in Britain or something? Or England? Besides those two negatives, they were good. I liked how they showed different parents. They it was like testimonials and how other people walk through these challenges as well.

Heather shared that "The videos were okay; I mean a little outdated, but they were good." Ginger similarly shared "[The videos] were old. In a way, though it was okay because it made the point that they were talking about." Phoebe indicated "The videos were outdated but the core message was relatable to today."

Four participants (i.e., Chandler, Melissa, Jennifer, and Laura) indicated that the videos were outdated, unrealistic and needed updating. Chandler shared,

> (Laughs). The videos umm...I think. I mean, this is probably a negative thing to say but I think that some of the things they did were unrealistic. I think they need to have more realistic things that go on. Like if a kid is running through the house and you tell them not to run in the house they are not going to say "okay." I understand that Triple P is good, but it is not that good (laughs); I just remember that one video thinking there is no way. I think more realistic videos to the approaches, but I mean I got the idea and things like that, but more realistic things would be good. My daughter only sometimes says okay, and it usually surprises us, but most times its no…not that easy.

Similarly, Melissa indicated that the videos needed updating with relevant examples for today, such as limits with technology. Melissa stated,

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The videos were, well in my opinion they may need new ones. The videos were kind of old by now. Maybe try to use the issue that the parent is struggling with the most as a role play for an example. Thank God I have only one child, but a lot of parents struggle with the kids watching too much video games or TV. It needs something more updated for the videos. At least that is what I think.

Jennifer indicated that the videos were outdated and were less helpful because the examples were not relevant to her family's needs. Jennifer indicated,

I thought [the videos] were very dated. I don't know if they actually were, but they felt very dated. I didn't feel like I was getting, like the things they were doing I kind of was already doing and we were still getting the push back. So, I didn't feel that it was as helpful as I wanted that part to be, but I don't know what the approach was supposed to be; like maybe the videos were just an older method and needed to be updated. Like more relevant examples would have been nice to see.

Laura also indicated that she "feel(s) like some of the videos were just not realistic [laughs] but they were at least informative too."

Three participants (i.e., Iris, Lindsey, and Victoria) indicated that the videos helped with the instructional pace of the course. Iris also indicated that the videos were "in an Australian voice" but that they were easy to understand, and the perfect pace and length. Iris shared,

The videos were good. They were a little umm, in an Australian voice but that was fine. It was not a problem; they were easy to understand. It was not too fast, and they were made by specialist and other parents that you could really learn from. The length of the videos were no more than a minute and a half; the longest was no longer than 3-minutes. It was perfect.

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Lindsey similarly shared that the videos were not rushed. Lindsey shared "It wasn't a rush; everything was explained with videos. Yeah, those videos were real good. Overall, it was such a nice experience." Victoria also shared that the videos helped the pace of the class, as they would play a video, discuss the segment and then they would do a brief activity. Victoria shared,

> They did play videos for the course, which I feel like they were originally designed for Group Triple P. Some of the video would play, but then it would be broken up by engaging things like that which I really enjoyed. I really enjoyed that aspect of the class.

One participant, Rachel, indicated she would like to have access to the videos post participation as a refresher. Rachel indicated,

> Something I would add, they showed some videos. It would be cool to have those videos available to graduates. As a refresher, just throwing it out there.

Materials & Group Triple P Participant Workbook. Three of the twelve participants (i.e., Lisa, Rachel and Iris) shared that the materials were comprehensive and helpful. Lisa shared that the course supplemented the book with handouts if additional information was requested. Lisa shared,

> They gave us handouts as well, so that was depending on the subject topic or if it wasn't something covered. If someone brought up something they were struggling with, even if it wasn't in the next weeks book or chapter our facilitators would bring a worksheet about it.

Rachel indicated that she liked the book and the fact that there was more content for participants to read independently. She shared,

> [The book] was good. I feel like the book was a little lengthier than the class. I still have the book and occasionally I will pick it up from time to time.

Iris shared that she liked that the materials were included in the course; even materials to supplement the use of the strategies (e.g., behavior charts). Iris shared,

> I liked that there were materials that were given. For instance, they gave us stickers to give to our children to encourage their behavior and there were charts that were given to analyze your situation and child's behavior. Everything with logistics; the paper and materials were given. It really covered everything in a 360-degree way, and I liked that.

Homework. Eleven of the twelve participants shared information regarding the homework assigned in their Group Triple P course. Homework typically includes a workbook activity and a practice activity during which they use their selected strategy with their own child, then share their reflective practice with the group upon returning.

Three of the twelve participants (i.e., Lisa, Rachel, Chandler) indicated that they liked that the homework has afforded them the opportunity to go apply the strategies and then come back to class for discussion and feedback. Lisa indicated that the practice homework afforded her helped obtain feedback. Lisa shared "Practice might even become a homework assignment; it might be an activity to try at home and come back and talk about it." Rachel indicated that the homework also helped her troubleshoot upon return to class the next week. Rachel shared,

> [The in-between session homework] was helpful. I mostly did it. It would be like
>
> "describe a time" or try this out. It was a good platform for ideas and problem shooting.

Chandler shared that he enjoyed the opportunity to go home and implement the strategies with his child, which allowed him to try on the strategy and obtain feedback on the use of the skill. Chandler indicated,

> Each class, you went home, and you had homework to do so you went home and read and look over things or you try different things. That's how I would do it. I knew this week

we went over this and if this situation occurs at home than you can try to implement that technique at home then go back and talk about it. Tell them what we tried, it blew up in our face and we can't do that one (laughs) or hey that was really effective let's do this. I liked it because it showed when you left the class you went home and continued with the work. If you put the work in, you get it out. If you come home and do the activities, you can go give your results and get a lot of feedback on it. I think that was pretty good.

Two participants, Melissa and Heather, indicated that the homework was good because the amount and type of tasks assigned were acceptable to them. Melissa indicated "[Homework] went okay because it wasn't too much that they expect so it was fine." Heather indicated too that the homework was acceptable and helpful. Heather indicated,

[The homework] was not that much; it was just a little. It was really fine for helping me work on what I wanted to change at the time. It was pretty simple.

Three participants (i.e., Laura, Phoebe, and Iris) indicated that they felt the homework reinforced their own acquisition of skills and the generalization of use with their children. Phoebe indicated that "Doing the homework helped with learning it with the kids, it stayed with [her]." Iris indicated that the homework allowed her to actually use the skills at home. Iris stated, "The homework was good too because you needed to take this information with you and not just close the folder right after session." Laura indicated,

I feel like homework was very informative, like I am trying to put it into words. So, I think that because we had homework, because we did group things and discussed it all; the things they were teaching me stuck.

One participant, Jennifer, indicated that she liked the homework due to the format of workbook completion that accompanied the practice. Jennifer indicated,

We did [the homework and in-between session activities]! So, I love workbooks and that kind of stuff, so that was my happy place. I really liked it.

Three participants (i.e., Victoria, Lindsey and Ginger) indicated that they did not complete the homework with consistency. Barriers cited by participants included a lack of time (i.e., Victoria and Lindsey) and that the assignments "felt unrealistic" for single parents (i.e., Ginger). Victoria shared that she often did not do the homework due to procrastination and that she needed more time to do certain homework tasks given life demands. Victoria shared,

For the most part, to be honest, sometimes I did not get around to doing [the homework]. I caught myself using the techniques later on when the class was over with, but I took a lot of notes and things like that in order to apply them at once. As far as not doing [the homework], I would say time for the most part [was the barrier]. Like after the class, the class was on a Saturday so on Saturdays we did things after the class. Then Sunday for me because I work Monday, I use as a rest day. Then the course was on Saturday. I procrastinated to be honest. So, Monday through Friday I would be working and then oh my God it is Saturday again and I forgot to do it! So, it was one of those kinds of things. But I made sure I took a lot of notes so when the time came to apply those things, it would be able to be applied. Some of the things, for me and how my life was at the time, they were unrealistic to do it within a week's time to be able to see the things. That was really for my situation. I know some of the other classmates came back with things that they tried and things like that but for me it was unrealistic.

Lindsey also shared that she did not complete each assignment due to time, but that she would complete the ones that were relevant to the strategy she selected to use to address problem behaviors (e.g., behavior charts). Lindsey shared,

I did a little of [the homework], truth is I didn't do all of it with time, but I would read the book. I made a list for a few assignments and had to write everything down. Like made rules with him and wrote them all down and started showing him. Like it was he does this, and this happens; the consequence you know.

Ginger indicated that she did not do all of the homework, as she felt some would not be feasible without a partner. Ginger indicated,

For single parents, [the homework] made me feel like I was doing something wrong. It felt unrealistic. Some of the homework I could not do because it doesn't apply to me. I told them that.

Group Dynamic. Each of the participants shared information and feedback regarding their experience with the group dynamic in their Group Triple P class cohort. Over half of the participants (i.e., Lindsey, Iris, Heather, Lisa, Melissa, Jennifer and Laura) indicated that the group dynamic reassured them that they are not alone in struggling with their child's behaviors and created a safe environment. Lindsey shared that it was good to meet the group and see that they had similar concerns with their child's behavior. Lindsey indicated,

It was very nice [to connect with other group members]. It was so good to meet them all. They were having the same problems. They were having problems with their son or their daughter. Basically, we were all trying to find solutions. I learned a lot from watching them and how they behaved with their child. I feel like most of the children were younger than mine and one or two that had child older than him. But I saw from the way that the mothers are doing and compared to what I use to do, and I realized what I use to do wasn't very good, but I didn't realize it then.

Iris indicated that she enjoyed the group dynamic, as it showed her that they were not alone in their struggle, and it is "normal" to have uncertainty as a parent. She shared,

> I really loved [the group dynamic] because you can really learn from each other. It really made it because there were funny ones, struggling ones and overly social ones [laughs]. It was nice because at the end of the session there was like an average good mood because the struggling moms would know that they are not alone in the struggle, the funny moms added some good vibes and they realized that this is like a serious thing we need to work on to have good change. I liked that it brought local moms together so you can see that you are not the only one with the struggle. To know it was common makes you feel like it is not something wrong with you but that you are raising a human being which is really hard to always know and do the right thing for them. It can be normal to struggle to know what the right thing is for them.

Heather indicated that she liked seeing how others would parent their child and learn about their similar situations. Heather indicated,

> I really enjoyed the group. I liked getting to know the other people and learning about their similar situations. I liked knowing how other people would parent their kid, just different ways.

Lisa shared that the community within the group dynamic was helpful, as it normalized parenting can bring the same concerns. Lisa shared,

> We all openly shared if we wanted to, no one was forced to share. The community piece was so important-- and feeling like everyone else has the same questions and problems. Many people in the class were ashamed to admit they were spanking but I think they felt safe talking about it there; but you may not share that with everyone.

Melissa similarly indicated that the group dynamic allowed her to meet other parents that are struggling with similar behavior concerns. Melissa shared,

> I love the group dynamic because you meet people that as parents you are all struggling with the same situations. You don't feel alone. You also get to share your experience, which was really helpful too. I really like the group dynamic.

Jennifer also enjoyed the group dynamic because she did not feel alone, and she met other parents that she could share and talk to about her concerns. Jennifer indicated,

> I loved the group dynamic. There are so many parents that feel alone in this, and it was great to see other parents that have very similar situations, and they just want to better themselves too. I think there were some other parents that didn't have their kids, or their kids were really little. I went for my 5-year-old too at the time because he was copying the behaviors of my oldest. He was in kindergarten, and we were at a level where we just wanted more of his help, and he was doing the same things as his brother. So, the group dynamic was so great because there were other people, we could share stories with and stuff.

Laura indicated that the supportive climate within the group increased her participation. Laura shared,

> I like meeting new people, so [the group dynamic] was good. It was supportive. I was comfortable.

There were differing views regarding the number of people present in the course and how that met their needs within the group dynamic. One participant, Lisa, shared that there were only 7-8 participants to start in her group, and the attendance was variable; thus, she would have liked a greater number of participants. Lisa indicated,

I think I would have liked more people; we only had 7-8 and the continuity was tough. A lot of ladies had a tough time getting there because of different things. Continuity would have been good because I thrive on feeling not alone. Having more people in the class and having more continuity with people would be great. You got to know them and then when they didn't come, you were like "oh I hope their week was okay, I hope everything is good." Some of them had kids transitioning weekends between parents and people are struggling.

Whereas Rachel indicated that she had only three other participants in her cohort, which she enjoyed as it was a very small group. Rachel shared,

The group dynamic was good, I liked it. It was nice having the commodity of the other parents. Hearing their stories and sharing around. There were not a whole lot of other people in my class- maybe only three others. That was nice too.

Several participants (i.e., Lisa, Victoria, Phoebe, and Chandler) indicated that they appreciated how the element of diversity added to their group's dynamic. Lisa noted that there were a variety of cultural differences and she learned that parenting challenges transcend socioeconomic and cultural backgrounds. Lisa shared,

And the cultural differences were great, we had a great variety and in different cultures things are done differently. So, I felt culture isn't all that different; we all struggle. Hearing it at a level of non-judgement and what is good for the child was just so great. I also took away that I am fortunate but not much different than many other people even with socioeconomics and cultural differences. We are all still struggling together and can learn from each other in a safe place.

Victoria shared that the group had diverse participants and that the instructional strategies supported acceptance of diversity within the group dynamic. Victoria shared,

> I liked the fact that we were split up; other than if you were a couple, you sat together. But they split us up next to total strangers where we were forced to accept diversity and I just love diversity. It was good for me.

Phoebe similarly indicated that there was a "good mix of different ages and backgrounds" which allowed the group to hear different perspectives. Phoebe indicated,

> [The Group Dynamic] was nice, there was a grandmother that attended as well and a couple people that came for their younger kids. There was me and another mom there for older kids, so it was a good mix and we all got to hear different perspectives. It was nice to hear others and what has worked for them in their lives. It was a good mix of different ages and backgrounds to help us. Not only to relate to each other, but also to see we aren't alone in our own struggles. Everyone is going through their own things as well.

Chandler also noted that "with the group there were diverse people there," which allowed for an exchange of ideas to address individual parenting concerns brought up within the group.

> In terms of concerns related to participant's experience of the group dynamic, one

participant, Lisa, indicated that she would have liked to have had a means of communicating with her group members throughout the week. She shared,

> I would have liked a Facebook chat just for the people in the class so we could share victories and situations to get ideas of what to do because sometimes it felt like we had a whole week before we figure it out. Nothing required, but something as an option throughout the week to share victories and struggles so you could get support.

Iris also identified she noticed that parents who missed the first session had less engagement in the group, which impacted the group dynamic. Iris shared,

> Maybe a small change can be if the mom cannot attend the first session, I don't think they will get the rest of the sessions; they cannot miss the purpose of the whole program and get it. If you do; you will just be snacking on techniques and you will not be implementing them. It is very important that moms make sure that they are at the first session and if not, they should have to go to the next session. I think this is important because there were some moms that came later but I felt that they came maybe only twice in all the sessions. They came only twice so I don't know that they took many topics. I think to make them commit they should have to come to the first session to understand the purpose and to understand that to see real change takes commitment.

Only one participant, Ginger, indicated extreme dissatisfaction with the group dynamic. Ginger took the Group Triple P class in Spanish, followed by a second Triple P course in English. In the Group Triple P course, Ginger reported feeling very unwelcomed despite attending with a friend. She reported that she felt judged and excluded, which she attributed to the fact that she was the only uncoupled participant in the class. Ginger indicated,

> I think in the Latino [class] I was actually more judged than in the English one. The class was good, but I feel like the class is targeted for couples. I felt targeted because I am a single mom, and I don't have anyone to help with anything. They give you the class like you have people to help you raise them. The other parents would look at me like you know, like I am bad or something. Like I choose to raise them alone or something. I was like, well I do not give a shit. But at the same time, even my friends that have husbands

don't always have help because they don't get it. At one point I wanted to quit because I

didn't want to argue with anyone. I finished it off though.

Ginger detailed that she felt like her group members had access to supports that she did not have

and that she was not invited to participate in post-group activities organized by their group.

Ginger shared,

> All those ladies went on their own, but they were all married. They had somebody to help
>
> them decompress. They had somebody if they needed babysitting or anything. The group
>
> dynamic sucked. Even after the class was finished, the families all invited the group to
>
> eat dinner and they never invited me. I was left out. Another mom contacted me and
>
> asked why I didn't come, and they told me a lie that I couldn't come because I didn't have
>
> a babysitter, but they took their kids to the dinner. They never told me anything.

Strategies & Course Content. Participants shared information related to strategies they

attempted during their time in the course, their reaction to the use of strategies while enrolled in

the course, their child's response to the strategies while in the course, their partner's response to

the strategies during the course and any barriers that came up at that time when they started using

the Group Triple P strategies.

Strategies Used. Strategies indicated to be utilized by participants during the Group

Triple P are identified and sorted categorically as they are in the Group Triple P curriculum;

relationship-building strategies, strategies for encouraging desirable behaviors, skills for teaching

new skills and behaviors, management strategies and strategies for planning ahead. Relationship-

based strategies were identified for use by two participants, Lisa, and Chandler. Both participants

indicated that they used Quality Time with their children during the course. Participants did not

endorse use of Talking with your Child or Showing Affection.

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Lisa indicated that she selected to use Quality Time with both of her children as a strategy to increase the quality of her relationship with her son. She indicated that use of this strategy led to increased compliance, as she felt that her son wanted to please her after she spent time doing a preferred activity with him. Lisa shared,

> One thing the class taught was spending quality time with them. You may be home all afternoon after school, but are you sitting and playing their play? Are you doing things they want to do? Are you involved? What I took from that is that you as a parent can spend extra time and they appreciate you. It creates a loving relationship that is better, and they want to behave for you. They want to do things to make you happy if that makes sense. If you are sitting and playing Legos with them and then at the end you say hey let's pick this up together because you have been playing together, picking it up seems okay to them. Verses just coming in and saying, "Pick up these Legos!" because you have been involved.

Chandler indicated that he used Quality Time to spend time doing activities his daughter enjoys doing. Chandler indicated,

> We read together. We had and still have our own little daddy daughter time we do together. We did playdoh together.

> Strategies for encouraging desirable behaviors were endorsed by four participants (i.e., Jennifer, Chandler, Heather and Melissa). The strategy indicated for use by Jennifer, Chandler and Heather was use of Praise during the course. Melissa indicated that she used Interesting Activities with her child during the course. The strategy in this category that was not endorsed by participants was Giving your Child Attention.

Jennifer, Chandler and Heather indicated that they chose to use Praise as a strategy to encourage desirable behaviors. Jennifer indicated that she used Praise statements for times when her son was helping out around the house or completing his chores without lying. She shared,

> I honestly started praising for every little thing to see how things went from there, which
> was good.

Chandler shared that he would use Praise for each time his daughter would follow directions or comply when he asked her to do something. His primary interest in the course was management of his daughter's refusal behaviors and strategies for aiding in her development. He indicated that he would Praise his daughter for helping behaviors and he would immediately see her attempting to help. Chandler indicated,

> I would say "Help Daddy," show her and then tell her good work. Then she would follow
> everything we do; I mean I really, really enjoyed watching her when we did something,
> like vacuuming the floor, she wanted to do it with us. To me that is the most amazing
> things; she was getting kind of, like she knows how to work.

Heather shared that she started using Praise to encourage following directions. She noted that his compliance also led to compliance when he was given a back-up consequence, such as Time Out. Heather shared, "The praise helped. He even started going to Time Out too after I used that."

Melissa indicated that she would use Having Interesting Activities to prevent behaviors she does not want to see her daughter engage in, such as climbing the stairs or trying to open the doors. Melissa indicated,

I used it for prevention, I try to prevent things from happening; like you do not want to be like "Oh my gosh she is going up the stairs!" She gets something to do instead she liked before that happened.

Use of strategies for teaching new skills and behaviors were identified by five of the twelve participants (i.e., Heather, Iris, Phoebe, Lindsey and Laura) during the time that they were in the Group Triple P course. Each of these participants indicated that they selected and used Behavior Charts to try and address their problem behaviors during their course. Strategies in this category that were not endorsed by participants for use include Set a Good Example, Incidental Teaching, and Ask-Say-Do.

Of the five participants indicate that they selected use of behavior charts in their course, four participants indicated success in the course with the behavior charts. One participant, Heather, indicated that her use of behavioral charts was unsuccessful for her son. Heather indicated that she attempted to use the behavior chart strategy to address her sons' problem behaviors of engaging in preferred activities instead of following directions. She indicated that she attempted it in the course, but that she learned that "Behavioral charts last for only like two weeks and he is over it. After he gets use to the behavior charts, he is done with trying for it."

The four participants that had success with their use of behavioral charts indicated that they used variations that met the needs of their family. Iris used a behavior chart where her daughter earned a sticker each time she followed directions, which was effective for celebrating and reinforcing the desirable behavior. Iris indicated satisfaction with the use of the behavior chart. Iris shared, "There were so many techniques I used, but the reward chart with stickers was so good."

Phoebe used a behavior chart to assist her son gain independence in completing his chores, rather than lying about the completion of his chores. Phoebe indicated that the behavior chart helped her son remember what needed to be done and motivated him to earn a preferred activity once the chores were complete. She shared,

> I also started using chore charts to help them remember things, so I am not always nagging them to do certain things. Some of those I didn't think would work for my son because he is older, but it turns out it was much more helpful. We thought they were more for younger kids but because of his undiagnosed ADD it has helped him stay on track. Instead of timeout, we made it when he had to earn something he wanted. He loves board games, so we did it where if he got this many things done, he got to pick a board game to do together. We had to find incentives that he would want to work towards. That was a big solution we had to come up with in class. That seems to motivate him more than losing privileges has in the past.

Lindsey also shared her successful use of behavior charts with her son. She used the behavior chart to make consequences more predictable and to decrease the occurrence of physical aggression at home and at school. She indicated that,

> [The behavior charts were] good because he knows all about it and can tell you all about the contract just like the Santa Clause thing. He knows if you do this, then that will happen or if you do this then that will happen. On the sheet, like in the fourth or fifth column I might have a lose the x-box, so he always tries not to lose x-box or cartoons.

Laura also used the behavior chart strategy to address problem behaviors. Laura designed her behavior chart where her son would earn points for desirable behaviors (e.g., using his

words) and he did not earn points if he put hands on his sibling or peers at the playground. She stated,

> [To address the fighting between siblings] I just basically let him know there are things we cannot do, and I let him know what he could do, so he got a point system. If he got so many points, he would get things but if he didn't follow along, he would not get his games and toys, things like that. He could get points too for doing things I wanted that were from the good list and he would have a fun time.

Overall, four of the five participants that used behavior charts during the class indicated that the strategy was successful in addressing problem behaviors and increasing desirable behaviors, and the one that did not have success indicated that her child would lose interest in what he was earning.

All of the twelve participants indicated that they used strategies geared towards managing misbehavior and discipline strategies. These strategies are designed to help children develop emotion-regulation skills and understand contingencies. Strategies within this category endorsed by participants included Set Ground Rules, Directed Discussion, Give Clear, Calm Instructions, Logical Consequences, Quiet Time, Time Out, Start Routine, Stop Routine. The only strategy that was not endorsed for use by any participant included Planned Ignoring.

Three participants (i.e., Lisa, Victoria and Phoebe) each indicated use of the strategy where they set ground rules. This strategy is a collaborative strategy where a handful of positively stated rules are selected for all members of the family to follow. This strategy is also used to encourage use of the replacement behavior that is incompatible with the problem behavior the participant selected at the onset of the course, to extinguish the problem behavior. Lisa reported that she used the strategy of Set Ground Rules to address behaviors that were

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safety concerns, such as jumping on furniture or jumping on the bed. Lisa indicated that this strategy helped obtain family buy-in and allowed the pre-set rules to regulate behaviors, rather than her reminders. Lisa indicated,

> One thing was making house rules. It always feels as a parent you are always saying don't run in the house, don't jump in the bed, so one thing that they taught us was to all sit and make the rules together as a family. This lets the kids feel like a part of it. So, we pulled out paper and pens and talked about what should be the house rules for everyone. Instead of it being about the kids, it was about all of us and what rules we should all be following. That way I could go back to the rules they had help make and it wasn't so hard to get everyone's buy in for following the rules. That was a great strategy that made me feel like I am not always the bad guy.

Similar to Lisa, Victoria indicated that she obtained buy-in from her family with the strategy of Set Ground Rules. She indicated,

> [When using the household rules] I found out that everyone was open to acceptance since everyone was able to be involved in house rules. Usually in the past it was just that I would make the rules [laughs.] One of our house rules was like taking shoes off at the door so we wouldn't transmit the germs having the little baby that crawls around. So, I mean, everyone understood because we sat down together.

Victoria also indicated that she liked this strategy because it was an inclusive strategy. Therefore, the rules were based on the input from the whole family, rather than just parents. Victoria indicated,

> One of the strategies I liked the best was when implementing rules. As parents we tend to say "hey, you know, because we are the adults in the house; here are the rules and you

have to abide by them." But in the class, I learned that when making rules everyone should be present when deciding the house rules. I like that idea because it makes it inclusive for the children. They are there when the rules are made. As an adult, like where you work, if certain procedures or policies go into effect and you are not there to voice your opinion, how would you feel? It made me reanalyze what is fair for the kids. So being able to sit down as a family and make the house rules and letting them have input on what they are and how the house rules apply to everyone and not just children. I liked that. That was a big strategy we used at home.

Phoebe also indicated use of Set Ground Rules during her time in the Group Triple P course. She shared that the way the rules were worded made a difference in her household. Phoebe indicated,

We changed our rules at home; we made them more into positive instead of "don't do this" we made them into "be kind" or "respect others' bodies" instead of "don't touch others." So that was nice.

Overall, three participants indicated use of Set Ground Rules: each providing a positive report of the strategy. Participants reported that this strategy increased buy-in, included the whole family and it allowed the family to identify the behaviors they wanted to see rather than the behaviors that were a problem.

Three of the twelve participants (i.e., Chandler, Jennifer, and Heather) indicated that they used the strategy of Directed Discussion during the time of their course. This is a management strategy that is used when the child "breaks" a ground rule and they must engage in repeated practice of the alternative behavior that abides by the ground rule. Two of the three (Chandler and Jennifer) participants that utilized this strategy indicated success and acceptance of this

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strategy. Chandler indicated that he liked that Directed Discussion allowed for a brief explanation and a repeated practice of the correct or rule abiding behavior. Chandler indicated,

> I really liked using that one because it was where we were explaining to them things like we are going to have ice cream after dinner not before, and this is why. Especially explaining why that it is; because if you tell them no its only after dinner, they have only been on this planet for a couple years and you have to inform them and teach them why things are what they are, so they get a better understanding. Also, I use going back and forth on what they have completed and if they didn't complete it right then they have to go back and try again; not with a discussion but to discipline them. I used that and was effective.

Jennifer also recalled using Directed Discussion, which allowed for her to check-in with her child(ren) and identify if they understand the desired behavior and to provide a brief explanation. Jennifer indicated,

> We also used that one [directed discussion] where we would ask "what do we do instead" and I would discover that they were not listening at all. So, like lots of the strategies, I remember had you also explain why you wanted something only a little and then ask for [the correct replacement behavior].

One participant, Heather, indicated that she attempted to use Directed Discussion, but that it was unsuccessful when she attempted it in her home. Heather reported concerns with her son's engagement in the repeated practice of the desirable, rule-abiding behavior. Heather indicated,

> [Directed Discussion] was hard because I could never really get him to go back and do it again. On the video it looks seamless [laughs]. But we are not at that point.

Seven of the twelve participants (i.e., Lisa, Victoria, Rachel, Melissa, Ginger, Jennifer, and Lindsey) indicated use of the strategy Clear, Calm Instructions. This is a strategy that allows participants to set their child up for successful follow through of directions. Participants indicated that they liked that this strategy taught them to get in close proximity to their child and make eye contact before delivery of directions. Lisa shared that prior to this strategy she would find herself busy engaging in tasks and calling out to her child while she was making the error of using long-distance instruction. Lisa shared that she would be engaged in another activity and would call out an instruction which appeared as though she was shouting. Lisa indicated,

> Another one was, often as moms we are busy. We are at the kitchen sink, doing the wash and we are yelling at the kids; asking hey can you brush your teeth, get dressed, do something. Because we are not in the same room it appears we are shouting. I learned a lot about if you want the child to do something, walk within 3-feet of them, stop what you are doing and go where they are and try to talk to them at a closer range and discuss. Then you tell them from 2-feet away say, "time to brush teeth" and then he saw me, and I was not having to shout.

Victoria also shared that prior to the course she was engaging in long-distance instruction by yelling from another room. Victoria indicated,

> In the course one of the things, I learned was to stop yelling out to the child to tell them what needs to be done or what you expect them to do because the communication is going to get lost from the distance, so I started going in to where he was and like "Hey come here, I need you to do this" kind of thing.

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Rachel indicated use of Clear, Calm Instructions during the course. Rachel shared that she liked the close proximity and eye contact and providing time for her child to process the direction. Rachel indicated,

> There was one I loved the most. It was when you give commands, to go over to your child and make sure they are looking you in the face. And speak slow. They told us that parents will fire out commands too fast. Like turn off the TV, put on your shoes. We speak too fast, and we expect our child to be as quick as an adult. They told us to go slow and give them some time for processing. That really helped. I even told my husband, just slow down when you are talking to him. Give the kids some processing time. We just want them to be as fast paced as we are, and other main thing was walking over to them, no more commands across the house. We have to make sure they see us face-to-face.

> That was really helpful. No long-distance instructions really stuck with me and worked.

Melissa indicated that she used Clear, Calm Instructions and liked that she was taught to make eye contact and to get close to her child before instructing. She also enjoyed that use of Clear, Calm Instructions requires parents to provide a consistent message verbally and non-verbally when giving directions. Melissa indicated,

> I used the how to say no, getting down to talk to her and making eye contact. I have also used the concept of consistency and persistence; when it is yes, we show it is yes and when we say no, we show no; I still use those concepts.

Two participants (i.e., Ginger and Jennifer) indicated that Clear, Calm Instructions allowed them to change the instructional component of their directions by increasing specificity. Ginger indicated that she used this strategy to eliminate the back-and-forth that came with giving her son directions prior to the course. This strategy eliminated the need for arguments when she

was more explicit with instructions, which increased the probability of her son following directions. Ginger shared that she "stopped arguing with them and then [she] changed how [she] told them how to do things." Jennifer indicated that when she used this strategy, her perspective changed, and she was able to give concrete directions that were clearer. Jennifer indicated,

A lot of it was more getting on my son's level; shifting to where it's like "okay I am not going to talk down to my children." I needed to get on their level and try to understand what it is that they are going through. So, I started giving smaller jobs, very clear instruction and making it easier to digest.

One participant, Lindsey, shared that this strategy allowed for her to start providing prime warnings to her child. Lindsey indicated that she changed the sequence and frequency of her directions to increase success and decrease refusal. Lindsey indicated,

When I told him something, I told him ahead. Like if bedtime is at 8 o'clock then I tell him that and then I remind him 10 minutes before so there is none of this pitching a fit. I gave him a reminder 5 or 10 minutes before everything. I told him "Okay, time is up in 5-minutes and bedtime is in 10-minutes." That really, really helped. If he knows he has to go to bed in 10-minutes, then it is already in his brain and there is none of this pitching a fit. Before he would be like "Nooo, no, no" and we don't go through all that. Now I tell him, remember I told you when it is bedtime and he's not like that; there is no falling out and just tantruming. It just wasn't like it was and I used it like when we went to the store too. I told him, "Okay you got 5-minutes until we leave for the store, go ahead and put those shoes on." That was one of the strategies I learned and that really, really, really helped.

Two of the twelve participants (i.e., Victoria and Ginger) indicated use of the Logical Consequences strategy in their course. Victoria indicated that she used Logical Consequences as an alternative to timeout and that it was successful. Victoria indicated,

> I was had used Time Out [before the class], but our Time Out at home was more that disciplining him, like popping him which did not work for him. It made the situation worse, and I learned that early with him. So, his Time Out, he loves to build things, so if he didn't want to listen or follow a rule then I took away things he loves as a consequence. That being said, if he was not doing something that we agreed upon, I would take the thing away for a day or a period of time. Then he would refocus, and we would talk about what was wrong and what needed to be done to get back to the Legos.

Ginger indicated that she too used Logical Consequences with her son as an alternative to Time Out, given that her son was a teenager. Ginger indicated that she attempted to use the strategy, but that when her son would persist in asking for the item back, she would provide it to him. Ginger indicated,

> They said that I have to take the phone for a few minutes and give it back when he is listening. I used the logical consequences with them. He still didn't get it through because he kept asking for it and asking for it until I finally just gave it back. Then he goes back to do what he wasn't supposed to do. We are still trying, but if I take it away and give it back, he will just do the same things again.

Overall, two participants shared their use of Logical Consequences. One participant, Victoria, indicated successfully withholding the item. The other participant, Ginger, indicated that she would return the item thus rendering the strategy unsuccessful.

Two of the twelve (i.e., Iris and Laura) participants indicated that they used Quiet Time with their child when they were in the Group Triple P course. Both participants indicated satisfaction and acceptance with this strategy. Iris indicated that she was cautious not to overuse Quiet Time and with sparing use it was a successful strategy. Iris indicated,

> The time out, no, the time in; these things are so good, but I tried not to overuse them so that it is not an extreme session of quiet time. There was no more "we don't want to listen."

Laura indicated that quiet time was successful with consistency of use and brief time spent in Quiet Time. She reported,

> The quiet time one was big. He had to sit out for a couple minutes, so like he is four and so he sat out for four minutes, and if he came back out and wasn't doing the right things, I would redirect him again until he got it.

> Eight of the twelve participants (i.e., Lisa, Victoria, Lindsey, Jennifer, Ginger, Phoebe, Melissa, and Heather) discussed the Time Out strategy from when they were in their Group Triple P course. Two of the participants (i.e., Lisa and Victoria) indicated that they found it helpful to learn to withhold lengthy explanations regarding why the child was in timeout during the use of the strategy. Lisa indicated that she was using timeout and providing a long explanation of the behaviors that warranted use of time out, but through this strategy she learned to withhold explanation and to shorten the time spent in timeout. Lisa indicated,

> For instances, like time out. I was doing time out 5-10 minutes. Closer to 10 and then I would regurgitate at the end, like the why my son was in timeout. Like 'this is why blah, blah, blah.' I learned from the class that maybe a minute per year of his age and then at the end they know why they are in timeout because they already had a warning before

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going. So, no need to regurgitate, but let them redo the activity at hand. So that sounds super silly and simple, but nobody sits with you and tells you the rules of timeout. It sounds silly, and if you google it; they are all over the place. The not regurgitating was amazing.

Victoria also indicated that she would provide a verbal explanation about her child's problem behavior when she would use time out prior to the course. She indicated that she had difficulty withholding explanation or verbal reprimand. Victoria stated,

> I think one big thing was sitting in Time Out and not saying anything. I used to sit there and tell him "You are there because of this, you are there because of that, you have to sit there." I was just constantly telling him. Whereas I learned to just sit there and not saying anything. I thought that was a good one that was so hard to follow.

> Lisa also indicated that she liked that the time out strategy taught that the child should be within view to monitor the child. Lisa indicated,

> Yeah, and I was putting my son against the wall (during timeout). They suggested to keep them nearby in a hallway near you, instead of like shaming them. It felt more like a concentrated effort to show the child they are not alone, and you aren't trying to scare them; you are just correcting the behavior. So, the chair ended up in our hallway right off of our kitchen. Just little bitty practical skills. Then when it was over it wasn't such a big deal because he wasn't getting "Now you blah, blah, blah." He had done his time like in prison (laughs) and you are out so it's over; we aren't going to discuss it.

Lindsey indicated that she liked that the strategy of Time Out called for immediacy and consistency. Lindsey shared "Like we learned to stop, like at the store, and remove them from the situation right there and then."

One participant (i.e., Heather) shared that her use of Time Out was ineffective prior to the course, as she would have to physically bring her son to the Time Out area. She noted that when she started using prevention strategies (e.g., Praise) she saw greater compliance with going to Time Out with only a verbal direction.

One participant, Jennifer, indicated that she attempted time out, but it was ineffective. Jennifer indicated that she modified the time out task to make it effective for her family. Jennifer indicated,

> We tried to use timeout, but he would just flat out get up and walk away. It was not working for us. So, I went with a different method of having them do wall sits and planks during time out. They got a workout and didn't just sit in a corner, facing the wall. They built strength and calm.

Two participants (i.e., Ginger and Phoebe) indicated that they did not use timeout outside of the class. Due to their child's age and recommendations related to use, they did not feel it was an appropriate strategy. Ginger indicated,

> I told them that using time out is not an option. I'd have to tie him to a chair [laughs], he is too old for that. I told the instructors that me telling no to him is like him giving me the finger.

Phoebe indicated that due to her sons age and reaction to being withdrawn from preferred items, she did not think it would be an effective strategy. Phoebe shared,

> Well since he was older, we knew timeout wouldn't work for him and at some point, he didn't care if he lost game time or TV time.

Melissa indicated that she tried timeout during the class but did not feel that it delivered a positive message to her daughter, thus discontinuing use of the strategy. Melissa indicated,

One thing I do not agree with is that I look at parenting books and things like that, so we

do not agree with time out and Triple P taught us that. The reason is that another book

called ["Book Name"] talks about raising children from a brain-based view and they say

that when you send the child to time out you are sending the message that "when you are

good, I love you and I am here for you and when you misbehave, I don't want you near."

I agree with that. I have not seen timeout where sit next to the child and talk about what

happened and why the child is there and how to prevent getting here again; so maybe that

would be good. If not, it teaches a conditional love; if you behave, I love you, you don't

then I don't love you. I may be being extreme, but little kids don't understand the

concepts yet. So maybe when they are older and understand that no matter what you do I

love you. So that's something we did but applied only once.

Overall, three of the seven participants that discussed Time Out indicated acceptability

and satisfaction with the strategy. Three of the seven participants indicated that they chose not to

use the strategy with their own child due to practicality (e.g., child's age) or personal beliefs

about the message that the strategy conveyed. One of the seven participants indicated

modification of the Time Out strategy to meet the needs of her child.

 Four of the twelve participants discussed use of the Start Routine and Stop Routine when

they went through the Group Triple P course. Four of the five participants (i.e., Lisa, Chandler,

and Iris) that reported use of the Start and Stop Routine indicated success, and one participant

(i.e., Laura) indicated that while she had success with the strategy, it took a while for the strategy

to work.

Lisa indicated that her use of the Start & Stop Routine allowed her to give a

developmentally appropriate amount of time between instruction and parental expectation of

follow through. She reported that seeing the change this strategy made in her household gave her self-confidence. Lisa indicated,

> I also learned that at their developmental age they are not going to act as quick as a 15- or 30-year-old. Their brain is still learning and taking time so my expectations for immediacy is way out there; it is not going to happen with any child. Learning to count between asking and going back to class I was able to say that sometimes it works a little better; then the facilitator told me that I could put my hand on his back to get his attention. So, it was such basic things, but all of those things made a huge difference in our house. It gave me more self-confidence and for my son because he didn't need me to ask 3-4 times.

Chandler also indicated that the intentional pause of five seconds helped slow his exchange with his daughter and allowed time for him to make eye contact with his daughter. Chandler indicated; "Things like counting to 5 after an instruction, getting on their level and looking them in the eye." Iris additionally indicated that pausing gave her daughter time to process information, which she learned was developmentally appropriate. Iris indicated,

> The one thing that struck me was that 5-second rule. If you tell the child something they will need at least 5-seconds to process if they have no other distractions or whatnot. Coming up to this information made me realize that, and I still tell my husband because we would say "Please sit at the table" and they would run anyway. I learned that it is not that she is not listening to you, but her brain needs time to process things as fast as we do because she is so young. She is still learning to process information and consider others. Before the class I would get angry like "I just told you, don't you listen" and then after giving her 5-seconds and myself 5-seconds I saw a change in her listening. It was

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something that really made me take a step back to calm and find the right thing to do at that moment.

One participant, Laura, indicated that the Start and Stop Routine required repetition at the onset of use but through continued use she saw effect. Laura indicated,

I did that Start and Stop one. That one was trying. We had to do a couple times, more redirecting him and as I went on with it, it actually worked. But for the first few times it didn't work because he was trying to understand what I was doing and honestly at first, I was still trying to understand what I was doing too. But as we worked on it, it worked.

The strategy for planning ahead for high-risk situations is called Planned Activities Routine. The strategy of Planned Activities Routine was identified to be used by four of the twelve participants (Lisa, Iris, Ginger, and Laura) during the time that they were in the Group Triple P course.

Lisa indicated that the planning sheet helped her plan for high-risk situations (e.g., settings or situations where problem behaviors are likely to occur) and gave her the opportunity to plan ahead for keeping her children engaged and commuting calmly. Lisa indicated,

Well one I applied every single time was [Planning Ahead Routines], I was struggling with my family that likes to go out for birthdays, dinners and whatnot. But with two four-year-old's, that's like not our top thing to do because they are antsy, they don't want the food that is there. So, we were talking about that, and many others were also having trouble going places or doing things and how it just became so stressful. So, they brought us a sheet and I still have it to this day. It was about planning an activity and how we can make it turn out better, going to someone's house, going to the park, going out to dinner. All the things. It is a sheet of what would we need, what would make the trip better, what

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could you do in advance. So, we role played some of it, like me going to dinner with the kids for my grandmother's birthday at a restaurant. We talked through it at class, and they asked what I take with me. At the time I was lucky to get out the door with everyone dressed and my hair not sopping wet. They were like how could we make that better, so we walked through what we could do the day before. The sheet made it, so I was so mindful and prepared. For two weeks straight I would take out this sheet and see what little toys to bring and keep them busy; one big thing I learned is their attention span at this age is short, so I need to bring a lot of little things. Didn't have to be extravagant but just a lot to keep them busy; and taking our own food to the restaurant. I took grapes and strawberries in different colored containers to play with, keeping it fun.

Iris indicated that the Planned Activity Routine strategy allowed her to plan activities so her child would engage in appropriate activities verses problem behaviors, such as times when they are in public or at the park. Iris indicated,

We used planning ahead on a daily basis and weekly basis. Like I know that I have to get them outside at least three times per week. They need to be at a park or playground with another child. Planning ahead is something I liked to use. It was important to help her know.

Ginger indicated that due to her child's diagnostic concerns (e.g., Autism Spectrum Disorder), changes in daily routines led to problem behaviors. The Planned Activity Routine allowed her to increase daily structure and routines within her household. Ginger indicated,

[Planning Ahead] was something we did. My house was very structured, very routine. I didn't go out after certain hours. My boys are ready for bed by 7:30-8:00. My oldest is in bed by 9:00pm and I don't care about age. They shower and brush their teeth at the same

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time; that's how I like it. If we are going to go out, I tell them where we are going, how long it will take so they know because any unexpected changes just do not work.

Laura indicated that she used the Planned Activity Routine to take her children to the grocery store. She indicated that it was stressful prior to use of the strategy, but once she started using the Planned Activity Routine, she gained compliance. Laura indicated,

The planning ahead was huge. So, we planned ahead for taking the kids to the grocery store, it was so, so, so very stressful. My biggest thing was taking the kids to the grocery store so one of my homework's I used Planning Ahead to take them to the grocery store, and it was so much better. He listened. It worked out really well.

Overall, the Planned Activity Routine was reported to be a success for all four participants that indicated use during their Group Triple P course. High risk situations participants used the strategy in included going to the park, going out to dinner, going to the grocery store, and just structuring day to day living.

Participant Response to Strategy Use. Participants indicated highly positive response to their use of the strategies during the time they were in the Group Triple P class, with the exception of one participant (i.e., Ginger). Participants indicated that the use of the strategies reduced parental stress and frustration, the strategies gave an effective alternative to parenting, learned that the strategies are effective with consistency, changed generational parenting practices, and led to a better understanding of the child-parent relationship. Ginger indicated that the strategies were not as individualized as she would have liked.

Four of the twelve participants (i.e., Lisa, Iris, Phoebe, Rachel) indicated that they felt less frustrated, less stressed, and more confident as a result of the materials learned in the class. Lisa indicated that she was less frustrated as a result of the course and use of the strategies with

her children. Iris indicated that the strategies and course showed her strategies that increased her confidence as a parent and decreases stress. Iris indicated,

I felt like the whole program showed me where I needed improving. It is like when someone is sick, the first step is to get them to see they have an issue to deal with and the program allowed us to see and hear testimony from other parents in the videos and compare ourselves to not others but compare ourselves, but to what the proper or scientific ways are for doing the strategies. All the techniques have shown to be useful in our everyday with both of my children. I felt more confidence. I was not having any stress like I use to have; I started to understand her better and myself better. There was no stress of the "What am I going to do, this is driving me nuts, I don't want to do something bad, I don't want to spank her."

Phoebe reported that the strategies use led to an overall decrease in stress in their day to day. Phoebe indicated,

[Using the strategies] made me feel better as a parent because I always felt bad because it would be like "he's in trouble so we cannot do this, we cannot go here" or he would get grounded and that wouldn't work because he would not have access to anything, and we would all be stuck at home. But the other way of earning things he wants; it made our lives less stressful because we were able to enjoy our daily lives more. I wouldn't feel guilty about him being punished, so it made all our lives happier because we wouldn't have to think about it as him being punished instead it was you get to earn this or work your way towards that. So, it kind of made everything better.

Rachel indicated that her use of the strategies led to her slowing down and increased the calm in their relationship. Rachel indicated,

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My slowing down, taking into account how they feel, how they respond, are they hearing

me; it helped me be calmer. It really helped me stay calm.

Three of the twelve participants (i.e., Rachel, Melissa, and Heather) indicated that they

liked the use of the strategies because they were effective and taught them a new way to parent.

Rachel indicated that the strategies fit well with her needs, and the class exceeded her

expectations. Rachel indicated,

At the time I was like, I think the strategies worked very well. I mean the proof is in the

pudding! The class was really good. Actually, exceeded my expectations because they

were pretty low going in.

Melissa indicated that she was pleased with the strategies and the use of the strategies within her

home because they were new techniques. Melissa indicated,

I was excited and happy [when I started with these strategies]! My husband as well

because we feel like we are eager to learn new techniques. We were so excited to use new

techniques. We would tell her "Rosa the couch is for sitting, you can jump on the

trampoline." Before the class he would tell her "no, no, no, get down" and that took us

nowhere. We were so happy after each class.

Heather indicated that she was pleased with the strategies as well because they were novel for

their family, but that continued use of the strategies was difficult even during her enrollment in

the course. Heather shared,

My reaction was more like I wanted to try something because nothing else was working

so that I could at least have something else to try. I would say it worked better than

anything we have ever tried. It is just so different from how everyone else parents or how

we grew up thinking how we parent kids. It was and is so hard to remember to do it that

way; I did it a little, and then start falling back into the same pattern of what we were doing before.

Three of the twelve participants (i.e., Chandler, Iris, and Lindsey) indicated that when they started using the strategies, they learned that change required consistency. Chandler noted that he felt that the strategies were effective if he is able to stay consistent with repetitious use of the strategies. Chandler indicated,

The [strategies] were effective but I learned that I have to stick to it. So, what would happen is I said, 'Time to clean up' and she knew we have to clean up every time. We know she knows that but some days she goes crazy, and she says she doesn't want to do it. So, we could not move on until we clean up. To me it was about not giving in and just keep repeating it. I wanted her development to be better. I wanted her to be able to come and talk to me and not feel scared, but I also wanted her to make her bed when it needs made.

Iris indicated that the strategies took time and consistency to achieve change. Iris stated,

I learned to take a step back and think about it. The techniques are there for everyone; the books and the chance to have the reviews in the course but if you don't realize it is not something like a fast-food thing, you have to let the meal cook. This is all to benefit me as a mom. When I have to come to this with this realization, it was easy to commit and eat up those techniques and embrace them to use in every day. I learned that as a mom I need to take a step back and think about how I am doing things compared to the standards; this is a good thing.

Lindsey indicated that consistency with strategies use "saves a lot of stress and struggle." Lindsey indicated,

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You know in the beginning I said to myself "this really not going to work, but I am going to try." Now the first few times you may still see the same stuff you saw the day before, but I learned that if I am consistent in it, eventually they get it and they know what will happen or not happen. It saved a lot of stress and struggle. He knows what is going to happen and he knows what to do. At first, I was not really thinking it was going to work because I had never tried something like that before. Then I put it into action, and it actually worked, and I was surprised. Surprised and grateful at the same time.

Two of the twelve participants (i.e., Chandler and Victoria) indicated that the strategies allowed them to change their parenting, which led them to feel that they have achieved a generational change of parenting practices. Chandler indicated that the strategies taught him that emotion expression and compliance were achievable. Chandler shared,

I knew I was not going to get mad at my child for expressing emotion either because I grew up like that. The "you're not allowed to cry; you are not allowed to express your emotions" and "fix your face or I will give you something to cry about" and I was like why can't I express myself? I had to then learn that as an adult. I don't want her to live like that. My family says my daughter is spoiled. I told them that she still picked up the puzzle; she expressed herself, maybe not well but she is in a trial faze of life and is learning. Now if she was 24 years old and doing that, then yeah but she is 3. But some people don't understand and just want kids to be robots and are like 'No, do as I say.'

Victoria shared that when she started using the strategies, she felt better than using coercive punishment. Victoria indicated,

Well in most cases, [using the strategies] felt better than doing what like; okay so when I was younger, I lived with my grandmother. My grandmother would be like "Okay you

need to get a whooping or be on punishment." Then punishment would last the whole

week and you couldn't go outside. So, I was like give me the whopping because then I

can go right out the door [laughs.] So, I mean, learning to take away things he loves was

more satisfying than putting my hands on him you know?

Two of the twelve participants (i.e., Jennifer and Laura) indicated that the use of the

strategies led to a deeper understanding of their child and what they could change about

themselves as parents. Jennifer indicated that the strategies increased communication with her

children, which led her to understand more of why the lying behaviors occurred. Jennifer

indicated,

> I loved [using the strategies] because I learned that my children don't want to help
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> because they were afraid that I am going to criticize them for every little thing. So, when
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> I changed that... they like why do it anyway because it is never good enough for you? I
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> was like woah that is painful.

Laura indicated that the strategies taught her that had a need for increased patience. Laura

indicated, "It was so, so, so helpful. Again, I learned that I need patience! Patience is so

important!"

One participant, Ginger, felt that the strategies were not able to be individualized enough

for her needs. Ginger reported that she was the only single participant with three children with

special needs, which is why the strategies were not individualized as she needed. Ginger

indicated,

> I felt like the strategies, like they needed to not like be the same general information for
>
> all; everyone is so different. In my class I was the only mother with three kids with
>
> special needs; no one else had that. My case was even more weird than all of them. Even

when I took the other class for kids with special needs. They only had one. But I cannot be picky because my case is very different. I know I would not find a class with single moms with kids with all special needs or more than one because yes, my kids have diagnoses and all three of my kids are totally different than each other. What applies to one doesn't apply to all.

Child Response to Strategy Use. Participants shared how their child reacted to their use of the new strategies at the time of the course. Six of the twelve participants indicated that their child's reaction to the new strategies was overwhelmingly positive. Six of the twelve participants indicated that their child displayed mixed reactions.

Six participants (i.e., Lisa, Rachel, Chandler, Heather, Phoebe, and Laura) indicated that their child had a highly positive reaction to parental use of Group Triple P strategies. For some, positive responses from their child included reports of appreciating the difference in parents' response. Lisa indicated that her children appeared to appreciate the additional time she spent with them during Quality Time. Lisa indicated,

> I think at first, I mean they were only 4. But I think they really liked it. I mean at that age they aren't like "Oh I like that you are so much nicer mommy", but I think they reacted very positively. They seem so appreciative of the time you spend with them.

Rachel indicated that her children displayed excitement for the Behavior Charts and that she felt like they noticed that she was more understanding and respectful in speaking to her children. Rachel indicated,

> Well, he was little, so it was hard to know if he fully knows if he noticed. He couldn't verbalize, but my older two children noticed something. Like my 5- and 6-year-old they noticed. I made a chart and they really liked it. They thought it was awesome and they

were really excited to do it. I think there were a few other strategies I picked up that I

noticed that they noticed. They commented that mom was acting differently. My son

responded well too. I think he saw my understanding of him; it gave respect to him. It

gave a lot of respect to him because your child is not just someone to boss around; they

are a little person with real feelings themselves.

Chandler indicated that he felt that his daughter's positive response to the strategies was because

the strategies became foundational due to her young age. Chandler indicated,

I think we got lucky how my daughter reacted positively to the strategies. We got lucky

because we caught her at a time where she was just becoming more independent, but she

wasn't yet, so we put the foundation in her.

Heather also indicated a positive reaction from her child with use of Behavior Charts. She

indicated that "He got so happy when he could choose activities to do with mommy or daddy."

Phoebe indicated that the use of strategies led to a decrease in lying behaviors and that the

system of earning privileges was helpful. Phoebe shared that "The fear of losing things seemed

to be gone because he knew he will not lose anything, but he still had to work his way up to what

he wanted." Laura shared that her son had a positive response, as there was removal of physical

punishment when she started with the Group Triple P strategies. Laura indicated "He was happy.

He was so happy because he wasn't getting his butt whopped [laughs.]"

Participants (i.e., Jennifer, Victoria, Iris, Ginger, Lindsey, and Melissa) that indicated a

mixed reaction or neutral reaction from their child. Each of these participants reported that their

child changed their behaviors, but that they did not make note or show emotion regarding the

change in parenting. Jennifer indicated that she was hoping for a positive verbal response

recognizing her change in parenting, but was met with more compliance. Jennifer indicated;

Honestly, [the kids' reaction was] like there was not a difference. I was hoping for more like "Wow mom you are so nice!" But they didn't really. I figured if I trusted the process the change would come. They are kids, they still want to do what they want to do. It was more like "If I do this, can I do...?" or "Oh all I have to do is this." I was getting bare minimum efforts and they were not thrilled, but I thanked them for doing the task.

Victoria indicated that similar to Jennifer, her son was not giving verbal feedback regarding parenting changes but that she and him both acknowledged positive changes due to use of the strategies use. Victoria noted,

Um, it wasn't a really big reaction [from my son] I would say. As far as the things I implemented like the house rules and what I learned in the course, I would not take things away because I would call him and wait for him to come before saying anything, whereas in the past I would be like 'Hey, go do this' and he would be like 'I did not hear.' So, he was able to figure out what I wanted more. There was no more "I didn't hear what she said." When I would start calling him over and have him see me and look me in the face before giving instruction, he saw that he wasn't losing his things anymore.

Ginger indicated that her son did not verbally acknowledge the use of new parenting strategies, but that he began speaking to her more and apologizing to her. Ginger indicated,

[My son] reacted because once we had an argument and he came to apologize to me, so I was like oh these do kind of work. Not always, but sometimes.

Iris indicated that her daughter appeared to have difficulty understanding one of the strategies (e.g., Logical Consequences) at the onset of parental use, but overtime she started using her words rather than engaging in tantrums. Iris indicated,

[My daughter] didn't understand the logical consequences at the beginning. She was like "Why are you doing this with me? I rule this house" [laughs]. It took some time and after her first 10 days maybe of implementing the techniques, she started to realize that she cannot have tantrums as she wishes, and she needs to talk about things. She learned to talk instead of letting it burst. We started seeing a difference.

Lindsey indicated that her son was surprised at the change in parenting practices, and he responded well to the change. Lindsey indicated,

[Laughs] Ooh he looked at me like I was crazy! That's the truth [laughs]. But he got used to it. Some of the things he would look at me like "huh, is she serious?!" But now after I shocked him, like there was a few things where he thought he was going to get in trouble. He thought I was going to yell about it. But now I approached him very calmly, like it was an accident or what not. I used to be yelling and screaming. I was like "hey, hey, hey don't do that" and I stopped doing that and it is still so much better.

Melissa indicated that that she observed resistance from her daughter when she changed her parenting strategies. Melissa indicated,

At the beginning I could tell there was resistance from [my daughter]. Especially when my yes meant yes and my no's meant no. She cried and I would still not give in to what she wanted. There was definitely some resistance from her I could tell.

Partner Response to Strategy Use. Eleven participants shared their coparenting partner's response to the use of the new strategies during the time that the participant was taking the course. One participant, Ginger, indicated that she does not have a partner or coparenting figure. Of the eleven participants, seven participants (i.e., Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, and Lindsey) shared positive responses to the new strategies, two participants (i.e.,

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Laura and Phoebe) indicated a neutral response or that their coparent took time to buy-in to the new strategies, and two participants (i.e., Iris and Heather) indicated that the fact that their coparent did not buy-in to use of the strategies leading to different responses to their child's behavior.

Positive coparenting responses reported included an interest or liking the new strategies, finding the strategies helpful, noticed a change, or believing the strategies are effective. Lisa indicated that her husband did not use the strategies, but that he was interested in hearing about them and in watching her use of them. Lisa indicated,

> [My husband] was interested in listening but by the time he was home at 6 and bedtime was at 7:30; I think he wanted to just get through the day. He didn't want to be the disciplinarian or be thrown up on when he gets home. He didn't want to hear all the crud that happened (laughs). I mean he was interested, but he was happy to let me do all the bad guy stuff.

Rachel indicated that her husband was often having to work, but that he expressed approval of the new strategies. She indicated,

> My husband liked it. I really wish that he could be more present. He had to work for the time. He liked it and said it was helpful. We are always looking for help for our child.

Melissa indicated that her and Chandler had a better understanding of each other through the course. She reported that he became more communicative about parenting. Melissa shared,

> We learned to understand our partner and spouse; we have different parenting backgrounds, so we have to just sit down and plan it out, like communicate with my partner. It was so helpful. Like I said my husband grew up with physical punishment and it opened our eyes to a new concept.

Chandler indicated that his wife took the lead on the strategies, and he was able to have the knowledge to back up the use of the strategies; they became a parenting team after attending the course together. Chandler indicated,

> We learned how to…well, I have to give my wife 100% credit because I am normally at work a lot. I am basically following suit with my wife. So, if she says [my daughter] has to do her laundry, I learned to back her up and I don't even question that; if something has already been expressed, we learned the other parent does not go against it. We may not agree with it, but we don't want her to know that. We learned to be a united front.

Jennifer indicated that her husband was supportive of the use of the new strategies and started using some of them as well. Jennifer shared,

> [My Husband] liked the clear instructions. That was the one that really worked for us. He was mainly the one that would rattle off instructions. Like do this, this, this, and this, and I ended up being the one who was like "No, we have to go one thing at a time." So, it was one thing at a time and that was it.

Victoria indicated that she shared the information with her husband. She shared that he noticed when she was using the strategies, but that he was often working. Victoria shared,

> I would come home and explain what I learned in the class [to my partner]. He knows a little bit because he is always working so every once in a while, he was there he would notice things. He didn't say much but when I did certain things, he would look over and be like oh okay. Not much feedback but he would give me that look where I knew he took notice of things.

Lindsey indicated that she shared all of the information from the course with her son's biological mother, as they timeshare. Lindsey indicated that she saw evidence that she was using the strategies during her time with her son as well. Lindsey indicated,

> I tried to tell [his mother], yes, and she was picking up some things too. He has gotten to where he will tell her "If you tell me something nice and sweet then I can hear you better." He will tell her too when she is yelling, "If you talk nice to me, I can hear you." [Laughs] He knows. I tell [his mom] she has to talk nice to him and what to do and tell her what not to do.

> Two participants (i.e., Laura and Phoebe) shared that their coparenting partner was
initially skeptical or took a while to exhibit signs of buy-in to the strategies. Laura indicated that she would share the content from the course with her coparent, and that her coparent was very skeptical when they discussed the strategies. Laura shared that when he observed her using the strategies and saw that they worked with their child, he started having buy-in. Laura indicated,

> Very, like [my coparent] didn't think it would work. Like almost how I was when I started the class. Once he saw it in action, he was a believer.

Phoebe also indicated that while her husband did not attend the course, she would share the information. Initially he was skeptic, but once he observed a change, he started using the same strategies. Phoebe indicated,

> Yeah, [my husband] didn't think it would work. He was like what are you talking about? Like no. So, we would sit and go over it and I would show him my book and go over my notes with him. It took him a little bit to get onboard with me. But overall, after he was onboard, he liked it better too. He sees the same things now that I saw. We don't have to be mad and upset all the time, we can go out and do stuff. It was harder with my husband

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not attending, but we got there eventually [laughs]. His schedule was like six in the

morning to like six in the evening, and it's a twelve-hour days so I don't think he could

have come.

Two participants (i.e., Heather and Iris) indicated that their coparent did not learn the

information, but that they shared the information, and their coparent has not exhibited buy-in as

evidenced by parenting differences among coparents. Heather indicated,

I think between me having the knowledge and using this and my husband not

understanding why we do it the way I learned. It was hard.

Iris indicated that while she has shared the information with her husband, they are still working

towards parenting with the same strategies. Iris indicated,

Well, I went, and I would share with [my husband] the techniques and the information.

Especially about the five seconds of time when giving instruction. It was good to learn

that she needs time to process what we have said. I shared at that moment things that I

discovered, but we are still working.

Barrier to Use of Strategies. Eight of the twelve participants (i.e., Lisa, Rachel, Melissa,

Chandler, Jennifer, Heather, Ginger and Phoebe) shared barriers that impeded on their use of the

strategies they selected in the course, during their time in the course. Four participants (i.e., Iris,

Laura, Victoria, and Lindsey) indicated that they do not recall any barriers associated with their

use of strategies.

One participant, Lisa, indicated that her own anxiety was a barrier to overcome to use the

strategies being taught. She indicated that she was concerned with the quality of her own use and

outcomes of using the taught strategies, but she tried the strategies and had success. Lisa

indicated,

Probably just the fear of was I doing it right? Would it make a difference? It was more inside me. Because in the class things seem so simple, but it was hard at first to know it would make a difference. It was me, my inside anxiety thinking this will never work, or I am not going to be good at this. Then you just try it.

Rachel indicated that keeping the behavior charts up was the only minor barrier she experienced in her use of the strategies. She indicated,

Not too much [got in the way of using the strategies]. I think you take what you need, and you leave the rest until you need it kind of thing. I think the class was positive and helpful, and if there is a barrier you set things aside and do it anyways. Like the chart. There are seasons of life when we may need a behavior chart, but others when we don't need it. A lot of times my charts were falling down honestly. But as long as they are up, the kids will use them. You make the room for what is important in your life.

Melissa and Chandler expressed that they both struggled with being tired at the end of the day to review or be consistent. Melissa indicated,

I think for me it would have been just being so tired. I wish I would have had more time to review because you forget if you don't review. But at home we had everything we need to use them.

Similarly, Chandler reported that he had difficulty with being consistent when he was tired, and on occasion he would reinforce the problem behavior. Chandler indicated,

The hardest part is being exhausted. So sometimes you want to give them anything they want to just be quiet, but you actually then set yourself up for failure because when that happens it's hard to break that again. So having to even do the things when you are tired can be hard. It's all about endurance.

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Jennifer indicated that when her children would protest or have an extinction burst, she had difficulty at times. She handled this barrier by reminding herself that change will produce reaction and that she used an evidence-based strategy. Jennifer indicated,

> [Barriers to using the strategies] Just the pushback from the kids. In the end they still wanted what they wanted, and it wasn't, but it was more for me to have the peace of not getting upset or offending. I was more like "oh yeah they are kids, they are going to be bratty." I feel confident knowing I gave clear instructions, and I did it right so anything that is on them, it takes it off me. They can then make the right decisions.

Heather indicated that she had more difficulty with the strategies when there were conflicting approaches used across caregivers. These conflicting approaches led to inconsistent results from the strategies. Heather indicated,

> It definitely worked more for [my son], but it was so hard to get everyone on the same page. Like my husband or whoever and if it is not consistent throughout the house it just does not going to work.

Ginger indicated that she had difficulty with the strategies at first due to cultural differences. Ginger indicated that she was raised where physical punishment was acceptable, whereas the strategies led her to use a verbal and preventative approach instead. Ginger indicated,

> Some were hard for me because my culture is different. I used to smack first and then apologize or not apologize. Like I am the mom, I apply the rules. I try to not slap but used warnings and rules.

Phoebe indicated that the only barrier she experienced was just changing her habits by rephrasing directions to what she wanted to have her child do rather than what she did not want to have her child do. Phoebe indicated,

> [The barriers to using the strategies were] Just our habits of doing things the other way. I had to correct myself in front of the kids; like if I did something the way we didn't talk about I would repeat right there on the spot. Even now I rephrase everything to the positive, and if I say something to them, I will apologize to them, and things like them.

Four participants indicated that they did not have any barriers to overcome to use the strategies. They cited that they could not recall any barriers. For example, Laura indicated, "It is hard to remember with it being so long ago, but nothing I remember." or they indicated that there were not any, like Lindsey indicated, "Nothing got in the way of those strategies. It was real good." One participant (i.e., Iris) indicated that while there were not any barriers to using the strategies but shared that the program negated most barriers that could impact parenting. Iris indicated,

> I really think the way it was designed and developed; I believe the program is amazing. There have even been times when I have connected with moms from the class on the Facebook group. They thought of everything. There are things that are beyond the program that the program has no control over; things like how moms are raised if the house was abusive. There are things that are deeper like mental health problems that some moms may need help with, or like a single mom with three children that has to manage by herself. There are things really beyond [the scope] of the program, but for me the program itself and the strategies were perfect in every way. I am really amazed by everything they did.

Perceived Importance of the Results. A key factor of Social Validity is the perception that the intervention was effective during the class and is still important for use present day. In the context of family-based interventions, perceived importance means that the intervention resulted in changes in child and/or parent behavior during the intervention, post-intervention results impacted/changed the individual family members or entire family system, and that there is evidence of generalization and maintenance of skills taught during the intervention. Below is a synopsis of the data provided by participants in the areas of child and/or parent behavior changes observed and/or not observed during the course, post-intervention impact to the child, parent or family system, and support and/or lack of support for generalization and maintenance.

Child & Parent Behavior Changes. Participants shared information regarding their experience of child and/or parent behavior changes observed or not observed during their Group Triple P course. All twelve participants indicated that they observed child and/or parent behavior changes during the time they were in the Group Triple P course.

Eight of the twelve participants (i.e., Lisa, Chandler, Melissa, Jennifer, Iris, Ginger, Phoebe, and Heather) indicated that they observed behavioral changes in themselves and their child. Lisa indicated that she and her husband both observed behavioral changes in their son, as he was following the rules. Additionally, Lisa cited that she was feeling more confident, and she was correcting him less and using positive reinforcement instead. Lisa indicated,

> Immediately [we saw behavior change in my son] with the rules. He put them on the
> kitchen table, and it became a little more fun loving with following the rules. Just like
> funny reminders and I was feeling more confident in myself as a parent and working on it
> made me feel better; so, I was able to be better. I learned to try to keep the corrections

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less and use more positive reinforcement. I needed to focus on the big stuff, the safety stuff. I was easily convinced in the class to let the little crap go.

Lisa also attributed this change in his listening behaviors to the fact that her delivery of instruction changed during the class and that her son became more compliant. Lisa attributed his behavior changes to the change in her own behaviors. Lisa changed the timing of instruction, proximity of instructions and increased clarity by using fewer words. Lisa indicated,

He started listening more because he wasn't distracted. When he was distracted when I told him things, he was getting into trouble more because he was really engulfed in what he was doing. Me, taking the time to go over there and make sure he is understanding, I gave clear instructions. Instructions can also be hard for them to understand as well, so I learned how to make them clear. His behavior got much better. That being said, it all starts with the parent because a child can be wilding out crying and stuff, but they really just need someone to understand them.

Chandler and Melissa both indicated that they observed a change in child and parent behaviors in their household. Chandler indicated that his daughter started engaging in independence behaviors and following directions. He indicated that parents provided her with additional time to process and complete instructed tasks. Chandler indicated,

Like I said, I was doing [the class] during a mature stage so she became more independent and started doing stuff on her own. In fact, I remember one day, the first time she put her pants on by herself. She was crying about something when we told her to put on her pants. We went downstairs and I went upstairs, and she put her pants on by herself. She went from crying to putting them on, she even put them on right. Ever since then it's been "I do it self." That was really big. Seeing her come from crying to

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independent. We let her express herself and gave her time to come over; like with dinner we would turn off the TV if she doesn't come. Then she tries again and comes to eat. Melissa indicated that the frequency of tantrum behaviors decreased. In terms of parent behavior change, she started incorporating choices into her instructions rather than telling her "no." Melissa shared,

> [My daughter's behavior] changed so much! She showed less tantrums which is exactly what we were looking for from the class. I started with changing my instructions, like you can jump here or there, and she was happy. Definitely a change.

> Jennifer reported that her children started following one-step directions, and that she believed that they felt less overwhelmed by her directions. She indicated that simple directives increased child compliance,

> I am going to say that they didn't feel overwhelmed from me putting it on them, and I know I was more accepting of them doing just one [step] from what I ask. By changing my expectations, it took away their feelings of overwhelm and they were better.

Jennifer identified that parent behavior changes in herself included a change of expectations, particularly her expectations of how many directions are appropriate. She indicated that she learned to look for setting events when she was observing problem behaviors. Jennifer indicated,

> I think getting more realistic expectations of my son was the biggest thing! I would have not thought about attitude and how behavior changes with them being tired, and hungry, and those are things that were eye openers for me. I could see a behavior and then be like okay, why is this behavior happening? Like they have not eaten yet, or they have not had a nap today or they were up all night. It made it a lot easier to change my expectations when I look at them objectively and see what is happening.

Iris indicated that she too saw a decrease in tantrum behaviors in her child, and that she believed her child's behavior changed because she contacted a different response from her. Iris shared that as a parent she increased time between instructions, started to speak calmly when giving directions, and changed the timing of her instructions. Iris indicated,

> There was less and less tantruming [at home and school]. I saw as the main thing, other than the changes with the techniques, she sees that I am not someone that she can play with one's emotions. She saw me showing "Okay let's talk about it, what can we do? Let's find a way to do what you want with what needs to be done." She saw me more confident, and we would talk more. This has been maintained where we speak and there is no tantrum. I liked that she learned too from the Logical Consequences. I think she appreciates that there is no more "DO IT NOW!" because I give her the time to process it and then do the task. Instead of telling her "Go to the garage now and get your shoes, we are leaving now!" I would now tell her way before we are leaving, I would tell her to get her shoes and let her get dressed herself instead of me getting frustrated and yelling "I just told you to get to the garage and get shoes on!" I realize she needs time to process so I tell her way before the time when we are going.

> Ginger indicated that during the course increased the amount of time spent with her son and their communication frequency. Ginger reported, "We started to communicate way more; we communicate a lot. We spent more time together." The increased quality time and increase in communication led to less arguments and quality interactions.

> Phoebe shared that her child's frequency of lying decreased, and when the lying behaviors did occur, she noticed that the latency between telling the lie and telling the truth decreased. Phoebe attributed this change in child behavior to changes in parent behaviors. She

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indicated that their response to lying changed and instead of punitive responses that impacted her son for a long time (e.g., loss of items for a long duration) or that led to increased conflict (e.g., removal of an experience for the whole family because of the lie), she started giving attention to positive behaviors, like telling the truth. Phoebe indicated,

> It definitely, the lying would happen, but he would lie less often and if he did, he would be more open to being honest about the lie rather than just like…it would be like we already know you lied, he knew he lied but he used to just deny it 100%. But he was more about confessing, coming clean and being like, "It was me." [We] Definitely changed our super strict punishment cycle. The consequence to the lying is what changed, and it has definitely helped change his behavior. It was like, okay you lied; you lied, and we aren't giving as much attention to that as the other good things.

Heather indicated that she saw a change in her child's compliance when sent to time out during the time she was taking the class. Heather shared,

> Nothing I did worked [prior to the class]; yelling, threats to go to time out. Nothing mattered because he is not a kid that will go to time out. You had to literally go and physically drag him to time out at that time. He started getting better with it; he would go there with just verbally telling him to go.

Heather also noted that she perceived that her son was trying to meet expectations once he was earning preferred items; as a parent she learned that her son is more compliant with praise. Heather shared,

> He really enjoyed the positive reinforcement and the rewards. The praise, he loved to be praised. We realized that this kid loves to be praised and he actually tried to do better. I would say that was the biggest thing that came out of it.

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Four of the twelve participants (Rachel, Laura, Victoria and Lindsey) shared that during the course they noticed changes in child behaviors. One participant, Rachel, indicated that her child exhibited behavioral changes related to her son's frequency of communication. Laura indicated that her son's selection of words changed, as he started to speak to his sibling and adults in a socially appropriate manner. Laura shared, "He started being more polite, like right away."

Victoria shared that she noticed that her son started completing tasks without reminders during the time she was in the Group Triple P class. Victoria indicated that she no longer had to provide him with reminders. Victoria shared,

> He would start taking initiative. Things I had to ask him to do he started making sure they got done. Normal house rules we established, like making his bed he started to do without me having to remind him to do it. Those kinds of things were a change.

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Individual & Family Impact. Participants also shared the impact that their course participation has on their child, themselves as the parent, or their whole family system present day. Participants discussed that the course led to use of a new approach post-course participation, changed the climate within the home, improved their parent-child relationship, and changed how

participants viewed their role as a parent. Three participants indicated that the course also led to additional resources that improved their family system.

Seven participants (i.e., Phoebe, Melissa, Chandler, Heather, Ginger, Lindsey and Laura) indicated that their Group Triple P participation impacted their family by giving them a new approach to use post-course participation, to replace the behaviors they came into the course with. Phoebe shared that the course had a large impact on her family, as she learned content that assisted her in addressing behaviors that she was not attending the course to address. Phoebe indicated,

> Overall, [the class] has made a large impact on my family. Even now, I learned things in class that weren't the reason I went there.

Melissa indicated that the course provided new techniques to use in place of yelling or denying child requests. Melissa indicated,

> Well in my case it gave us the new techniques, which before we only had the yelling or saying no. So, in my case it helped us become better parents because now we have the new techniques that we can use. That was very, very helpful in my case.

In particular, Melissa indicated that the course has led her to self-monitor her own communication and behaviors while engaging with her child since the course. Melissa indicated,

> My biggest take away was the way to speak to the child. You know, getting down on the knee, touching her on the shoulder and talking to her. I learned not to rush through everything, like "hey put your shoes on" because the child can't listen that second; things like that, I stop and consider what am I doing wrong.

Chandler also indicated that he gained skills and knowledge that impacted his interactions with his child by using daily routines as teaching moments and making instructions developmentally appropriate. Chandler shared,

> I would say [the biggest take away was] the fact that we went and broadened our knowledge overall related to raising little human beings. My wife reminds me sometimes "remember what the class said about this" so it helped with discipline, spending time, all it. Like if we are reading a book or over dinner, we learned that's when it's time to say the why; why to clean their room. We have to view it from her perspective. The world is new to them. The thing is that now she is developing independence and showing emotions. When she is more independent, she has more emotions to show when she wants something. So that's something we learned at Triple P; when they are smaller, they don't understand.

> Chandler also indicated that these skills replaced strategies that he learned from his own parents. Chandler shared,

> Overall, it broadened our knowledge with techniques to use. We took some things away and added it to things we knew from when we grew up. Our life experiences and the things our parents did that we hated we know we won't do with her, so we will add these techniques in place of those. Plus, we learned things we would not see as parents if we had not taken the class.

Chandler gave an example of a recent time when he was interacting with his mother, and he recognized how her "old school" parenting style impacted his relationship with her negatively. He explained that he no longer subscribes to physical punishment (e.g., spanking) because he

recognizes how it led to a lack of communication with his mother, and he does not want to replicate that with his own daughter. Chandler shared,

> My mother came for Thanksgiving, and she said my daughter has no discipline. I looked at her and said my wife and I made an agreement that she would not work for that reason and that really bothered me that she would say that to me. My mom saying that means what we are doing is a failure. Me working and being the only person at work and my wife being a stay-at-home mom means we failed when my mom says that; but it's like you never know the good news because it never makes the news. Like during this conversation there have been many terrorist attacks that have been stopped by the FBI but never makes the news. Same thing here; my mom never sees my daughter when I tell her no and she doesn't throw a fit. The minute she does see it she thinks that my daughter always does that; but I know how my daughter really is and I am not going to raise her like my mom raised me to not express myself and told me to shut up. So, knowing when to distinguish the behavior and why the kid is doing what she is doing. If she gets mad because she wants a cookie and gets mad, but you don't give in then she didn't win. Whereas my mom suggests to whoop her ass and make her cry more. What does that do? Now when you want her to come talk to you, because there is stuff I won't talk to my mom about to this day, she won't. I am not going to ask for the cookies because I am scared, and I don't want my daughter to be scared to come to me. When I first started the class, I was an advocate for spanking, but now I know other avenues you can develop in place of that.

Similarly, Heather indicated that the course impacted her relationship with her child for the better because she no longer engages in verbal exchanges or physical force to create compliance, but instead recognizes a need to use verbal praise. Heather indicated,

> I would say he still has a hard time paying attention and focusing, but it helped him with going to time out. He doesn't scream as long; he argues and doesn't scream. I never drag him there anymore. I think it was good and makes me realize that we have to be more positive and give praise over the little things.

Ginger also indicated that course taught alternative strategies to slow escalation opportunities with her son, which is counterculture to how she was raised. She shared that it was impactful to her and the relationship with her son because she has learned proactive strategies to use prior to escalation. Ginger indicated,

> In a way [the course just] made me learn to just stop, think and then act. Like I was very much raised in a culture where that was not it. Now I breathe, I take a second and try not to let the Latina come out [laughs]. Just calm down, talk to them and it really works. Now after the class when he argues or something like that, he is able to apologize after. We talk about it, and he realizes when he is out of place or something like that. Use to when he did something wrong, and I would scream at him or argue with him. Depending on what he did wrong. I think I still do but I really try not to. Now I try to show him what he is doing and discuss consequences. I try not to jump immediately to punishing.

Lindsey and Laura shared that the course made a large impact because they each learned alternative strategies to replace spanking their sons. Lindsey shared,

> The course taught me the things and how to behave and use alternatives to what I was doing. I learned that I could catch a lot more flies with honey than with vinegar. Which I

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knew! But it is easier when you take the time and try to learn something different. For my

son, there is a different way. You have to be taught, put it into practice and see the result.

It is not going to happen overnight [laughs] but eventually they get it.

Laura indicated that the alternative strategies were highly effective for her son and her family.
She shared,

I mean [this impacted my family] a thousand percent; if I could choose five thousand

percent I would. I mean this was an amazing class. If you put in play what they tell and

teach, it definitely works.

Eight participants indicated that their Group Triple P course impacted their family

because their new skills changed the climate within the home and improved relationships within

the family system. Lisa shared that her family became closer and started sharing responsibilities,

which led to quality time even during mundane tasks. Lisa indicated,

Doing chores as a family is way better than mom doing them all and feeling angry all the

time that everyone else is off playing, but I am stuck cleaning the kitchen. It is much

more fun to have everyone drying dishes, wiping the table as we sing or play together. I

learned how to not be doing everything; get everyone involved and help out.

Victoria shared that the class impacted her family because there have been improvements

between siblings' relationship, and she has seen her son become a role model as big brother since

the course. She also shared that her son was impacted by the strategies use because he is more

responsible and independent. Victoria indicated,

He is taking the initiative a lot. He is the big brother and tends to show him how to act

right. I really appreciate him going the extra mile and being responsible and teaching the

little one that there are certain things we have to do because he is not old enough really to

understand; but to see everyone following certain guidelines makes him want to do it too. Like he will see me sweep, sees his brother pick things up and he will come up and want to help.

Laura also indicated improvement in sibling relationships since the course. Laura indicated that while they have conflict, the topography of their fighting has changed for the better. Laura indicates,

They are brother and sister so they still fight; that will never change. But it's not as harsh as it used to be, like malicious fighting.

Rachel indicated that after attending the course and targeting communication to increase compliance and decrease tantrums and sibling arguments, she is seeing her son continue to improve with his skills development. She shared that he is also getting along better with siblings and making developmental growth. Rachel shared,

Just working on social skills now, but many come from just being with the family. He is getting along with his sister; he is improving nicely. I am really proud of him. He is engaging in imaginative play. He really grew up this last year. He is interested in books; his attention span is now where he will sit down. It's amazing to see how much he has grown. There was a point in life where he didn't like books. He refused to sit and listen to books. Now I read him stories, he is writing. He didn't want to write. It has been a 180 and I am so happy it has turned. It really did impact my family. It impacted it a lot.

Rachel also indicated that the strategies of Clear, Calm Instructions and Quality Time improved her relationship with her son. She also has been increasing her use of affection with her son since the course. Rachel shared,

The clear instructions impacted us all the most; the one thing I keep repeating [laughs]. For every discipline I try to make sure it is met with love as well. If I keep correcting my son throughout the day and make sure he is doing the right things, I try to balance it out. Just being a positive parent.

Iris indicated that the largest impact on her family post-participation is that her family communicates more and that her household is calmer. In particular, the tantrum behaviors have significantly decreased since the course, both at home and at school. Iris indicated that the strategies from the course have taught her child that tantrums do not allow her to access what she would like, which has decreased parental stress which led to an overall calmer household climate since the course. Iris shared,

They do not get her what she wants and do not get us stressed. She understood that and I think when you treat children the proper way, they show you their intelligence and start going up a level with them. There is conversation instead of emotion and tantrums and stress and screams; this messy place no longer exists. After the training it is more [about] me trying to figure out what triggered that and to just relax, to breathe and to talk about it instead of yelling. The big impact is a calmer house, there is more conversation. We talk now, we scream less. We treat each other more as equals and respect. Of course, there can be flaws, but overall, it is a calmer household. We talk much more instead of having a messy, yelling monsters in the house.

Ginger indicated that she and her son have become much closer since her participation in the course. She indicated that verbal disagreements do not occur anymore since her course participation. Ginger indicated,

[Before the class] It would be like fighting or something. He doesn't do that anymore; he is very good now. We spend more time together. Like my 14-year-old is way clingy and he doesn't leave my side. He knows and he is happy with it.

Phoebe also indicated that there is less discord in her home since her course participation. She indicated that she and her son communicate openly and more frequently, resulting in a more collaborative and calm interaction style. Phoebe indicated,

The lying is still so different now…now he is more about confessing, coming clean and being like "it was me." I definitely saw changes. He is more open now where before he would just keep to himself, but now he will talk to us more. He will discuss his friends, what he likes, and we make an effort to listen and engage in conversation; not just with my oldest, but all the kids. Sometimes he will still lie but like it's normal for kids to do sometimes and now he comes clean more often. It's not the same as it was before. Like school stuff; he doesn't lie about that anymore, he will just say "I didn't do it" but before it would be "No I did it, I turned it in I don't know why I have a zero." Now it's where he will just tell me, and we just discuss the catch-up work. I am more in his court now and I am not on him about getting his stuff done. It is more like his choice and his choices and actions will have consequences; just consequences from the choices he makes. We just talk about it and then he just has work to do to catch up. He is definitely learning the hard way, but he is not lying about the things he chooses to do or not do.

Lindsey also shared that she and her son have an improved relationship; that her son talks to her about how he feels about stressors in his life and expresses that they are on the same team. Lindsey shared,

We sure have a great relationship now. He is such a good kid. I wish the people that knew

him when he was throwing fits could see him now. He was not a bad little boy; I think he

was just feeling unwanted. His mama and daddy were telling me the other day about

because she is on house arrest, and she didn't get to spend time with him on Christmas.

He was telling me that he was upset with her and his dad having nothing to do with him,

he is upset with him. He told me it's just me and you grandma, and I said yeah baby it is

you and me.

Chandler indicated that in addition to improvement in his parent-child relationship, the

joint participation of both caregivers led to greater consistency within their home. Chandler

indicated,

The consistency between caregivers really changed things. Even if my wife says no and

my daughter runs to me, she will say Daddy, Daddy and I ask, "What did mommy say?"

So, she will then listen to me when I say it. She doesn't have any avenue of "Daddy said I

don't have to." She doesn't know it, but secretly I will get her anything she wants (laugh)

but I am not revealing that to her. I will make sure she works for stuff.

Four participants indicated that their participation impacted how they perceive

"parenting" and their child's behavior. Lisa indicated that she learned to "pick [her] battles" and

that asking for help is okay for a parent to do. Lisa indicated that she learned to use less

reactivity in the moment, but to use a strategy instead of verbal correction. Lisa indicated,

For sure our goals for his behaviors were achieved, but we learned that it is okay to step

back. If someone is driving you crazy, reacting right then isn't really that important.

Except if it is a safety thing; let some of that go. Not forever, but for now until things are

not heightened.

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Lisa indicated that she was personally impacted by taking the course because she learned that parenting is a skill, and that asking for help is acceptable. She indicated,

> I learned that asking for more help is okay and telling your story is okay. People can't help if you don't ask for help. We talked about it in the class too. Even asking your husband for help, setting expectations way in advance. Other people also noticed I had a lot of confidence in what I was doing. Other pre-K moms, I was volunteering in the classroom, and they noticed it too. They saw the change in our dynamics. I was joking with my husband that they should do it at his work with all the young people, and do a long lunch. Everyone can use these skills unless your parents were perfect you aren't learning this. The way we do things changes; my mom was good, my dad not so much; but now I feel so okay with asking for help. I think everyone should be required to take the class. Seriously. If you get any services from anybody, you should have to take this class. I think that it is not always readily available to most, like it would be wonderful if at the elementary it was offered. You drop your kids off and it's a weekly class. Something to make it easy to go.

Melissa indicated that she too learned that parenting is a skill that can be learned, rather than a static trait. She also realized that child behavior concerns and parenting difficulties transcend relationship status and family dynamics. Melissa indicated,

> Also, I really learned that married couples, single moms, and a couple for custody issues have the same things happening; it made me realize that parenting is something you keep learning as you go. At least for me that was it; you can always learn.

> Jennifer and Victoria both indicated that the class led to a change of mindset in regard to expectations for themselves and their children. Jennifer shared that she attributed the change in

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her son's behavior to the change in her own expectations for him. Jennifer shared, "The disrespect has gone down a lot, but it had to do with me changing my mindset and perspective of things; what is right for his age and all." Victoria shared that she felt the course made a big impact on her family, as she cultivated a growth mindset and started modeling the behaviors, she wanted to see her children perform. Victoria shared,

> I would say [the impact of this class on my family was] like an 8/10. It made me just reanalyze what I was saying as far as, like even in the class I remember one of the parents was saying "I always told me daughter clean up and she never wants to clean up" and I remember learning in the course that I have to lead by example. So, things I want him to do, like clean up and I am leaving my room never made up; how can I expect that of him? Children may not say it all the time, but they are always looking and observing. If my bed is never straightened up and I expect that of him he is going to think hey what is going on? So, I feel like the class brought me to the reality that we are their first teacher, and we have to do what we want them to do because they are looking and observing every action we are taking. We have to be mindful about what we are doing around them if we want to get the outcome, we want from them. If you aren't cleaning up, why should they? If you don't take the shoes off at the door, why should they? I loved it. You always learn something else. The biggest reason I wanted to take the course was because as long as you have the growth mindset you will always learn something.

Lisa indicated the course changed her beliefs about her own role as a parent. Lisa shared that in the class she learned that sharing and speaking out without judgement was acceptable as a parent. Post-Group Triple P she started advocating for her son in the school setting and advocating for the use of a positive, proactive parenting approach with extended family. Lisa

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indicated that prior to the class she was uncomfortable sharing, asking for help or standing up to extended family that would make judgement-based directives regarding her son's behavior. Lisa shared,

> The class helped me to be more proactive and involved in his education. Even talking to his teachers up front and speaking to them about his diagnosis; getting the 504 plan. They are working hard to make sure he gets the right teacher. He has a male teacher this year who has ADHD and has been on meds for many years. On the third day he told us I've got [son's name], I know [son's name], I am [son's name]. He knows that my son cannot help it and I have learned to be comfortable speaking out. I have taken the time to work on myself and my parenting skills. I feel confident that I am doing the best I can, so I feel okay asking for help or telling them that I am here to be their partner with helping [my son]. Even with my own family, telling them we don't believe in spanking, it's not what we learned in class; it is not what me and my husband are going to do. I tell them we are working on this; they are going to have to give us some grace. We can't be happy with ourselves doing what they expect us to do with [my son]. Being to the classes I feel like I can say that to my mom; whereas I didn't feel like I could say that to my mom. I wasn't confident I was doing the right thing. Having people start the path for you, you can pick it up and keep running with it. But having the support helps me help him.

Four participants shared that the course was a large impact to themselves and their family because the course led to additional resources that they used post-participation. Rachel indicated that she shared information about her sons' developmental concerns and that the parents in the group shared information to assist her son. Rachel used the resource of Child Find post participation and was able to get her son enrolled in early intervention services. Rachel shared,

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"It was helpful too hearing other parents talk about Child Find. That's how I got my son into it and where he is today."

Three of four participants indicated that the agency resources that were offered made a large impact on their family system. Iris indicated that the meetings and supports provided post-participation impacted her as a parent. Iris indicated,

I am impressed and thankful for the support, the structure, the team, the financial counselor, the case manager; I am a different mom after the program. I am thankful for all the efforts of all the people that made this program a reality and who work every day to make it available for free. This was really very helpful.

Similarly, Lindsey indicated that the case management offered with the course really changed her finances and assisted her in being able to provide for her son. Lindsey shared,

One lady, [Case Manager's Name], helped me out with getting my food stamps started which helped me out so we are not starving to death, so we get more than $15.00 a month. We had to live on my little check, but she helped me out because they raised it from $15.00 to $180 now. It was so good. Everybody was good. They were really good. They even brought me to a class to show us how to budget too, which was really good too. I was very happy with all it.

Victoria indicated that she too was very pleased and impacted by the additional course offerings that were provided by the agency post-Group Triple P participation. She stated that she is excited to take additional Triple P or child rearing courses in the future with the same agency. Victoria indicated,

I really enjoyed the class and the additional classes that were offered to me. When my baby gets ready, I will be taking a potty-training course.

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Generalization. Participants provided data indicating generalization of skills acquired during their Group Triple P course, used post-participation. Nine of the twelve participants indicated that they generalized skills they developed across settings, across children or across behaviors.

Generalization across settings may be indicated when participants indicate use of skills in a novel setting that was not part of their initial plan for problem behavior treatment. Rachel shared that she uses strategies she learned in the Group Triple P course to address behaviors exhibited outside (e.g., walks, park). She shared,

> I just give very clear boundaries and expectations. Like outside, he knows if he runs his bike into people that is the end and then we go in the house because it is not socially acceptable. That's a real struggle of his. Then it is all about consistency. Not giving demands I cannot follow through with; like if I say I am taking the bike for some time I really have to take the bike away for some time and he can then show me how to do it again properly. Parenting is really about consistency.

It is of note that only one participant (Rachel) indicated that they generalized the use of their skills across settings, but two participants indicated that their children exhibited their replacement behaviors taught across settings. Iris and Lindsey both indicated that their children started engaging in the desired replacement behaviors at home and at school settings. Iris indicated that her daughter began verbally expressing her frustration at home and school, rather than tantrum behaviors. Iris shared,

> I was right here at the same time because she started school two months before the pandemic, and she was with groups, and I saw her understanding that to get what she wants she must behave and use her words. So, it helped school as well. I saw a beautiful

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change in her and making little friends. Between Triple P and the school working with

her, we have taught her to manage her behavior.

Lindsey also indicated that her son's aggressive and tantrum behaviors decreased significantly at

home and at school post-Group Triple P intervention. Instead of exhibiting problem behaviors,

her son would listen, transition with ease and use his words at home and school settings. Lindsey

shared,

> Now he hasn't had but one small episode last year. I only had to go to the schoolhouse
>
> just once. Before it was every day and every week. This year with the e-learning and
>
> before that started, he was doing so good. He did so good, and he even got the principal
>
> honor roll. All that behavior is gone and don't see that anymore. Sometimes he gets a
>
> little upset, but he's outgrown all that meltdown areas. He listens a lot better. He
>
> [transitions] very good. He comes out and asks me when things happen, and he knows he
>
> has to go from one thing to another. He expects it. He's learning and he doesn't do any of
>
> that fits anymore. He knows he does this, then that. He doesn't pitch a fit because he
>
> knows he can always play. His teacher works with him, and he learned about priorities;
>
> like first thing is schoolwork or homework and then you play. I heard his teacher was
>
> telling him that the other day and now he understands that. He will tell the other kids
>
> "Grandma don't they know they have to do math?" when they be eating.

Generalization across children may be indicated when skills acquired in the Group Triple

P course are used with children other than the target child selected for treatment in the course.

Four participants (i.e., Iris, Phoebe, Rachel, and Victoria) shared that they use the skills acquired

in their Group Triple P course to address behavioral concerns exhibited across their children. Iris

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shared that since the course she has started using the strategies with her youngest child. Iris indicates,

> It really helps me even with my youngest son now. I feel so confident, and I feel like I know the proper way which is comforting.

Phoebe shared that she uses relationship-building and management strategies with all her children. Phoebe shared, "We use spending time and conversation not just with my oldest, but all the kids." Phoebe shared that she uses management strategies to address tantrum behaviors with her toddler now as well. Phoebe indicates,

> Some things I am using for my toddler which has been so great. When I went, she was so little, now she is a toddler full on personality [laughs], demanding. So, a lot of those things I learned there with other issues the other moms were having I am taking those strategies and using them now for my youngest, like when she throws tantrums or just like is being unreasonable [laughs]. They told us to deflect that behavior because when it is like that, they want your attention. So now I have taught her; like she knows that those behaviors get her none, not any attention and she stops right away. It's amazing. She knows to use her words and she knows screaming will not get her anywhere. She understands so much in Spanish and her English is really coming out, but she is using sign language. She used to refuse to use any words and now she is learning to use her words and communicate better to get what she wants.

Rachel stated that she will use the strategies with her daughter now; not just to address behaviors exhibited by her son. She shared that the strategies are helpful to use as she ages, and that she will also provide indirect coaching to her neighbors by sharing the Triple P strategies with them. Rachel indicates,

We got some effective strategies to use as she grows. She pushes buttons; the neighbor has a daughter a little older [than my daughter] and she will follow everything she says and does. Whenever she does something wrong, my daughter will follow and do it too. The neighbor said he feels bad that it happens, but I said no it's a good thing because she will learn what leadership is; we talk to him and his wife about parenting and Triple P.

Victoria also shared that she is using the Triple P strategies to address problem behaviors exhibited by her toddler. Victoria shared,

Even though right now, my baby has gotten to be two, and he's like "umm, I am not taking my shoes off at the door!" [laughs.] So, we have to try to re-implement [ground rules] with him, but he is still little and runs around like "Nooo, I am not taking these shoes off!" It is the cutest thing [laughs.]

Similar to Rachel, Victoria will often share the Triple P strategies with her friends to assist them in addressing their child's problem behaviors or developmental skill acquisition. Victoria shares,

I always think about the course in case something else happens or if a friend is going through something I can give advice. Like for example, my friend's daughter is getting potty trained, and I told her that she needs to write down the times and see when she does that so you can change it. Then think about when you need to put her on the potty until waiting for her to change; we have to be consistent as parents. I taught my friend how to write the times and events of when behaviors are happening, and what triggered it. So, the course gave me resources to share with family and friends too.

Generalization across behaviors may be indicated when a participant indicates use of skills with a problem behavior other than the initial target behavior selected in the course. Generalization of skills use across behaviors was reported by four participants. Heather indicated

parent generalization of skills across behaviors, as she now uses verbal praise during homework time after school. Heather shared,

> I think mostly during his homework. Praising him during homework before criticism because sometimes he will get really upset with criticism with homework or if he doesn't do something quite right. If I praise him, I try to do three praise statements and give one criticism, like you need to make this a little bigger or whatever.

Since the course, Chandler shared that he has generalized the use of identifying the function of problem behaviors across behaviors, rather than engaging with his child to stop the behavior. Chandler shared, "I stopped just looking at the behavior and looked at the cause of it; but I want to know why she is acting like that." Iris indicated that she will now identify the antecedents and function of the behaviors when they occur in novel situations so that she can identify how to prevent escalation in the future. Iris indicated,

> [Tantrum behaviors,] These do not really maintain. On occasion she will but I try to identify the triggers and then change those.

> One participant, Lisa, indicated that she learned how to ask for help and support during the Group Triple P course and that she generalized that skill recently when her mother passed away. Lisa indicated,

> My mom passed recently, and I took classes at Hospice for grief, and this is the class really showed me how okay it is to ask for help. I am not afraid to try a class where I don't know anyone.

> Two participants indicated that they had difficulty generalizing the skills. Iris indicated that she has had most difficulty using the skills in public when novel behaviors occur unexpectedly. Iris shared,

The program is amazing, and we try to implement 60% of the time but there are flaws of course; hormones or the pressure of being seen but I feel more confident in all places after that to the point where I don't need to spank. I still need to work on things like when listening outside. When you are outside you don't have the authority so getting her off the playground can be hard, even telling her 5-minutes, 2-minutes and then give her instructions. She will sometimes say "No I am not going" [laughs]. There was a child that played with her for like 20-minutes and she liked him, and his mom was taking him to go home. The mom was going to lead the child by the hand and my daughter started pulling him from the legs and tried to following him to the parking lot. I was like "what are you doing?!" Now I know she just wants to play, but she tells him "You do not need to go." It was funny but these things happen and sometimes it is hard to know what to do outside of home.

Ginger shared that she has difficulty generalizing Clear, Calm Instructions across children, as her youngest son is diagnosed with Autism Spectrum Disorder and is having challenges with communication. Thus, when Ginger gives an instruction to him, and she does not understand his response she has difficulty preventing escalation to speaking louder when she repeats the instruction. Ginger indicated,

The reaction: holding myself to stop, think before reacting. Giving them the chance to communicate how they are feeling. It is hard sometimes because of his condition that he has a hard time expressing himself. My 5-year-old is so non-verbal that he has a hard time communicating. When he breaks down, we all go into freak out mode because we don't know why he is upset.

Maintenance. Participants shared information regarding the skills that they continue to use post-participation of Group Triple P, present day.

Three participants (i.e., Victoria, Laura and Iris) endorsed general maintenance of all of the strategies that they practiced during the course. Victoria shared that she used the strategies and now post-course participation, she has been able to maintain consistency. Victoria shared, "I feel like at the time we implemented strategies and it improved and we have just maintained it. Everything is staying good now." Similarly, Laura shared that she and her coparent continue to use the strategies she learned in the course and that they are just maintaining the change in behaviors. Laura shared, "My coparent partner still uses the strategies we reviewed. His behaviors been good since the course so just keeping up with it." Iris indicated, "All the techniques throughout the program, I try to implement them every day."

One participant, Chandler, indicated that he "still uses looking for the why behind the behavior," indicating that he continues to examine how the problem behavior is functionally serving the child, which allows for teaching a more socially appropriate manner of getting needs met.

Five participants (i.e., Iris, Lindsey, Rachel, Lisa, Chandler and Ginger) shared that they try to deter from falling into the parenting trap of escalating when communicating with their children. Iris states that she maintains calm by pausing before escalating and reminding herself that the strategies are her ally in parenting. Iris indicated,

> Once I calm myself down and think, it is hard in the everyday, but you have to train
> yourself in the everyday. The moment I saw the strategies as my ally in my everyday
> dealing with behavior I saw the change in me because I take a step back and thing about

things to make sure I am doing the right thing. If I can do that, I never need the logical

consequences. If I use the prevention, then I don't need to go to the time out.

Lindsey shared that she also stays aware of the escalation trap of yelling and tries daily to

communicate calmly. Lindsey shared, "Sometimes I do yell, but 9 out of 10 days I yell maybe

once." Rachel shared that when problem behaviors occur, she will mentally remind herself to go

into the situation in a "Triple P mindset." Rachel shared; "So, making sure I am calm and have

my head in the class; step back and remind myself there is no situation that the child does that

needs to get me worked up." Lisa and Chandler also shared that they are still abstaining from

delivering emotional messages when engaging with their children. Lisa shared, "We still aren't

screaming in the house" and Chandler shared, "Remembering, just staying calm." Ginger shared

that she continues to attempt to speak calmly with her son, rather than escalating the situation

and going straight to management strategies. Ginger shared,

> I think I still do [yell] but I really try not to. Now I try to show him what he is doing and
>
> discuss consequences. I try not to jump immediately to punishing.

Three participants (i.e., Iris, Ginger, and Rachel) indicated that that they use strategies to

strengthen parent-child relationships. Three participants (i.e., Iris, Ginger and Rachel) shared that

they maintained use of Quality Time present day. In terms of maintained use of Quality Time,

Iris shared, "It is in everyday stuff, everyday dealings [I use the strategies]. It helps her with

listening when I spend time to let her express herself." Ginger indicated that she is using Quality

Time and Talking with Your Child with each of her children and that she has expressed interest

in her son's area of interests. Ginger shared,

I would say we are much closer now too. I do use spending time with all of them, listening to them. I put my phone away. I know too much now about Anime than my own comfort [laughs].

Rachel shared she uses the strategy of Quality Time and Showing Affection post-course participation to develop and strengthen her relationship with her son. Rachel shared, "I also make sure I am giving a lot of hugs and encouragement. Also spending quality time with him." Lindsey shared the use of Talking with Your Child to show her son that "he's important, what he says matter to me." Phoebe indicated that she is using Talking with Your Child as well, not just with her target child but all of her children.

Strategies for encouraging desirable behaviors were shared by three participants, Lisa, Iris and Heather. Both, Lisa and Iris indicated that they use the strategy of Having Interesting Activities to prevent problem behaviors. Lisa explained that the safety concerns, such as jumping behaviors, targeted in the course are still occurring monthly and so she continues to use Having Interesting Activities. Lisa indicated,

> For Christmas he is getting a trampoline (laughs). We work harder on keeping bikes, and mindful of being outside and doing things which improves his behavior. If we are doing things and staying busy, he is not in trouble.

Iris shared that during the Pandemic she is home with her children, so as a means of her children having negative emotions or problem behaviors, she will provide many activities for them to engage in throughout the day. Iris shared,

> So, I try to make the house like a small daycare with all kinds of toys [laughs] to keep her attention and keep the kids busy. The kids do not understand the pandemic and we don't want them to be in the "give up mood" and think that because of the virus think they

cannot play with other children. They are children so they need to be creative, connect with others and play.

Heather indicated that she is currently using Praise to increase compliance with her son. She shared, "Like, "You sat there for 15-minutes, thank you and good job sitting there for 15-minutes" at dinner."

Five participants (i.e., Victoria, Melissa, Iris, Heather and Lindsey) indicated that they still using developmental strategies for teaching skills and behaviors, such as Set a Good Example and Behavior Charts with visuals. Victoria reported use of Set a Good Example present day, as she will be mindful of what type of work-based and task completion behaviors she wants to see, and she will model those same behaviors in her home. Melissa indicated that she is using visuals to prevent escalation behaviors by informing her child of what is coming next (e.g., school day verses home day). She is using behavior charts to reinforce when her daughter follows instructions or uses her words. Melissa shared,

> We are also trying to use the behavior charts again too and pictures to show what is coming. I keep talking to her at eye level and I use the chart to decrease anxiety about teachers.

Iris shared that she too is using verbal and visual reminders of their daily schedule and she uses a behavior chart to teach following instructions and routines. Iris shared, "We use the rewards techniques, telling her and the chart." Lindsey also shared use of a behavior chart present day. Heather shared that she is using a jar with tokens for participation during homework time. Heather shared, "Like right now we are doing a jar with tokens. Like yesterday he was so happy he got to choose what he wanted to do with mommy or daddy."

Five participants (i.e., Lisa, Heather, Melissa, Rachel, Laura and Iris) indicated that they use management strategies to address problem behaviors present day. Lisa shared that she uses the strategy of Set Ground Rules present day to engage her children in the household and deter problem behaviors. Lisa indicated that she is using ground rules with developmentally appropriate responsibilities. Lisa shared, "We update the rules, give allowances, being required to help out and make them feel useful; all things we learn in the class." Heather indicated that she is using Set Ground Rules present day to deter problem behaviors during dinner. Heather shared,

> I think it helped giving the strategies ahead of time, like these are the rules for mealtimes and these are the rules for the house and if you break these rules then we are going to have leave, or you go to your room.

> Two participants, Melissa and Phoebe, indicated use of Planned Ignoring present day. Phoebe shared that she uses Planned Ignoring to "only give attention to the truths" rather than lying behaviors. Melissa indicated that she uses the strategy of Planned Ignoring and Clear, Calm Instructions to increase the likelihood of her daughter being compliant with instructions. When her daughter escalates, she labels the behavior and uses Planned Ignoring. Melissa shared,

> I still use what I learned; look her in the eye and tell her what I want, get on her level. We can't just say "calm down" and then they calm down. The child has to learn how to calm down with your help. I am not going to lie it is very, very, very difficult when she is crying and my head hurts. I try to label how she is angry, tell her Mommy is here and that we have to wait for her to calm down. It has been working, but I think I have learned to deal with the tantrums on some level.

Jennifer shared that she uses Clear, Calm Instruction and providing choices since earning his preferred reinforcers for desirable behaviors due to the pandemic. She indicated that she is involving her children in planning for task completion, rather than her assigning chores to her children.

[New behaviors] I've used the strategies on have been helping, like just around the house. We need to keep it clean; you know. We couldn't give the reward of going outside or leaving the house so there wasn't a way to do that; it kind of ended up being more like "we really need to work together as a family and this is what we are doing, this is how we are doing it, what job would you like to do?" I have started asking them "how do you feel you can contribute?" so I am not forcing them to do a job that they feel they cannot do. Like this is what needs to be done and how do you feel that you can lend a hand?

Two participants, Rachel and Iris, shared the use of Logical Consequences present day. Rachel shared that she tries to encourage listening with the use of Clear Calm Instruction. Rachel shared, "Like I use it by getting his attention, slowing down and not talking so fast, making sure he really understands me." Even when situations occur when listening does not occur, she uses the skill of Logical Consequences from the course to calmly address the situation. Rachel shared,

I say no cookies after dinner, and if you are not watching, 30-min later you may see someone getting a cookie. I need to calm and take some deep breathes and say you ate the cookies now, so you don't get them later. Then move the cookies to a better spot.

Iris indicates that she uses Logical Consequences, Quiet Time and Time Out present day, but only as a backup consequence as instructed in the Group Triple P course. Iris indicated, "I use logical consequences, quiet time and time out when I have to, but we only do it when we have to

like maybe only once a week." Laura shared that she will now use Quiet Time or Time Out instead of physical punishment present day, but that it is "a rare time when it is needed."

One participant, Melissa, indicated that she uses the Start and Stop Routine when giving instructions as to provide her child with time to process instructions and increase the probability of compliance. She shared, "I use Start Routine, where you tell the child to bring you this, repeat yourself, and then tell them again "bring me this."

Two participants (i.e., Lisa and Iris) shared that they still use Planned Activity Routines for planning ahead. Lisa shared that she will still use the Planned Activity Routine when headed into high-risk situations. Lisa shared,

> To this day I do that [Planning Ahead Routine]. I still bring activities, food, books, mazes, letters, a whole bag of goodies; you name it. I think basic practical skills; don't give them your phone at the restaurant and they don't expect it from day one. I do everything in advance now. If we are going to brunch the next day, I would prep waters, fruit, clothes picked out. I load the stroller the night before, not 5-minutes before leaving. We know how to make the outings less stressful and more enjoyable as a family, it just works for us; even now when we go anywhere. It makes it super easier now. No more yelling "Get in the car we are late!"

Iris shared that she uses Planned Activity Routines present day to bring her children on social outings during the Pandemic, as she shared that her children need more supervision to social distance thus increasing parental stress levels during outings. Iris shared,

> The pandemic came, and we would right away take them for a walk in the house or in the community or go somewhere in the car. Again, when I use the plan, I try to limit the travel because if they don't have at least 3 times playground in the week they will get

frustrated and start kicking each other and things. The planning ahead too helps to keep us doing things without issue.

Three participants (i.e., Chandler, Heather, and Ginger) indicated that they have had difficulty with maintenance of strategies at times. Participants shared barriers to maintenance included parental exhaustion, lack of parental consistency, and maintaining emotional regulation.

Chandler shared that at times it is still difficult to maintain consistent use of strategies and routines due to parental exhaustion. Chandler shared,

But she wakes up, starts doing [her routine] and its natural to her now, its muscle memory. We do lose [the consistency of her routine] sometimes because we get tired as parents, and we don't do it. It only takes about 2 days for that to come off track then we have to get back on track.

Heather indicated that parental consistency is a challenge without the accountability and reminders from the class. Heather shared,

But like with listening…he actually did listen there for a little while. Then it fell off because the parenting fell off. Not being in a class now, I have forgotten some of it and I don't use it as much. You forget to be positive and to reward and to praise him for things with consistency.

Ginger shared that while she is trying to prevent escalation traps, emotional regulation is hard at times to maintain as a parent. She shared that while she knows the impact of emotional messages, she has difficulty consistently deterring use of them. Ginger shared, "There were things in the class that said don't scream at them, don't yell at him and I cannot help it sometimes."

Question 2: How do parents describe the appropriateness of strategies discussed during the Group Triple P intervention regarding the needs of their family system?

Each participant described the appropriateness of strategies obtained from the Group Triple P intervention. Participants shared the strategies that they attempted during their course participation, as well as the response to said strategies from their partner, their child and their own experience with the strategies. Additionally, participants discussed barriers that impeded on their use of the Group Triple P strategies. Below is a synopsis of each strategy participants endorsed, barriers to use, and participant, child, and partner response.

Strategies Used. Relationship-based strategies in the Group Triple P course are strategies that are aimed at increasing the frequency and quality of parent-child interactions. Within this group of strategies, two participants (Lisa and Chandler) endorsed using the strategy of Quality Time. Both participants shared that they utilized this strategy by engaging in preferred child-directed play activities. Lisa shared that instead of completing household tasks she briefly stopped her tasks and engaged in activities her son preferred, such as playing Legos. Lisa noted that this led to greater compliance, as her son "wanted to please [her] after playing with him." Thus, Lisa shared that she was met with increased compliance once she gave instructions (e.g., "Time to clean up"). Chandler shared that he used Quality Time to spend one-on-one time with his daughter. He shared that these playtimes afforded him with opportunity to "show her [he] is interested in what matters to her."

Strategies for Encouraging Desirable Behaviors were endorsed by four participants (i.e., Chandler, Jennifer, Heather, and Melissa) in the sample. Three participants (i.e., Chandler, Jennifer and Heather) shared that they used Praise during their time in the Group Triple P course. Jennifer shared that she praised her son "for every little thing," which led to an increase in

compliance behaviors. Chandler shared that he would follow each instruction with Praise, which led to his daughter attempting to help or do things unprompted. Melissa shared use of Interesting Activities with her daughter during the course. She used this strategy to ward off predictable problem behaviors (e.g., climbing the stairs) by having toys or activities that she could help with available. Melissa shared that "if she is busy, she is not into things she should not be into." All three participants indicated success with these prevention-based strategies during their course.

Skills for Teaching New Skills & Behaviors that were described by participants included only Behavior Charts during the course. Five participants (i.e., Heather, Iris, Phoebe, Lindsey and Laura) attempted the use of Behavior Charts to address their selected problem behaviors during their time in the Group Triple P course. Four (i.e., Iris, Phoebe, Lindsey and Laura) of the five participants that attempted the strategy of Behavior Charts indicated success, with one participant (i.e., Heather) sharing that the strategy yielded only temporary results. Heather shared that she had significant difficulty keeping her son engaged in earning the selected reinforcer, as "he would want something other than what he picked at the start." She reported that his engagement in the Behavior Chart would "last for only like two weeks and he is over it." Heather felt that he was getting "use to the Behavior Chart" and then "he was done trying for it."

Each of the four participants that reported success with their use of Behavior Charts shared that they customized it to the needs of their child and to the goals of their family. Iris shared that her daughter worked for stickers and earned one each time she followed a direction. The sticker and the celebrating reportedly reinforced the behavior, leading to an increase of following directions. Iris shared that she felt "the reward chart with stickers was so good." Phoebe shared that she used a physical Behavior Chart to increase accountability and truth telling related to chore completion with her son. She shared that "the chart was like a reminder for him,

it kept him on-track" and that once the list was complete, he was able to earn a preferred activity for himself or the family to do together. Phoebe specifically spoke about how earning privileges rather than losing them "seemed to incentivize him to do the work instead of getting in trouble for the lie." Lindsey shared that she used a Behavior Chart that reinforced the absence of aggressive behaviors and punished meltdowns at home or school. She said that "he knew all about it and the contract was just like the Santa Clause thing," as "he knows if you do this, then that will happen." Through use of Behavior Charts, Lindsey shared that she was able to make consequences more concrete (e.g., "lose x-box") which led to successfully extinguishing all meltdowns and aggressive behaviors at both home and school. Laura shared that she used Behavior Charts to allow her son to earn points for polite statements and using his words, and to not earn points for putting hands on others. Points would be cashed in for preferred items or activities. Laura shared, "He would earn games or new toys, but only if he had enough [points]."

Management Strategies were widely endorsed (12/12; 100%) for use in their Group Triple P course. Participants described using Set Ground Rules, Directed Discussion, Clear Calm Instructions, Logical Consequences, Quiet Time, Time Out, and the Start-Stop Routine in the course.

Setting Ground Rules (Lisa, Victoria and Phoebe) was described by three participants in the sample. Lisa shared that the strategy Set Ground Rules led to total family involvement, which allowed "the kids felt like a part of it." She shared that having each member of the family involved in deciding and illustrating the household rules made her "feel like [she] was not the bad guy" because rules and consequences were agreed upon together. Victoria shared that she liked the collaborative nature of the Set Ground Rules because "everyone understood because [they] sat down together." Victoria shared that she also liked that the strategy made the

experience "inclusive for the children," which led to ownership of the household rules. Phoebe shared that she felt Set Ground Rules were effective because they focused on the behaviors that they wanted to see everyone engage in within their home. She shared that they "changed them more into positive instead of "don't do this"" which "was overall a better attitude for us all to have."

Three participants (i.e., Chandler, Jennifer, and Heather) endorsed use of Directed Discussion. Two of the three (i.e., Chandler and Jennifer) participants that utilized this strategy indicated success and acceptance of this strategy, as they stated that it allowed for a "brief explanation" and a repeat of the correct behavior. Heather shared that she did not find her attempts of Directed Discussion to be successful with her son because she "could not get him to go back and do the behavior again" in the correct, rule-abiding fashion.

Seven participants (i.e., Lisa, Rachel, Melissa, Jennifer, Victoria, Ginger and Lindsey) shared use of the Clear Calm Instructions strategy. Lisa and Victoria shared that the strategy helped them obtain greater compliance by decreasing long-distance instructions. Rachel shared that she liked that the strategy required confirmation of eye contact. Rachel shared, "You really make sure they are looking you in the face." Melissa shared that she too liked the close proximity the strategy required, as she would "get down to her level, make eye contact and then speak." Ginger and Jennifer shared that the use of the Clear Calm Instruction strategy led to them giving instructions with clarity and precision. Lindsey shared that use of Clear Calm Instruction led to increased compliance from her son, as she was providing ample warning before transitions. This led to a decrease in problem behaviors.

Use of Logical Consequences was endorsed by Victoria and Ginger. Both participants shared that they used this strategy as an alternative to Time Out. Ginger shared that she had a

difficult time with this strategy because her son would repetitively ask for the item. She said, "He kept asking for it and asking for it until I finally just gave it back," which eventually leading to her returning it to him before time was up.

Quiet Time was endorsed for use by two participants, Iris and Laura. Both participants shared that they were successful in their use of this strategy. Iris shared that use of Quiet Time prevented overuse of Time Out. Laura shared that her success with Quiet Time came from giving brief time and consistency.

Time Out was endorsed for use by the majority (7/12; 58%) of participants. Three of these seven participants indicated success and satisfaction with the strategy. Lisa and Victoria shared that this strategy taught them to withhold "lengthy explanations" when sending their child to Time Out. Lisa also shared that she found value in having the child re-do the appropriate alternative behavior once they had their time of calm and shortening the time expectation. Lisa shared,

> I learned from the class that maybe a minute per year of his age and then at the end they
> know why they are in timeout because they already had a warning before going. So, no
> need to regurgitate, but let them redo the activity at hand.

Lisa also shared that the Time Out from her Triple P course taught her to keep her son in her line of sight to monitor him while he is in Time Out, and to use the strategy with immediacy and consistency.

Four of the seven participants shared that the Time Out strategy did not fit well for use in their family system. Jennifer shared she attempted Time Out but did not have success in using it with her son. Jennifer shared that her son would get up and leave Time Out until she modified the strategy to have her son workout during his time. Ginger and Phoebe shared that they did not

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use Time Out outside of roleplays in the class, as they did not feel it was appropriate for use with their children due to their age. Melissa shared that she attempted the use of Time Out with her daughter, but she felt that Time Out is "sending the message that "when you are good, I love you and I am here for you and when you misbehave, I don't want you near.""

The Start and Stop Routine was endorsed for use by four participants. Each of the four participants reported success, but Laura shared that the strategy was "trying." Laura shared that the repetition and consistency of use led to eventual success. Lisa, Chandler, and Iris each shared that the strategy taught them to pause with intention for their child to process instructions. Each participant shared that this strategy led to an increase in child compliance when they used it.

Strategies for Planning Ahead were endorsed by four participants for use during the time of their participation in Group Triple P. Lisa shared that the planning sheet allowed her to identify what "would make the trip better, what [she] could do in advance." Iris shared that she used the strategy of Planning Ahead to plan appropriate activities for her children to engage in, rather than inappropriate behaviors. Ginger shared that her son's diagnoses of Autism and Bipolar led to a need for high structure, thus this strategy helped her plan for the day-to-day routines. Laura shared that she used the Planning Ahead strategy to increase compliance and decrease her stress during trips to the grocery store. Overall, participants had success with this strategy for going to the park, going out to dinner, going to the grocery store, and just structuring day to day living.

Participant Response to Strategy Use. Eleven participants indicated that they had a positive response to their use of the strategies during their Group Triple P course. Participants shared that the strategies reduced their stress, gave an effective alternative to punishment, allowed them to learn strategies that allow for consistent use and results, changed their parenting

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practices, and led to a change in their relationship with their child. One participant shared that she did not feel that the strategies as a whole fit the needs of her family, as they were not individualized enough. Ginger reported that she was the only single participant with three children with special needs, leading her to feel that the strategies taught could not meet her unique situation. She also indicated significant difficulty with reduction of emotional messages, as she attributed her beliefs to "cultural differences."

Four participants (i.e., Lisa, Iris, Phoebe, and Rachel) shared that the use of the new strategies led them to feel less frustrated, less stressed, and more confident. Lisa indicated that she was less frustrated, and Iris indicated that the strategies increased her confidence and decreased stress. Phoebe also reported that the strategies use led to an overall decrease in stress in their day to day. Rachel indicated that her use of the strategies led to her slowing down and increased the calm in their relationship.

Three participants (i.e., Rachel, Melissa, and Heather) shared that they liked the use of the strategies because they were effective and taught them a new way to parent. Rachel shared that she felt the strategies fit well with her needs, and the class exceeded her expectations. Melissa shared that she was "eager to learn new techniques." Heather shared that she was pleased with the novelty of the strategies, but that it was "hard to remember" to use the strategies instead of old habits.

Three participants (i.e., Chandler, Iris, and Lindsey) shared that through use of the strategies, they realized how important repetition and consistency is in parenting their child. Chandler said that he felt that the strategies were effective if he was able to "stick to it". Iris shared that she recognized that the strategies took time and consistency to achieve change.

Lindsey shared that she realized that consistency with strategies use "saves a lot of stress and struggle."

Two participants (i.e., Chandler and Victoria) shared that their reaction to use of the strategies was recognition that they had to allow them to change their parenting, which led them to recognize that they are achieving a generational change of parenting practices. Chandler indicated that the strategies taught him that balance between validating emotion expression and child compliance were achievable. Victoria shared that when she started using the strategies, she felt "it was more satisfying" than using coercive punishment.

Two participants (i.e., Jennifer and Laura) shared that their use of the strategies led to a better understanding of their parent-child relationship, their child and their own parenting practices. Jennifer indicated that the strategies increased communication with her children, which led her to understand "the why behind the lying behaviors" and how her children perceive her parenting practices. Laura shared the strategies taught her "patience is so important."

Child Response to Strategy Use. Each participant shared how their own child reacted to their use of the Group Triple P strategies during the time of the course. Half of the participants (i.e., Lisa, Rachel, Chandler, Heather, Phoebe, and Laura) shared that their child had a positive reaction and the other half (i.e., Jennifer, Victoria, Iris, Ginger, Lindsey, and Melissa) shared that their child displayed a mixed reaction to strategies.

Participants that expressed that their child had a positive response indicated that their child was responsive to the strategies, appeared happier and expressed excitement when they would earn preferred activities or time with their parent. Lisa shared that her children "were appreciative of the time" she spent with them while using Quality Time. Rachel shared that her son and other children all appeared excited when using the Behavior Chart strategy. Rachel also

shared that her son "saw [her] understanding of him" and each child made comments that "mom was acting different." Chandler shared that his daughter was responsive rather immediately to his use of the strategies. Heather shared that her son enjoyed the use of Behavior Charts because he would earn activity time with his parents. Phoebe also shared that her son responded positively and expressed that "he liked earning privileges instead of losing them." Laura shared that her son was "so happy" when she started using the strategies because she discontinued her use of physical punishment.

Participants that shared their child displayed a mixed or neutral reaction reported that their child changed the behavior but did not display explicit emotion or communication about the strategies. Jennifer shared that while she was wanting a more excited reaction or verbal affirmation of the change in parenting, she was met with increased compliance from her son. Victoria also shared that there was "not really a really big reaction" from her son but he started following instructions more quickly. Ginger shared that she noticed her son apologizing to her more often, but that he did not explicitly note a change in his mother's parenting. Iris shared that her daughter appeared to have difficulty understanding Logical Consequences at the onset of use, but that overtime her daughter started using her words rather than engaging in tantrum behaviors. Lindsey shared that her son appeared confused in the change in her parenting practices, as he "looked at [her] like she was crazy" but that he was very responsive to the change. Melissa shared that she observed resistance from her daughter when she started using strategies, but overtime the change was clear.

Partner Response to Strategy Use. Each participant, with the exception of Ginger, shared their coparenting partner's response to the use of the new strategies during the time that the participant was taking the course. Ginger shared that she did and does not have a partner or

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coparenting figure. Seven participants (i.e., Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, and Lindsey) shared that their partner exhibited positive responses to the new strategies, two participants (i.e., Laura and Phoebe) indicated that their partners exhibited a neutral response or that their coparent took time to buy-in to the new strategies, and two participants (i.e., Iris and Heather) indicated that their coparent did not buy-in to use of the strategies.

Participants that shared that their coparent exhibited a positive response shared that their partner took an interest in the new strategies, found the strategies helpful, noticed a change, or believed the strategies were effective. Lisa indicated that her husband did not use the strategies, but that he was interested in hearing about them and in watching her use of them. Rachel shared that her husband was unable to partake in the course due to work, but he expressed approval of the new strategies. Melissa shared that having her husband (i.e., Chandler) in the course with her led to a better understanding of each other through the course, and an increase in communication regarding their parenting practices. Chandler shared that his wife took the lead on the strategies, and he was able to have the knowledge to back up the use of the strategies; they became a parenting team. Jennifer indicated that her husband was supportive of the use of the new strategies and attempted using them. Victoria shared the information with her husband, and while he did not use them, he "took notice of the strategies." Lindsey indicated that she shared all the information from the course with her coparent (i.e., her son's biological mother) and observed her trying the strategies with her son.

Two participants (i.e., Laura and Phoebe) shared that their coparenting partner was initially skeptical or took a while to exhibit signs of buy-in to the strategies. Laura shared that she while she would share content with her coparent, he appeared "skeptic" and only after

watching her use them did he became a "believer." Phoebe also shared that she shared the content with her husband and "it took a little bit [for him] to get onboard [with her]."

Two participants (i.e., Heather and Iris) indicated that their coparent did not learn the information, but that they shared the information, and their coparent did not and still has not exhibited buy-in, as evidenced by parenting differences among coparents. Heather shared that it was difficult with her having the benefit of being in the class and her husband "not understanding why we do it the way [she] learned." Iris shared that she shared "what she discovered" but they are "still working on being on the same page."

Barrier to Use of Strategies. Eight participants (i.e., Lisa, Rachel, Melissa, Chandler, Jennifer, Heather, Ginger and Phoebe) shared that they experienced barriers that impacted their use of strategies during their time in the course. Four participants (i.e., Iris, Laura, Victoria, and Lindsey) indicated that they do not recall any barriers associated with their use of strategies.

Barriers shared by participants include their own anxiety, keeping materials, parental exhaustion, persisting through extinction bursts, conflicting approaches between caregivers, cultural differences, and changing her habits. Lisa shared the barrier was "more from inside [herself]." Her own anxiety was a barrier to overcome to use the strategies being taught, as she was worried about her fidelity of strategy use and if the strategies "would make a difference." Melissa and Chandler indicated that their exhaustion was a barrier to consistency at the time of the course and present day. Chandler shared that when he is tired, he is "more likely to give her anything she wants, to just be quiet."

Jennifer shared that "pushback from the kids" was very difficult, as they would escalate, and she had to maintain her own emotions. Heather shared that conflicting approaches between caregivers was very difficult to overcome during the course, as she would slide into old habits or

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endure conflict within the home. She shared that it was effortful to "get everyone on the same page." Ginger felt that cultural differences were a barrier to using the strategies, as she was raised in an environment where physical and verbal punishment was acceptable parenting. Thus, it was an adjustment "using warning and rules" instead.

Rachel shared that physically keeping up the behavior charts was a struggle, as if the visual was not up then her children would not use them. Phoebe indicated that the only barrier she experienced was just changing her habits by rephrasing directions to what she wanted to have her child do rather than what she did not want to have her child do. Phoebe overcame this barrier by recognizing when she made a parenting mistake and apologizing.

Four participants indicated that they did not have any barriers to overcome to use the strategies. They cited that they could not recall any barriers. Laura indicated, "It is hard to remember with it being so long ago, but nothing I remember." Some also indicated that there were not any; Lindsey indicated, "Nothing got in the way of those strategies. It was real good." Iris shared that while there were not any barriers to using the strategies, but shared that the program negated most barriers that could impact parenting.

Question 3: How do parents describe changes in their child's behaviors post-Group Triple P intervention, both regarding use of the strategies present day and the perceived importance of the intervention?

In examining how parents describe changes in their child's problem behaviors post-Group Triple P intervention, the themes and subthemes that mapped to this question include Perceived Importance of the Results, including Child and Parent Behavior Changes (e.g., changes in child and parent behavior during the course), Individual and Family Impact (e.g., changes in their child, parent and family post their Group Triple P participation), Generalization

(e.g., use of the skills post course across settings, people or behaviors), and Maintenance (e.g., strategy use present day).

  Child & Parent Behavior Changes. Each participant shared information regarding their experience of child and/or parent behavior changes observed or not observed during their Group Triple P course. Seven participants (i.e., Lisa, Chandler, Melissa, Jennifer, Iris, Ginger and Phoebe) indicated that they observed behavioral changes in themselves and their child. Lisa indicated that she and her husband both observed behavioral changes in their son, as he was following the rules. Additionally, Lisa cited that she was feeling more confident, and she was correcting him less and using positive reinforcement instead. Lisa shared that her delivery of instruction changed during the class, thus her son became more compliant. Lisa shared that she changed the timing of instruction, proximity of instructions and increased clarity by using fewer words.

  Chandler and Melissa both indicated that they observed a change in child and parent behaviors in their household. Chandler indicated that his daughter started engaging in independence behaviors and following directions. He indicated that parents provided her with additional time to process and complete instructed tasks. Melissa shared that her daughter started to tantrum less often. In terms of parent behavior changes, Melissa incorporated choices into her instructions rather than telling her "No." Melissa shared,

   [My daughter's behavior] changed so much! She showed less tantrums which is exactly

   what we were looking for from the class. I started with changing my instructions, like

   you can jump here not there, and she was happy. Definitely a change.

  Jennifer shared that her son "didn't feel overwhelmed" and by "changing [her] expectations, it took away their feelings of overwhelm." She shared that her children started

following one-step directions. Jennifer attributes changes in her own parenting practices led to the change in her son's behavior. She started viewing his behavior functionally, which helped her manage her own expectations of her son. Jennifer shared that she would "view [the behaviors] objectively" and "be like, okay why is this behavior happening?" and evaluate if they had eaten, napped or had a disrupted schedule.

Iris shared that she saw a decrease in tantrums at home and school, which she attributed to her daughter obtaining a calm, communicative response from her parent. Thus, her daughter was communicating instead of tantrums; she shared "We would talk more." Iris shared that as a parent, she noticed that she had increased time between instructions, spoke calmly when giving direction and changed the timing of the instructions to include a prime warning. Iris stated,

> Instead of telling her "Go to the garage now and get your shoes, we are leaving now!" I would now tell her way before we are leaving; I would tell her to get her shoes and let her get dressed herself instead of me getting frustrated and yelling "I just told you to get to the garage and get shoes on!"

Ginger shared that during the course she changed the amount of time she spent with her son, and her son started to communicate with her calmly and more often. Ginger felt that the increased time led to a better relationship, less arguments and a better way of repairing after conflict occurred.

Phoebe shared that her son "would lie less often and if he did, he would be more open to being honest about the lie." Phoebe indicated that the parental response to lying changed, as instead of taking items away she would have him repeat or correct the appropriate behavior (e.g., truth telling) and would give greater attention to truth telling behaviors.

Five participants (i.e., Rachel, Laura, Victoria, Heather and Lindsey) shared that they primarily noted a change in child behaviors during their time in the course. Rachel shared that her son "started to communicate more often." Laura shared that her son "started being polite, like right away." Victoria shared that her son started completing tasks without reminders and started "taking initiative." Heather shared that she saw change in her son's compliance when she instructed him to go to Time Out, as she would previously have to "drag him" to time out prior to the course. Heather also shared that she felt her son "loved to be praised." Lindsey shared that she noticed her son "started trying" to please her.

Individual & Family Impact. Participant shared the impact that their course participation has on their child, themselves as the parent, or their family system present day.

Family Impact. Family impacts cited by participants include improved family relationships, improved sibling relationships, changes in the family climate and access to case management services. Lisa and Iris both shared that post-course, present day they have significantly improved family relationships. Lisa shared that she and her family became "closer and started sharing responsibilities." She shared that the course taught her how to involve her whole family in daily activities and how to work together to spend quality time during mundane tasks. Iris shared that her household is calmer, and that communication has increased. Tantrum behaviors are no longer functional for her daughter, which has led to a decrease in parental stress. Iris shared,

> After the training it is more [about] me trying to figure out what triggered that and to just relax, to breathe and to talk about it instead of yelling. The big impact is a calmer house, there is more conversation. We talk now, we scream less.

Victoria, Laura, and Rachel each shared that the sibling relationships have improved within the home. Victoria shared that the relationships in her family have also drastically improved, as her son has now become a role model for his younger sibling and is showing responsibility. Laura also cited improvement in sibling relationships, as her son flights less with his sibling and that he is less "harsh." Rachel shared that she notices a big change in her son's tantrums and sibling arguments, as he is using his words more often. Iris shared that the family climate is different present day, post course completion. She reports that her household is "calmer" with greater communication skills rather than yelling.

Four participants (i.e., Rachel, Iris, Lindsey and Victoria) each expressed that the case management services, or referrals received during the course from the agency significantly impacted their family system present day. Rachel shared that she obtained information about a local agency that evaluates and provides intervention services to enroll her son in early intervention services that he is in present day. Iris shared that the course, materials and supports provided post-participation has made her "a different mom after the program." Lindsey shared that the case management offered in the course assisted her with financial resources, such as assistance programs and courses on money management. Victoria shared that she took additional courses offered to her post-completion and that she is taking a potty-training course soon.

Parent Impact. Course impact specific to the parent (participant) shared included a change in beliefs (e.g., redefining their role as a parent, obtained confidence in their own skills, acquired growth mindset or self-monitoring skills, understanding developmentally appropriate expectations) and/or and impact from the new skills learned in the course (e.g., learned to ask for help, identified new skills to replace maladaptive parenting behaviors, prevention skills, skills to tackle novel behaviors, and what "works" for child).

Lasting impact form a change in beliefs were cited by half of the participants. Lisa shared that the course has had a lasting impact on her understanding of her role as a parent, as she redefined role as parent as an advocate and ally with her child. She has learned to be "more proactive and involved in his education" to meet her sons needs across settings, as she "is here to be a partner with helping [her] son." She also reports an increase in her confidence as a parent, as she "has taken the time to work on [herself] and [her] parenting skills" so she "feel[s] confident that [she] is doing her best she can, so [she] has learned to be comfortable speaking out."

Melissa and Victoria shared that they acquired self-monitoring skills and continue to implement a growth mindset applied to their own parenting skills. Melissa shared that she now self-monitors her own communication and behaviors since the course. Melissa shared, "I stop and consider what am I doing wrong." Melissa indicated that she too learned that parenting is a skill that can be learned, rather than a static trait. She also realized that child behavior concerns and parenting difficulties transcend relationship status and family dynamics. Victoria shared that she has learned "we are their first teacher" and that she has to "be mindful about what is being done around them." Victoria also shared that the course reinforced the need for a growth mindset for her, as "as long as you have the growth mindset, you will always learn something."

Chandler and Jennifer shared that the course helped them change their perspective on what are developmentally appropriate expectations. Jennifer shared that the course helped her "change [her] mindset and perspective of things" as applied to "what is right to expect for his age and all." Chandler shared that he learned how to make instructions developmentally appropriate and how to incorporate ways to teach his daughter throughout the day (e.g., chore completion facilitates listening and helping behaviors). Chandler also shared that he learned to look for teaching moments during their daily routine to assist his daughter's independence and growth.

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Parent impact derived from skill development was cited by several participants. Participants shared that the course impacts them today because they learned to ask for help, identified new skills to replace maladaptive parenting behaviors, learned prevention skills, learned skills to tackle novel behaviors, and understand what "works" for their child.

Lisa shared that she can now ask for help, as she learned through the group dynamic that "asking for help is okay, and telling your story is okay; people can't help if you do not ask for help." Five participants (Melissa, Chandler, Heather, Lindsey, Laura) shared that the course was highly impactful on them because they now have new skills to replace maladaptive parenting behaviors that led to escalation traps. Melissa shared that she learned techniques to use in place of yelling or "constantly saying no." Chandler states that he still feels the course taught him new skills that have led to generational change in parenting practices, as he has "a new set of skills to add to techniques he learned from being parented." Chandler shared,

> I am not going to raise her like my mom raised me to not express myself and told me to shut up. So, knowing when to distinguish the behavior and why the kid is doing what she is doing. If she gets mad because she wants a cookie and gets mad, but you don't give in then she didn't win.

Heather shared that she has discontinued use of verbal and physical force to create compliance, but instead tries to use verbal praise to inspire compliance. Lindsey and Laura both shared that the course made a big impact on their relationships with their children because they have learned alternatives to spanking, and as parents they learned how to obtain compliance. Lindsey shared that she has learned how to "catch a lot more flies with honey than with vinegar." Laura indicated that the course impacted her family "a thousand percent" because the strategies replacing spanking worked for her and her family.

Heather shared that she has learned what works for child, as she realized that as a parents, she and her husband "need to be more positive and give praise over the little things." Ginger shared that the course impacted her present day because she has learned to prevent problem behaviors. Ginger shared that the course taught her proactive strategies to replace her more "rapid approach to parenting," meaning that she tries to "stop, think and then act." Ginger indicated that this approach feels counterculture to how she was raised, but she learned that it is important to try to not "jump to punishing" but to use prevention strategies to prevent parent-child escalation. Phoebe shared that she is still using "new and unexpected info" shared in the course "has made a large impact on her family."

Child Impact. Participants also shared that the course has an impact on their child present day in way of improvement in child-based skills and behavior changes. Rachel shared that her use of Teaching New Skills and Behaviors skills have significantly improved her sons' developmental skill since the course completion. She attributes this to use of the developmental strategies to target communication and attention, which "impacted [her] child and family a lot." She said the strategies have led to a greater balance and that she is striving to "just being a positive parent" to continue the growth. Victoria shared that her son is now exhibiting self-initiation and leadership skills.

Parent-Child impact. Impact to the child and parent relationships were cited by four participants. Rachel shared that her son and her spend a lot of quality time together and that she intentionally "balances out" corrective feedback to continue developing a positive relationship. Ginger also shared that the course has led to a closer relationship with her son, as they spend more time together now and no longer have verbal arguments as they did prior to the course. Phoebe also shared that she and her son communicate openly and more frequently, resulting in a

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more collaborative and calm interaction style. Lindsey also shared that she and her son have an improved relationship; that her son talks to her about how he feels and is vocal about feeling closest to her in his life.

Coparenting Impact. One participant, Chandler, shared that the course made a large impact on his relationship with his wife present day. Chandler shared that he feels that the course really impacted his coparenting relationship for the better. He shared that taking the course together has led to consistency between caregivers. He shared that the "consistency between caregivers really changed things."

Generalization. Nine of the twelve participants indicated that they generalized skills they developed across settings, across children or across behaviors since the completion of the course.

Generalization of parenting skills across settings was cited by one participant. Rachel reported that she uses Group Triple P strategies to prevent predictable problem behaviors (e.g., running bike into others) exhibited in less controllable environments (e.g., outside at the park or going for a walk). Rachel shared that she gives him clear rules and expectations with predictable consequences. Rachel shared,

> Like outside, he knows if he runs his bike into people that is the end and then we go in the house because it is not socially acceptable. That's a real struggle of his. Then it is all about consistency.

One participant shared that she has generalized a personal skill of asking for help that she acquired by exchanging and sharing information at the Group Triple P course. Lisa shared that she generalized that skill recently when her mother passed away. Lisa reported that she "took classes at Hospice for grief" because "[the Group Triple P] class really showed [her] how okay it is to ask for help."

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Generalization of taking data across behaviors was shared by Chandler and Iris. Chandler has since generalized his skill of taking Behavior Diary data to identify the function of problem behaviors, as he has learned to "look for the cause of it" to understand "why she is acting like that." He reports that he uses this information to prevent the behavior from happening in the future or "to teach her how to get what she wants in a better way." Iris also shared that she will now use data collection across behaviors to "identify the triggers and then change those."

Generalization of parenting skills across children was reported by four participants. Iris shared that she uses "all the strategies" with her youngest child now. Rachel also shared that she will now use the Group Triple P strategies across children, as she uses them to address behaviors exhibited by her other children and her neighbor's child. Victoria shared that she too uses the strategies with her youngest child, particularly with "following household rules" and "taking his shoes off when he comes inside." Victoria has also generalized her Group Triple P skills for use with her friend's children, such as teaching them to take data or to use Behavior Charts. Phoebe states that she has used Talking with Your Child and management strategies across children, and to address tantrum behaviors exhibited by her youngest child.

Generalization of parenting skills across behaviors with their target child was reported by one participant, Heather. Heather shared that she has generalized Group Triple P skills across behaviors, as she now uses verbal praise during homework time after school.

Child Generalization of replacement behaviors across settings was reported by Iris and Lindsey. Both Iris and Lindsey shared that their children have engaged in replacement behaviors that are incompatible with their selected target behavior across home and school settings. For example, Iris' daughter was engaging in tantrum behaviors at home, and she has started using her words to express her feelings across settings instead of crying. Lindsey shared that her son was

having significant difficulty with aggression at home and school prior to the course, but that he has since generalized the skill of transitioning with Clear Calm Instructions at home and school.

Two participants shared that they have had difficulty with generalization of skills since the course. One participant, Ginger, shared that she has had difficulty generalizing parenting skills across children. Ginger shared she has had difficulty using skills from the Group Triple P course with her youngest son that is "non-verbal and diagnosed ASD." She has attempted to use Clear Calm Instruction but due to "when he breaks down, we all go into freak out mode because we do not know why he is upset." Iris shared that she has had difficulty generalizing parenting skills across behaviors, particularly when problem behaviors happen in settings such as the park. Iris shared that "when you are outside you do not have authority so getting her off the playground can be hard."

Maintenance. Each participant shared information regarding the skills that they continue to use post-participation of Group Triple P, present day.

Relationship-based Strategies. Five participants (i.e., Rachel, Iris, Ginger, Lindsey, and Phoebe) shared that they have maintained use of relationship-based strategies such as Quality Time (i.e., Rachel, Iris, Ginger), Talking with Your Child (i.e., Ginger, Lindsey, Phoebe) and Showing Affection (i.e., Rachel).

Quality Time was reported for Iris and Ginger indicate that they have maintained use of Quality Time. Iris shared that she uses this strategy "in the everyday dealings" while playing or listening to her daughter. Ginger shared that she is using Quality Time and Talking with Your Child with her son and that she has learned "more about Animae than [her] own comfort." Rachel shared use of Quality Time and Showing Affection with her son present day to "give lots of hugs and encouragement." Lindsey shared use of Talking with Your Child to show her son

"he's important, what he says matters to [her]." Phoebe also shared that she utilizes Talking with Your Child to "have conversations and spend time [with him]."

Encourage Desirable Behavior. Three participants (i.e., Heather, Lisa, Iris) each indicated use of strategies that reinforce desirable behaviors such as Praise (i.e., Heather) and Interesting Activities (i.e., Lisa, Iris). It is of note that none of the participants endorsed use of Attention present day.

Praise was reported for present day use by Heather to increase compliance with her son. For example, Heather shared she may say, "Like, "You sat there for 15-minutes, thank you and good job sitting there for 15-minutes."" Interesting Activities were reported for use by Lisa and Iris. They described that they use it to prevent problem behaviors by providing them with an activity that is desirable instead. Lisa shared that jumping on the bed still happens on occasion, so she is getting him a trampoline to play on instead because "if [he is] doing things and staying busy, he is not in trouble." Iris shared that she provides activities for her children to do when she is home with them, such as during the quarantine during the pandemic. Iris shared that she tries to make her house "like a small daycare with all kinds of toys to keep [her daughter's attention] and keep the kids busy."

Teaching New Skills & Behaviors. Five participants (i.e., Victoria, Melissa, Heather, Iris, Lindsey) each indicated that they use skills for teaching new skills and behaviors present day. Set a Good Example (i.e., Victoria) and Behavior Charts (i.e., Melissa, Heather, Iris, Lindsey) were identified within the category by participants. It is of note that Incidental Teaching and Ask-Say-Do were not identified by any participant as strategies that they are using present day.

Set a Good Example was reported by Victoria. She shared that she will now identify what type of chores she wants to see her children complete, then she will do those same actions herself Victoria shared, "Like putting shoes away, making beds." Behavior Charts were reported to be used by Melissa, Heather, Iris and Lindsey. Melissa uses the Behavior Chart strategy to "decrease anxiety" and to "show what behavior is [expected]." Iris and Lindsey shared that they are both using charts, but Heather shared that she is using a "jar with tokens."

Manage Misbehavior. Strategies for managing misbehavior were endorsed by eight participants (i.e., Lisa, Heather, Melissa, Phoebe, Rachel, Jennifer, Iris, Laura). Strategies in this category include Set Ground Rules (i.e., Lisa, Heather), Planned Ignoring (i.e., Melissa, Phoebe), Clear Calm Instruction (i.e., Rachel, Melissa, Jennifer), Logical Consequences (i.e., Rachel, Iris), Quiet Time (i.e., Iris, Laura), Time Out (i.e., Iris, Laura), and Start Stop Routine (i.e., Melissa). It is of note that none of the participants indicated use of Directed Discussion present day.

Set Ground Rules was reported for present day use by Lisa and Heather. Lisa shared that as a family they "update the rules and require [the kids] to help out." Heather shared that she uses ground rules for mealtimes and the backup consequence is "going to his room." Planned Ignoring was reported for present day use by Melissa and Phoebe. Phoebe shared that she uses this strategy to "only give attention to the truths and ignore the rest." Melissa uses this strategy to pivot from tantrum behaviors, then attend to her daughter when she returns to calm. Clear Calm Instruction was reported for use present day by Rachel, Melissa, and Jennifer. All three participants shared that they use Clear Calm Instruction to gain the child's attention, slowing down and communicating a direction. Logical Consequences was reported for use by Rachel and Iris and Quiet Time was reported for use by Iris and Laura. Iris and Laura both endorsed present day use of Logical Consequences and Quiet Time and shared that they use it as an alternative to

Time Out or to decrease the need for Time Out. The Start Stop Routine was identified by Melissa to provide processing time and repeat instruction. Melissa shared, "I use Start Routine, where you tell the child to bring you this, repeat yourself, and then tell them again "bring me this.""

Planning Ahead. The Planning Ahead strategy of Planned Activities Routine was endorsed by Lisa and Iris for present day use. Both participants shared that they use the Planned Activities Routine to prepare for high-risk situations. Lisa shared that she will "bring activities, food, books, mazes, letters, a whole bag of goodies; you name it" and will prepare "everything in advance now." Lisa shared that this strategy "pulls everything together and makes it so much easier." Iris shared that she uses this strategy to prepare for social outings during the pandemic because "the children need more [attention] to social distance" and to limit their exposure (e.g., touching items, getting close to others, etc.).

Other. Additional content that was reported to be maintained was "all strategies" (i.e., Victoria, Laura, Iris), analysis of child behavior (i.e., Chandler), and avoidance of escalation traps (i.e., Lisa, Rachel, Chandler, Iris, Lindsey, Ginger). Three participants (i.e., Victoria, Laura, Iris) shared that they utilize "all of the strategies" as needed post-course participation. One participant (i.e., Chandler) shared that he maintains the skills to analyze (e.g., data collection) his daughter's problem behaviors to "prevent it from happening again." Six participants share that they try to "avoid escalation traps" by verbally or physically escalating. Lisa maintains this goal by "not screaming in the house" and Rachel shared that she avoids verbal escalation by remembering to "go into the Triple P Mindset." Chandler maintains calm by "remembering, just stay calm." Iris shares that she has to "train herself everyday" to view the strategies as her roadmap. Lindsey shared that she is successful at avoiding yelling "9 out of 10 days" by

communicating with intention. Ginger shared that she will still yell and escalate on occasion, but she "really tries not to" but rather discusses consequences calmly.

Maintenance Challenges. Maintenance challenges were endorsed by three participants (i.e., Chandler, Heather, Ginger) for a variety of reasons. Chandler shared that he has difficulty at times maintaining consistent use of strategies because they "lose [the consistency of her routines] sometimes because [they] get tired as parents." Heather shared that she has difficulty with consistent use of the Group Triple P strategies due to conflicting approaches between caregivers. Heather detailed that her son's gains from the strategies "fell off because the parenting fell off." Ginger shared that she has difficulty with consistent use of the strategies due to occasional escalation traps, which lead to the use of emotional messages. Ginger shared "There were things in the class that said don't scream at them, don't yell at him and I cannot help it sometimes. It's cultural."

We Still Struggle. The inductive theme We Still Struggle mapped to this question as well as to allow further examination of how parents describe changes in their child's behaviors post-Group Triple P intervention, in regard to use of the strategies and the perceived importance of the intervention. This theme indicates that the participant reported that the child's problem behavior they selected to targeted in the course has continued to occur post-participation to present day, or has started to reoccur since the participant completed their Group Triple P intervention. Five of the twelve participants (i.e., Chandler, Melissa, Heather, Phoebe, and Laura) indicated that the child target behavior they came to the course to address has reoccurred or still happens since they completed the course.

Chandler came to the course to learn strategies to aide in development and to address tantrum behaviors that were occurring when he gave her an instruction or when she was unable

to communicate what she wanted to do or obtain. Chandler shared that his daughter is engaging in tantrums more frequently now post-course participation, but that there is a pattern to what triggers her tantrums. Chandler indicated,

> It wasn't even that she was throwing major temper tantrums; she throws more now than she did before. She is now having temper tantrums now for only for certain things.

> Melissa, Chandler's wife, also came to the Group Triple P course to learn skills to

address tantrum behaviors exhibited by their daughter. Melissa shared that the tantrums discontinued post-course completion, but have started reoccurring when her daughter's request to go to a preferred place is declined. Melissa shared that typically they would bring her to a place that she requests to visit, like the playground, but that due to the pandemic they cannot bring her out. Melissa shared,

> Right now, she is very difficult because of the pandemic; she is 4 and uses the playground a lot. But now she is having tantrums again because she cannot go outside with the pandemic. We don't really go anywhere now. The tantrums are back and now you know when you tell her "Not right now" it is like a big meltdown now. You know "ahhhh," and that's the problem right now.

> Heather attended the course to address difficulty of escalation traps when her son would

be given a direction and continue to engage in a preferred activity. Heather shared that her son is now engaging in sibling aggression and that he is still having difficulty completing instructional tasks, such as chores, and that he will respond to instruction with verbal aggression towards parents. Heather indicated,

> It is just do hard to get him to do good and be kind, do kind things instead of being so mean and hitting his brother. But like little things like listening and picking up his plate

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from the table are still a challenge. I think he is listening a little better, but he is also older. But we still struggle. The talking back, the yelling back when you say something, that would be the one we are trying to work on right now.

Phoebe enrolled in the Group Triple P course to address her sons' lying behaviors. Phoebe indicated that her son's lying behavior has decreased to lower rates since her attendance in Group Triple P. Phoebe shared that his lies would be about "everyday things before," but that now he will lie to escape chores. Phoebe shared,

The lying behaviors still occur like when chores don't get done, he will pass it around. He will say "Oh I did mine" or "I did mine too," so we now just have him go back and do it.

Laura joined the Group Triple P course to address concerns with physical aggression with siblings and peers. Laura shared that her son is not having difficulty with sibling aggression but is still displaying peer aggression when he is at the playground. Laura shared,

We are still working on those playground behaviors. [Sibling fighting] is way better than it was then, but he sometimes, it is hard. He is only four years old, and he is a boy. He is the only boy too. He's, how can I put this, he's trying. I will give him that.

It Just Doesn't Really Happen Anymore. The inductive theme It Just Doesn't Really Happen Anymore mapped to this question as well as to allow further examination of how parents describe changes in their child's behaviors post-Group Triple P intervention, in regard to use of the strategies and the perceived importance of the intervention. This theme captures parent experiences that indicate the child problem behavior they choose to target in their Group Triple P course is no longer occurring present day or has significantly decreased to acceptable rates. Seven of the twelve participants (i.e., Lisa, Victoria, Ginger, Jennifer, Lindsey, Rachel, and Iris)

shared that their child's target behavior is no longer occurring or that the behavior occurs now at acceptable rates.

Lisa attended the Group Triple P course to address problem behaviors that were safety concerns, such as jumping on the bed. Lisa indicated that her son still engages in the behavior of jumping on the bed, but that it has decreased from daily to only once per month. This reduction of problem behavior was indicated to be acceptable, and when it does occur, she is able to address it quickly. Lisa shared,

> He still jumps on the bed on occasion. But now he sees me, laughs, and sits right down. It was every day now its maybe once a month now. We still see the impulsivity, but the class helped me to be more proactive and involved in his education.

Victoria enrolled in the Group Triple P course to address difficulty following directions, rather than continuing to engage in preferred activities. Victoria shared that her son is following directions with consistency and is completing his chores without reminders. Victoria shared,

> He is following directions easy now. Now that his little brother is older, he is becoming way more responsible too. He is taking the initiative a lot. He is the big brother and tends to show him how to be right. I really appreciate him going the extra mile and being responsible and teaching the little one that there are certain things we have to do because he is not old enough really to understand; but to see everyone following certain guidelines makes him want to do it too. Like he will see me sweep, sees his brother pick things up and he will come up and want to help.

Ginger joined the Group Triple P intervention to address concerns of verbal aggression with parents and siblings. Ginger shared that her son no longer engages in verbal aggression, but rather communicates his frustration through talking instead of yelling. Ginger shared,

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The aggression would be like fighting or something. He doesn't do that anymore. Now he is very good.

Jennifer enrolled in the Group Triple P course to address with her son having concern with "disrespect" when asked to do a task or help out but would engage in verbal refusal rather than engaging in the instruction. Jennifer shared that the "disrespect" and difficulty listening has decreased, but happens only on occasion. Jennifer shared, "The disrespectfully not listening is not as much, but it still happens. It is rare."

Lindsey attended the Group Triple P course to address meltdown behaviors, such as screaming and crying, and physical aggression (e.g., biting, hitting) at both home and school. Lindsey shared that her son no longer engages in physical aggression or meltdown behaviors. Lindsey shared,

He has not had any more problems. Everything has smoothed out a bit. The class and he is older, and we have all calmed down. He is happy and I am so happy; we are just both so content.

Rachel shared that her son's listening behaviors have drastically improved since the course. She expressed that he listens much better and that the times when he does not listen, she no longer assigns intent to his behavior. Rachel shared,

He is doing really well listening now. I feel like he's listening at 80% which for him is a major improvement. The other 20% is trying to override his natural, what he wants to do, like a natural adultness.

Iris attended the Group Triple P course to address the problem behavior of "giving a "no" to everything" and tantrums (e.g., kicking and screaming), particularly when prompted to do her bedtime routine or at school. Iris shared that the tantrums have decreased to acceptable rates, as

they occur only on occasion. Iris shared, "With tantrums, now there is almost none. There is less and less with school as well because at home she understands that tantrums do not work anymore."

Question 4: What additional challenges persist or arise post-Group Triple P intervention?

Themes that mapped to this research question include We Still Struggle, Need for Follow Up, There's No Roadmap, and Parents on Different Pages. Overall, participants shared difficulty with reoccurring problem behaviors (2/12; 17%), new problem behaviors (1/12; 8%), a change in the topography of the problem behavior (1/12; 8%), continuation of problem behavior (1/12; 8%), a need for a refresher of skills learned in Group Triple P (3/12; 25%), a need for individual follow up (2/12; 17%), a need for troubleshooting general needs (2/12; 17%), seeking medical supports (5/12; 42%), struggles with school-based behaviors (2/12; 17%), seeking social supports (3/12; 25%), concern with parental emotions (2/12; 17%), lack of coparent presence (1/12; 8%), coparent lacks Triple P skills (1/12; 8%), coparents share differing beliefs regarding parenting (1/12; 8%).

We Still Struggle. This theme is comprised of participant data that indicates the child's problem behavior they selected to targeted in the course has continued to occur post-participation to present day, or has started to reoccur since the participant completed their Group Triple P intervention. Five of the twelve participants (i.e., Chandler, Melissa, Heather, Phoebe, and Laura) indicated that the child target behavior they came to the course to address has reoccurred or still happens since they completed the course.

Chandler attended Group Triple P to learn strategies to scaffold his daughter's development and to decrease tantrum behaviors. Chandler shared that the tantrum behaviors have returned post-course completion and happen more frequently than they did during his enrollment

in the Group Triple P course. Chandler's wife, Melissa, attended the Group Triple P course to learn strategies to decrease tantrum behaviors. Melissa shared that since the pandemic she "cannot go outside" and when she requests to go to the playground, her request is denied, leading to tantrum behaviors.

Heather joined the Group Triple P class to learn strategies to increase the frequency that her son follows directions. She reported that she was having significant difficulty with managing misbehavior at the onset of the class, leading to her pulling him by limbs to time out. Present day, Heather indicates that her son is engaging in Physical Aggression (towards sibling), Verbal Aggression (towards parents), and occasional Verbal Refusal when asked to complete a chore or discontinue a preferred activity; but since the course her son will now go to time out without physical guidance or verbal escalation.

Phoebe shared that she enrolled in the Group Triple P course to address her son's lying behaviors, which has presently declined since the start of the course. Her son would lie about "everyday things" prior to the course, but presently lie by stating he has completed a task or chore when he has not. Phoebe shared that her son's truth telling latency (e.g., the time between the telling of the lie and when he tells his mother he lied) significantly decreased during the course. Thus, he is lying about chore-related tasks, but is telling the truth sooner than before the course. Overall, Phoebe started that it is "still a lot of work to manage."

Laura joined the Group Triple P course to address concerns with her son exhibiting physical aggression towards siblings and peers. Laura shared that her son is not having difficulty with sibling aggression, but is still displaying peer aggression when he is at the playground. Laura said, "it is like [my son] thinks that's how he should play."

Need for Follow Up. This theme indicates that the parent who participated in the course shared that they are in need of additional assistance with the parenting skills learned in Group Triple P. Seven of the twelve participants indicated that they feel they need a refresher of the skills they learned in the Group Triple P course, individual follow up, or an opportunity to troubleshoot specific needs.

Two participants shared that they would like to have an opportunity to have a refresher course on specific topics or needs. Lisa shared that she would like to have access to refresher courses that were offered on common parenting concerns, such as technology use. Lisa shared,

> From video games to choices of schools, to choices they make of friends to whatever; and I have a lot of great friends and we talk about things, but I think very few people want to talk about things that aren't going great. So, for me, ongoing little prep classes to discuss how other people are doing the less TV, the less video games, the next steps you get into; little refresher courses for when things change.

Jennifer also shared that she would like to access additional sessions specific to contextual parenting needs, such as parenting during the pandemic. Jennifer indicated that the pandemic has been challenging, as attending school from home led to different challenges. Jennifer shared,

> It would be helpful to have a class for, like make it more relevant to today. Especially going through the pandemic. That needs to be its own revamp just for that, umm...that was a crazy time in parenting this year. So, I am very grateful I had those strategies because I would not have known what to do [laughs] but something specific would be great.

Three parents (Rachel, Victoria, and Laura) shared that they identify concerns that they are having with specific strategies. Rachel shared that she has difficulty keeping her behavior charts hanging up and in use, but indicated that she would like to start using them again. Rachel shared,

> I actually need to start using charts again in the bathroom for routines. I want the kids to go to the bathroom and wash their hands. I need a refresher class.

Similarly, Victoria shared that she has difficulty withholding explanations when she has to use management strategies such as Timeout or Quiet Time. Victoria shared; "I am still working on saying less, like why he is in timeout. I feel like I need to take the class all over again [laughs]." Laura identified a specific problem behavior that she would like to address with follow up. Laura indicated that her son is exhibiting peer aggression is still occurring on the playground. Laura shared; "I need a P3 refresher for the playground behaviors."

Two participants (i.e., Melissa and Heather) shared that they would like follow up to assist them with the use of their Group Triple P skills, but that a more individualized approach would be helpful. Melissa shared that a review would help, but that she would like to access an opportunity to have practice sessions as a group, so she has an opportunity to practice with her child and that her child would have an activity to engage in to provide a break. Melissa shared,

> I think a review would be helpful. I know they have meetings later to follow up with you, but I think unfortunately we do not have a lot of supports with [my daughter] and we get tired. We hear her crying and sometimes we give in because we want to go to sleep. It would be nice in the future if we can have in-person reviews with playdates too to practice the strategies. It would help us have a break too when the kids play with each other. I think that would be so helpful.

Heather shared that she would like access to additional follow up to provide her with greater supports. Heather expressed that she thinks that additional referrals and one-on-one sessions would be helpful to increase the consistent use with of her Group Triple P parenting skills. Heather shared,

> [I need] Just something to remind me to continue to be good and continue to parent the right way. I needed maybe more follow up. Someone in the class just seeing how things are going. I think that is the biggest thing. We fall off because no one is doing it anymore and it is hard to continue to be positive and "on." More one-on-one.

There's No Roadmap. This theme indicates that participants identified that there is a need for additional support for their child, either provided as a direct service with the child or as an additional support for the family system, but are experiencing resistance or uncertainty in identifying next best steps or obtaining help. Nine of the twelve participants shared that they feel their child or family needs additional supports in way of medical follow up, school-based services, social supports, financial support, or direct support for the parent to address feelings of isolation, anxiety, or anger.

Five of the twelve participants indicated that they have been referred and are seeking or are in the process of obtaining medical consultation for their child's behaviors. Each of the five participants indicated uncertainty of the next right, best step to take to address their child's problem behavior but each shared a discipline that they have consulted with, are in the process of consultation or have been recommended to consult.

Two participants indicated that they have consulted with child neurologists and feel conflicted about use of pharmaceutical intervention at this point. Lisa shared that she has consulted with a neurologist, and they have discussed medication use, but she is most

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comfortable using behavioral methods and skills training to manage his impulsivity and behavioral concerns prior to considering medication. She shared that as a parent, it can be difficult to know the best way to address concerns with children. Lisa shared,

> While he is not on medication yet, we are just using strategies. We go to a neurologist about it, and in the future, we may need it. He is in OT trying to learn skills for sitting still, what is appropriate, what is not appropriate. Everyone knows we are on board to help; he sees a neurologist and we will do additional testing later when he is older. We think people know it is not a secret, everyone gets it. My son doesn't get a pass, but he has the room to grow with self-confidence rather than feeling beat down all the time. You know there is no roadmap; now they are seven and there is always going to be a new challenge.

Similarly, to Lisa, Laura shared that she has consulted with a neurologist regarding her child's behaviors and medication was recommended. Laura indicated that she has felt uncertain about using medication due to his age, but that the therapies and interventions she has completed thus far have not yet extinguished his problem behavior of aggression. Laura shared, "He has a neurologist but honestly mediation is the last direction I want to take, but at this point I haven't really had the right direction to change this in him."

Three participants (i.e., Rachel, Heather, and Jennifer) shared that they are seeking a psychologist for evaluation or intervention for their child's behavioral concerns. Rachel shared that they are targeting communication goals with her son in speech, but that she has been referred to a psychologist for evaluation of her son's needs. Rachel indicated, "We are working on speech and blends at home right now, and we have a referral to a psychologist." Heather shared that she is seeking a psychologist to work directly with her son to teach skills to manage

behaviors, but has had difficulty finding in-person providers during the Pandemic. Heather shared,

> We don't really do OT anymore, but we are looking for a child psychologist. I just need to pull the trigger, and I have a couple names. But a lot are doing it through like zoom [because of the pandemic], telephone or whatever and I only found two that do not. I found one through USF that actually can see him in person now.

Jennifer shared that she was referred to a psychologist for her son during the Group Triple P course, but that due to child resistance she is seeking another psychologist for him. Jennifer shared,

> [The class] was a method for me to try and as you can see, going the life coaching route was started with positive parenting because I liked what they were doing. It was a great start, but I needed more. They even warned that this was the basics, but if we needed something greater, they [referred] out too. Like we used the USF counseling for my oldest. But it wasn't that successful, but they were great and extended sessions, but he was so resistant to it. It was a great steppingstone and I love it, especially for people that are not able to afford it. To have it available in the community is amazing and I really love that, but we need someone that can see [my son].

> Six of the twelve participants (i.e., Chandler, Melissa, Ginger, Laura, Heather and Lindsey) indicated that they are struggling with unresolved concerns such as exhaustion, stress from child behaviors, and/or lack of social supports. Chandler and Melissa indicated that they feel that parental exhaustion and lack of support systems impacts their consistency which impacts their family. Chandler shared,

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The hardest part is being tired and exhausted. So sometimes you want to give them anything they want to just be quiet, but you actually then set yourself up for failure because when that happens it's hard to break that again. So having to even do the things when you are tired can be hard. My daughter is 3 and my wife has her washing her own clothes with help. She has a stool, and she puts her clothes in; by the time she is seven or eight it will be "Guess what?" No clothes for school, guess who's fault it is? It's hard to have that endurance over your child.

Melissa shared that they are uncertain of a solution to this struggle, but that when their daughter sleeps is when they have time alone and break time. Melissa shared,

The most I love about my child right now is she gives me a chance to become a better person. Not just for her, but for everybody in this world. It is like a second opportunity to better myself. What I love about her is ah, I am going to be honest with you (laughs) I mean I love her, she is my child, and I would give my life for her you know, but it is exhausting. I guess in my case I was naive. I did not realize how much it would take to raise a child. It sounds kind of dumb, but that's the truth. I think, to me at least, it is mentally, emotionally, and physically exhausting. I think sometimes act excited with the baby, the baby, and don't realize this baby becomes a toddler, becomes a preschooler, becomes a teenager and adult. But right now, to be honest, we are struggling right now, my husband and I because we do not have a lot of support systems. So, what we love about her, we love her laughing, playing with us, playing around but we love her most when she is asleep (laughs) and that is the truth.

Similar to Melissa and Chandler, Ginger shared that she struggles with feeling isolated and alone. She shared that being the only caregiver and lacking a support system has prevented her ability to engage in selfcare and wellness visits for her health. Ginger shared,

I told them that I already knew most of the stuff in the class; I do it automatically. But it is very lonely because I have to apply to those rules as well, so I have no friends, no social life, no nothing [laughs]. I haven't celebrated holidays with others in 12-13 years because we celebrate alone. [I'd like the class to] try to make a path for single parents with no help at all because it is hard. It is hard on us. Like I cannot even go to, I haven't seen a doctor in two to three years because I don't have anyone to watch the kids to even do a well check for me. It is hard.

Laura shared that she feels her son is lacking the support of a male role model or mentor in his life and that if he had one his behavior would improve further. She tried to enroll him in Big Brothers, Big Sisters but due to his age, they denied his application. Laura shared,

Like I was going to try to sign him up for Big Brother, Big Sister because I think he needs a male figure in his life. But he's only four, and they said he has to be school-aged and that's a roadblock that is hard.

Heather shared that she struggles with feelings of hopelessness herself when her son is engaging in emotional behaviors. She indicated that she feels that she will struggle with his behavior no matter what she does, and it is difficult. Heather shared,

Well, he is a very energetic, very happy and laughs all the time. He is always a ball of energy. I like when he has all the energy, but he is difficult at the same time; not just because he cannot sit still but he fights you in any way possible. He knows all the ways to push my buttons, no matter what I say. Any punishments given; he will fight it every

single time. He just, he has a lot of aggression and emotional behaviors he cannot regulate.

Lindsey shared that she struggles with feelings of parental guilt at times, as she worries that being an older mother may impact her son. She shared that she feels like she should be doing more with him, but due to health problems she is limited. Lindsey shared,

My one daughter is fifty, my son is forty-six and my baby is thirty-six. So now I start all new with this eight-year-old. This pandemic has got us down a little because I got him in the house, and I feel bad because he is just a little boy, and I am just an old lady. I think to myself he should be doing this or that with me and I am unable to do it because I have back problems, but it is alright because a lot of kids don't have this or that, but he has a grandma that loves him very, very much and we live in a nice and decent house from the warm and cold, lots of food. He has the clothing warm on his back so there is a lot of children that don't have that so I am thankful, I am not a young mother, but I think he will be alright. I am making sure he gets the education, and I am trying, but somedays I look at him and feel bad or guilty, then I look at him and remember he has everything he needs in this house.

Lindsey shared that she worries about not being around for him when he older and that she feels like she has limited time to prepare him for life. She worries about helping him pay for college and making sure he is a "good man", and she is not sure that there is a solution other than "doing the best [she] can do by him." Lindsey shared,

I just want him; I just want him to not go down the wrong path when he is older. That is the main thing I worry about. I say to God, please let me stick around until he gets grown at least I can keep him in school to get a college education. I drill that in his head that if

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you want to make money, you got to get a college education. You got to get good grades and be smart. He said when he is grown, he is going to be a good man, and that is all that matters. He said he will be a good man and that he wants to be a good man. The first two times I took him it was court appointed, but this last time wasn't, and they wouldn't put it through court because I am grandma, so he won't get college paid for, even though he hasn't seen his dad in three years. Last time was when they came and signed his Kindergarten papers. Also [because the court didn't appoint the adoption] I don't get them usual four hundred dollars that you get for adopted or foster care. My daughter adopted his sister, and they did it through the courts and she gets four hundred and some dollars for her and college. They are young and they are military, but I won't be getting that, but I said it's okay. He is still going to go to college even if we fixing to stop eating [laughs].

Two participants (i.e., Laura and Rachel) shared that they are struggling with a need for school-based services to help their sons. Laura shared that her son is in an early childhood center and that due to his behavior they have warned that they may have to ask her son to leave; she worries about her son being labeled due to his behavior. Laura added that she does not know what she can do to help him behave in the school setting. Laura shared,

Wow yes, oh my god, I need help with his school. Honestly, he is in the position right now where they are going to ask him to leave. Like it is to the point that I don't want to change his schools because first off, he is only in daycare like VPK, and I want to stop it before he gets in school because as you know that stuff is documented, and I don't want him labeled because of his behavior. He got suspended from school. He doesn't know

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how to control his anger when he gets mad; it's like the end of the world so I am still dealing with that.

Rachel shared that when her son was in school prior to the Pandemic, his behaviors were very challenging. Once they went to online instruction due to quarantine, she struggled to keep him engaged. Like Laura she feared her son was being labeled as a "bad kid", so she recently withdrew her son from school and switched to independent homeschooling. She indicated that now that he is a homeschool student, he is not receiving speech therapy on-site, so she needs to find out how to use his scholarship to purchase speech services. Rachel shared,

> The reason I am home schooling is he has struggled with authority, even though he is only five and I really don't want him labeled as a bad kid. He was bringing his Kindergarten teacher to tears. The virtual learning, he did well with, and he was thriving, so the pandemic helped him in that situation, but it really didn't fit with me because the whole day I was stuck on the computer and with the other children; it was hard. I felt like I was a full-time Kindergarten teacher at a public school but at home with him making sure he wasn't closing out of the zoom, and [checking] where is the zoom cam looking at. There is still all that, but I am so proud of him. I don't know if it was maturity, but I do need to find speech therapy. I have to speak to the school. We just started with Gardner.

Parents on Different Pages. Three of the twelve participants (i.e., Heather, Iris, Ginger) indicated that the differences between caregivers (e.g., presence, knowledge, beliefs) is impacting their use of the strategies and/or child behaviors. Heather indicated that she has spoken to her husband about the strategies, but that it has been challenging without consistency between caregivers. Heather shared,

I mean I have a hard time remembering too to do it a different way, so it is hard for him to do it too. Even though I told my husband not to; it is hard for him to not speak to him during time out or to reward him after things. It is hard to continue to reward him after going to time out; it did work if we could just stick to it. I think during the week there weren't any time we could have gone [to class together]. Weekends, it is hard to get childcare so I don't think we would have ever gone together.

Iris shared that like Heather, she shared the course content with her husband. She stated that his response is often "defensive" and that they continue to talk about his use of the strategies, as her daughter experiences different responses to behavior across caregivers. Iris shared,

I would like [my husband] to go to a father's session. He is a trainer as well in his work life and I think he would learn a lot as well. Sometimes you tell your husband something, like anyone who is smart, you tell them something and they are on the defensive. Like "oh really?" People's personalities are different, so sometimes instead of taking in information and wanting to know more they are on the defensive. Like "okay" or "oh really" so we are still working on this using it the same [laughs]. We still talk about how we can do things to make sure he listens to him, like I tell him we would say it once and then say it again to get her to make sure she got it. The first time she will hear it after 5-seconds and then she will need time to decide how to do it and process it. I also tell him the key too is to not be impulsive ourselves. We talk about it.

Ginger shared that she does not have a partner or coparent locally, and that her sons' father relocates often for work. She shared that her expectations and their father's expectations differ, and that she feels his expectations are less developmentally appropriate. Ginger shared,

[My son's father] he is in the Army, so he hasn't seen them in a few years because he just

got back from Turkey. Then before that he was in South Korea for two years. He doesn't

see my son for long periods of time and when he sees them now, they are teenagers, and

he wants to treat them like teenagers but in part they are still young.

Summary of Findings

Overall, participants shared experiences and reflections that met criteria within the major

prongs of social validity (e.g., socially significant target behaviors, procedural appropriateness,

and perceived importance of results). Additionally, they shared additional needs to address post-

participation.

In terms of the Social Significance of Target Behaviors, every participant shared a.) a

problem behavior that they identified for change prior to the course, b.) parent behavior

identified for change prior to the course, c.) context and indication of the child and/or parent

behavior to be problematic for their family system. Participants each identified a child and parent

behavior that was occurring prior to the course that led to significant distress within their family

system, warranting intervention. Participants indicated that the way they were addressing child

behaviors was ineffective, as their child's behaviors were escalating or continuing to occur prior

to attending the Group Triple P course. Each participant also shared family and environmental

factors that were present at the time of enrollment or at just prior to their participation of the

Group Triple P course that they felt contributed to the significance of the problem behaviors.

Regarding participant reflection of the procedural appropriateness of the intervention;

each participant provided feedback on aspects on the execution of the intervention, instructional

aspects, and strategies. Implementation aspects discussed included day/time of class, length of

sessions and course, pre-post assessments, childcare offerings, incentives provided (e.g., gift

cards and food), and supplemental services provided by the hosting agency. Instructional aspects were discussed by all participants included instructor and instructional strategies, videos used in the course, materials provided, homework tasks, and group dynamic. Participants also provided information on their use of strategies during their course. Two reported use of relationship development strategies, four participants shared use of strategies for encouraging positive behaviors, five reported they used strategies for teaching new skills or behaviors, all participants shared use of skills for managing misbehavior, and four recalled using strategies for planning ahead for high-risk situations. In addition to strategy use, all twelve participants shared their response to the strategies during their time in the course with only one participant sharing dissatisfaction with the contextual fit of strategies taught. Each participant also shared their child's response to strategy use during the course, with half indicating a positive response to the new methods and the other half indicating a neutral, mixed or latent response. Co-parenting responses were shared by eleven of the twelve participants, with seven indicating a positive response, two indicating a neutral response and two indicating partner refusal or lack of support with strategy use. Barriers during the time of the course were identified by eight participants, which some reported are ongoing present day.

Concerning participant perception of intervention importance, participants shared child and/or parent behavior changes during the course, description of the impact the course had on the parent, their child and/or their family present day, and aspects of generalization and maintenance factors post-completion of the course. Every participant provided examples of changes observed in child and/or parent behaviors during their Group Triple P course, as well as examples of long-term changes or feelings of how the course impacted them, their child, or their family. In terms of generalization, only nine participants provided description of child and/or parent

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generalization of skills across settings, children, or behaviors, yet maintenance of skill was indicated to be reported by all twelve participants.

Participants provided report of post course challenges, as well as occurrence of problem behaviors selected present day. Five participants described that the identified problem behavior continued to occur post-participation or started to reoccur post completion of the course, whereas seven other participants shared that the problem behavior they chose to target no longer occurs or has decreased to acceptable rates post course completion. Seven participants shared that they would like additional assistance with parenting skills learned in Group Triple P, such as a general refresher on skills learned, trouble-shooting common considerations for parenting, or an opportunity for individualized feedback or coaching. Nine participants shared that they have a need for additional support for their child's behavior beyond Group Triple P in the form of direct support for their child or their family system but are reporting resistance or uncertainty of if and how to access supports. Participants indicated a need for medical consultation, school-based services, or direct support for the parent to address feelings of isolation/need for social supports, anxiety and guilt or hopelessness. Three of the twelve participants indicated that the differences between caregivers (e.g., presence, knowledge, beliefs) is impacting their use of the strategies and/or child behaviors present day, post course.

Chapter 5

Discussion

Overview

This chapter includes a review of findings with comparison to extant literature where applicable for this post-positivist, exploratory, qualitative interview study. This study is the first qualitative research study of which I am aware that examines participant experience of the Group Triple P intervention through the evaluative lens of Social Validity. Below is a review of the theoretical framework, review of the findings, implications for practice and for the delivery of Group Triple P intervention, limitations, and directions for future research.

Conceptual Underpinnings

The theoretical framework that was used to inform data collection, analysis, and interpretation of this study is Family Systems Theory (Kerr, 2000). Family systems theory was used as an underlying conceptual framework to capture the interconnectedness of the intervention, as social validity is typically measured through the lens of the participant only, rather than capturing their understanding as to how the intervention impacted themselves and their family system. Additionally, BFIs such as Group Triple P are rarely successful without participation of other members within the family system (Kazdin, 1991). Participants shared experiences consistent with literature indicating that child behavior problems can lead to considerable strain on the family system, which increases the probability of distress within the family system and impact the child's social-emotional and behavioral development (Wadham,

2016). Family Systems Theory views the family as an interconnected unit and identifies the complex relationships within the family and how they impact one another (Kerr, 2000; Wadham, 2016). Relationships within this framework are bi-directional, as the actions of one family member has an impact on the others. As demonstrated via participant experiences, child behavior impacts the parent-child relationship, child relationship with the coparent, the coparenting relationship, sibling relationships, and even relationships with extended family (e.g., grandparents, aunts, etc.).

In terms of the parent-child relationship, Family Systems Theory captures the escalation cycle within coercive parenting practices, as well as the effect of positive parenting strategies. Maladaptive parenting practices lead to an immediate brief decline in child problem behavior, but will not modify child behavior long-term (Cooper, Heron & Heward, 2007). As evidenced with the findings in this study, positive parenting practices strengthen the parent-child relationship. Positive parenting practices increase the value of parent attention, which when delivered for appropriate behaviors then leads to increased compliance. Thus, the Family Systems Theory framework depicts the reciprocal relationship within parent-child relationships, the application of parenting practices, and the environmental context. The assessment of social validity requires participation and understanding from the vantage point of each caregiver, as well as the child, through the lens of Family Systems Theory (Wadham, 2016).

Interpretation of Findings

Findings from this study indicate that majority of participants from this sample indicated aspects of social validity, and each participant indicated post-attendance needs. Below is a summary of the primary findings and how they relate to the tenets of social validity as described by Wolf (1978), the primary theoretical framework used to assess social validity.

Social Significance of Target Behaviors

The first tenet of social validity is the social significance of the target behaviors, meaning that the problem behaviors and environment selected for treatment are important to the constituent within the context of their lives (Armstrong, Ehrhardt, Cool & Alan, 1997; Wolf, 1978). Every participant in this sample shared a) a problem behavior that they identified for change during the course, b) parent behavior identified for change during the course, and c) environmental factors prior to or at the onset of intervention. Child behaviors that were reported of concern were typically high frequency or of high magnitude, resulting in concerns of safety or child noncompliance. Severity and problem behavior type are two risk factors leading to behavioral intervention need (Sanner & Neece, 2018). Non-compliance behaviors are one of the most common childhood problem behaviors warranting intervention, with a prevalence rate of 25-65% for children ages 2-16 years of age (Kalb & Loeber, 2003). Target behaviors shared by participants in this study were described as moderate to high intensity, causing significant distress to the parent and family. Level four interventions within the Triple P system, such as Group Triple P, are designed to address behaviors of moderate to high intensity (Turner, Markie-Dadds & Sanders, 2012).

It is of note that one participant (Ginger) was able to articulate child target behaviors for change, but shared significant dissatisfaction with belief that the intervention was not matched to her referral needs. Ginger reported that it was recommended she change her target child at the introduction session, as she received feedback that due to developmental concerns (e.g., adaptive and communication delays with diagnosis of ASD), Group Triple P may be most appropriate for her teen due to less developmental variability. While Ginger did proceed to complete intervention, her overall satisfaction is indicative of low social validity. This supports literature

indicating that social validity is influenced by the degree of contextual fit, which is determined by matching strategies, procedure and intervention aims to the values, needs and resources of those receiving the intervention (Cooper, Heron & Heward, 2007; Wolf, 1978). Of all participants, Ginger indicated the lowest degree of intervention acceptability which may have been attributed to poor contextual fit from the start of her enrollment.

Parental problem behaviors of concern were typically coercive in nature, with each participant reporting either use of maladaptive parenting practices to modify their child's behavior or an escalation cycle leading to coercive parenting practices (Chamberlain & Patterson, 2016). All participants indicated the methods they used pre-enrollment to address child problem behaviors were ineffective, as their child's behavior was escalating or continuing to occur at the time of enrollment. Parent problem behaviors that were shared by participants included emotional communication, providing long-distance instructions, use of physical correction, and taking away privileges. Participants gave consistent feedback that at the time in which they enrolled in the course, they were experiencing discord within their family system, and that their child's behavior was at a heightened point, which was leading to an escalation of behavior and parental stress. These data are consistent with research indicative of coercive discipline practices contributing to clinically significant child problem behaviors, for both parent and child (Chamberlain & Patterson, 2016). Several participants shared the presence of coercive parenting practices elicited brief compliance, followed by an increase in intensity of child-parent problem behavior. Brief compliance will often reinforce maladaptive parenting practices, which lead to continued use until the escalation cycle warrants intervention (Gershoff, 2002; Kim-Cohen, Caspi, Rutter, Thomas & Moffitt, 2006).

Escalation behaviors were indicated to be closely connected to contextual environmental stressors. The environment in which child-rearing occurs is one of the most significant constructs of the parent-child relationship in large part due to the interaction between parental interactions, stress and risk factors (Serbin, Stack & Schwartzman, 2002). Contextual factors that led to enrollment included parental uncertainty about their ability to handle their child's problem behavior, discord amongst co-parents, a desire to parent "the right way," problem behaviors occurring across settings, receiving critical feedback regarding their child, feeling isolated, experiencing life transitions and experiencing crisis-level problem behaviors such as extended screaming or the parent escalating in their response to their child. Every participant described experiencing high levels of parental stress and environmental factors they felt increased the parent-child relationship strain. Parental stress and child behavior problems are constructs that have been shown to have a bidirectional relationship and can lead to significant strain within the family system (Kerr, 2000; Sanner & Neece, 2018).

Procedural Appropriateness

The second tenet of social validity is the procedural appropriateness. Participant acceptability of component-strategies, method of presentation, and implementation aspects are all documented aspects cited to influence treatment acceptability (Dorsett & Hobbs, 1985, Kazdin, 1981). Each participant provided feedback on aspects on the execution of the intervention, instructional aspects, strategies used during the course, and perceived response to strategies use from participant, their child and coparent.

Aspects of intervention delivery discussed included the time of day their course was offered, the length of the class, the childcare offered, incentives provided, pre-post assessments, the number of classes, and attributes of the agency that hosted their enrollment in Group Triple

P. The course time, day and availability of onsite childcare was reported to allow participant attendance. The two and a half to three-hour course was reported to be acceptable session length, and participants reported weekends and mid-weekdays to have worked well for their schedule. In terms of the number of sessions, several participants indicated a desire for additional classes, greater frequency (e.g., twice a week instead of once), and additional classes to be offered on a "drop-in basis." These participants each indicated that the course was a safe place to receive help and feedback. Feedback regarding on-site childcare offerings indicated satisfaction with the inclusive, "family-centric" culture, as well as reduction of parental stress and increased parental focus by having their child in the next room. These findings support that contextual fit (congruence between the intervention and participant resources and routines) was present for each participant, as the course schedules paired with childcare onsite allotted for participant attendance (McLaughlin, Denney, Snyder & Welsh, 2012).

Provision of incentives were also reported to be satisfactory. Participants reported enjoying the added incentives of gift cards and food at the class, and for some it made the experience more reinforcing and convenient. One participant, Ginger, shared that she received the gift cards during the initial course, but when she took a second class, she was unhappy that she did not get them. It is of note that the funding agency does not provide gift cards to participants that repeat courses or take additional, different levels of Triple P courses. Food, either breakfast or lunch and morning coffee, was collectively reported to create a welcoming environment for parents to socialize before class over coffee and was reportedly a safety-net for families when they were running late. With provision of resource (e.g., food on-site, gift cards for gas), there is reduction of intervention disengagement. These data are congruent with the

barriers-to-treatment model, as incentives can reduce family strain and encourage continued engagement and attendance (Kazdin, Holland & Crowley, 1997).

Regarding pre-post assessment, three of the four participants that recalled completing it indicated that they were acceptable in length, and in delivery (e.g., computer-based). One of these participants indicated that the feedback from her assessments was eye-opening, as she gained insight into her own attributes as a parent. The fourth participant shared that she felt the paperwork portion of the assessment process was "tedious" and rather repetitive, but it is of note that she had to complete paper assessments rather than computer based. Increased participant response effort may explain as to why this participant found the assessment process to be less preferred (Cooper, Heron & Heward, 2007).

Information related to the agency providing the Group Triple P course suggested that it was helpful to access to case management and financial literacy courses during enrollment. One participant shared that his course was hosted at a local church, which he enjoyed but he shared concern that others may take issue with having to attend at a church. Overall, participant report supports (e.g., hosted location, case management and financial literacy supports) that the agency provided services fit well for their needs and the needs of their family. Case management has long been documented as one of the practice elements to increase engagement and hosting interventions at locations near the participant is categorized as an accessibility promotion, meaning it encourages engagement and access to services (Becker et al., 2015). Regarding financial literacy, research has not explored the relationship between this service and participant perceptions of social validity; thus, more research is needed to understand participants' experiences.

Instruction with rationale and modeling generally produces higher degree of participant satisfaction within parent training models, as denoted by participant feedback within the sample (Davies et al., 1984). Aspects of instructional format discussed by participants included the Family Educators and instructional style, role plays, materials provided, homework, the group dynamic, and videos shared in the course. Within the Group Triple P course, most participants reported satisfaction with the Family Educators, instructional style and role plays utilized within the course. Co-teaching, instructor relatability, and instructor accessibility were indicated to be satisfactory. Participants also shared that the multi-element nature of the course (e.g., lecture, videos and role plays) increased engagement and encouraged preparation for in-home application. Engaging instructional strategies itemized by participants included hands-on activities (e.g., scavenger hunts), ice breakers, and bi-directional seating, which led to a judgement-free, safe space for sharing and open discussion. Participant proposed changes to instructional practices included desire for one on one coaching in-home to troubleshoot the application of strategies, a "graduate" of Group Triple P guest speak would have been helpful to see.

These findings also suggest that the Group Triple P instructional training model of intervention leads to socially significant target behaviors across participants with use of the self-regulatory model. Participant selection of behaviors for reduction or replacement, as well as goals for change leads to high treatment acceptability (Sanders, 2012). In practice, it would be of importance for participants to select their own problem behavior to ensure goals for change are impactful to their child, their family and their own needs. To increase participant selection of behaviors and goals, it is recommended that intervention fidelity be monitored for use of instructional practices aligned with the self-regulatory model. The core principles foundational in

the Triple P system include teaching self-regulation through self-management, self-efficacy, personal agency, problem solving and self-sufficiency (de Graaf et al., 2008; Turner, Markie-Dadds & Sanders, 2012). Self-regulation skills increase participant independence, problem-solving skills, behavior monitoring of self and child, goal setting for self and child, self-evaluation skills (de Graaf et al., 2008).

One participant, Ginger, indicated that the instructional component of the course would have met her needs more if she had access to one-on-one instruction, rather than group. She felt that the needs of her family system exceeded what was offered in the group settings. Namely, she specified that each of her children were diagnosed with a developmental disability, and she does not have access to family, a coparent, or additional supports. Thus, she felt one-to-one instruction would have allowed more communication and feedback specific to her situation. It is of note that Ginger's experience was highly divergent from that of the sample regarding instructional need, yet her request for an individualized approach, reported communication with the Family Educator and continued attendance throughout the intervention is indicative of well-developed therapeutic alliance. Pre-treatment social relations, or lack thereof, have been show in the literature to predict response to treatment when accessing evidence-based intervention, yet Ginger reported low social support (Kazdin & Whitley, 2006). Further research would be warranted to understand what variables mediate continued attendance despite low treatment adherence (Becker et al., 2015).

Role Plays were cited by the majority to encourage use of the strategies during in-between session homework, helped with acquisition of the skills, and allowed participants to troubleshoot hypothesized resistance. Role plays were also reported to assist participants with course engagement, understand use of the strategies from their child's vantage point, and

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provided the opportunity to observe others using them. A subset of participants indicated that while role playing was helpful, the frequency was too low and lacked individualization. For much of the sample, findings are convergent with key aspects of quality parent training. Quality parent training consists of explicit instruction of discrete skills, opportunity for participant practice and feedback (Embry, 2004; Turner, Markie-Dadds & Sanders, 2012).

Materials provided were described as comprehensive and helpful to participants within the sample. Participants expressed satisfaction with the provision of supplemental materials such as tip sheets on specific behaviors and materials to prepare for behavior contracts. Workbooks provided were used in-class for notes and to facilitate homework tasks. While majority of participants shared homework tasks met their needs, a subset of participants shared that they struggled to do the homework with consistency because they lacked time during the week. One participant (Ginger) indicated that she often did not complete the homework because she felt the tasks were unrealistic for a single parent to complete alone and some tasks were not applicable to the needs of her family. Most participants reported enjoying that the practice served as an opportunity to attempt the strategies with intention, record their use and then obtain feedback in the next class. Many of the participants also reported satisfaction with review of homework tasks, as it allowed for trouble-shooting and additional practice. High rates of homework completion were reported, which is an important participant engagement measure (Becker et al., 2015). Additionally, homework tasks provide participants with between-session engagement leading to better retention and fidelity (Cooper, Heron & Heward, 2007; Wolf, 1978). Practice to a certain criterion level of performance also increases participant satisfaction, self-efficacy and consistency of use, which increases efficacy of the intervention (Calvert & McMahon, 1987).

Participant feedback on the videos shown during the course indicated videos shown in their course were outdated, but the majority indicated the videos were still effective. Most participants shared the videos met their needs, but that they would have benefitted from updated videos that were culturally and contextually similar to their family. Participants that indicated satisfaction shared that the juxtaposition of the "correct" implementation of the skill compared to "common errors" assisted them in implementation. One participant said that access to the videos post-participation would be helpful to have as a refresher. It is of note that since participant completion of the course, Triple P has released new videos specifically designed for use in the United States. BFIs outcomes are higher with either instruction paired with modeling, or instruction, modeling and behavioral rehearsal (Calvert & McMahon, 1987; Cooper, Heron & Heward, 2007). Videos are effective and acceptable methods for modeling skills with accuracy for participant instruction (Calvert & McMahon, 1987).

Regarding the group dynamic, most reported that it was reassuring and created a safe place to share because they were all experiencing similar concerns. Several participants also shared that they enjoyed the diversity within their group because they learned that parenting fears and child behavior concerns stratify all socioeconomic and cultural backgrounds. Group size was reported to be best for some with only four members, whereas others felt that group size was too small with seven to eight group members. Only one participant, Ginger, shared that she was extremely dissatisfied with the group dynamic within her cohort. She shared that she attended a group with primarily couples and being a single parent with neurodiverse children, she felt targeted and excluded. She explained that she was not invited to any of their post group get togethers at a restaurant after sessions and felt very rejected. Overall, most participants shared that the group dynamic fit their needs well, and one sharing that her needs were not met within

the group dynamic due to lack of connection. Proposed changes to the group dynamic included ability to connect with the group throughout the week for support and to limit late-start participants to ensure group bonding, consistency of attendance and commitment. While there is not literature to support that one modality of parent training is superior in comparison (e.g., group verses individual), there is evidence that indicates that supportive skills training models provide opportunity for reciprocal support between participants which may have a positive effect on increasing social networks for participants (Hogan, Linden & Najarian, 2002).

Strategies taught in the Group Triple P course include relationship-building strategies, strategies for teaching new skills and behaviors, management strategies, and strategies for generalization to high-risk situations (Sanders, 2012; Sanders & James, 1983; Sanders & Morawska, 2007). Each participant was able recall use of strategies attempted during their Group Triple P enrollment. Strategies with greater treatment acceptability are consistently reported to be less difficult and more useful (Calvert & McMahon, 1987). Participants reported most ease of use and high degree of satisfaction with strategies within the categories of Relationship-Based strategies (e.g., Quality Time, Talking with Child, Showing Affection), Encouraging Desirable Behaviors strategies (e.g., Praise, Attention, Interesting Activities), Teaching New Skills and Behaviors (e.g., Set a Good Example, Incidental Teaching, Ask-Say-Do and Behavior Charts), and Planning Ahead (e.g., Planned Activities Routine). Participant feedback was congruent with literature regarding parent perception in relationship to intervention satisfaction, as strategies with greater treatment acceptability are consistently reported to be less difficult and more useful (Calvert & McMahon, 1987).

The set of strategies within Managing Misbehavior (e.g., Set Ground Rules, Directed Discussion, Planned Ignoring, Clear Calm Instruction, Logical Consequences, Quiet Time, Time

Out and Start-Stop Routine) were reported for use during the course by the highest number of participants, and had the most variable degree of participant acceptability. Set Ground Rules and Clear Calm Instruction were reported by participants for use in the course with high satisfaction. Directed discussion was reported by some to be successful, whereas one participant indicated that the strategy led to an escalation trap each time, as she had difficulty using a back-up consequence (e.g., Time Out, Quiet Time, Logical Consequences) when the child refused to engage in repeated practice. Two participants attempted Logical Consequences, with one participant (Ginger) indicating that she could not withstand her son's extinction burst, rendering the strategy ineffective each time. Successful use of Quiet Time was reported by two participants, which they attributed to the change of keeping it brief and using space to the side of the activity. Time Out was discussed by eight participants, with four participants reporting a lack of contextual fit. Two of the four participants shared that their child was too old for the strategy, another shared that her son would get up unless she gave him exercises to do in lieu of standing, and the final participant indicated that she felt the strategy delivers mixed messages (e.g., the parent loves the child when they are good, but when they are bad the parent does not want the child near). These findings regarding recall of strategies used during Group Triple P enrollment indicate that participants reported a high degree of satisfaction and most ease of use for strategies designed to increase desirable behaviors or prevent problem behaviors; whereas the least amount of satisfaction and most reported difficulty was for strategies geared towards the management of problem behavior. Previous literature found higher participant satisfaction and treatment acceptability with strategies designed to increase behavioral deficits (e.g., praise, clear instructions, giving attention) in comparison to strategies designed to reduce behavioral excess (e.g., time out, planned ignoring) (Calvert & McMahon, 1987).

These findings regarding participant satisfaction with strategies may also speak to cultural considerations. One participant, Ginger, cited having significant difficulty with strategies and content that deterred emotional response and spanking. She attributed her dissatisfaction of parenting practices partially to cultural differences, as she described growing up in a "Latin household" where physical and emotional responses were common practice. This finding supports qualitative literature indicating that Latinx parents have been found to find some evidence-based parenting practices objectionable; particularly planned ignoring across settings and elimination of spanking (Calzada, Basil & Fernandez, 2012). In relation to Ginger, she indicated that while her target child is too old for spanking, she struggled during and post-course to eliminate emotional responses (e.g., yelling).

Participant report of their child, coparents and their own response to strategy use during the course indicated report of decreased parental stress, increased emotion regulation and increased self-efficacy. While several indicated feelings of relief that they found an effective new way to approach child behavior problems, two participants indicated less satisfaction. One participant (Heather) shared that she felt it was not sustainable long-term because she was having significant difficulty coordinating consistent responses between parents. The other participant (Ginger) indicated that as she started using the strategies, she began to feel like they were not individualized enough for the needs of her family, as the strategies were effective for use with her older son, but she came into the course hoping for solutions to impact her youngest son and his developmental delays.

With regards to child response to parental use of strategies, half of the sample shared that their child responded positively to the new strategies they were using, and the other half indicated that their child exhibited a mixed or neutral reaction to their use of the new strategies.

It is of note that the two participants with less participant satisfaction with the strategies reported that their children had inconsistent, neutral responses to the strategies. Coparent reactions were reported to be positive or neutral for the majority, and the ones that reported a negative response were reported to lack buy-in due to non-enrollment in the course (i.e., Heather), lacked understanding of the relayed content or providing critical response regarding a new approach (i.e., Iris). One participant (i.e., Ginger) shared that she did not have a coparent or partner at the time of the course. Barriers for use of the strategies during the course were parental exhaustion, conflict between partners over the "right" way to parent (i.e., Heather), and cultural expectations regarding discipline were barriers that persisted throughout the course (i.e., Ginger). Parental anxiety, keeping track of materials, correcting habits, and pushback from children were barriers that were reported to remedy as the participant continued using the new strategies. It is notable that the two participants with the least amount of satisfaction with strategy use during the course reported difficulty with child and coparenting response, as well as persistent barriers for use with strategies. Research has not explicitly explored caregiver acceptability in relationship to their perception of child and coparent acceptability at the onset of intervention, thus more research is needed to understand participants' experiences as to how child and coparent responses impact caregiver fidelity and use at the onset and throughout intervention.

Perceived Importance of the Results

The third tenet of Social Validity is Perceived Importance of the Results. Participants shared feedback related to their perception of the importance of their results derived during and after the course, which is identified by changes in child and parent behaviors during the course, individual and family impact post-participation, generalization of skills post-participation and maintenance of learned skills since participating.

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Each participant shared specific information related to child and parent behavior changes observed during their course. Parent changes identified by participants are the following: increased frequency of communication, improved quality of instruction, started providing choices, gave their child time to process information, simplified instruction, spoke calmly, timed instruction to increase compliance, increased time with their child, reinforcement of desirable behaviors, started identifying triggers, developed developmental expectations, witnessed child effort, and increased parent confidence. Child behavioral changes reported to occur during the course included: following ground rules, developed communication skills, problem behaviors decreased, increased independence, started following directions, started completing tasks without reminders, started going to time out with verbal directions, and started using "polite" words. Changes in child and parent behaviors were reported across participants well into their course. These findings are congruent with literature indicating that Group Triple P significantly improves child-parent interactions through quality and frequency of positive interactions, as well as strategic, regulated response to problem behaviors; resulting in reduction of child problem behaviors (Au et al., 2014; Bodenmann, Cina & Ledermann, 2008; de Graaf et al., 2008; Gallart & Matthey, 2005; Sanders, 2012).

Participants shared the impact the Group Triple P intervention has had on themselves, their child, other members of the family and the family system, present day. Family system impacts include improved family relationships, improved sibling relationship, changed family climate, and changes in day-to-day life due to case management services. Parent impacts include redefined their role as a parent today, more confidence, readily ask for help, new skills to replace maladaptive parenting behaviors, growth mindset, self-monitoring abilities, has learned to look for teaching moments, knowing "what works" for the child, learned to prevent problem

behaviors, and learned new and unexpected information. Reported impact on children present day include improved developmental skills, and leadership skills. Several participants also report improved parent-child relationships. Improvement within the coparent relationship was reported, as one participant indicated consistency between caregivers. These results illustrate how behaviors within the family system are interconnected; healthy changes in the behaviors of one family member can potentially impact the family system (Kerr, 2000; Wadham, 2016). BFIs such as Group Triple P can impact the whole, as relationships within the family system are seen to be bi-directional (Kerr, 2000).

Generalization of Group Triple P skills were reported by participants to occur across settings, children, and behaviors. Generalization across settings or children would require use of skills within novel settings or with across children (e.g., siblings). Behavior generality is shown by successful treatment of one behavior (e.g., noncompliance) leading to reduction of additional problem behaviors that are not the direct focus of the intervention (e.g., meltdowns) (Calvert & McMahon, 1987). Generalization was reported with success by much of the sample, but difficulty with generalization were indicated by two participants. These participants had difficulty generalizing across children (i.e., Ginger) and across settings with less control over environmental variables (e.g., outside, at the park; Iris). Several participants lacked report or indication of generalization, but every participant indicated maintenance of skills post-enrollment. Participants indicated success and maintenance across strategies, as well as avoidance of escalation traps and maintaining behavioral analysis to determine function of their child's behaviors. Participants that shared difficulty with maintaining consistency with skills use present day attribute it to parental exhaustion, coparenting conflict, and difficulty preventing an escalation trap.

With the high number of participants that reported maintenance and generalization of strategies present day, these findings indicate that the Group Triple P intervention successfully programmed transference of skills to the natural environment. Planning for generalization and maintenance must be pre-programed and the behaviors targeted must be of importance to the parent; specifically, targeting the settings, behaviors and times that parents find it most difficult to manage (Sanders & James, 1983). Thus, the Group Triple P intervention teaches generalization enhancement strategies referred to as the Planned Activities Routine (Sanders, 2012). This is designed to assist participants in strategically planning for use in the natural environment (Sanders, 2012; Sanders & James, 1983; Sanders & Morawska, 2007). Inclusive to the intervention is self-management training, which is teaching parents to self-monitor, goal set and engage in environmental planning skills specific to their own performance in generalization settings (Sanders, 2012). The self-instruction component has been shown to be effective way of increasing the likelihood of generalization and maintenance (Bandura, 2001).

Problem Behaviors Present Day & Additional Challenges

Participants described the present level of child problem behavior (We Still Struggle, It Just Doesn't Really Happen Anymore), additional follow up needs regarding participant Group Triple P skills (Need for Follow Up), concern shared by participants that additional support is warranted above that of Group Triple P intervention (There's No Roadmap), or that differences between caregivers has impacted use of strategies within the home (Parents on Different Pages). Participant data regarding targeted problem behavior indicated that more than half of the participants report an absence of the child's problem behavior or experience it so infrequently that they report acceptable rates (e.g., age-appropriate concerns). Four participants shared that the problem behavior occurs at acceptable rates, two report use of incompatible behaviors has

eliminated or significantly decreased the problem behavior, and one shared absence of the problem behavior due to a change in the antecedent (e.g., coming home from getting in trouble at school). Less than half of all participants shared that child problem behavior targeted in the course continued to occur post-participation, had started to reoccur, or had worsened since their participation in the Group Triple P intervention. Two participants shared that the problem behavior had reoccurred, one indicated that the problem behavior continued to occur in one setting, another shared that the problem behavior had escalated to include new behaviors (hypothesized to serve the same function) and one shared that the problem behavior continued to occur, but the topography of the problem behavior had changed since the course.

Participants also shared additional needs and ongoing concerns impacting their child's behavior or their ability to engage in use of the Group Triple P intervention to the degree that they would prefer. Desire for parenting skill follow up was reported by over half of participants; three participants felt they would benefit from a booster, two felt they would benefit from individual follow ups to obtain additional feedback on their use, and two shared that they would like parent training on more "universal" parenting needs (e.g., special topics such as use of technology or parenting in a pandemic). Nine participants shared that they would like to find additional direct supports for their child, themselves, or their family. Child-based supports included medical follow up (e.g., medication, evaluation, therapy) or supports delivered in the school setting to address school-based concerns. Parent and family concerns were a need for increased social supports, or parent emotions related to parenting (e.g., helplessness, anxiety, guilt). Three participants indicated that the differences between caregivers, such as a lack of presence, lack of parenting skills knowledge, or differing beliefs on parenting impacts use of strategies or child behaviors present day.

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It is of note that each participant that indicated problem behaviors present day also indicated a need for additional support. Participants that reported acceptable rates of problem behavior or an absence of problem behavior shared that they were seeking preventative or more supports to help their child continue to develop. This trend supports the notion that the presence of risk factors such as lack of social support, parent emotional attributes, high family stress, and parental conflict increases the likelihood of the occurrence or reoccurrence of child problem behaviors (Turner, Markie-Dadds & Sanders, 2012).

Implications for Practice

In applying these findings to theory and practice, there are several areas in which these data can inform practices to increase or cultivate high social validity in the delivery of Group Triple P intervention. Below is a discussion of recommendations regarding cultural considerations, attendance, assessment and matching intervention needs. In addition, implementation aspects, instructional aspects and considerations for post-course completion are discussed.

Cultural Considerations

Social validity concerns regarding the age and cultural disparity of the instructional videos shown in the Group Triple P course indicate a need for using the up-to-date training materials provided by Triple P International in future courses. While it would be difficult to predict participant response to this new material, these videos were updated to use American language and speech. Using the most up-to-date materials encourages fidelity of intervention and consistency of intervention delivery.

Social validity is connected to the degree of participant satisfaction (Wolf, 1978; Nock, Ferriter, & Holmberg, 2007). As depicted in these findings, most participants indicated high

satisfaction with intervention components; with one parent indicating concern with cultural relevancy. There is cited to be discrepancy between Western theoretical frameworks and Latinx cultural norms and parenting practices (Calzada, Basil & Fernandez, 2012). Recommendations to increase contextual fit, and ultimately increase social validity of intervention, include working with instructors that have similar cultural backgrounds and are bilingual (Calzada, Basil & Fernandez, 2012). The literature also recommends use of increased psychoeducation regarding strategies and developmental expectations, paired with participant choice (Calzada, Basil & Fernandez, 2012).

Attendance

Group attendance was reported to meet agency criterion for completion (e.g., no more than two classes missed) for all but one participant (due to maternity leave). Thus, attrition and attendance were not of concern within this sample. High social validity results in reduction of participant attrition and is believed to have a bidirectional relationship to engagement and attendance (Kazdin, 1981). These data suggest that in practice contextual fit is necessary for attendance, therefore the intervention day, time and location should be considered. Morning classes midweek or on weekends may allow for participant participation, as well as having several cohorts of Group Triple P available for sign up. Provision of accessibility promotion strategies (e.g., childcare, food, gift cards, transportation funding) are also recommended for use, as this derived high satisfaction in this sample and are shown to increase initial and ongoing attendance and dimensions of adherence (Becker et. al, 2015). Retention in the intervention can also be achieved through use of reminders, identification of barriers, and motivational interviewing (Kazdin & Wassell, 1999).

Intervention-Needs Match

These findings reflect a well-matched intervention program for all but one participant (i.e., Ginger). Based on this participant experience, these findings suggest a need for screening regarding participant need as to accurately match participant to the appropriate treatment level, and cohort.

To tip the scales towards a higher degree of social validity, contextual fit between participant needs and intervention level should be considered (Cooper, Heron & Heward, 2007; Wolf, 1978). In practice referral concerns should be well vetted to determine the best level of intervention. Findings suggest that one participant expressed dissatisfaction regarding the Group Triple P mismatching her need, as she wanted assistance with her five-year-old son, diagnosed with ASD. The Group Triple P intervention package is designed for parents with children that have similar developmental concerns, whereas the Steppingstones Level 4 intervention is designed with efficacious strategies to treat children exhibiting behaviors aligned with uneven development or developmental delays (Sanders, 2012).

At the onset of enrollment, psychoeducation about services may be provided to review characteristics of the intervention and details regarding treatment model. This will assist in developing well-matched interventions for both level of need and appropriate cohort, leading to accuracy of placement and appropriate expectations. Positive expectations about treatment outcomes are associated with adherence and higher degrees of satisfaction (Nock, Ferriter, & Holmberg, 2007).

Participant Assessment

Pre-assessment would be recommended to capture understanding of child behavior, parent behavior, severity of behavior and contextual factors to consider during intervention. The

Triple P system has several open-domain measures that are recommended for pre-post assessment (Sanders, 2012). Based on participant feedback in this sample, review of ratings and scores was appreciated by several as they found it to be "insightful." Thus, informative feedback regarding baseline and post assessment may further develop the participant's insight of their child's behavior, their behavior and how parenting practices impact their family system. Based on these findings, reduction in response effort (e.g., computer-based assessment) would increase participant satisfaction and acceptability (Cooper, Heron & Heward, 2007).

In addition to construct assessment, it would be recommended that instructors engage in pre-evaluation regarding potential barriers to engagement. Engagement can be classified into three components; attendance, adherence and cognition (Becker et al., 2015). Attendance describes the degree to which participants have opportunity to engage in treatment; practical and psychological (e.g., stigma) barriers are both threats to attendance and risk for attrition (Becker et al., 2015). Thus, evaluation of potential barriers may be completed pre-enrollment to solicit information regarding participant strengths and needs via interview, questionnaire or observational methods. This information will additionally inform intervention, increase contextual fit and ultimately increase social validity of intervention.

Implementation & Instructional Considerations

These findings suggest that the Group Triple P training model of intervention leads to socially significant target behaviors across participants with use of the self-regulatory model. Participant selection of behaviors for reduction or replacement, as well as goals for change leads to high treatment acceptability (Sanders, 2012). In practice, it would be of importance for participants to select their own problem behavior to ensure goals for change are impactful to their child, their family and their own needs. To increase participant selection of behaviors and

goals, it is recommended that intervention fidelity be monitored for use of instructional practices aligned with the self-regulatory model. The core principles foundational in the Triple P system include teaching self-regulation through self-management, self-efficacy, personal agency, problem solving and self-sufficiency (de Graaf et al., 2008; Turner, Markie-Dadds & Sanders, 2012). Self-regulation skills increase participant independence, problem-solving skills, behavior monitoring of self and child, goal setting for self and child, self-evaluation skills (de Graaf et al., 2008). Therefore, it is recommended that instructor fidelity of this model be used and monitored in practice to scaffold participant skills and increase social validity of intervention.

Given the high degree of participant satisfaction with the instructional format, it is recommended that instructional practices such as coteaching, instructor communication between sessions, use of multimodal instruction, and hands-on relationship-building activities be incorporated into group instruction. When considering instruction methods in relationship to acceptability of intervention, it would be beneficial for instruction to focus on increasing aspects of adherence (Becker et al., 2015). Behaviors of adherence include session participation, in-between session practice, and follow up on case management referrals. Instructors can promote in-session and out of session participation through high quality instructional practices, use of strategies to promote within-group relationships and through preservation of therapeutic alliance (Kazdin & Whitley, 2006). Role plays were indicated to be satisfactory, but findings suggest that it may be useful to individualize the scenarios and increase frequency of use in-session. Within these current findings, it was indicated that post-enrollment "testimonials" or guest speakers may increase participant satisfaction. Based on these findings, provision of materials for strategies (e.g., behavior contracts) and delivery of supplemental Tip Sheets also increases participant satisfaction and reported engagement.

Comprehensive review of homework tasks is also recommended, as this facilitates development of participant skills and encourages out of session practice (Becker et al., 2015). These findings also suggest that participants that take a course on a weekend may have more difficulty completing homework tasks, thus pre-planning homework completion would be recommended to increase probability of completion. With regard to instructional access post-completion, several participants indicated higher satisfaction with the intervention would be achieved if they could access to videos upon completion for modeling as a refresher. Therefore, either in-situ or video-style modeling may increase social validity of the intervention.

In terms of group dynamic, these findings indicate that it would be important to monitor the development of within-group relationships and conflict. An effective strategy for monitoring peer relationships within a skills training setting is use of a measure of social validity post session, with explicit questions regarding satisfaction and concerns with the group format. These findings indicate that one participant had significant concerns with the group format, which may warrant referral to alternative format (e.g., Standard Triple P for one-on-one Level 4 intervention) or a change in cohort (Sanders, 2012).

Given that these findings indicate least satisfaction with the management strategy of Time Out, it would be useful to increase opportunities for behavioral rehearsal (Calvert & McMahon, 1987). To increase social validity regarding use of strategies both pre and post intervention, it would be beneficial to ensure within-group planning of practice situations that could be anticipated throughout the week (Sanders, 2012; Turner, Sanders & Markie-Dadds. 2000). Group discussion regarding the impact to the family system may also encourage participants to disclose barriers they experience in attempting to use the strategies (e.g., coparenting concerns, extinction bursts, etc.).

While generalization and maintenance opportunities are pre-planned within the Group Triple P intervention, these findings indicate that it may be useful for the phone coaching sessions to occur as designed in the intervention. Several participants indicated that there were not phone contacts to check-in on use of their Planning Ahead Routine, therefore fidelity would encourage the opportunity for coaching, feedback and troubleshooting.

Post-Intervention Considerations

These findings suggest that problem behavior may restart or change topography post-completion of the course. Skills-based booster sessions, check-ins and special topic seminars (e.g., navigating technology use in children) were reported be of interest to participants, as they indicated it would increase satisfaction with intervention. Given that participants who reported problem behavior occurrence present day also indicated a need for additional resources, it would be recommended that a case management post-screening take place and that a follow-up check-in occur. This would allow participants to gain assistance with navigation of their own post-completion follow up needs (e.g., support groups, therapy, etc.) and that of their child (e.g., list of medical providers for psychiatric, psychological or therapeutic services). Coparenting concerns regarding parenting were also endorsed by several participants, therefore it would be beneficial for post-course referral for Level 5 interventions as needed (e.g., Pathways, Enhanced Triple P., etc.).

Limitations and Future Research

There are several limitations that must be considered when interpreting the results of this study. Namely, the amount of time varied across participants; thus, recall of their in-course use of strategies and responses strategies appeared to be a challenge for some to remember in detail. Participants attended courses at varied time points and the average number of months since

enrollment was 19-months across participants. While follow up data with participant experiences at varied time points does allow for a more complete understanding of the social significance of the intervention, their accuracy and detail of experiential recall is a limitation.

In terms of sampling, it is of note that participants were sampled from one agency. This is the only agency in the Tampa Bay region that offers community-based Group Triple P classes. Sampling from only one site may be a limitation because the interview data collected may not share the voice of all participant groups that access Group Triple P. Moreover, it is important to note that participants were taught by differing Family Educators (trainers) within the agency. Instructional methods were reported to be a variable that significantly impacted the Procedural Appropriateness for participants. While it was clear that some instructional methodologies differed across trainers, the degree to which these instructional methodologies impacted perceptions of Procedural Appropriateness is unknown.

It is of note that parent training is typically accessed via the mother within the family system, which was consistent within my sample. In total, only one father participated in this study; thus, this study may lack paternal perspective. In addition, only one couple participated in this study. Agency data indicates that an average class enrolls about three couples per cohort. Therefore, these findings lack participant perspective from multiple couples or coparents. Based on the feedback from the husband and wife set (Chandler and Melissa) and their coparenting success, it appears there would be value hearing voices from more paired participants in future research.

Given the limitations and findings, there are several areas that necessitate further research. Future research is warranted regarding the relationship between social validity and the impact of updated instructional material, referral source, treatment adherence, partner/child

response to strategies, increased use of behavioral rehearsal, and time of measurement. These findings would inform understanding of how these variables impact participant report of social validity.

Participant satisfaction with the videos embedded in the course was reported to be low by the majority. Triple P International has released new videos that are designed to have greater cultural relevancy for participants in the United States. It would be beneficial to obtain participant feedback and satisfaction ratings regarding the new content to understand how the new instructional material influences participant perception of social validity.

Participants were referred to the Group Triple P intervention through a variety of sources, including referrals from community resources (e.g., schools, agencies), advertisements (e.g., online ads, flyers), and through close friends and family members. It would be of interest to understand how referral source impacts participant engagement and treatment adherence, as these factors are shown to impact participant report of social validity.

In this sample, there was one participant that indicated low satisfaction with instructional and implementation aspects of the intervention. Despite dissatisfaction and low treatment adherence, she continued to access the intervention. It would be helpful to evaluate the mediating variables that influence participant participation and aspects of social validity as to ensure the delivery of intervention is pre-planned in a fashion that encourages high social validity.

These findings indicate that two participants indicated a degree of dissatisfaction with partner response to the intervention. It would be of interest to understand how participant perspectives on coparent and child reception of strategies impacts their own use. Furthermore, it would be helpful to understand how participant fidelity changes over time in a household where

their partner is not trained in the Group Triple P content. This would inform post-group practices to support participants and their coparent.

Several participants also indicated a desire for more individualized and frequent behavioral rehearsal within the Group Triple P intervention. Future research could explore the effect of increased opportunity for facilitated feedback (e.g., behavior skills training with use of the self-regulatory process) and how it impacts participant report of social validity and self-efficacy over time. Participants in this study also described a desire for opportunities to obtain in-home coaching, role plays with their children, and to engage in role plays with individualized scenarios. Since targeting the settings, behaviors and times that parents find most difficult to manage increases probability of generalization and maintenance of strategies over time, it would be helpful to understand how BST with naturalistic variables would impact participant report of social validity (Sanders & James, 1983).

Future research may also include assessment of participant perceptions of social validity after each session. This may give facilitators a greater understanding of participant needs in real time, rather than post-intervention. One participant in this study indicated significant dissatisfaction regarding aspects of procedural appropriateness, which she reported went unaddressed and unidentified during the time of her participation. Progress monitoring of social validity as participants advance through Group Triple P may increase contextual fit of the intervention and increase overall social validity.

Conclusions

Overall, these results indicate a high degree of acceptability post-completion of Group Triple P for this sample set, with one participant indicating lower satisfaction on aspects of instruction and implementation. Participant data indicates significant feedback on each tenet of

Social Validity, with the majority of feedback indicative of treatment acceptability. These findings illustrate several actionable items for use in practice to increase the probability of high social validity and treatment acceptability. Researchers that evaluate use and outcomes of Group Triple P may consider these findings to evaluate intervention delivery and social validity. Practitioners who deliver Group Triple P intervention may consider these findings to evaluate their use of instructional practices to increase participant social validity. Although these findings provide guidance regarding social validity and Group Triple P, additional research and program evaluation regarding social validity will increase the knowledge-based needed to maximize participants' use of Group Triple-P strategies.

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Appendices

Appendix A

Interview Questions

Greeting: *Thank you for agreeing to meet with me, I look forward to learning about your experiences with the Group Triple P intervention. Today's interview is expected to about an hour. My goal for this interview is to understand how the course impacted you and your family; specifically, how you felt the strategies, content and delivery format did or did not meet the needs of you and your family. I would also like to learn about any changes in your child's behaviors over time, from when you were in the course to present day.*

Prompt: Before we get started, why don't you tell me a bit about your child and what you most enjoy about being (child's name)'s parent.

*RQ1: How do parents describe the social significance of the target behaviors from Group Triple P intervention post attendance? [Focus: Target Bx, What brought them to class]

1. Let's go back to the time you took the Triple P class. Tell me about you and your family. What was going on with your family at the time you decided to take the class.
- **Prompts (As Needed)**:
  a. [Number of family members]
  b. [Living arrangements]
  c. [Childrearing responsibilities]
  d. [Any other contextual factors at the time of attendance]
  e. [Problem behavior]

2. What made you decide to participate in this class?
- **Prompts (As Needed)**:
  a. [Referral Source]
  b. [Length of Time Since Completion]
  c. [Aspects of Interest at Sign Up]
  d. [How Triple P could address the problem]

3. What specific behavior were you focused on at that time you took the class?
[Obtain understanding of the ABC's of the target behavior]
- **Please describe the behavior.**
- **What preceded these behaviors?**
- **What happened immediately after the behaviors?**

4. Given the behavior of concern, what were your goals for change? For example, what outcomes were you hoping to see after the course?

RQ2: How do parents describe the appropriateness of strategies discussed during the Group Triple P intervention in regard to the needs of their family system?[Focus: Implementation, Class Format, Instruction, Strategies & Content]

5. Let's discuss how the class was organized. What's your opinion about how the class was organized?
    - Prompts (As Needed)
        a. [Length of class]
        b. [Time of day]
        c. [Number of classes]
        d. [Pre/post assessments]
        e. [Gift cards]
        f. [Childcare]
        g. [Food]

6. Let's discuss the class format. You attended the Group version of Triple P. What is your opinion about the components of the class (the things you did during class). ?
    - Prompts (As Needed):
        a. [Use of Homework]
        b. [Use of Role Plays]
        c. [Use of In-Class Modeling & Videos]
        d. [Group Dynamic]

6. Now let's touch on the class content. In retrospect, what specific strategies or content did you see during the course that you used with your child? [Show menu of strategies]
    - Prompts (As Needed):
        a. [What did you think of these strategies?]

7. Learning about or knowing something can be so different from actually applying the information or skill. Tell me about your implementation of the strategies at home.
    - Prompts (As Needed):
        a. [Parent Response to Use]
        b. [Child's Response to Use]
        c. [Use of Strategies with a Co-Parent/Partner]
        d. [Barriers]
RQ3: How do parents describe changes in their child's behaviors post-Group Triple P intervention, both in regard to use of the strategies present day and the perceived importance

of the intervention? [Focus: Behavioral Change, Behavioral Outcomes, Generalization, Maintenance]

8. As you went through the course, what changes, if any, did you see in [target child's] behavior?
  - Prompts (As Needed):
    a. [Factors that contributed to the change/lack of change in the behavior]
    b. [Difference between their expectations and results- go back to initial goals]

9. Overall, to what extent did this experience impact you and your family?
  - Prompts (As Needed):
    a. [Biggest "take away" learned in the course]
    b. [Changes they would make to the course]

10. What new behaviors, if any, have you have been able to use these strategies on since you attended the course?
  - Prompts (As Needed):
    a. [Additional behavioral challenges that persist]
    b. [Current interventions used to address those challenges]

RQ4: What additional challenges persist or arise post-Group Triple P intervention?[Focus: Behavior Present Day, Post Attendance Challenges]

11. Tell me about the [target behavior] present day.
  - Prompts (As Needed)
    a. [Resource Guide]

12. In retrospect, what additional supports would have been helpful for you to have in order to implement the strategies with more ease or greater consistency?

13. Is there anything else that you would want me to know about your experience of Group Triple P? Please describe.

Close: *Thank you for your time and information. Once I have taken what you have shared and completed the analysis, I would like to offer you an opportunity to review it. Would this be something you would be interested in doing?*

***NOTE: RESEARCH QUESTIONS WILL NOT BE ASKED DURING INTERVIEW; FOR REFERENCE ONLY

Appendix B

Participant Demographic Questionnaire

1. Participant's Pseudonym :

2. Participant's Gender, Age, Race and Ethnicity:

3. Completed Education Level and Field of Employment:

4. Total Number of Children:

5. Members of the household and their relationship to you:

6. Ages and gender of each child:

7. How long ago did you complete the Group Triple P intervention?

8. Which child was considered your "target child" (e.g., the child that was the focus of the assessments and between session activities)?

9. Does this aforementioned child have any diagnoses? If so, what are they?

10. How did you hear about the Group Triple P course?

11. Were you referred by an agency? If so, which one?

Appendix C

IRB Letter of Approval

UNIVERSITY of SOUTH FLORIDA

EXEMPT DETERMINATION

November 30, 2020

Nycole Kauk
2966 Clubhouse Dr. W.
Clearwater, FL 33761

Dear Mrs. Nycole Kauk:

On 11/30/2020, the IRB reviewed and approved the following protocol:

Application Type:	Initial Study
IRB ID:	STUDY001600
Review Type:	Exempt 2
Title:	Social Validity: Post-Participation Parent Perceptions and Reflections of Group Triple P
Protocol:	• Kauk Protocol.docx

The IRB determined that this protocol meets the criteria for exemption from IRB review.

In conducting this protocol, you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Please note, as per USF policy, once the exempt determination is made, the application is closed in BullsIRB. This does not limit your ability to conduct the research. Any proposed or anticipated change to the study design that was previously declared exempt from IRB oversight must be submitted to the IRB as a new study prior to initiation of the change. However, administrative changes, including changes in research personnel, do not warrant a modification or new application.

Ongoing IRB review and approval by this organization is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities impact the exempt determination, please submit a new request to the IRB for a determination.

Sincerely,

Jennifer Walker
IRB Research Compliance Administrator

Institutional Review Boards / Research Integrity & Compliance
FWA No. 00001669
University of South Florida / 3702 Spectrum Blvd., Suite 165 / Tampa, FL 33612 / 813-974-5638

Page 1 of 1

Appendix D

Agency Letter of Support

May 25, 2020

Institutional Review Board
University of South Florida
4202 E Fowler Ave
Tampa, FL 33620

To Whom It May Concern:

I am pleased to provide this letter of support for an evaluation effort to understand the outcomes with our Positive Parenting Partnership (P3). Champions for Children is the Tampa Bay region's leading agency focused exclusively on the prevention of child abuse and neglect, which we accomplish through evidence-based and research-informed family education programs that promote positive parenting and child development. Champions was founded on the notion that when we as a community fail to prevent and treat child abuse and neglect, we all suffer. For more than 40 years, Champions for Children has served the Tampa Bay region with an array of child abuse prevention and family education services that has constantly evolved and improved to meet the present needs of the community. Sadly, Hillsborough County ranks among the highest in the state of Florida for the most reported and confirmed cases of child abuse and neglect. Champions' programs are designed to tackle this problem with both breadth and depth, delivering hands-on training, support and information to parents at- risk of violent behavior, as well as those who just need a helping hand.

We understand that Nycole Kauk will be conducting her data collection onsite with our P3 participants who receive our Triple P Group intervention. The risks associated with the research are similar to the risks associated with participating in the Group Triple P intervention for which we have adequate provisions to handle any unanticipated problems and/or adverse events. Nikki Daniels will represent Champions for Children in matters related to the conduct of human subjects research and she can be reached at 813-673-4646 x1122 or ndaniels@cfctb.org.

Sincerely,

Amy Haile
Executive Director

Champions For Children

3108 West Azeele Street
Tampa, FL 33609

Phone 813-673-4646
Fax 813-356-1511

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Appendix E

Process Framework

Step 1: Pilot Study

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Step 2: Participant Recruitment

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Step 3: Inclusion Interview

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Step 4: Consent Process

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Step 5: Interview Data Collection

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Step 6: Data Analysis

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Step 7: Interrater Reliability

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Step 8: Member Checks

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Step 9: Data Summary
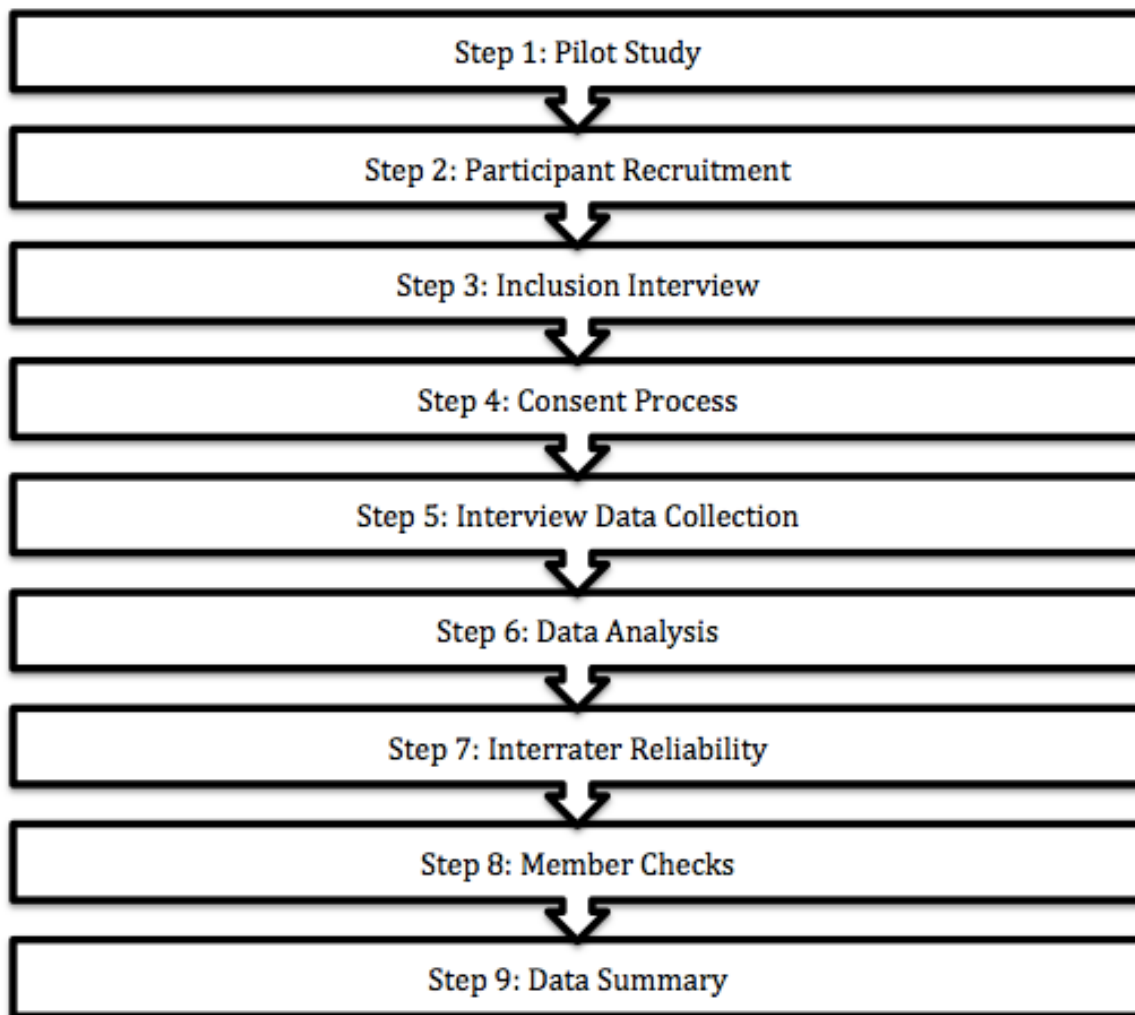
Appendix F

Session Checklists: Group Triple P
Sessions 1-8

Session checklists can be found within the Group Triple P Facilitators manual. The

manual may be found at:

Turner, K.M., Sanders, M.R., & Markie-Dadds, C. (2000). Facilitator's manual for group triple P.

Appendix G

Pre-Screening: Inclusion Criteria Phone Script

The following phone script will be used once the researcher is contacted by the potential participants via email or phone. This is used to ensure they meet inclusion criteria before the consent is sent for review.

Hello, this is Nycole Kauk; primary investigator for the study and I understand you are interested in participating. Before we meet to review consent and conduct the interview; I would like to make sure we record the participation criteria. [Researcher will ask the following:]

Approximately, when did you participate in the Group Level Triple P course?

     Date(s)/Timeframe: _____

     Calculated Window of Time Post Completion: _____

When you took the course, approximately how many classes did you miss? [This information will be verified with CFC-P3]

In regard to your relationship with your target child, are you the…

- ☐ Biological parent
- ☐ Stepparent
- ☐ Adoptive Parent
- ☐ Legal Guardian

Do you reside in Florida?

What is your primary language?

Appendix H

Resource Guide

Family Resource Guide

Support for Parents

Florida 2-1-1 Association Provides free, confidential information and referral services24 hours a day, 7 days a week! Trained professionals provide crisis counseling and help callers identify and connect with health and human service programs that can meet a variety of needs including food, housing, employment, health care, and more. Services are available statewide through any cell phone provider as well as through landlines in 58 of Florida's 67 counties. Additional information is also available online at www.211florida.org. 2-1-1

Abuse Registry Florida hotline determines if the information presented complies with the mandates in law and assists all callers with information and referral to enhance the safety and well-being of children and vulnerable adults. Available 24 hours a day, 7 days a week. 1-800-96-ABUSE (1-800-962-2873)

Child Help USA The hotline offers crisis intervention, information, literature, and referrals to thousands of emergencies, social service, and support resources. Professional crisis counselors can provide assistance to callers in 170 languages. All calls are anonymous and confidential. Available 24 hours a day, 7 days a week. 1-800-4-A-CHILD (1-800-422-4453)

Prevent Child Abuse America PCA America provides education to everyone involved in the effort to prevent the abuse and neglect of our nation's children. Working with our chapters, we provide leadership to promote and implement prevention efforts at both the national and local levels. Additional information is also available online at www.preventchildabuse.org. 1-800-children (1-800-244-5373)

Parents Without Partners Provides single parents and their children with an opportunity for enhancing personal growth, self-confidence, and sensitivity towards others by offering real help in the way of discussions, professional speakers, study groups, publications and social activities for families and adults. Available by phone 8:30am to 5:00pm, Monday through Friday. Additional information is also available online at www.parentswithoutpartners.org. 1-800-637-7974

AARP Foundation Grandparent Information Center A resource for grandparents raising grandchildren, professionals, support groups, researchers, and policy makers. Additional information is also available online at www.aarp.org or www.aarp.org/states/fl. 1-888-OUR-AARP (1-888-687-2277)

Boys Town Provides children with a safe, caring, loving environment where they gain confidence to get better and learn skills to become productive citizens. Available 24 hours a day, 7 days a week. Additional information is also available online at www.boystown.org. 1-800-448-3000

Support Services for Military Families

Military One Source Offers free, confidential telephone, online and in-person counseling options to active-duty, Guard, and Reserve members and their families. Services are designed to help with short-term, non-medical issues such as adjustment to situational stressors, stress management, decision making, communication, grief, blended-family issues, and parenting. Consultants are available 24 hours a day. Additional information also available online at www.MilitaryOneSource.com. 1-800-342-9647

U.S. Department of Veterans Affairs Provides free readjustment counseling services to service members, veterans, and their families. Services include individual counseling; group counseling; marital and family counseling; medical referrals; help with applying for VA benefits; employment counseling; and alcohol and drug assessments, information, and referral to community resources. Counseling is provided at 300 community-based Vet Centers in the U.S. and surrounding territories by counselors who, as veterans themselves, have "been there and done that" and understand what the veteran

Family Resource Center of South Florida. (2018, June 30). *Resources for parents.* Family Resource Center. https://frcflorida.org/family-resource/resources-for-parents/.

is going through. Vet Center staff is available toll free during normal business hours. Additional information also available online at www.vetcenter.va.gov. 1-800-905-4675 (Eastern) 1-866-496-8838 (Pacific)

Veterans Crisis Line Connects veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential, toll-free hotline, online chat, or text. Veterans and their loved ones can call a counselor at 1-800-273-8255 (then press 1); chat online at http://veteranscrisisline.net, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week. Additional information also available online at http://veteranscrisisline.net. 1-800-273-8255 and Press 1

Health and Nutrition Services

ACCESS Florida Toll-free number to apply for food stamps, Medicaid, and temporary cash assistance. Additional information also available online at www.dcf.state.fl.us/programs/ access/index.shtml. 1-866-76ACCESS (1-866-762-2237)

Florida KidCare Provides free to low-cost comprehensive health coverage for children from birth through age 18. Florida KidCare covers everything from basic check-ups all the way through hospitalizations, in addition to vision, dental and prescriptions. Most families pay $15 - $20 a month in premiums to cover all of their children. Many pay nothing at all. Additional information is also available online at www.floridakidcare.org. 1-888-540-KIDS (1-888-540-5437) TTY Line: 1-877-316-8748

Family Health Line of Florida Assists pregnant women in accessing prenatal care and substance abuse treatment during pregnancy and provides information on helpful community resources. All calls are confidential and are answered by trained counselors who are available: 8:00am-11:00pm, Monday through Friday, and 10:30am to 6:30pm weekends. Closed on holidays. 1-800-451-2229

La Leche League 24 hour toll-free breastfeeding helpline provides telephone counseling, referral and extensive information on breast feeding. Additional information available online at www.lalecheleague.org. 1-877-4-LALECHE (1-877-452-5324)

American Pregnancy Association A crisis pregnancy line available 24 hours a day, 7 days a week. The APA is a national health organization committed to promoting reproductive and pregnancy wellness through education, research, advocacy, and community awareness. Additional information available online at www.americanpregnancy.org. 1-800-672-2296

Women, Infants and Children (WIC) WIC provides the following at no cost: healthy foods, nutrition education and counseling, breastfeeding support, and referrals for health care. Available 8:00am to5:00pm, Monday through Friday. Additional information is also available online at www.doh.state.fl.us/family/WIC. 1-800-342-3556

Child Care Resource and Referral Services

Child Care Aware A nonprofit initiative committed to helping parents find the best information on locating quality childcare and childcare resources in their community by connecting parents with local agencies best equipped to serve their needs. Additional information is also available online at www.childcareaware.org. 1-800-424-2246 TDY: 866-278-9428

Florida's Childcare Resource and Referral Network The Agency for Workforce Innovation's Office of Early Learning State Child Care Resource and Referral Network is dedicated to helping families find answers to their questions regarding how to identify quality child care and early education programs and how to locate a provider that meets their family's needs. Additional information is also available online at http://www.floridaearlylearning.com/. 1-866-357-3239

Family Resource Center of South Florida. (2018, June 10). Resources for parents. Family Resource Center. https://frcflorida.org/family-resource/resources-for-parents/.

Interdisciplinary Center for Evaluation & Intervention When referred via a school agency or home-schooling parent, provides indirect and direct services to students such as evaluation and behavior analytic intervention services. Additional information is also available online at www.icei.fmhi.usf.edu. 813-794-0968

National Resource Center for Health and Safety in Child Care and Early Education Provides referrals to local agencies for childcare information. Available 7:30am to 4:30pm Mountain Time, Monday through Friday. Additional information is also available online at www.nrckids.org. 1-800-598-KIDS (1-800-598-5437)

Services for Adolescents and Runaways

Teen Help Adolescent Resources Assist parents, childcare professionals, and others in locating appropriate resources for the treatment of adolescents struggling with making the best choices in their lives. Available 9:00am to 11:00pm, Monday through Friday, 9:00am – 9:00pm on weekends. Additional information also available online at www.specialtyboardingschools.com. 1-800-637-0701 or 1-800-559-0044

Thursday's Child National Call Center for Endangered Youth Provides counseling, crisis intervention, case advocacy, referrals and messages between parents and runaway youth. Areas of assistance are child abuse, child exploitation, eating disorders (including Anorexia and Bulimia), depression, teen suicide, missing children, runaways, sexual safety, substance abuse, teen pregnancy and teen parenting. Available 24 hours a day, 7 days a week 1-800-USA-KIDS (1-800-872-5437)

The Covenant House Nineline Provides food, shelter, clothing, crisis care, health care, education, vocational training, drug abuse treatment and prevention programs, legal services, recreation, mother/child programs, transitional living programs, street outreach and aftercare. Available 24 hours a day, 7 days a week. Additional information also available online at www.covenanthouse.org. 1-800-999-9999

National Runaway Switchboard Provides non-judgmental, confidential crisis intervention and referrals. Available 24 hours a day, 7 days a week. Additional information also available online at www.nrscrisisline.org. 1-800-RUNAWAY (1-800-786-2929)

Services for Children with Disabilities

Florida Diagnostic and Learning Resources System (FDLRS) FDLRS provides diagnostic, instructional, and technology support services to school district exceptional education programs and families of students with disabilities. Additional information also available online at www.fdlrs.org. 1-800-654-4440

CHADD A national non-profit organization providing education, advocacy, and support for individuals with ADD/ADHD. Automated phone service. Additional information also available online at www.chadd.org and www.help4adhd.org. 1-800-233-4050

Family Network on Disabilities Provides family-driven support, education, information, and advocacy. Available 8:30am to 4:30pm, Monday through Friday. Additional information also available online at www.fndfl.org 1-800-825-5736

Services for Families Dealing with Domestic Violence

Florida Coalition Against Domestic Violence Links callers to the nearest domestic violence center and provides translation assistance when needed. Maintains a resource library of books, periodicals, videos, and other resources regarding domestic violence issues. Available 24 hours a day, 7 days a week. Additional information also available online at www.fcadv.org. 1-800-500-1119 TTY: 1-800-621-4202

Family Resource Center of South Florida. (2018, June 10). *Resources for parents*. Family Resource Center. https://frcflorida.org/family-resource/resources-for-parents/.

Services for Families Dealing with Addiction

Narconon Arrowhead A support group for people recovering from drug addiction. Membership is open to any drug addict, regardless of the drug or combination of drugs used. Non-conventional residential treatment center. Available 7:00am to 11:30pm, 7 days a week. 1-800-468-6933

National Clearinghouse for Alcohol and Drug Information An information resource equipped to respond to the public's alcohol, tobacco, and drug inquiries and distribute free or low-cost culturally diverse prevention, intervention and treatment resources tailored for use by parents, teachers, youth, communities, and prevention/treatment professionals. Available 24 hours a day, 7 days a week. Additional information also available online at www.samhsa.gov. 1-800-662-HELP (1-800-662-4357) TDD: 1-800-487-4889

Services for Missing and Exploited Children

National Center for Missing and Exploited Children Provides assistance to parents, children, law enforcement, schools, and the community in recovering missing children and raising public awareness about ways to help prevent child abduction, molestation, and sexual exploitation. Available 24 hours a day, 7 days a week. Additional information is also available online at www.missingkids.com. 1-800-THE-LOST (1-800-843-5678)

Child Find of America Hotline Locates missing children through active investigation, prevents child abduction through education, and resolves incidents of parental abduction through mediation. Available 9:00am to5:00pm, Monday through Friday; voicemail during evenings and weekends. Additional information is also available online at www.childfindofamerica.org. 1-800-I-AM-LOST (1-800-426-5678)

CAPSS Hotline The CAPSS toll-free helpline, connects families impacted by child custody crisis, parental abduction and denied visitation to a wide array of services including prevention action, conflict resolution and mediation, co-parenting planning, legal advocacy, comprehensive case management, educational resources and more. On-staff professional mediators have extensive experience in divorce, custodial and family mediation on a national and international level. 1-800-A-WAY-OUT (1-800-292-9688)

Sexual Violence Prevention and Intervention Services

Rape Abuse and Incest National Network (RAINN) Instantaneously connects callers to the nearest rape crisis center, providing counseling and support. Additional information is also available online at www.rainn.org. 1-800-656-HOPE (1-800-656-4673)

Florida Council Against Sexual Violence The mission of the FCASV is to lead, educate, serve, and network on behalf of all individuals impacted by sexual violence. FCASV is a statewide non-profit agency that serves as a coalition of the state's rape crisis programs. Additional information is also available online at www.fcasv.org. 1-888-956-RAPE (1-888-956-7273)

Suicide Prevention Services

National Suicide Hotline
The Covenant House Nineline Trained volunteers and professional counselors are there to listen if you - or someone you know - are having thoughts about suicide. Calls are connected to a certified crisis center nearest the caller's location. Services are available 24 hours a day, seven days a week. For online counseling, visit www.imalive.org. Additional information is also available online at www.hopeline.com. 1-800-SUICIDE (1-800-784-2433)
Teen Hotline: 1-877-YOUTHLINE (1-877-968-8454)
Family Resource Center of South Florida. (2018, June 10). Resources for parents. Family Resource Center. https://frcflorida.org/family-resource/resources-for-parents/.

American Academy of Pediatrics Parents may visit new website for families at Healthychildren.org offering trustworthy, up-to- the-minute health care information and guidance for parents/caregivers along with interactive tools and personalized content. Additional information is also available online at www.aap.org. 847-434-4000

Parents Anonymous Self-help groups serving abused children and parents under stress. Available 11:00am to 8:00pm, Monday through Friday. Additional information is also available online at www.parentsanonymous.org. 909-621-6184

Big Brothers/Big Sisters of America Volunteers support families under stress and single parents by working with children in need of additional attention and friendship. Available 24 hours a day, 7 days a week. Additional information is also available online at www.bbbsa.org. 215-567-7000

National Center for Victims of Crime Working with local, state, and federal partners, the National Center for Victims of Crime provides direct services and resources to victims of crime across the country; Advocates for laws and public policies that secure rights, resources, and protections for crime victims; Delivers training and technical assistance to victim service organizations, counselors, attorneys, criminal justice agencies, and allied professionals serving victims of crime; and fosters cutting-edge thinking about the impact of crime and the ways in which each of us can help victims of crime rebuild their lives. Available 8:30am to 8:30pm (ET), Monday through Friday. Additional information is also available online at www.ncvc.org. 202-467-8700

Safe Start Partnership Center A program whose mission is to prevent and reduce the impact of exposure to violence on young children ages birth through 6 years. Provides information and education on children's exposure to violence, referrals to community resources, consultation services and training in addition to providing direct services to children and families where violence has occurred to families living in Pinellas County. Services are private, confidential, and free of charge. Additional information is also available online at www.helpachild.org/safestart.html. 727-327-7656

Florida Circle of Parents Circle of Parents® is a mutual support and self-help program for parents based on a framework of shared leadership, mutual respect, shared ownership, and inclusiveness. Additional information also available online at www.ounce.org/circlegroups.html. 850-921-4494 ext. 107

Children's Home Society Redirects a teen's troubled life onto a new path of hope, provides a safe harbor for a child suffering from abuse and reverses crisis situations so lives are changed for the better. Available by phone 8:30am to 5:00pm, Monday through Friday. Additional information also available online at www.chsfl.org. 850-921-0772

Family Resource Center of South Florida. (2018, June 10). Resources for parents. Family Resource Center. https://frcflorida.org/family-resource/resources-for-parents/.

Appendix I

Definition of Deductive Themes

Socially Significant Target Behaviors. This theme speaks to the social significance of the target behaviors addressed by the parent; a reflection of the child's behaviors for change, parent behaviors for change, as well as what led them to the course.

Socially Significant Target Behaviors (SSTB) Child. This theme indicates participant reported problem behaviors exhibited by the target child prior to parent enrollment in the Group Triple P course.

Socially Significant Target Behaviors (SSTB) Parent. This theme indicates participant reported problem behaviors (e.g., parent behaviors that contributed to escalation of child problem behavior) that the parent engaged in prior to participation in the Group Triple P course.

Context. This theme speaks to family and environmental factors that were present prior to or at the onset of parent participation in the Group Triple P course.

Procedural Appropriateness. This theme speaks to aspects of procedural appropriateness reported. In particular, participant reflection on the implementation of the intervention, instructional format, and course content.

Implementation of Intervention. This theme indicates participant reported experience related to the implementation of the Group Triple P intervention; including aspects such as the length of the class, the time of day the course was offered, the number of classes in the series, pre-post assessments, childcare, food and gift cards, and agency attributes.

Class and Instructional Format. This theme indicates participant reflection on their experience related to the instructional aspects of the Group Triple P intervention; including aspects such as Family Educators and instructional style, use of role plays, videos, materials provided (e.g., Group Triple P workbook, worksheets, etc.), homework assigned in the course and elements of the group dynamic during their Group Triple P enrollment.

Strategies and Course Content. This theme speaks to participant reflection of the strategies taught in the Group Triple P course during the time of their enrollment. participant response, child's response and partner or coparent response to participant's use of the strategies during the time of their course enrollment, as well as any barriers to using the strategies experienced during their Group Triple P course participation.

Perceived Importance of Results. This theme solicits participant feedback regarding participant perception of the importance of their results from the Group Triple P intervention. The aspects of their results shared included child or parent behavior changes, participant description of the impact the course had on the parent, their child and/or their family post participation, and aspects of generalization and maintenance post participation.

Child and Parent Behavior Changes. This theme indicates participant reported changes in parent and/or child behaviors observed or experienced during their Group Triple P enrollment when they started to use the Group Triple P strategies.

Individual and Family Impact. This theme speaks to participant report of the impact the Group Triple P course participation has had on their child, themselves as the parent, other family members or their family system present day, post-participation in their Group Triple P course.

Generalization. This theme identifies participant report of parent and/or child use of strategies, content or acquired replacement behaviors across settings, people, or behaviors present day, post-participation in their Group Triple P course.

Maintenance. This theme identifies participant report of strategy use, present day, post-participation in their Group Triple P course.

Appendix J

Table 10: *Deductive Themes Summarized*

Theme Name	Description of Theme	Subthemes	Participants Discussing the Theme
1. Socially Significant Target Behaviors	This theme speaks to the social significance of the target behaviors addressed by the parent; a reflection and identification of the child's behaviors for change, parent behaviors for change, desirable outcomes, or replacement behaviors, as well as what led them to the course.	a. SSTB Child	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
		b. SSTB Parent	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
		c. Context	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
2. Procedural Appropriateness	This theme speaks to aspects of procedural appropriateness reported. In particular participant reflection on the implementation of the intervention, instructional format, and course content.	a. Implementation of the Intervention	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
		b. Class & Instructional Format	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
		c. Strategies & Course Content	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
3. Perceived Importance of Results	This theme indicates perceived importance of the results were reported by the parent. The aspects defining the perception of important results are child and/or parent behavior changes during the course, description of the impact the course had on the parent, their child and/or their family present day, and aspects of generalization and maintenance factors post-completion of the course.	a. Child & Parent Behavior Changes	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
		b. Individual & Family Impact	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe
		c. Generalization	Lisa, Rachel, Chandler, Victoria, Heather, Iris, Ginger, Lindsey, Phoebe
		d. Maintenance	Lisa, Rachel, Melissa, Chandler, Jennifer, Victoria, Heather, Iris, Ginger, Lindsey, Laura, Phoebe

Appendix K

Table 11: *Socially Significant Target Behaviors Theme & Subthemes: Data Summary*

Participant	SSTB Child	SSTB Parent	Context
Lisa	"Safety concerns" (e.g., jumping on bed)	Verbal Correction (e.g., yelling)	Problem Behaviors Across Settings, Doesn't Want to Parent Like Their Parents, Criticism From Family, Feeling Isolated, Coparent Conflict
Rachel	Tantrums/crying in place of following directions	Long Distance Instructions (e.g., Instructing from another room), Verbal Correction (e.g., yelling)	Need for Resources
Melissa	Tantrums/crying in place of following directions	Verbal Correction (e.g., yelling)	Doesn't Want to Parent Like Their Parents, Coparent Conflict
Chandler	Tantrums/crying in place of following directions	Putting child in the corner; Verbal Correction (e.g., yelling)	Need for Resources
Jennifer	Engaging in preferred activity in place of following instructions, Lying	Emotional response (e.g., crying), Physical Correction (Spanking), Taking Away Privileges or Verbal Correction (e.g., yelling)	Doesn't Want to Parent Like Their Parents, Life Transitions
Victoria	Engaging in preferred activity in place of following instructions	Long Distance Instructions (e.g., Instructing from another room)	Need for Resources, Life Transitions
Heather	Engaging in preferred activity in place of following instructions	Physical Correction (e.g., Pulling child to time out)	Crisis-Level Problem Behaviors
Iris	Tantrums/crying or Verbal Refusal (e.g., "No") in place of following directions	Verbal Correction (e.g., yelling)	Seeking Science-Backed Parenting Strategies
Ginger	Verbal Aggression	Verbal Correction (e.g., yelling)	Doesn't Want to Parent Like Their Parents, Need for Resources
Phoebe	Lying	Taking Away Privileges	Problem Behaviors Across Settings, Criticism From Family, Life Transitions

Lindsey	Meltdowns & Physical Aggression (e.g., hitting, biting)	Physical Correction (e.g., spanking)	Problem Behaviors Across Settings, Crisis-Level Problem Behaviors
Laura	Physical Aggression (e.g., hitting sibling or peers)	Physical Correction (e.g., spanking, "putting hands on")	Crisis-Level Problem Behaviors

Appendix L

Table 12: *Procedural Appropriateness Theme & Subthemes: Data Summary*

Participant	Importance of Intervention	Class & Instructional Format	Strategies & Course Content
Lisa	Length & Time/Day, Childcare, Food & Gift cards	Family Educators & Instructional Style, Videos, Role Plays, Materials & GTP Workbook, Homework, Group Dynamic	Quality Time, Ground Rules, Clear Calm Instruction, Time Out, Start and Stop Routine, Planned Activities Routine; Participant Response; Child Response; Partner Response
Rachel	Length & Time/Day, Pre-Post Assessments, Childcare, Food & Gift cards	Role Plays, Videos, Materials & GTP Workbook, Homework, Group Dynamic	Clear Calm Instruction; Participant Response; Child Response; Partner Response
Melissa	Length & Time/Day, Food & Gift cards	Family Educators & Instructional Style, Videos, Homework, Group Dynamic	Clear Calm Instruction, Time Out; Participant Response; Child Response; Partner Response
Chandler	Length & Time/Day, Number of Classes, Childcare, Food & Gift cards, Agency Attributes	Family Educators & Instructional Style, Role Plays, Videos, Homework, Group Dynamic	Quality Time, Praise, Directed Discussion, Start and Stop Routine; Participant Response; Child Response; Partner Response
Jennifer	Length & Time/Day, Pre-Post Assessments, Childcare, Food & Gift cards	Family Educators & Instructional Style, Role Plays, Videos, Homework, Group Dynamic	Praise, Directed Discussion, Clear Calm Instruction, Time Out; Participant Response; Child Response; Partner Response
Victoria	Length & Time/Day, Pre-Post Assessments, Childcare, Food & Gift cards	Family Educators & Instructional Style, Videos, Homework, Group Dynamic	Ground Rules, Clear Calm Instruction, Logical Consequences, Time Out; Participant Response; Child Response; Partner Response
Heather	Length & Time/Day, Number of Classes, Childcare	Role Plays, Videos, Homework, Group Dynamic	Praise, Behavior Charts, Time Out, Directed Discussion; Participant Response; Child Response; Partner Response
Iris			Behavior Charts, Quiet Time, Start and Stop Routine,

	Length & Time/Day, Childcare, Agency Attributes	Family Educators & Instructional Style, Role Plays, Videos, Materials & GTP Workbook, Homework, Group Dynamic	Planned Activities Routine; Participant Response; Child Response; Partner Response
Ginger	Length & Time/Day, Childcare, Food & Gift cards	Family Educators & Instructional Style, Role Plays, Videos, Homework, Group Dynamic	Clear Calm Instruction, Logical Consequences, Time Out, Planned Activities Routine; Participant Response; Child Response
Phoebe	Length & Time/Day, Number of Classes, Pre-Post Assessments, Childcare, Food & Gift cards	Family Educators & Instructional Style, Role Plays, Videos, Homework, Group Dynamic	Behavior Charts, Ground Rules, Time Out; Participant Response; Child Response; Partner Response
Lindsey	Length & Time/Day, Number of Classes	Family Educators & Instructional Style, Role Plays, Videos, Homework, Group Dynamic	Behavior Charts, Clear Calm Instruction, Time Out; Participant Response; Child Response; Partner Response
Laura	Length & Time/Day, Pre-Post Assessments, Childcare	Role Plays, Videos, Homework, Group Dynamic	Behavior Charts, Quiet Time, Start and Stop Routine, Planned Activities Routine; Participant Response; Child Response; Partner Response

Appendix M

Table 13: *Perceived Importance of the Results Theme & Subthemes: Data Summary*

Participant	Child & Parent Behavior Changes (During Course)	Individual & Family Impact (Present Day)	Generalization	Maintenance
Lisa	(P) Increased Communication, Increased Confidence (C) Followed Rules	Improved family relationships, Redefined her role as parent, More confidence in own skills, Learned to ask for help	Generalized asking for help across settings	Avoids escalation traps, Uses Interesting Activities, Uses Ground Rules, Uses Planned Activities Routine
Rachel	(C) Increased Communication Skills	Child's developmental skills improved, Improved parent-child relationship, Improved Sibling Relationship, Case Management Impact	Generalized parenting skills across settings	Avoids escalation traps, Uses Quality Time, Uses Showing Affection, Uses Logical Consequences, Uses Clear Calm Instruction
Melissa	(P) Improved Instructions, Started Giving Choices (C) Decreased Tantrums	New strategies to replace yelling, Acquired Growth/Skills-Based Mindset & Self-Monitoring	--	Uses Behavior Charts, Uses Planned Ignoring, Uses Clear Calm Instructions, Uses Start and Stop Routines
Chandler	(P) Gave Child Time to Process Information (C) Increased Independence & Followed Directions	Increased consistency between caregivers, Replaced strategies learned from his own parents, Learned developmentally appropriate expectations, Uses daily routines as teaching moments	Generalized taking behavior diary data across behaviors	Avoids escalation traps, Difficulty with consistency of strategies when tired
Jennifer	(P) Simplified Instruction (C) Followed Directions	Learned developmentally appropriate expectations	--	Uses Clear Calm Instructions
Victoria	(C) Started Completed Tasks Without Reminders	Improved sibling relationship, Improved task initiation and child became a role model for sibling, Acquired Growth/Skills-Based Mindset & Self-Monitoring, Case Management Impact	Generalized parenting skills across children	Reports that she maintains all content, Set a Good Example

Heather	(C) Went to Timeout with Verbal Direction (P) Recognition Praise Increases Compliance	Discontinued physically taking child to Timeout, Recognizes that son is responsive to positive praise	Generalized parenting skills across behaviors	Uses Behavior Charts, Uses Ground Rules, Uses Praise, Difficulty with consistent use of strategies
Iris	(P) Gave Child Time to Process Information, Spoke Calmly, Timed Instructions (C) Less Tantrums	Improved family interactions, Increased calm and communication in family system, Case Management Impact	Child generalized use of replacement behaviors across settings; Generalized taking behavior diary data across behaviors; Difficulty Generalizing Parenting Skills Across Behaviors	Reports that she maintains all content, Avoids escalation traps, Uses Quality Time, Uses Interesting Activities, Uses Logical Consequences, Quiet Time, Time Out, Uses Behavior Charts, Uses Planned Activities Routine
Ginger	P) Increased Communication & Time with Child (C) Increased Communication	Learned strategies to use prior to punishment, Improved parent-child relationship	Difficulty generalizing parenting skills to youngest child with ASD	Uses Quality Time, Uses Talking with Child, Difficulty with escalation traps (at times)
Phoebe	P) Reinforced Truth Telling (C) Lying Decreased	Learned new information, Improved parent-child relationship	Generalized parenting skills across children	Uses Talking with Child, Uses Planned Ignoring
Lindsey	(C) Tantrums Decreased	Learned strategies to replace spanking, Improved parent-child relationship, Case Management Impact	Child generalized use of replacement behaviors across settings	Uses Talking with Child, Avoids escalation traps, Uses Behavior Charts
Laura	(C) Started Using Polite Words	Found strategies that work to replace physical punishment, Improved sibling relationship	--	Reports that she maintains all content, Uses Quiet Time and Time Out

Appendix N

Table 14: *Theme/Subtheme Discussed by Participants: Percentage*

Theme/Subtheme	Discussed by Participant Sample (Percentage)
Socially Significant Target Behaviors	**100%**
Socially Significant Target Behaviors (SSTB) Child	100%
Socially Significant Target Behaviors (SSTB) Parent	100%
Context	100%
Procedural Appropriateness	**100%**
Importance of Intervention	100%
Class & Instructional Format	100%
Strategies & Course Content	100%
Perceived Importance of Results	**75%**
Child & Parent Behavior Changes	100%
Individual & Family Impact	100%
Generalization	75%
Maintenance	100%

Appendix O

Definition of Inductive Themes

We Still Struggle. This theme indicates that the child's problem behavior the participant selected to change has continued to occur post-participation or has started to occur again post completion of the course.

It Just Doesn't Really Happen Anymore. This theme indicates that the problem behavior targeted in the course is no longer occurring present day, or has significantly decreased to acceptable rates.

Need for Follow Up. This theme indicates that the parent who participated in the course reports that they need additional assistance with parenting skills learned in Group Triple P.

There's No Roadmap. This theme indicates that there is a need for additional support for the child's behavior above that of Group Triple P, either a direct service for their child or as an additional support for the family system; but are reporting resistance or uncertainty in taking action accessing support.

Parents on Different Pages. This theme indicates that the differences between caregivers (e.g., presence, knowledge, beliefs) has an impact on the use of strategies or on the child's behaviors.

Appendix P

Table 15: *Inductive Themes Summarized*

Theme Name	Description of Theme	Participants Discussing the Theme
1. We Still Struggle	This theme indicates that the child's problem behavior the participant selected to change has continued to occur post-participation or has started to occur again post completion of the course.	Melissa, Chandler, Heather, Laura, Phoebe
2. It Just Doesn't Really Happen Anymore	This theme indicates that the problem behavior targeted in the course is no longer occurring present day, or has significantly decreased to acceptable rates.	Lisa, Rachel, Jennifer, Victoria, Iris, Ginger, Lindsey
3. Need for Follow Up	This theme indicates that the parent who participated in the course reports that they need additional assistance with parenting skills learned in Group Triple P.	Lisa, Rachel, Melissa, Jennifer, Victoria, Heather, Laura
4. There's No Roadmap	This theme indicates that there is a need for additional support for the child's behavior above that of Group Triple P, either a direct service for their child or as an additional support for the family system; but are reporting resistance or uncertainty in taking action accessing supports.	Lisa, Rachel, Melissa, Chandler, Jennifer, Heather, Ginger, Lindsey, Laura
5. Parents on Different Pages	This theme indicates that the differences between caregivers (e.g., presence, knowledge, beliefs) has an impact on the use of strategies or on the child's behaviors.	Heather, Iris, Ginger

Appendix Q

Table 16: *We Still Struggle & It Just Doesn't Really Happen Anymore: Themes Summarized*

Pseudonym	We Still Struggle	It Just Doesn't Really Happen Anymore
Lisa	--	Low rates of jumping on bed (Monthly verses daily)
Rachel	--	Low rates of engaging in preferred behavior when given direction (Listening 80% of the time)
Melissa	Tantrums/crying reoccurring (Denied request)	--
Chandler	Tantrums/crying reoccurring (Frequency increased)	--
Jennifer	--	Low rates of disrespect/difficulty listening
Victoria	--	Using Incompatible Replacement Behavior; Following directions consistently; Self-initiation of tasks
Heather	Physical aggression towards sibling; Verbal Aggression towards parent; Verbal refusal	--
Iris	--	Low rates of tantrum behaviors
Ginger	--	Using Incompatible Replacement Behavior (Calmly talking replaced Verbal Aggression)
Phoebe	Lying (specific to chore completion)	--
Lindsey	--	Absence of problem behavior (Meltdowns/tantrums do not occur)

| Laura | Physical Aggression (only with peers at the playground) | -- |

Appendix R

Inductive Theme Summary

Table 17: *Need for Follow Up, There's No Roadmap, Parents on Different Pages: Themes Summarized*

Pseudonym	Need for Follow Up	There's No Roadmap	Parents on Different Pages
Lisa	General topic refresher	Seeking medical supports	--
Rachel	Strategy refresher	Seeking medical supports; Struggles with school-based behaviors	--
Melissa	Individualized follow up on Triple P	Seeking social supports	--
Chandler	--	Seeking social supports	--
Jennifer	General topic refresher	Seeking medical supports	--
Victoria	Strategy refresher	--	--
Heather	Individualized follow up on Triple P	Seeking medical supports; Struggles with hopelessness	Inconsistency between caregivers; Lack of buy-in
Iris	--	--	Disagreement on strategies use
Ginger	--	Seeking social supports	Coparenting long distance; Disagreement regarding developmentally appropriate expectations
Phoebe	--		--

		--	
Lindsey	--	Struggles with parental anxiety/ feelings of guilt	--
Laura	Strategy refresher	Seeking medical supports; Struggles with school-based behaviors	--

Appendix S

Respondent Validation Sent to Participants

Dear [Participant],

Thank you for your participation in this study. As we discussed, I wanted to reach out and share my findings and receive your feedback. Please see below for the themes I found in my data and the questions I have regarding your thoughts.

Themes/Subthemes	Definition
1. Socially Significant Target Behaviors	This theme speaks to the social significance of the target behaviors addressed by the parent; a reflection of the child's behaviors for change, parent behaviors for change, as well as what led them to the course.
a. Socially Significant Target Behaviors (SSTB) Child	This subtheme indicates participant reported problem behaviors exhibited by the target child prior to parent enrollment in the Group Triple P course.
b. Socially Significant Target Behaviors (SSTB) Parent	This subtheme indicates participant reported problem behaviors (e.g., parent behaviors that contributed to escalation of child problem behavior) that the parent engaged in prior to participation in the Group Triple P course.
c. Context	This subtheme speaks to family and environmental factors that were present prior to or at the onset of parent participation in the Group Triple P course.
2. Procedural Appropriateness	This theme speaks to aspects of procedural appropriateness reported. In particular, participant reflection on the implementation of the intervention, instructional format, and course content.
a. Implementation of Intervention	This subtheme indicates participant reported experience related to the implementation of the Group Triple P intervention; including aspects such as the length of the class, the time of

day the course was offered, the number of classes in the series, pre-post assessments, childcare, food and gift cards, and agency attributes.

b. Class and Instructional Format	This subtheme indicates participant reflection on their experience related to the instructional aspects of the Group Triple P intervention; including aspects such as Family Educators and instructional style, use of role plays, videos, materials provided (e.g., Group Triple P workbook, worksheets, etc.), homework assigned in the course and elements of the group dynamic during their Group Triple P enrollment.
c. Strategies and Course Content	This subtheme speaks to participant reflection of the strategies taught in the Group Triple P course during the time of their enrollment. participant response, child's response and partner or coparent response to participants' use of the strategies during the time of their course enrollment, as well as any barriers to using the strategies experienced during their Group Triple P course participation.
3. Perceived Importance of the Results	This theme solicits participant feedback regarding participant perception of the importance of their results from the Group Triple P intervention. The aspects of their results shared included child or parent behavior changes, participant description of the impact the course had on the parent, their child and/or their family post participation, and aspects of generalization and maintenance post participation.
a. Child and Parent Behavior Changes	This subtheme indicates participant reported changes in parent and/or child behaviors observed or experienced during their Group Triple P enrollment when they started to use the Group Triple P strategies.
b. Individual and Family Impact	This subtheme speaks to participant report of the impact the Group Triple P course participation has had on their child, themselves as the parent, other family members or their family system present day, post-participation in their Group Triple P course.
c. Generalization	This subtheme identifies participant report of parent and/or child use of strategies, content or acquired replacement behaviors across settings, people, or behaviors present day, post-participation in their Group Triple P course.

d. Maintenance	This subtheme identifies participant report of strategy use, present day, post-participation in their Group Triple P course.
4. We Still Struggle	This theme indicates that the child's problem behavior the participant selected to change has continued to occur post-participation or has started to occur again post completion of the course.
5. It Just Doesn't Really Happen Anymore	This theme indicates that the problem behavior targeted in the course is no longer occurring present day, thus only the maintenance of skills is needed.
6. Need for Follow Up	This theme indicates that the parent who participated in the course reports that they need additional assistance with parenting skills learned in Group Triple P.
7. There's No Roadmap	This theme indicates that there is a need for additional support for the child's behavior above that of Group Triple P, either a direct service for their child or as an additional support for the family system; but are reporting resistance or uncertainty in accessing supports.
8. Parents on Different Pages	This theme indicates that the differences between caregivers (e.g., presence, knowledge, beliefs) has an impact on the use of strategies or on the child's behaviors.

1. After reviewing these themes, do you feel these themes accurately describe your experiences you shared? Why or why not?

2. Is there anything you would add or change to these findings?

Thank you in advance for any feedback you feel comfortable sharing. I really appreciate your time and participation.

Appendix T

Interview Summary

Table 18: *Summary of Interview Data*

Participant (listed in sequence of interview)	Length of Interview	Length of Transcripts	Date of Interview
Lisa	71	21	11/18/20
Rachel	60	18	11/21/20
Melissa	52	13	12/21/20
Chandler	58	20	12/22/20
Jennifer	51	14	12/28/20
Victoria	59	15	12/29/20
Heather	58	15	12/30/20
Iris	49	14	12/30/20
Ginger	58	14	12/31/20
Phoebe	51	13	1/2/21
Lindsey	73	18	1/5/21
Laura	50	14	1/6/21

About the Author

Nycole Kauk, Ed.S., NCSP, BCBA has utilized her education and experiences in the field of psychology and applied behavior analysis to serve families and children for the last thirteen years. At the Center for Autism and Related Disabilities (CARD), Nycole worked to assist families and adolescents with ASD through providing resources and skill development, both in-home and in the community. After serving families at CARD, Nycole began serving students and their families at the Interdisciplinary Center for Evaluation and Intervention, a FDLRS specialty clinic. Here, she provided parent training, education, evaluation, and intervention services for children with developmental and behavioral concerns.

Currently, Nycole is a School Psychologist and Board-Certified Behavior Analyst, serving children in both clinic and school settings. Additionally, Nycole provides evidence-based behavioral parent training, via the use of the Triple P curriculum, to families within the local community at a local non-profit. Nycole hopes to utilize her research to capture the experiences of families that have sought services for concerns with challenging behaviors. She hopes to use this information to improve the methods and interventions that are used to serve families and their children.