

Positive Parenting: Effectiveness Of The Parents Plus Early Years Programme In Community Preschool Settings



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Introduction

Parent training programmes are commonly used in child and adolescent mental health settings to address behavioural problems in children. These are typically short term group interventions that aim to help parents manage difficult behaviours and emotional symptoms. The Parents Plus Early Year (PPEY) programme (Sharry, Hampton & Fanning, 2003) is one such group intervention developed for parents of children age one to seven years old. The PPEY programme has been shown to be effective in reducing child behavioural problems and parental stress in both a clinical (Griffin, 2006) and recently in a community setting (Kilroy, Sharry, Flood & Guerin, 2010). This recent study indicates that community based preventative parent training programmes while being able to reach a wider group of families and be more of an acceptable, non-stigmatised source of support, can also produce positive outcomes for families. The aim of the present study is to further examine the effectiveness of a community version of the PPEY programme in reducing child behavioural problems and parental stress, delivered within multiple preschools by frontline preschool staff.

Method

As part of the Fingal Parenting Initiative, childcare staff from 35 preschools in North Dublin were trained to deliver the seven week PPEY programme to parents of children aged 0 - 6 years within their community. Parents ($n = 277$) attending the programme were invited to complete pre and post measures of child strengths and difficulties (SDQ) parental stress (Parent Stress Scale) and parenting satisfaction (Kansas Parenting Satisfaction Scale) as well as goal rating forms. Programme fidelity was monitored through session review forms and facilitator supervision.

Results

A series of paired sample t-tests were conducted to assess differences in parent and child outcome measures pre and post the intervention. The results demonstrate a statistically significant decrease in parental stress scores and child difficulties while significant increases were found for parental satisfaction, gains made towards goals for the and parent goals. Significant reductions in difficulties were noted for the SDQ subscales, Emotional Symptoms, Conduct Problems, Hyperactivity and Peer Problems, while significant increases were found for Prosocial Behaviour. Large effect sizes were observed for all variables, with the exception of the Peer Problem and Prosocial Behaviour scales where moderate effect sizes were found. See table 1 for mean pre and post intervention scores.

39.7% of participants reported that their children have difficulties within the clinical or borderline range on SDQ Total Difficulties score pre intervention. For this subgroup, similar gains were found post intervention, with significantly reduced parents stress and child difficulties as well as increased parenting satisfaction. In addition, significant reductions in child difficulties were noted for the SDQ subscales. Large effect sizes were observed for all variables. Figure 1 depicts the relationship between those within the clinical range and those scoring in the typical range on the SDQ pre and post intervention. While the 'clinical' group reported more difficulties at Time 1 and Time 2 when compared to the 'typical group', a sharper decline in difficulties for the clinical group is noted. Post intervention, 20.6% of participants remained within the clinical or borderline range for SDQ total difficulties compared to 39.7% pre-intervention.

Discussion

The study aimed to investigate the effectiveness of the PPEY intervention when delivered by preschool teachers within their communities. It was predicted that the intervention would produce similar results to those found when the programme is delivered in mental health care settings. The results support this prediction demonstrating that parents attending the PPEY programme within local preschools reported significant improvements in their children's behaviour, less stress and greater parental satisfaction following the programme. Large effect sizes were observed for all variables, with the exception of the Peer Problem and Prosocial Behaviour scales where moderate effect sizes were found. See table 1 for mean pre and post intervention scores. These results indicate that the programme can be accurately transferred from delivery by mental health professionals in clinical settings to delivery by frontline staff within the community, while maintaining positive outcomes for parents and children.

Table 1. Mean scores, standard deviations and F scores for Parent Stress Scale, Emotional Symptoms Scale and Kansas Parent Satisfaction Scale

	Mean Score Time 1 (SD)	Mean Score Time 2 (SD)	Mean Difference	Eta Square
Parent Stress Scale	41.66 (8.95)	36.00 (8.35)	5.65*	.40
Kansas Parenting Satisfaction	14.43(3.01)	16.71 (2.66)	-2.27*	.37
Emotional Symptoms Scale	2.60 (2.14)	1.97 (1.99)	0.64*	.11
Conduct Problems Scale	3.44 (2.11)	2.50 (1.91)	0.94*	.25
Hyperactivity Scale	4.40 (2.48)	3.66 (2.37)	0.74*	.15
Peer Problems Scale	2.20 (1.87)	1.64 (1.62)	0.57*	.11
Prosocial Scale	6.80 (2.11)	7.46 (2.16)	-0.66*	.09
SDQ Total Difficulties	12.63 (5.85)	9.77 (5.63)	2.86*	.23
Child Goal Rating	3.62 (1.82)	7.51 (1.58)	-3.89*	.79
Parent Goal Rating	3.54 (1.77)	7.61 (1.53)	-4.06*	.81

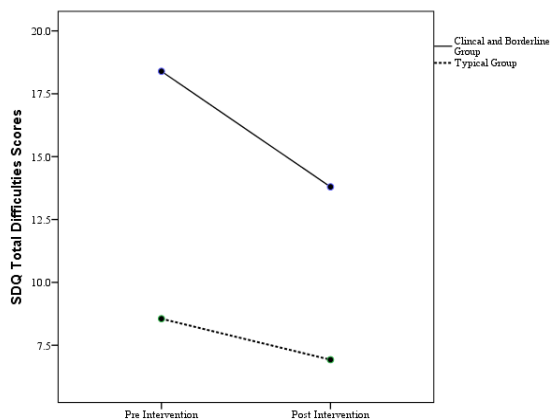


Figure 1. Clinical group and typical group SDQ scores pre and post intervention.

Post Intervention Parent Reflections:

'My child stopped having tantrums, she told me today that I am a much better mummy, I never shout anymore, I use my indoor voice and she also said I was fun!'

'I have learnt to stop and pause in every situation and be more tuned into my son. I feel more confident as a parent. I now enjoy my time spent with my son'