
Evidence-Based Parenting Programs: Integrating Science into School-Based Practice

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Introduction

The school is a social system for the purpose of educating children. Although academic outcomes are core business, Australian schools are increasingly concerned about the behavioural, emotional and social wellbeing of students (e.g. Australian Government Department of Education and Training 2016)). Children need to regulate their own behaviour and emotions to be able to learn at school and to ensure they do not disrupt other student's learning. Children's development of self-regulatory skills has been found to predict health, wealth, happiness and academic achievement many years later (Moffitt et al., 2011). Thus schools and teachers have a stake in children's development of self-regulatory skills both for the purpose of current classroom management and long-term societal good.

The quality of parenting children receive has great impact on children's development of self-regulatory skills and their ongoing wellbeing. Exposure to competent parenting affords children many ongoing advantages including

ability to regulate emotions (Graziano, Calkins, & Keane, 2011), better social and cognitive development (Guajardo, Snyder, & Petersen, 2009), accelerated language development, school readiness, higher academic achievement, reduced risk of antisocial behaviour, improved physical health and an increased likelihood of involvement in higher education (Gutman & Feinstein, 2010; Moffitt et al., 2011; Stack, Serbin, Enns, Ruttler, & Barrieau, 2010). Given the profound influence parents have on children's ongoing development and readiness to learn at school, it is in the interests of schools to ensure that children receive high quality parenting.

Student behaviour problems in the classroom are a contributing factor in teacher stress and burnout (Friedman, 1995; Hastings & Bham, 2003). Parental involvement in parenting programs offers an additional opportunity for children to improve their behaviour and self-management at school. In this chapter, we will review the relevance of parenting and effectiveness of evidence-based parenting programs in producing positive academic, behavioural, social and emotional outcomes for children. We will describe a system for implementing parent programs in a school system and provide case example of an individual family. We will then discuss enablers and barriers to implementing parenting programs in schools and practical applications for school psychologists and guidance officers.

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Incidence of Child Behavioural and Emotional Problems

According to the National Longitudinal Study of Australian Children, up to 24% of children have borderline or clinically significant behavioural or emotional problems (Bayer et al., 2011). Unfortunately, childhood emotional and behavioural problems such as defiance, impulsivity, and aggression, are relatively stable and associated with elevated risk for problems such as conduct disorder, substance abuse, and delinquency into adulthood (Reid, Patterson, & Snyder, 2002; Rowe, Costello, Angold, Copeland, & Maughan, 2010). If left unaddressed, these behaviour problems do not limit themselves to one domain: their reach often extends to children's social and academic development, impacting children's risk for peer rejection, academic underachievement, school disengagement and drop out (Dishion, Loeber, Stouthamer-Loeber, & Patterson, 1984; Fredricks, Blumenfeld, & Paris, 2004; Stipek & Miles, 2008). Emotional and behaviour problems are associated with academic underachievement in a bidirectional and cumulative manner (See Sandler, Schoenfelder, Wolchik, & MacKinnon, 2011 for review). Thus, early emotional and behavioural problems can produce a negative developmental cascade resulting in more behaviour problems and poorer academic functioning over time. The negative impact of emotional and behavioural problems across domains and the impact of these problems on other classmates, teachers and the broader school climate warrant early prevention and intervention efforts.

We will now look specifically at the influence of parenting on children functioning in behavioural, academic and social domains.

Parenting and Children's Emotional and Behavioural Problems

The impact of parenting on the development and maintenance of children's emotional and behavioural problems is well established. These associations are grounded in theory (e.g., Bandura,

1977; Baumrind, 1966; Patterson, Reid, & Dishion, 1992) and supported by substantial correlational and experimental research (e.g., Acker & O'Leary, 1996; Del Vecchio & Rhoades, 2010; Hovee et al., 2009; Snyder, Edwards, McGraw, Kilgore, & Holton, 1994). Baumrind's (1966) conceptualization of parenting as a combination of responsiveness and demandingness highlighted the importance of both warmth and structure for children's development. Baumrind's initial concept of parenting style was groundbreaking; however, our understanding of the impact of parenting on children's development has since become much more sophisticated. Research on social learning theory, influenced by Bandura's work on modelling (1977), demonstrated that children learn negative behaviours directly through experiencing reinforcing consequences, and indirectly through their observations of other's experiences (e.g. vicarious learning). Coercion Theory (Patterson et al., 1992) advanced Bandura's work by emphasizing the role of coercive exchanges between parents and their children in the development and maintenance of children's behaviour problems. Within these coercive exchanges, a parent and child escalate their aversive behaviour until either the parent or child capitulates. Consequently, both the escalated aversive behaviour and the capitulation are negatively reinforced. Over time, these coercive exchanges can become habitual patterns of interactions between children and their parents (Granic & Patterson, 2006).

Central to these approaches is the importance of parents' use of overly harsh or permissive discipline as mechanisms by which children learn to engage in non-compliant and oppositional behaviour. There are numerous empirical studies linking dysfunctional parenting practices, such as overly harsh, coercive, and permissive parenting, to children's emotional and behavioural problems (Bayer et al., 2011: see McKee, Colletti, Rakow, Jones, & Forehand, 2008 for review). Moreover, in treatment outcome studies, the reduction of ineffective parenting is directly related to the reduction of children's externalizing problems (Chronis-Tuscano et al., 2011; Hanisch, Hautmann, Plück, Eichelberger, &

Döpfner, 2014). On the other hand, responsive parenting and positive parent–child interactions are a protective factor against the development of children’s emotional and behavioural problems (Zemp, Merrilees, & Bodenmann, 2014) and buffer against adversity, even in high-risk families, to help prevent externalizing behaviours and academic problems (Lanza, Rhoades, Nix, & Greenberg, 2010; Odgers et al., 2012). Consequently, the targeting of parenting practices is a primary method of intervention for the reduction of children’s emotional and behavioural problems.

Parenting and Children’s Classroom Behaviour

Children’s behaviour problems at home often extend to the school domain. Children with behaviour problems are more likely to model harsh or hostile interactions in the classroom if they observe and experience harsh or hostile parenting techniques (Valiente, Lemery-Chalfant, & Reiser, 2007). Through reinforcement of negative behaviour, children with behaviour problems learn to use negative behaviours to coerce or control interactions first with their parents and then others (Snyder et al., 1994). Furthermore, children with behaviour problems generally have a limited number of prosocial behaviours in their repertoire and are more likely to experience rejection by teachers (Sandler et al., 2011; Walker, 1995). Unfortunately, children’s behaviour problems in schools not only result in negative outcomes for the disruptive child; they can also disrupt and impede learning and skill acquisition for classmates (McCahill, Healy, Lydon, & Ramey, 2014). Alternatively, children whose parents model warm and responsive interactions are more likely to model similar pro-social behaviours (Odgers et al., 2012). Moreover, effective parenting increases children’s self-regulations skills, which are negatively related to children’s behaviour problems (Valiente et al., 2007). Consequently, working with parents is an important means of improving children’s behaviour in the classroom as well as at home.

Parenting programs that aim to improve the parent–child relationship, compliance, and decrease conduct problems have shown generalizations to improving children’s classroom behaviour (McNeil, Eyberg, Hembree Eisenstadt, Newcomb, & Funderburk, 1991; Reid, Webster-Stratton, & Baydar, 2004). For example, in a study by McTaggart and Sanders (2003), children whose parents received Group Triple P (discussed later in chapter) showed significantly greater improvements in teachers’ ratings of frequency and intensity of problem behaviours than did children in the control group, and these improvements were sustained at a 6-month follow up. Thus, parenting programs, such as Triple-P, can improve children’s behaviour sufficiently to achieve clinically reliable change in children’s behaviour at school.

Parenting and Children’s Educational Attainment

Effective parenting practices are not only critical to children’s positive behavioural outcomes, but also to children’s academic success. In a longitudinal study, children whose parents were both firm and supportive had better academic performance and school engagement than their peers (Steinberg, Lamborn, Dornbusch, & Darling, 1992). Moreover, children who demonstrate academic success tend to have parents who use responsive parenting techniques including conveying appropriate academic expectations, employing the use of scaffolding in academic tasks, and encouraging children’s autonomy (Froiland, Peterson, & Davison, 2013). In comparison, authoritarian parenting and parent–child conflict have been associated with lower school satisfaction and poor academic outcomes for children (Pasternak, 2012; Smokowski, Bacallao, Cotter, & Evans, 2014).

Parenting may impact children’s academic outcomes through its strong effect on children’s compliance and development of self-regulation. Compliance and self-regulation skills are strongly related to children’s success in school, and specifically related to student’s cognitive engagement,

attentiveness, and inhibitory control, factors that are highly correlated with academic performance (Eisenberg et al., 2005; Graziano et al., 2011; Moffitt et al., 2011). Children's behavioural compliance is also associated with academic achievement through increased homework completion, a major factor for children's academic success (Hawkins & Axelrod, 2008). Thus, effective parenting reinforces and supports children's compliance as a pathway to children's successful engagement in school.

Parenting and Children's Peer Relationships

Parenting plays a key role in the ongoing development of children's peer skills and relationships with other children at school. McDowell and Parke (2009) found three distinct ways in which parents influence children's social skills and relationships. The first way is through their own relationships with their children. The parent-child relationship has been described as the template through which children learn social and emotional skills needed for all other relationships (Parke & Ladd, 1992). Parenting which is warm and supportive, but not overly controlling, predicts higher social competence and peer acceptance over time in primary school children (McDowell, Parke, & Wang, 2003). A second main way in which parents influence children's peer relationships is through actively teaching children how to deal with peer issues (McDowell & Parke, 2009). A recent pilot study found that parental coaching of children with ADHD improved children's social skills, friendships and peer acceptance (Mikami, Lerner, Griggs, McGrath, & Calhoun, 2010). The third way in which parents influence their child's social relationships is through providing opportunities for peer interaction through play-dates, extracurricular activities and even choice of neighbourhood and school (McDowell & Parke, 2009). McDowell and Parke found that all three of these paths of parental influence predict children's social competence with their peers, which in turn predicts children's acceptance by peers over time.

Parenting also affects children's risk of being bullied at school by peers. In a meta-analytic review, Lereya, Samara, and Wolke (2013) concluded that warm, supportive parenting was a protective factor, and negative parenting was a risk factor for children's victimization by peers. Healy, Sanders, and Iyer (2015) defined a set of parenting skills called *facilitative parenting* which, in combination with children's social and emotional behaviour, discriminated children reported by teachers to be bullied from those who were not. Facilitative parenting combines warm relating; enabling of child independence (i.e. not being over-controlling); coaching, providing opportunities for children to build friendships; plus effective communication with the school. Healy and Sanders (2014) conducted a randomized controlled trial of a family intervention, Resilience Triple P (see case study later in chapter), with children bullied by peers. Resilience Triple P combines facilitative parenting training with coaching children in peer social and emotional skills. Children whose families received Resilience Triple P became less victimized, less distressed by peer behaviour, less depressed and liked school more over time, compared with children in the control group. Teachers reported that children who participated in the program became better accepted by their peers over time. This demonstrates that a parenting program can assist children in overcoming difficulties with peers at school.

Evidence suggests that parenting may also influence children's perpetration of aggression and bullying of peers. Parents of children who bully tend to have higher levels of harsh, hostile parenting, lower levels of warmth and laxness in supervision (Atik & Güneri, 2013; Demaray & Malecki, 2003; Loeber & Dishion, 1984). These same parenting styles are associated with child conduct and behaviour problems (e.g. de Graaf, Speetjens, Smit, de Wolff, & Tavecchio, 2008). There is substantial evidence that parenting programs (such as Standard Triple P) impact on children's conduct problems (Sanders, Kirby, Tellegen, & Day, 2014). It may be, then, that parenting programs that reduce incidence of child conduct problems may also help reduce bullying.

However, as yet there have been no controlled trials specifically investigating impact of parenting programs on children bullying at school.

How Effective Are Parenting Programs?

Parenting programs focus on strengthening parenting skills to help parents manage children's behaviour problems and increase positive parent-child interactions. These programs are guided by behavioural principles and work to help parents implement consistent, predictable, and effective parenting strategies. The efficacy of evidence-based parenting programs as a treatment of children's emotional and behavioural problems is well established (Eyberg, Nelson, & Boggs, 2008; Kaminski, Valle, Filene, & Boyle, 2008; Maughan, Christiansen, Jenson, Olympia, & Clark, 2005; Reyno & McGrath, 2006). A meta-analytic review of published evaluations of parenting programs found a medium effect on parent and child behaviours, corresponding to a 72% and 65% success rate, respectively (Kaminski et al., 2008). Six different manualized parenting programs for disruptive behaviour in children are considered "evidence-based" (Eyberg et al., 2008). The two best known, most extensively evaluated and widely disseminated programs are the Incredible Years developed by Carolyn Webster Stratton (University of Washington) and the Triple P-Positive Parenting Program developed by Sanders and colleagues (The University of Queensland). Both programs teach parenting which is warm and responsive to the child, encourages positive behaviour and sets clear limits for problem behaviour, and both programs have compiled an impressive evidence base to support their use in school systems.

Incredible Years is a group intervention for parents of children 0–12 years and is typically offered over the course of 12–20 weekly 2-h group sessions. There are several variants of Incredible Years that differ on their targeted age range and program focus (e.g. behaviour management, problem-solving, social skills), and it can be offered as a prevention or treatment.

Incredible Years is supported by several independent meta-analyses with the most comprehensive one conducted by Menting, Orobio de Castro, and Matthys (2013). Menting and colleagues reviewed the effects of Incredible Years in 50 studies and reported positive intervention effects across outcomes and informants. They reported a small to medium effect on disruptive child behaviour across informants. Treatment studies were associated with larger effects than prevention studies. Initial severity of child behaviour was the strongest predictor of intervention effects, with larger effects for studies including more severe cases. Incredible Years has been implemented in over 20 countries around the world including Australia.

Triple P is a system of programs, which vary in intensity and delivery according to the needs of different parents. There are versions of the program available for children, teen-agers and children with disabilities. The program has also been applied to specific issues in children (e.g. feeding difficulties, children with chronic illness) and for specific parenting roles (e.g. working parents, grand-parents, foster parents). The Triple P multilevel system of intervention is supported by several meta-analyses, the most comprehensive of which was conducted by Sanders et al. (2014), which reviewed the effects of Triple P in over 100 studies involving over 16,000 families. There were significant medium short-term effects for children's social, emotional and behavioural outcomes; parenting practices; parenting satisfaction and efficacy; parental stress and depression; parental relationship and child observational data. As expected larger effects sizes were found for treatment studies than universal prevention programs, for more intensive levels of intervention, and for children with more severe problems. Triple P has clearly documented intervention effects when group programs have been delivered within the school system (e.g. Fives, Pursell, Heary, Nic Gabhainn, & Canavan, 2014) and has been effectively deployed in many different cultural contexts, including ethnically diverse populations in Australasia, United Kingdom, North America, Western Europe, Middle East, South America, Asia, and with

Indigenous parents in Australia, Canada, New Zealand and the United States.

The impacts of evidence-based parenting programs on children's emotional and behavioural problems are clearly demonstrated. Disseminating parenting programs at a broader level in the community is a powerful and cost-effective way to improve mental health and child adjustment at a society level (Sanders, 2003). The efficacy of parenting programs can be increased by reaching beyond the small number of families seen at mental health clinics, to providing parenting programs at a community level through schools. A school is a central hub in a community and is an excellent choice of venue to reach the majority of parents and children in a given geographical area.

Delivering Parenting Programs in the School Context

Schools can enhance social, behavioural and educational outcomes for children by promoting better engagement with parents and by providing a comprehensive system of parenting support. The Triple P-Positive Parenting Program is a powerful example of a system of parenting support that can, and is, delivered in schools. It is a preventively oriented multi-level system that aims to promote positive, caring relationships between parents and children, and to help parents develop effective strategies for dealing with a variety of childhood behavioural and emotional problems and developmental issues (Sanders, 2012).

Triple P system draws on social learning theory (Bandura, 1977; Patterson et al., 1992), applied behaviour analysis (Baer, Wolf, & Risley, 1968), research on child development and developmental psychopathology (Hart & Risley, 1995; Rutter, 1985), social information processing models and public health principles. It has many distinguishing features in its flexibility, varied delivery modalities, multi-disciplinary approach, and focus on self-regulation and generalization of parenting skills. Triple P teaches parents strategies to encourage their child's social and language skills, emotional self-regulation, independence and problem-solving. Attainment of

these skills promotes family harmony, reduces parent-child conflict and risk of child maltreatment, fosters successful peer relationships, and prepares children for successful experiences at school and beyond.

The school provides an ideal context for the delivery of a multilevel system of parenting support such as Triple P. Figure 1 summarizes the multi-level Triple P approach, which aims to provide the "minimally sufficient" effective intervention to each family in order to maximize efficiency and ensure that support is available to all parents.

Level 1: Universal Triple P aims to use health promotion strategies to deter the onset of child behaviour problems by: promoting positive parenting practices and decreasing dysfunctional parenting in the community; increasing parents' receptivity towards participating in a parenting program; de-stigmatizing help-seeking for parenting issues; increasing the visibility and reach of the program; and countering alarmist or parent-blaming messages in the media. A communication strategy coordinated locally through a school could include a "Stay Positive" website, posters, brochures, word of mouth parent to parent advocacy and strong support by the school principal endorsing parental enrolment.

Level 2: Selected Triple P/Brief Primary Care Triple P is delivered through brief 10–20 min individual sessions on a specific concern (e.g., disobedience, homework) or a 90-min group seminar. The seminar program is particularly useful as a universal transition program for parents enrolling their child in school, as well as a refresher course for parents who have completed a higher level of intervention such as Group Triple P.

Level 3: Primary Care Triple P/Discussion Groups comprise a more intensive (e.g., 3–4 half hour individual sessions or 2-h discussion groups), selective prevention strategy targeting parents who have mild and relatively discrete concerns about their child's behaviour or development. This intervention level incorporates active skills training and the selective use of parenting tip sheets or workbooks covering common problems.

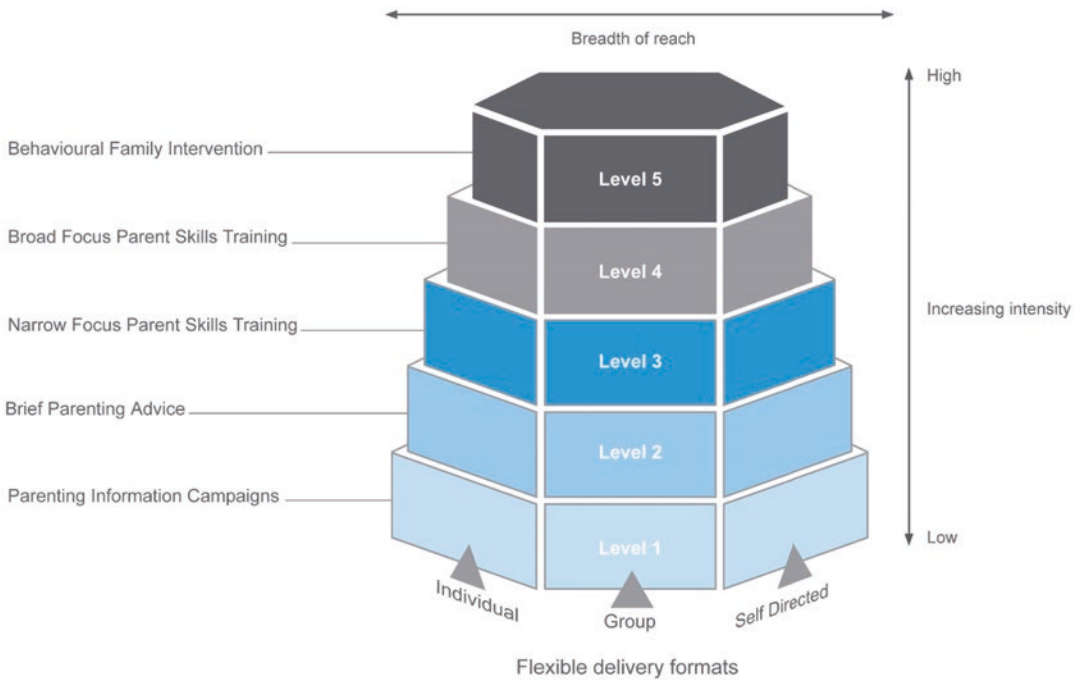


Fig. 1 The multi-level approach of Triple P (Positive Parenting Program)

Level 4: Standard/Group/Self-Directed Triple P or Triple P Online Standard target families of higher risk children identified as having detectable sub-clinical problems, or who meet diagnostic criteria, with the aim of preventing the progression of problem behaviour. Group (e.g., five 2-h groups plus three brief telephone consultations) and self-directed (a 10-session workbook) variants at this level of intervention can also be offered as an indicated prevention approach targeting an entire population to improve parenting capacity and identify individual children at risk. Parents are taught a variety of child management skills including: monitoring problem behaviour; providing praise and attention for desirable behaviour; arranging engaging activities in high-risk situations; establishing limits and rules; giving clear, calm instructions; and backing up instructions with logical consequences, quiet time (non-exclusionary time-out) and time-out. Parents learn to apply skills both at home and in the community, and to generalize and maintain parenting skills across settings and over time. Although all principles and strategies

are introduced, content is individually tailored as families develop their own goals and select strategies to form their own personalized parenting plans.

Level 5: Enhanced Triple P is an indicated level of intervention for families with additional risk factors that have not changed as a result of a lower level of intervention. It extends the intervention to include up to five modules (three 60–90-min sessions each) that focus on areas such as partner support, mood management and stress coping skills. Usually, at this level of intervention, children have behaviour problems that are complicated by additional family adversity factors. Families typically complete a Level 3 or 4 intervention prior to Level 5, but practitioners may run Level 5 sessions concurrently with, or even prior to, parenting sessions based on their understanding of family need.

Case Example of Implementing Parenting Program in a School Context

Presenting problem. Leanne (mother) and Oscar (10 years) were referred to the school psychologist

by the teacher who reported that Oscar was frequently in trouble for fighting with other students and had been suspended from school several times recently. Leanne had complained to the school many times about other children provoking Oscar. At the initial interview Oscar explained that another boy kept teasing him in class and in the playground. He called him “fat” and “gay”, made derogatory remarks about Oscar’s mother and sister, and tried to get Oscar into trouble in class by telling the teacher that Oscar had done things which he had not. Oscar felt he had to fight the other boy when he said mean things about his family. Leanne explained that she did not want Oscar to be suspended but felt Oscar had to do something to discourage the other boy, so was forced to sometimes get into fights. She explained that both Oscar and the other boy were in a small class for children who needed to catch up with their schoolwork, so they saw a lot of each other at school.

Prior to the intervention, Oscar scored in the clinically elevated range for a self-report¹ of victimization and for being upset about this peer behaviour. He scored in the clinically low range for friendedness. Questionnaires completed by Leanne placed Oscar in the clinically elevated range for depressive symptoms and peer problems. Leanne rated herself as low on facilitative parenting skills compared with other parents.

Formulation and goals for intervention. Oscar’s presentation was consistent with him having problems with peers. Oscar also scored low on friendedness, a protective factor against bullying (Fox & Boulton, 2006). Leanne’s report of Oscar’s elevated symptoms of depression is quite common for children bullied by peers. From Oscar’s, Leanne’s and the teacher’s reports, the way Oscar dealt with peer behaviour was consistent with “provocative victim” behaviour: he tended to lash out emotionally and aggressively to behaviour he did not like, which can lead to

worse victimization over time (Spence, De Young, Toon, & Bond, 2009). The primary goals for intervention were to strengthen Oscar’s friendships and ability to deal with peer provocation through support and coaching by his mother.

Intervention program. The Resilience Triple P program provided a good match to the problems Oscar and Leanne were experiencing. *Resilience Triple P* is a manualized (Level 4) family intervention designed to address known risk and protective factors for children bullied by peers. The program includes four sessions for parents and four sessions for children with their parents present. The program is designed for children who respond aggressively, as well as for children who respond passively, to peer provocation. Children’s sessions teach specific behavioural and cognitive skills for play and friendship, everyday body language, interpreting and responding to aversive peer behaviour and resolving conflicts (Healy & Sanders, *in press*). Parent sessions focus on facilitative parenting strategies for maintaining a warm parent–child relationship, supporting children’s peer relationships, addressing problem behaviour, coaching effective responses to bullying and conflict, and communicating with school staff. Resilience Triple P has been demonstrated to reduce children’s victimization, distress from peer behaviour, depressive symptoms and aggressive behaviour towards peers (Healy & Sanders, 2014), which are all appropriate goals for Oscar.

During her participation in the program, Leanne learnt positive parenting strategies to improve her relationships with Oscar, manage Oscar’s behaviour and to coach Oscar in skills in relating to his peers and coping with difficult peer behaviour. Leanne worked out a calming down plan for herself and Oscar which involved them going outside and walking around or kicking a ball around for a few minutes when upset at home. Leanne started using logical consequences when Oscar did not do as asked—for instance, if he did not go to bed after being given a wind-up instruction a few minutes before the agreed time, Leanne would turn off the television or the game. Leanne and Oscar started spending more time

¹Assessed by scales including Things Kids Do, Strengths and Difficulties Questionnaire (Goodman, 1999) and the Preschool Feeling Checklist (Luby, Heffelfinger, Mrakotsky, & Hildebrand, 1999).

together including having afternoon tea together after school, and Leanne sometimes joined in with Oscar when he was playing a computer game. Leanne signed Oscar up with his local football club. After working out a management plan, Leanne started allowing Oscar to invite friends over. She had previously avoided this because of previous problems with managing the boys' behaviour, but felt better equipped to manage with the new parenting strategies.

With Leanne's help, Oscar learnt to respond calmly to insults the other boy commonly used against him. This involved work on how to interpret these insults as well as practice in standing up for himself with words. For instance Oscar decided that he was quite big for his age but that this was "a good size for footy" and practised saying "yeah, good padding for footy" when called fat. Oscar decided he was too young to worry about being gay and decided to interpret it as "happy". Leanne also had a quiet word to Oscar's teacher to explain what Oscar was doing and request her support. Leanne reported that over a few weeks Oscar's teacher noticed him staying calm in the face of provocation and gave him a special award. Over a few weeks, Oscar reported the other boy was teasing less and less. He kept busy playing football with other friends at lunchtime.

Follow-up assessment. After completing Resilience Triple P, Oscar's reports of victimization by peers and how upset he felt about this had greatly reduced since the initial assessment. Oscar also reported having more friends and being more involved in play. Leanne reported fewer symptoms of depression for Oscar.² She also reported that Oscar's teacher had noticed an improvement in Oscar's focus in class. This resulted in Oscar returning to his regular class for morning subjects, which meant Oscar spent less time with the boy who provoked him, and more

time with friends. Oscar received an award for "best and fairest" on one of the inter-school football competitions. At the time of writing this report, there had been no further incidents of aggression, nor suspension from school.

Summary. Leanne and Oscar presented with concerns about Oscar being provoked by another boy at school. Oscar's aggressive responses to the other boy's taunting had resulted in Oscar being suspended from school for fighting. The intervention enabled Oscar to learn how to manage his emotions and deal with provocation, through the support of his mother. Oscar and Leanne worked on Oscar's friendships through play-dates, playing football at lunchtime and joining the local football club. Leanne's communication with the teacher also changed. Over the time she did the program, Leanne complained less, and reported to the teacher the positive strategies Oscar was using. This may have helped the teacher understand the behaviour Oscar was dealing with and to encourage his efforts to manage his responses. Leanne and Oscar reported several additional positive spin-offs including improvements in Oscar's academic focus and some re-integration with his regular class, as well as his success with football. These changes are likely to help sustain the progress he has made.

Enablers and Barriers to Successful Implementation

There are enablers and barriers to successful implementation of parenting programs at the levels of school, individual practitioner and individual parents. We will discuss each of these in turn and provide practical suggestions for enabling parent participation. The level of school support and, specifically, support from the principal is central in determining how the value and ease of involvement in programs for both school staff and parents. The principal is tasked with identifying a workforce to implement parenting programs—which may involve different staff in different levels of the program. For instance, some schools

²Depressive symptoms following bullying can continue for months or years afterwards, and children who are depressed are at heightened risk for being bullied. Therefore, it is important to continue monitoring depressive symptoms if they continue to be elevated following an intervention like Resilience Triple P.

use brief parenting seminars delivered by the school psychologist as part of parent induction. More intensive parenting programs are offered by a variety of school well-being staff including school psychologists. Classroom teachers may be able to provide specific parenting advice when requested.

There are also factors to do with individual staff that influence whether a parenting program is implemented. Shapiro, Prinz, and Sanders (2012) examined barriers to implementation by practitioners trained in delivering Triple P. Practitioners were more likely to deliver the program if they perceived it would benefit children and families, and they felt confident in delivering it. Availability of ongoing professional support increased their likelihood of offering the program. A “good fit” between program implementation and their other duties also helped rather than it being an “extra” duty. Though occasionally schools employ staff in a parent liaison role, more usually school psychologists’ and guidance officers’ roles are most consistent with implementation of parenting programs.

Despite the great potential benefits of parenting programs to improve outcomes for parents and children, practitioners can be challenged to recruit and retain parents in programs (Mytton, Ingram, Manns, & Thomas, 2014). In any setting, practitioners can maximize recruitment by considering factors that either enable participation or might be barriers to involvement. Research has identified several types of enablers and barriers that affect parents’ participation in parenting programs. These include practical constraints, parents’ attitudes and perceptions, and social and cultural factors. These are each reviewed below.

Practical constraints are often cited as reasons that prevent parents from participation in a program. Parents often cite timing of courses and scheduling conflict as a reason for not attending a program (Spath & Redmond, 2000). Parents who work may prefer evenings (Mytton et al., 2014), and some schools provide this option. For parents of school-aged children who are not working, school hours may provide the best option for care of children. Parents also cite access and suitability of the venue as factors influencing their decision

to attend (Mytton et al., 2014); thus, holding parenting programs in schools has the advantage of being familiar and convenient. There are some mixed findings in the literature about whether cost of a program is a barrier to participation (Hindman, Brooks, & van der Zwan, 2012; Spoth & Redmond, 1995), and this probably depends on the affordability of the program relative to income. Practical support such as providing transport, childcare and refreshments can also encourage and enable parents to participate (Saylor, Elksnin, Farah, & Pope, 1990).

Family and cultural factors can also impact on an individual parent’s decision to participate. The complex and chaotic lifestyles of some families can prevent participation—including crises, house-moves and lack of support (Mytton et al., 2014). Parents can also be discouraged from participating if they perceive negative attitudes to a program by family and friends (Fontana, Fleischman, McCarton, Meltzer, & Ruff, 1989). Unfortunately, because parenting programs are often recommended or even mandated for vulnerable parents with established serious problems, parenting programs can gain a stigma of being intended for “bad parents”. Triple P provides an example of how this stigmatization can be addressed by incorporating many levels of intensity of intervention which make the strategies relevant to all parents, not just to a high-need group. Large-scale population roll-outs of Triple P have incorporated the “Stay Positive” message through radio, newspaper, television and internet to normalize participation in parenting programs (Sanders et al., 2008). This “contagion effect” of parents being influenced by each others’ positive perception of a program can be used to build participation in a program in a school or community over time. Population trials of Triple P have found the best predictor of a parent doing Triple P is knowing another parent who has done Triple P (Sanders et al., 2008). Schools can use this over time by asking parents who have had a positive experience with the program to “spread the word” and by collecting parent testimonials about their experiences with the program.

Barriers and enablers of parental participation differ in different communities (Spoth, Redmond,

Hockaday & Shin, 1996). It is therefore important when planning to offer a parenting program to consult with parents on what would enable their participation. However, some general suggestions for enabling participating include are:

1. Choose a program that is demonstrated to be effective and present benefits to parents.
2. Keep communication about the program clear and simple.
3. Consult with community about timing and location. Plan day courses to correspond with drop-off or pick-up times. Consider offering occasional evening courses for working parents.
4. Plan more than one group over time at a school to build a positive reputation.
5. Use a variety of forums to inform parents—school website, flyers, school newsletter, bulletin board, through teachers.
6. Gather parent testimonials and use these in future promotion.
7. Inform teachers of benefits of program and request their help in informing parents.
8. Offer refreshments and, for best attendance, child-care.

Practical and Ethical Considerations in Implementing Parenting Programs in Australia

School psychologists and guidance officers who deliver parenting programs in schools are bound by the professional code of conduct of their profession and their employer. This includes maintaining confidentiality and duty of care in reporting suspected child abuse and neglect. Some parenting programs, like Triple P and Incredible Years have training programs for practitioners.³ Triple P has an accreditation process to ensure practical skills of facilitators, which includes practitioners signing a code of conduct with respect to delivering the program to parents.

³Training in Group Triple P takes three days including accreditation.

The school psychologist or guidance officer has a central role in coordinating implementation of parenting programs in schools. As internal consultants, they need to negotiate with multiple stake-holders to gain support and maximize outcomes. First and foremost it is necessary to have the support and enthusiastic endorsement from the school Principal. This will enable staff to prioritize program delivery, and promote the program to parents as a valuable part of their child's education. Staff who deliver programs also need to negotiate with parents with whom they work. An important issue to discuss is confidentially and permissible transmission of information to the child's teacher and other staff. This is important because not all information provided by a parent in the context of attending a parenting program is relevant or in the child's best interest for the class teacher to know. To be able to participate freely in a parenting program, parents need to know what information, under what circumstances, will be passed on to whom. One important issue bounding confidentiality is duty of care and the necessity of reporting situations in which a child is at risk. Staff delivering training need to clarify with parents limits to their confidentiality.

When consistency between school and home issues is required to assist children's skills development, it is important to communicate with the class teacher, other wellbeing staff and specialist teachers who may be able to support the child at school. This needs to be done in consultation with the parent. In getting involved in the mental health of children and families, school practitioners need to be aware of other services they can access to provide ongoing support when family needs are greater than what they can provide.

Conclusions and Policy Implications

Evidence-based parenting programs have considerable potential to enhance the well-being and academic success of children and to improve the quality of home-school partnerships. It is in the interests of schools to ensure that parents can access high quality parenting programs appropri-

ate to their needs and cultures. School psychologists and guidance officers are ideally placed to coordinate this work. In conclusion,

1. Making evidence-based parenting programs widely accessible in schools is strongly justified from evidence of positive benefits for children
2. Given the concern of school psychologist and guidance officers with the social, emotional and behavioural adjustment of children, investment of a significant proportion of their time into parent training programs is warranted
3. Schools need to devote resources (time and resources) to enable staff to invest in implementing parenting programs
4. Involving parents as partners would enable schools to be more effective in the social, emotional and academic development of children than teaching social-emotional skills in isolated programs in the classroom
5. Establishing an appropriate parent advocacy or consultancy group may help de-stigmatize accessing of parenting support by parents
6. The enrolment process could be targeted as an opportunity to engage parents in training as parents have heightened responsiveness to involvement in the school at this time
7. Involvement of schools in parent training works best in the context of clear expectations and processes for ongoing parent-school communication.

Test Yourself Quiz

1. How does parenting impact children's outcomes?
2. What are the benefits of a multi-level approach to support parenting within schools?
3. A colleague is planning to implement a new parenting program at a primary school. What organizational-level barriers might your colleague expect? What advice would you give your colleague to overcome these barriers?
4. You have just held your first parenting program session and only two parents attended.

Why might that be? How could you increase participation?

5. If a child is presenting with sub-clinical behaviour problems and has been identified as at risk academically, to which level of Triple P would you refer the family?

Conflict of Interest Statement The Triple P-Positive Parenting Program is owned by the University of Queensland. The University through its main technology transfer company, UniQuest Pty Ltd, has licensed Triple P International Pty Ltd to publish and disseminate the program worldwide. Royalties stemming from published Triple P resources are distributed to the Parenting and Family Support Centre; School of Psychology; Faculty of Health and Behavioural Sciences; and contributory authors. No author has any share or ownership in Triple P International Pty Ltd. Matthew R Sanders is the founder and an author on various Triple P programs and a consultant to Triple P International. Karyn L. Healy is co-author of Resilience Triple P and a contract trainer for Triple P International.

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