Listening to Parents' Views and Experiences of the Parent-Child Game – A Narrative Analysis

Thesis submitted for the degree of Doctor of Applied Psychology at the University of Leicester

by

Julie Kaye Leather

B.Sc. hons., M.Sc. Clin. Psych.

Department of Psychology

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Declaration

I can confirm that the research reported is my own work and has not been submitted for any other academic award.

Thesis Abstract

Listening to Parents' Views and Experiences of the Parent-Child Game – A Narrative Analysis

by Julie Leather

The current research project aimed to understand parents experience of the Parent-Child Game (PCG), an individualised parent-skills training programme. Information obtained from semi-structured interviews with five participants was transcribed and analysed using a narrative voice-centred relational method (Gilligan et al., 2006). Readings of the transcripts found contrapuntal 'task-orientated' and 'emotional' parent voices and an overarching narrative of 'restitution'. Changes to participants' subjective reality may suggest that PCG offers treatment opportunities which extend beyond its behavioural basis and that the experiential element of PCG may provide a conduit for schematic change. The finding that participants experience of PCG accompanies a narrative of restitution may help therapists in their understanding of parents' and their children's needs and experiences and may guide and inform the therapeutic process.

Chapter one – A Service Evaluation – The Parent-Child Game

The Parent-Child Game service offers an individualised parenting intervention for parents and their children presenting with behavioural difficulties or relationship problems. The outcomes for parents and children who completed the intervention was measured in terms of parenting behaviours (using repeat baselines before and after intervention for the frequency of child-centred and child-directive behaviours), parental stress (using the Short Form, Parenting Stress Index) and the emotional and behavioural disturbance of the child (using the Revised Rutter Parent Scales). Two-tailed paired T-Tests yielded significant results for all repeated measures. The effect size for child-centred and child-directive behaviour was found to exceed Cohen's (1988) convention for a large effect and the effect size for the measures of child emotional and behavioural disturbance and for parental stress exceeded Cohen's convention for a medium effect indicating that the Parent-Child Game intervention is effective in increasing the frequency of child-centred behaviours, reducing the frequency of child-directive behaviours and reducing parental stress and children's emotional and behavioural disturbance.

Chapter two – Literature Review – Parents' experiences of Parent Skills Training - A Qualitative Meta-synthesis

In the literature there are many quantitative studies, including systematic reviews which assess outcomes in respect of parenting interventions, but relatively little research that examines parents' experiences in respect of parent skills training programmes. This meta-synthesis reviews qualitative studies that explore parents' experiences of parent skills training in order to understand what they found useful. Four online databases were searched (Applied Social Sciences Index and Abstract (ASSIA), Scopus, PsycINFO and Google Scholar) for the period between January 2007 and July 2018. A combination of search terms was used; 'parent training' OR 'parent*' OR 'training', OR 'program*' AND 'experience' AND 'qualitative'. Ten studies were identified and included in a meta-synthesis. All ten studies reported the use of thematic analysis or categorical content analysis and focused entirely, or in part, upon parents' experiences of parent skills training. The meta-synthesis used thematic analysis to re-analyse the reported qualitative data. Four overarching themes were identified: *Open and trusting communication*; *Shared experience/collaborative working; Development of parental insight; and Non-judgmental, practical and emotional support.* The review highlighted that parent skills training impacted upon the understanding and the insight parents developed. Parents identified the importance of a supportive context which facilitated open and trusting communication and which offered the sharing of experience using a collaborative, non-judgemental approach. The findings of this review show that parent skills training programmes that have these elements are perceived as effective by parents and a positive experience.

Chapter three - Research Report

Listening to Parents' views and experiences of the Parent-Child Game - A Narrative Analysis

The current research project aimed to understand parents experience of the Parent-Child Game (PCG), an individualised parent-skills training programme. Information obtained from semi-structured interviews with five participants was transcribed and analysed using a narrative voice-centred relational method (Gilligan et al., 2006). Readings of the transcripts found contrapuntal 'task-orientated' and 'emotional' parent voices and an overarching narrative of 'restitution'. Changes to participants' subjective reality may suggest that PCG offers treatment opportunities which extend beyond its behavioural basis and that the experiential element of PCG may provide a conduit for schematic change. The finding that participants experience of PCG accompanies a narrative of restitution may help therapists in their understanding of parents' and their children's needs and experiences and may guide and inform the therapeutic process.

Chapter four – Critical Appraisal

The critical appraisal provides a reflective account of the researcher's journey throughout the development and understanding of the research project.

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Sadly, both Maureen and my mother passed away in 2017, so I dedicate this research to them.

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List of Abbreviations

Chapter One

PCG – Parent Child Game

PCIT – Parent Child Interaction Therapy

VIG - Video Interactive guidance

HNC – Helping the Non-Compliant Child

BBC, QED - British Broadcasting Corporation, a series of science documentary films aired in the United Kingdom 1982 – 1999

ABA – Baseline condition – Intervention – Repeat baseline

PSI – SF – Parenting stress Index – Short form

SCL-90 - Symptom checklist – 90

Chapter Two

CASP - Critical appraisal skills approach

Chapter Three

RCT - Randomised control trial

IPA – Interpretive phenomenological analysis

CG – Childs Game

PG – Parents Game

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Chapter One

A Service Evaluation:

The Parent-Child Game

A Service Evaluation:

The Parent-Child Game

Abstract

The Parent-Child Game service offers an individualised parenting intervention for parents and their children presenting with behavioural difficulties or relationship problems.

The outcomes for parents and children who completed treatment was measured in terms of parenting behaviours (using repeat baselines before and after intervention for the frequency of child-centred and child-directive behaviours), parental stress (using the Short Form, Parenting Stress Index) and the emotional and behavioural disturbance of the child (using the Revised Rutter Parent Scales)

Two-tailed paired T-Tests yielded significant results for all repeated measures. The effect size for child-centred and child-directive behaviour was found to exceed Cohens (1988) convention for a large effect and the effect size for the measures of child emotional and behavioural disturbance and for parental stress exceeded Cohens convention for a medium effect indicating that the Parent-Child Game intervention is effective in increasing the frequency of child-centred behaviours, reducing the frequency of child-directive behaviours and reducing parental stress and children's emotional and behavioural disturbance.

Introduction

The Parent-Child Game (PCG) shares a theoretical basis with several models of parenting intervention developed in response to a growing appreciation of the interaction between parenting behaviours and children's behaviour. These include Filial Therapy (Guerney, 1964) which developed around the notion that parents could be trained as therapists for their own children, Hanf's work (1969), as cited in Forehand and McMahon (1981) which introduced the parent as a "co-client" and aimed to improve parent-child interaction by coaching the

parent during live interaction with their child and the work of Patterson et al (1982), based on social learning theory and the premise that change in parental behaviour could bring about change in the child's behaviour.

In the last two decades there has been a strong movement towards parent skills training via parenting groups (Scott, 2005) such as Strengthening Families, (Walsh, 2002) Triple P (Thomas & Zimmer-Gembeck, 2007) and the Webster Stratton Incredible Years Programme, (Webster-Stratton, 1998) with the primary focus being upon managing the child's behaviour and the direct prevention of later Conduct Disorder (Johnson et al., 2005).

Approaches have also developed which involve seeing children and parents together in order to address the specific issues of their interaction in an individualised and more intensive way. The Relationship Play Approach conceptualises difficulties between parents and children in attachment terms rather than focusing on parenting techniques and uses Play Therapy to facilitate the Parent/Child bond (Binney, McKnight & Broughton 1994). Parent Child Interaction Therapy (PCIT) (Filcheck et al., 2005)) and Parent Child Attunement Therapy focus upon parent-child interaction and help parents to understand their child's behaviour from a developmental perspective (Dombrowski et al, 2005).

Contemporary approaches such as Video Interactive Guidance (VIG) (Fukkink, 2008., Strathie & Forsyth, 2011) have encouraged a collaborative relationship with parents using a model of intervention based upon parent coaching in order to enhance parental sensitivity, rather than parent training, whilst Theraplay - an approach which focuses on children's unmet needs from an attachment perspective - uses guided play for parents and children together. This is designed to address early deprivation with respect to attachment, via carefully selected play activities (Booth & Jemberg, 2009).

Theoretical basis of evidence based parenting interventions

The National Academy for Parenting Research (Asmussen & Weizel, 2012) concludes that four core theories underpin the majority of evidence based parenting programmes:

1. Social learning theory
2. Attachment theory
3. Parenting styles theory
4. Human ecology theory

Melhuish et al. (2008) espouse the importance of a theoretically sound basis for parenting programmes underpinned by strong research evidence, such as the Helping the Non-Compliant Child (HNC) approach (McMahon and Forehand, 2005) and PCIT (Eyberg et al., 1995), as these consistently result in positive gains for parents and children.

The Parent-Child Game approach is noted to include many of the characteristics described by Scott (2005) as being key to the delivery and content of effective parent training programmes. In particular:

1. A structured sequence of intervention.
2. A process which includes play, praise, incentive and limit setting.
3. An emphasis on promoting social, self reliant child behaviour and calm parenting.
4. Reference to parents own experiences and predicament
5. Regular therapist supervision.

The Parent-Child Game (PCG)

The Parent-Child Game (PCG) approach was developed in the UK by Jenner (1992, 2000) in response to the early work of Forehand and McMahon (1981) for “helping the Non-compliant Child” (HNC) (McMahon & Forehand, 2005).

Clinical Psychologist, Sue Jenner’s (1992) application of the Parent-Child Game as inspired by the HNC approach was the subject of two BBC Q.E.D programmes in 1993. In particular, she sought to introduce the concepts of prescribed parenting into a social care context as an ethical means of “assessment via treatment”.

Most importantly the approach provides an objective quantifiable measure of parenting behaviour. The focus on guided play using a prescriptive approach is designed to enhance child-centred behaviours, which include praise, descriptive attending, positive touch and appropriate ignoring with distraction. Then to reduce the frequency of child-directive behaviours which include commands, criticisms, and other coercive parenting behaviours (Jenner & McCarthy, 1995).

Parent-Child Game play sessions take place in a controlled learning environment with a video suite and a one-way screen. The therapeutic team remain behind the screen and communicate directly with the parents via the use of a microphone transmitter and earpiece whilst the parent and child play together. The therapist then supports the parent via instruction and prompts whilst they respond to their child.

A single case (ABA) design is used. Baseline measures provide quantitative analysis of the parents’ behaviours before and after a series of intervention sessions.

The initial phase of the intervention trains parents to use child-centred strategies and is called “the Child’s Game”.

If difficulty persists, then a second phase of intervention can follow which introduces prescriptive commands. This is known as “the Parent’s Game”. The Parent-Child Game is therefore an individual live coaching approach.

Research on Parent-Child Game

Jenner (2000) sought to understand how a manipulation of parenting style might influence children’s behavioural presentation and drew upon the work of Forehand and McMahon (1981) which found that parents of problem children typically issued more vague and frequent commands, their parenting was more punitive and they attended more to unacceptable than acceptable behaviour. Clinic referred parents also engaged in more extended and hostile interchanges and were less likely to understand oppositional behaviours from a developmental perspective. The coercive style of parenting by parents of non-compliant children referred for therapy was also found to be associated with child maltreatment and therefore thought to be integral to the parent-child relationship (Stormshak et al., 2000).

Normative data provided by Forehand and McMahon (1981) on a hundred clinic referred cases of children with non-compliance and 40 controls found that the ratio of child-centred to child-directive behaviours for the clinic referred group at the initial baseline, was one child-centred behaviour to every 3.5 child-directive behaviours, the average being 20 child-centred to 70 child-directive behaviours.

The control group of 40 parents of children who did not present with clinically significant behavioural difficulties presented with a ratio of 1 child-centred behaviour to every 1.75 child-directive behaviour. The average number of child-centred behaviours being twice as frequent as the clinic group whilst the child-directive behaviours were consistent with the clinic group. It therefore appears that the clinic referred sample were less likely that the non-clinic controls to utilise child-centred parenting strategies.

Normative data within the UK is extremely sparse. A small scale unpublished audit by Jenner and colleagues compared a clinic referred sample of 12 children with two control groups. Parents in the clinic sample were assessed with an initial ratio of 1 child-centred to every 4.8 child-directive behaviours, The ratio for both control groups was 1:1.8 - almost identical to the USA sample.

The behaviour which appears to differentiate between the clinic and non-clinic samples primarily relates to the propensity for parents to use child-centred parenting behaviours, suggesting both a qualitative and quantitative difference between clinic referred and non-clinic parents. This would be consistent with the findings of Forehand and McMahon, suggesting that parents of non-compliant children are more coercive in their style of parenting and lack attuned (child-centred) parenting strategies.

Quantitative evaluation specifically addressing outcome for the Parent-Child Game is sparse, except for two papers based upon single case studies.

Gent (1992) used a single case design approach to record the baseline measures of child-centred and child-directive behaviours before and after intervention using the Child's Game, and then following a further phase of intervention using the Parent's Game. The graphed data shows a sustained increase in child-centred behaviour suggesting that parents have modified their parental behaviours in a manner which increases responsiveness to the child's cues. The child-directive behaviours appear to reduce to some extent, suggesting a reduction in coercive parenting behaviours and the effective use of commands. This paper is limited as there is no statistical evaluation and no follow up data.

Jenner (1992) provides two single case design examples in her paper, leading to her proposal that the Parent-Child Game approach presents an ethical process in the assessment and treatment of parenting skills and deficits within a child protection framework. Both cases involved single parents where there were child protection legal proceedings. In both cases there was found to be a

reduction in the frequency of child-directive behaviours and an increase in child-centred behaviours.

Clearly this work lacks statistical analysis, such that generalisation cannot occur due to the small sample, nor does it offer insight into the process by which therapeutic change may have occurred. Nevertheless, it does provide some evidence of the Parent-Child Game as an effective therapeutic intervention on a case basis, which would merit further research.

Helping the Non-Compliant Child which shares a theoretical foundation with PCG has been subject to more rigorous evaluation in terms of efficacy, generalisation and social validity.

McMahon et al (2011) use direct observation and parental and teacher report to evaluate outcome for the approach and found positive effects for child behaviour and parental competency in using child-centred skills..

Forehand and Long (1988) used a non referred control group to study the long term impact of HNC and found treatment children were comparable to their untreated ‘normal’ peers.

Although two studies failed to find evidence of generalised behavioural improvements within the classroom (Breiner & Forehand, 1981., Forehand et al., 1979), long-term follow up from two months to 14 years found young adults who had undergone HNC as children were comparable with the normal population in terms of their self-esteem, psychopathology, offending behaviour, drug abuse, educational performance and the quality of relationships with partners (Long et al., 1994)

There was also evidence of generalisation of behavioural change to siblings (Humphries et al., 1978) suggesting that parents use their child-centred skills to reduce non-compliance in the siblings of target children.

Parent factors

It is assumed that parenting skills are at least partly responsible for behavioural difficulties and that intervention that is effective in managing parents behaviour will interrupt the developmental progression of behaviour problems and later mental health problems and delinquency (Rutter, 1989).

Crnic et al (2005) found that the cumulative effects of parenting stress were important predictors of parent and child behaviour and dyadic interaction.

Forehand, Wells and Griest (1980) and Griest et al (1982) found that provision of adjuncts to the HNC programme which focused upon maternal self control and parents perceptions of the child's behaviour, enhanced the generalisation and/or maintenance of effects, suggesting that programmes which are sensitive to parental issues may have advantages in terms of their overall efficacy in promoting positive long term effects for both parent and child.

Barlow et al (2010) found that parenting interventions can lead to significant improvement in parental mental health as well as significantly reducing harsh parenting practices, and that this can have a significant effect on the parent-child relationship and the child's wellbeing. A summary of systematic reviews of parenting programmes (Barlow & Coren, 2018) concluded that parenting programmes are effective in improving the emotional and behavioural adjustment of children and also enhance parents psychological wellbeing.

The Parent-Child Game Service (PCG)

The PCG Service in Nottinghamshire was developed as a collaboration between Child and Adolescent Mental Health and Social Care (Family Centre based) Services.

The service evolved in response to the needs of parents and their children with complex or severe presentation related to their child's behaviour. In particular, parents with children displaying severe behavioural difficulties which had not responded to, or were not suited to behaviour management advice or group

based Parent Skills Training Programmes and those parents and children whereby the relationship between the parent and child was observed or perceived to be a major source of the difficulty.

Aims and objectives of the study:

The aim of this service evaluation was to measure outcome with regard to the efficacy of the PCG service. In terms of:

- Reducing parents use of child-directive parenting behaviours
- Developing and increasing the use of child-centred parenting skills
- Reducing child non-compliance
- Reducing parental stress

Method

The Parent-Child Game Baseline Recording System

The PCG process follows a single case design model. Baseline recording requires at least two observers to complete a record sheet, recording the frequency and ratio of behaviours categorised as child-centred or child-directive (refer to Appendix A). The sessions are recorded and comparison is made between observers to ensure reliability.

The initial baseline takes place over a duration of ten minutes. The parent and child are told “I want you to play together for ten minutes, just like you would at home”. Thereafter a series of intervention sessions will take place using a shaping framework, during which time the parent and child will have engaged in a controlled learning environment whereby the parent receives verbal prompts via an ear piece, followed by a repeat baseline, usually after six sessions

This first phase of intervention known as the ‘Child’s Game’ may then be succeeded by a second phase of intervention introducing the use of commands. Forehand and McMahon (1981) set the frequency at not less than six child-centred parental behaviours per minute and not more than one

child-directive behaviour per minute before the parent is considered ready to move to phase two of the intervention known as the 'Parent's Game'.

Participants

Participants were 21 families consisting of parents and their child(ren) referred to the PCG Service between 2010 and 2012.

Forty eight sets of data were considered and 21 sets of data were included in the evaluation. Data was excluded when the data set was incomplete or the participants had not completed the PCG programme.

Procedure

Data was obtained from completed cases discharged from the 12 clinics providing PCG across Nottinghamshire.

Practitioners were asked to complete a basic data set before and after intervention for each referred child comprising:

- Demographic data
- Psychometric ratings of the child's emotional and behavioural presentation, from parents/carers and teachers using the Revised Rutter Parent (and Teacher) Scales for school aged children and the equivalent for pre-school children (Hogg et al, 1997) (see Appendices B, C and D)
- Parental stress using the short form of the Parenting Stress Index (PSI-SF) (Abidin 1995) (see Appendix E)
- PCG baseline measures for child-centred and child-directive behaviours

The methods of data collection used were quantitative measures using the baseline PCG observational record form and standardised measures of Parental Stress and childhood behavioural and emotional difficulties, in order to provide a quantifiable measure of change.

Demographic data was largely categorical and was selected on the basis of the relevance to the referral criteria i.e. families presenting with children with severe behavioural difficulties and/or parent and child relationship difficulties.

The single case design process is integral to the PCG intervention (Jenner 1992). The PCG measure enables a process of “assessment via therapy” and provides an ethical and transparent approach for working with parents and enables parents to access a visual record of their behaviour, to receive immediate feedback whereby clearly established goals and an objective record of progress can be provided.

Practitioners administered the questionnaires before treatment commenced, usually during a pre intervention home visit or during the course of the initial interview. The parent or carer were advised regarding the use and application of the data collected for evaluation purposes and advised that the information would be shared with the researcher who would also provide consultation for the service overall. It was explained that data would be allocated a case number to ensure anonymity and would contribute toward a service evaluation to be shared with Managers and Commissioners of PCG services.

Post intervention the questionnaires would be completed at the final session, prior to discharge and alongside provision of a certificate of attendance for the client.

The PCG baseline was undertaken before the first intervention within a clinic setting using the PCG therapy suite. A DVD recording was made and the session was observed with the assistance of either a television link and/or a one-way observation screen.

The post intervention baseline usually immediately followed the final intervention session. The parent would be given the instruction that the practitioner would rate their interaction with their child again, as they had done at the beginning of therapy and that they should play with their child for ten minutes without the use of the earpiece.

Demographic data was provided by practitioners on the basic data set form. This information was forwarded to the Researcher on completion of the case.

Measures:

Demographic data was obtained with respect to age and gender, (refer to Figure 1) family composition and ethnicity. The reason for referral (Figure 2) and number of sessions was recorded.

A number of risk factors (Deater-Deckard et al 1998) were identified using descriptive statistics. The presence or absence of mental health, drugs and alcohol or bereavement and loss issues, a difficult birth history, disability of the child and involvement with social care was recorded using self-report measures whereby the options were either “yes” or “no” (Table 1) .

Behavioural and emotional difficulties were measured using the Revised Rutter Parent Scale and Teacher Scale total scores.(Hogg et al 1997)

Parental stress was measured using the total score of the Parenting Stress Index (Short Form). (Abidin 1995).

The frequency of child-centred and child-directive behaviours was measured using the PCG baseline recording system. (Jenner 1992).

Questionnaire Measures

The Parenting Stress Index – Short Form (PSI-SF)

Elevated stress has been associated in general terms with low levels of parental warmth and reciprocity, and coercive parenting (Rogers, 1993) and amongst parents who neglect and abuse their children (Rodriguez & Green, 1997).

The PSI-SF measure is found to distinguish between parents who offer inadequate care compared with those parents whose parenting practices are positive (Haskett et al., 2006) although there is insufficient evidence to conclude that response to the PSI-SF can reliably predict abusive versus non-abusive parenting.

The reduction in parenting stress is considered an important intervention for parents of children with behavioural difficulties (Kazdin et al, 1992) and supports the view espoused by Abidin (1995) that higher scores on the PSI-SF indicate a need for professional intervention.

Parents accessing the PCG within Nottinghamshire were found to be White British (Caucasian) and with socio-economic status consistent with the population providing normative data for the PSI-SF. Only total parental stress scores were evaluated on the basis that there is relevant overlap between the three factors (Parental Distress, Parent-child Dysfunctional Interaction and Difficult Child) and marginal differences in terms of consistency and validity when the single factor "parenting stress" model was applied (Abidin, 1995).

McMahon and Meins (2012) found that attuned parents viewed their child's behaviour as meaningful and experienced less parental stress. On this basis, it is predicted that intervention using the PCG with the emphasis upon attends (attuned comments), child-centred parenting style and non-coercive strategies of behavioural intervention is likely to reduce total parental stress levels as measured by the PSI-SF.

Measures of convergent validity along with correlations of the PSI-SF with the SCL 90, parental perceptions and independent observations of parental stress (Haskett et al., 2006) appear to support the psychometric integrity of the PSI-SF. The findings by Haskett et al that responses to the PSI-SF were related to parent reports of child behaviour one year later and that the 'difficult child' scale was a significant predictor of a parental history of abuse, provides further evidence of the reliability and validity of the measure. The PSI-SF is therefore proposed as a relevant measure for the PCG population, likely to be sensitive within the timescale under examination and with the potential to measure meaningful change. Further information regarding psychometric properties is detailed in Appendix F.

The Revised Rutter Scales

The version of the Rutter scales used for this Service Evaluation as detailed in Hogg et al (1997) represents a composite of the Rutter 'a' and 'b' scales, the Pre-school Behaviour Questionnaire (PBQ) and the Weir and Duveen (1981) prosocial items, thereby enabling the measure to accommodate the age range of referrals to the PCG clinics. Each of the measures used provide a total score ranging from 0-62 (school-aged children) or 0-56 (pre-school children) which can be treated as a dimensional measure of overall emotional and behavioural disturbance.

Whilst published data "are not strictly applicable" (Sclare cited in Hogg et al, 1997) a cut-off of 11 or more is recommended to indicate "possible disturbance of clinical significance" (p.11)

The Rutter scales (Hogg et al, 1997) were applied in a dimensional format with comparison made between the total scores, before and after PCG intervention. The measures were selected on the basis that they covered the relevant age range, were quick and easy to administer and score. Whilst the version of the Rutter scale used represents a composite measure and as such there is no psychometric information available specifically for this version of the scale, the earlier measures which are incorporated into the scale have been subject to extensive psychometric evaluation and are found to be "generally positive" for reliability and validity and well suited for group comparison and long-term change (Elander & Rutter, 1996) (see Appendix G).

Ethical Issues

The information was routinely collected via family support services and formed part of the basic data set for Local Authority records. Participants were therefore aware that the information gathered was being recorded and would be aware of the disclosure, for example of mental health issues, on the basis that relevant

information was to be forwarded to the Researcher as Consultant to the PCG service, for the purpose of evaluation.

Confidentiality was established at the outset of intervention and parents signed an agreement on behalf of themselves and their child, to participate in treatment, including agreement for DVD recording of the session. Participants were aware that information would be shared according to safeguarding procedures. Participants were advised that the basic data set would be used to evaluate outcome and efficacy of the service and this would be shared with Managers and Commissioners, in an anonymised format.

Results

Descriptive Statistics

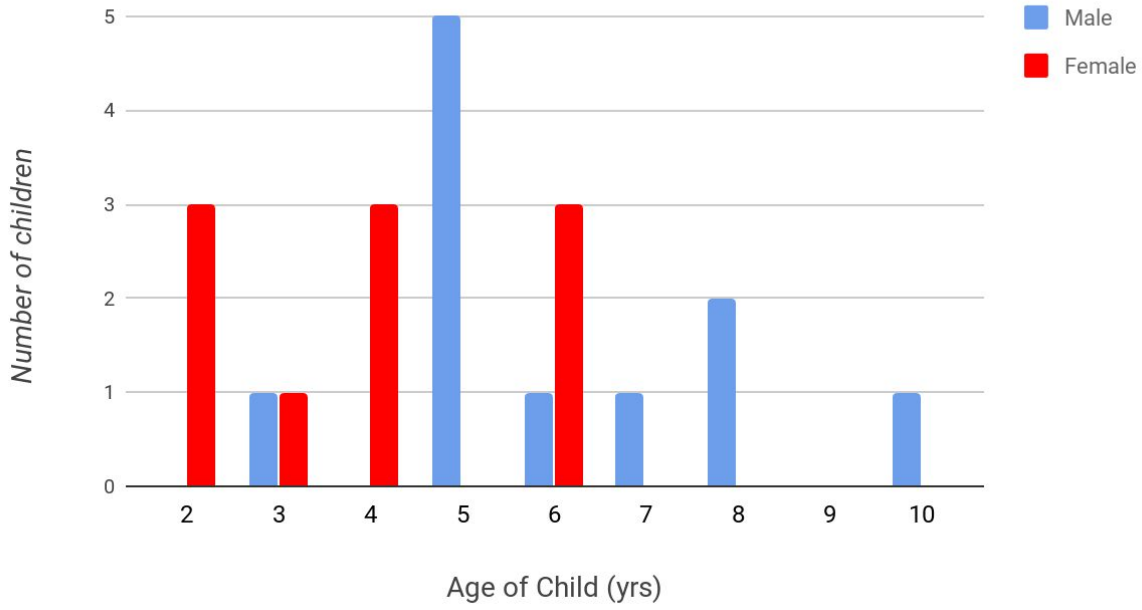
Means and standard deviations were obtained for continuous data to include number of sessions and age of child. Otherwise categorical data was gathered. (Refer to Table 1 and Figure 2)

The child participants were 16 male and 5 female. The majority had at least one sibling (range 1-5).

The children were predominantly White British (one was White Caribbean) and were split almost equally between one and two parent families.

The age distribution was two to ten years (mean age 5.05). Refer to Figure 1.

Figure 1 - Age and Gender of Children referred (n=21)



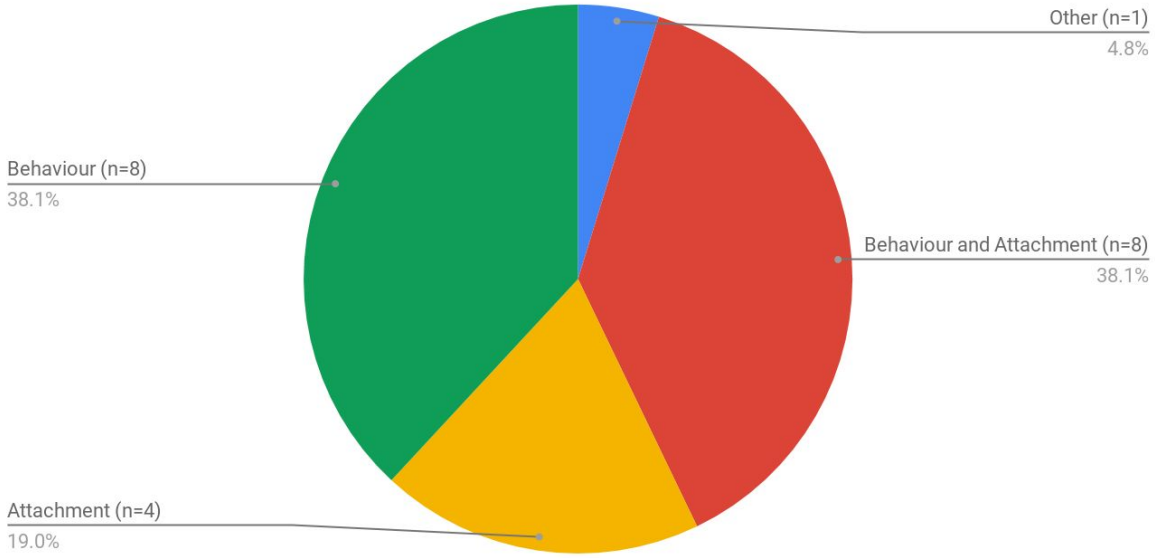
The presence of risk factors including parent factors (mental health, drugs and alcohol issues or bereavement and loss), birth difficulty, child disability and involvement in Social Care are summarised in Table 1.

Table 1 – Presence of Risk Factors

Nature of Risk Factors	Presence of Risk Factors (n=21)	
	Yes	No
Parent Factor	8	13
Difficult birth	7	14
Child disability	10	11
Involvement with Social Care	8	13

The reason for referral is summarised in Figure 2.

Figure 2- Reason for referral (n=21)



The participants engaged in a mean of 7.76 child game sessions, the range being 4 to 20 sessions. The mean was 8.2 sessions when the parents game was included. (See Appendix H for data summary)

Inferential Statistics

Pre and post intervention measures were compared using two-tailed paired t-tests for the PSI-SF, the Revised Rutter Parent Scales and the Child-directive and Child-centred behaviours.

Table 2 – inferential statistics

	PCG Baseline	Child-centred	Child-directive	**Psychometric Measures**	Rutter (Parent)	PSI-SF
Before Intervention	**Mean**	19.29	35.33	Mean	26.24	110.05
	SD	12.61	22.72	SD	11.37	27.516
	Range	46	83	Range	55	93
	Min	3	7	Min	6	65
	Max	49	90	Max	61	158
After Intervention	**Mean**	54.33	12.29	Mean	19.43	92.62
	SD	23.04	6.63	SD	10.79	23.92
	Range	61	24	Range	49	72
	Min	28	4	Min	6	60
	Max	89	28	Max	55	132
	Sig. level	**P<.001**	**P<.001**		**P<.001**	**P<.01**
	Effect 'd'	**1.7**	**-1.38**		**-0.614**	**-0.676**
	Cohens Effect size	**Large**	**Large**		**Medium**	**Medium**

A paired samples two-tailed t-test found the number of child-centred behaviours were significantly higher after intervention (M=54.33, SD=23.04) than before intervention (M=19.29, SD=12.61), t(20)=-7.809, p<.001, d=1.7.

A paired samples two-tailed t-test found the number of child directive behaviours were significantly lower after intervention (M=12.29, SD=6.03) than before intervention (M=35.33, SD=22.72), t(20)=4.957, p<.001, d=-1.38.

The effect size for these analyses (d =1.7 and d = -1.38) was found to exceed Cohens (1988) convention for a large effect (d = 0.8)

A paired samples two-tailed t-test found the scores on the revised Rutter Parent Scale were significantly lower after intervention (M=19.43, SD=10.79) than before intervention (M=26.24, SD=11.37), t(20)=4.967, p<.001, d = -0.614.

A paired samples two-tailed t-test found the scores on the Parental Stress Index were significantly lower after intervention (M=92.62, SD=23.92) than before intervention (M=110.05, SD=27.516), t(20)=3.885, p<.01, d = -0.676.

The effect size for these analyses (d = -0.614 and d = -0.676) was found to exceed Cohen's (1988) convention for a medium effect (d = 0.5).

The results suggest a medium to large effect size and significant difference indicating that PCG intervention has a positive effect. Participants identify reduced levels of emotional and behavioural disturbance in their child and reduced levels of parental stress, following PCG intervention. Parents use a greater frequency of child centered behaviours and fewer child directive behaviours following PCG.

There was insufficient data to validate results for the Rutter Teacher Measures

Discussion:

The PCG service was established as a targeted service based in family centres. The initial goals were for a collaborative intervention drawing upon the roles and resources of Social Care alongside Child and Adolescent Mental Health professionals, in order to meet the needs of complex clients who are difficult to engage, where there were significant risk factors with respect to outcome and where the severity of behavioural difficulties and/or relationship difficulty between the parent and child was unlikely to respond to universal early intervention services.

The aim of the service evaluation was to provide information about the demographic of the parents and children who had been referred to the service and to evaluate whether the purported goals of the intervention (i.e. to improve child noncompliance and to generate more sensitive and attuned parenting behaviours in a manner which was likely to improve the parent-child relationship) were achieved.

The efficacy of the PCG as a therapeutic intervention with respect to the principle aim of training parents to correctly and differentially reinforce their child's behaviour requires two other aims to be realised; increased frequency of child-centred behaviours used by the parent, concurrently with a decrease in child-directive behaviours (Jenner, 1992).

Within a health and social care setting, where resources are limited and targeted to obtain the best outcome, it would seem to be positive that families with profound needs can achieve significant change in response to approximately eight intervention sessions.

This evaluation study provides evidence that parents who engaged in the PCG clinics to the point of an agreed ending markedly increased the frequency of child-centred behaviours and reduced the frequency of child-directive behaviours used within the clinical setting. The extent of this change was

statistically significant and the effect size was found to exceed Cohen's convention for a large effect.

It seems likely that the co-occurrence of increased child-centred behaviours alongside decreased child-directive behaviours creates a favourable ratio of parenting behaviours, reflecting the development of new or more extensive use of child-centred skills alongside a reduction in those parenting behaviours which are associated with more coercive, less attuned models of parent-child interaction.

Jenner (1992) has argued that the PCG appears to address some of the crucial issues relevant to child protection, such as the need to clarify which family member is the parent and whether that person can take on an effective parental role and whether there is the potential for change with respect to their parenting behaviour. The current evaluation supports the view that the development of child-centred parenting behaviours is likely to address some of the interactional processes which contribute toward positive relationships and children's emotional and behavioural wellbeing, in terms of developing parental sensitivity, responsiveness, reciprocal responding and mind mindedness (McMahon & Meines, 2012; Karen, 1994). Further the reduction in the frequency of child-directive behaviours appears to interrupt the escalating cycle of coercive parent-child interactions and the negative reinforcement which is thought to play a particularly important role in the creation and maintenance of problematic and hostile interactions between parent and child (McMahon & Forehand, 2005).

The families referred to the PCG clinic present with one or more risk factors likely to have a bearing upon parental psychopathology including a history of involvement in social care and high levels of parental stress. The average parental stress level for the referred population was extremely high i.e. compared with the general population. The reduction in parental stress levels was statistically significant and with a medium effect (Cohen 1988). However the majority of participants' scores would remain at a clinically significant level. Nevertheless reduced parental stress is likely to impact on parents' perceptions

of and behaviour towards their children and has been linked with improved parental mental health. (Barlow and Coren, 2004; Roggman et al., 1994).

Whilst the current service evaluation does not add to our understanding regarding directional change of the relationship between parental stress and children's behavioural difficulties, there does appear to be evidence that the PCG intervention can precipitate a reduction in parents subjective experience of stress and their ratings of their children's emotional and behavioural disturbance.

The demographic of the 21 children referred to the PCG service included 16 with significant behavioural difficulties of which half of these children were also considered to have attachment/relationship difficulties.

Behavioural disorder is found in 7% of boys and 3% of girls aged 3-5 years with the proportion of boys to girls being greater in school-aged children (Richman et al 1975). Conduct disorders are the most common reason for young children to be referred to CAMHS and constitute 30% of the typical GP consultations and 45% of community child health referrals. A diagnosis of conduct disorder is predictive of a wide range of poor outcomes including educational performance, social isolation, drug and alcohol misuse and increased contact with the criminal justice system. (NICE, 2006)

There is comorbidity of conduct disorder with a wide range of other diagnoses, specifically ADHD and with lower socio-economic status, children who are looked after and children on the safeguarding register. The presence of conduct disorder in childhood is also associated with a significantly increased rate of mental health disorders in adult life including antisocial personality disorder (Puckering, 2009)

The demographic of the population of referred children to the PCG clinic was consistent with expectation in terms of gender, there being three times as many boys as girls identified as target children referred to the service.

The pre-intervention levels of emotional and behavioural disturbance in all but one case were above the level suggestive of clinical significance and in most instances the behavioural presentation would be considered moderate to severe. Following intervention, two cases fell below the level of clinical significance, It would appear that the PCG intervention does achieve one of the primary goals which is to reduce the frequency and severity of emotional and behavioural disturbance in the referred children.

The fact that the majority of cases achieved this change without using 'the parent's game' attests to a meaningful interaction between parenting style and the child's behaviour, without necessarily drawing upon targeted behaviour management interventions such as 'time out'.

In the present evaluation it is noteworthy that the mean number of 'child's game' sessions encountered i.e. those sessions which actively promote the establishment of child-centred behaviours was 7.76 sessions. The mode was six, but 20 of the 21 cases achieved change in the desired direction within 4-12 sessions with one outlier who received 20 sessions.

The parents referred to the PCG clinic present with vulnerabilities related to their mental health history, life events and often participants have a poor parenting history. Parents whose own parenting history has not been sensitive or attuned to their own emotional needs, often struggle with self-regulation and do not develop internal working models for relationships which allow them to be sensitive to their child's emotional cues (Madden et al, 2015). Their experience of services is likely to reinforce these negative cycles of experience which undermine their self-esteem and any positive experience associated with being a parent (Dumbrill, 2006).

Whilst more work is required to understand which aspects of the PCG might impact upon parent engagement, one aspect of the PCG which may be significant is the provision of a supportive team which surrounds the parent, sometimes formulated as the 'grandparent-parent-child' approach. It is proposed that the modelling of sensitive parent centred feedback and the use of

praise and other positive strategies which improve self-awareness and self-esteem enhance the mind mindedness of the parent facilitating emotional and attributional change alongside behaviour change (McMahon & Meins 2012).

Limitations of the present study

It is significant that the outcome data included in this service evaluation represents less than half of the 48 sets of data proposed for cases referred to the service between 2010 and 2012.

There were considerable obstacles to the systematic gathering of information. Developing a culture whereby outcome measures were routinely implemented took some time to establish such that it is unclear to what extent the availability of missing data would have impacted upon the statistical analysis. It is unclear whether the 21 cases represented all the cases which had completed treatment during the time frame under evaluation.

Previous service audit (Oxley, 2004) found that only 43% of the referrals completed their intervention but the approach was seen as successful in 95% of the cases when the intervention was completed.

This service evaluation therefore concurs with expectations that the families referred are difficult to engage families, although evidence suggests that dropout for parenting programmes range between 6% and 40%. (Bunting, 2004). One of the key weaknesses to this service evaluation remains that it does not explore participants' reasons for drop-out or non-attendance and does not examine in detail what factors predict full engagement with the Parent-Child Game programme.

One of the key limitations with respect to the service evaluation has been the issue of projecting the future implications of this early intervention process upon the range of negative and costly outcomes in terms of child protection, mental health, relationships and the parenting of future generations of children. The Parent-Child Game would appear to be an expensive intervention on the basis that specific equipment is required, there are training implications for staff,

engagement remains less than 50% of referrals and the clinics require a team of skilled workers.

Experimenter bias must be acknowledged as there was no blind rating of baseline recordings, raising the possibility that the researcher and practitioners were invested in the progress of the client.

It has already been noted that the measures of behaviour and parental stress have been used dimensionally and therefore analysis did not make comparison between clinical versus non clinical levels of emotional and behavioural disturbance or parental stress. There was insufficient data gathered from the school setting to draw any conclusions regarding the child's behavioural presentation at school or nursery or to make any comparisons between or generalisation of effect regarding the child's presentation in different contexts.

Nevertheless outcome for cases who do engage and complete the Parent-Child Game intervention is very encouraging as all cases progressed positively in terms of increasing the frequency of child-centred behaviours and in the majority of cases there was a transfer of direction in the ratio of child-directive to child-centred behaviours. This confirms that within a clinical setting there are qualitative changes to the style of parenting which can be quantified in terms of the total number and the ratio of child-centred to child-directive behaviours.

The extremely positive outcome for a small number of clients may lack persuasiveness compared with parenting programmes which appear to have a stronger research base and appear to offer a better staff to client ratio for similar goals of intervention. However, the participants who do engage fully in the treatment process appear to be likely to benefit in terms of an improved quality of attuned parenting behaviour, reduced parental stress and less child non-compliance and emotional disturbance.

A more detailed analysis of the sub-components of the various measures may have provided further information regarding the mechanism for change and to

what extent parent factors or child factors may have been influenced by the Parent-Child Game intervention.

Future research

Within a political climate of austerity early years intervention is receiving more attention in order to prevent the 'costly' transmission of parenting difficulties from one generation to the next (Madden et al., 2015). Clearly there are challenges to developing evidence for the effectiveness of interventions which target families with complex presentations. This is an area of future research.

A future direction for PCG research may be to explore the impact that the 'child's game' has upon the quality of the parent-child relationship and attachment style in addition to any focus upon the child's behavioural presentation, to better understand the process of relational change.

Children referred to the PCG had at least one sibling with eight of the children having two or more siblings. Therefore the potential for transmission of skills with respect to improved parenting from the referred child to other children within the family may be an important but hidden implication when examining the cost effectiveness of the intervention in the longer term and this may be a direction for further research.

Future evaluation of the PCG may need to address the specific mechanisms by which PCG engages clients to ensure more efficient targeting of resources. Further, the outcome of the intervention in terms of future wellbeing of the parent and child, requires closer examination in order to more accurately cost the advantages to parents and their children, in the long term.

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Chapter Two

Parents' experiences of parent skills training – A qualitative meta-synthesis

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Abstract

Background

In the literature there are many quantitative studies, including systematic reviews which assess outcomes in respect of parenting interventions, but relatively little research that examines parents' experiences in respect of parent skills training programmes. This meta-synthesis reviews qualitative studies that explore parents' experiences of parent skills training in order to understand what they found useful.

Method

Four online databases were searched (Applied Social Sciences Index and Abstract (ASSIA), Scopus, PsycINFO and Google Scholar) for the period between January 2007 and July 2018. A combination of search terms was used; 'parent training' OR 'parent*' OR 'training', OR 'program*' AND 'experience' AND 'qualitative'. Ten studies were identified and included in a meta-synthesis. All ten studies reported the use of thematic analysis or categorical content analysis and focused entirely, or in part, upon parents' experiences of parent skills training. The meta-synthesis used thematic analysis to re-analyse the reported qualitative data.

Results

Four overarching themes were identified: *Open and trusting communication*; *Shared experience/collaborative working; Development of parental insight; and Non-judgmental, practical and emotional support.*

Conclusion

The review highlighted that parent skills training impacted upon the understanding and the insight parents developed. Parents identified the importance of a supportive context which facilitated open and trusting communication and which offered the sharing of experience using a collaborative, non-judgemental approach. The findings of this review show that parent skills training programmes that have these elements are perceived as effective by parents and a positive experience.

Background

Parent skills training programmes aim to improve parenting practices and family functioning. Parent skills training can be delivered using a group format, for example Triple P (Sanders, 1999) or the Webster-Stratton Incredible Years (Webster-Stratton et al., 2011) or as an individualised programme such as Healthy Families America (Whipple & Whyte, 2009).

The curriculum for most parent skills training programmes, found to be effective, involves a focus upon positive behaviour management strategies such as differential attending and positive reinforcement, the promotion of positive parent-child interaction via play, praise and emotional warmth and an emphasis upon setting limits, structure, routine and consistency (Scott, 2008).

Parent skills training programmes have been established as effective by a number of systematic reviews (See Medlow et al., 2016; Dretzke et al., 2006; Barlow & Coren, 2018) with positive effects found for parent outcomes in terms of skills (Eyberg et al., 2008), parent wellbeing (Barlow & Stewart-Brown, 2000; Trivedi, 2017) and associated changes in children's behaviour problems (Barlow et al., 2011 and NICE 2005). However, researchers have had to concede that despite the empirical evidence supporting the efficacy of parent training, effect sizes are often small to moderate (Maughan et al., 2005) and some families find greater benefit than others (Reyno and McGrath 2006). Work to advance the effectiveness and take up of parent training has drawn upon a number of approaches including interventions which focus upon parental wellbeing (Piehler et al., 2014) and parental cognitions (Mah & Johnston 2008). Much of the early qualitative analysis involved individual case studies (Bavin-Hoffman et al 1996) or small numbers of parents (Edwards et al 2010) with arguably limited transferability.

Kane et al. (2007) reflect that systematic reviews and meta-analyses of RCTs have indicated that parent skills training can improve many aspects of family life

but "*despite policy interest in the field, numerous literature reviews and a growing research tradition of impact evaluation, there is still a sense that we do not quite know what it is that makes parenting programmes meaningful and helpful to parents"* (page 785). This lack of information prompted Kane et al. to undertake a meta-ethnographic qualitative synthesis of research studies relevant to parents' views and experiences. This evaluation focused upon parents who had attended group-based programmes for conduct disordered children within Western cultures and concluded with a "lines of argument synthesis" proposing *"acquisition of knowledge skills and understanding, feeling of acceptance and support from other parents enabled parents to regain control and feel more able to cope. This led to a reduction of guilt and social isolation, increased empathy with the child and greater confidence in dealing with their behaviour". (p. 789).* Acknowledged limitations to the meta-synthesis are the small number of papers and the range of theoretical perspectives. It is unclear whether further themes would emerge from a larger number of studies and whether programmes completed with an ethnically diverse population of parents might promote additional or contrasting themes (Mejia et al., 2012; Owens et al., 2007).

Subsequent meta-syntheses have focussed specifically upon barriers and facilitators to parent engagement (Koerting et al., 2013; Mytton et al., 2014). Koerting et al's synthesis of twelve qualitative papers analysed data collected from "hard to reach" families, such as fathers, parents in rural areas and those from culturally and linguistically diverse backgrounds, who had ether dropped out or not attended parenting interventions. This synthesis identified barriers to engagement reflecting five themes, including situational barriers, psychological barriers, lack of information/misconceptions about the service, availability of the service and poor interagency collaboration. The study also identified facilitators to engagement which included three major themes; effective service promotion, direct recruitment and good interagency collaboration. Parents and professionals were found largely to be in agreement, with some exceptions

including situational barriers which were raised more frequently by parents than professionals.

A retrospective study of 'drop outs' from parenting training programmes was carried out by Friars and Mellor (2009) and whilst there are methodological limitations associated with retrospective recall and a small sample size, Friars and Mellor highlight some of the perceptions which appear to differentiate parents who dropped out of parenting programmes, believing that their children were more difficult than other children or better suited to a child focussed intervention. The parents themselves were reported to have very stressful lives, had difficulty within the group context, struggled to implement strategies and expressed concerns regarding practical obstacles such as parking and the number of sessions.

Mytton et al. (2014) examined why parents did not choose to commence or complete various parenting programmes. The 26 selected studies were heterogeneus and included individual and group programmes targeting parents and children presenting with a range of behavioural and diagnostic issues. In contrast to Koerting et al, they found differences in the perception of parents and professionals, with parents placing value upon the opportunity to develop skills, accessibility and working with trusted people. Professionals focused upon the value of being able to tailor the programme to individual needs and the training of staff.

A number of practice recommendations are made. These include considering parents' preferences regarding the manner in which information is disseminated, the need for flexible delivery which could be tailored to the individual needs of the parent or family and ensuring that the intervention was based upon what parents can realistically manage to achieve. Creating a group environment where parents feel like they "fit in" within a safe and non-judgemental space was important. The researchers also identified the need for therapists to be skilled, to be able to adopt a non-judgemental and

empowering approach highlighting the notion of trust as being a significant factor promoting engagement.

Rationale and Aims

There have been many quantitative studies, including systematic reviews (Medlow et al., 2016; Thomas & Zimmer-Gembeck, 2007) which have assessed the outcomes of parenting interventions, but relatively little research has examined the process, particularly from the parents' perspective.

In reviewing the qualitative literature, Kane et al. (2007) acknowledged a need for more primary qualitative studies to enhance the understanding of process. They acceded that the small numbers and restricted focus of their synthesis may have precluded the identification of further themes or disconfirming evidence that might be elicited from a larger group of studies.

Since the work of Kane et al., cost efficiency of parenting interventions has become increasingly salient within a political climate of austerity impacting upon the United Kingdom and other Western societies (Cullen et al., 2013).

This review therefore aims to focus upon the experience of parents within the UK and Western Societies who have participated in an individualised or group based parent skills training programme since the meta-synthesis by Kane et al (2007) with the aim of understanding what parents currently find helpful about parenting programmes.

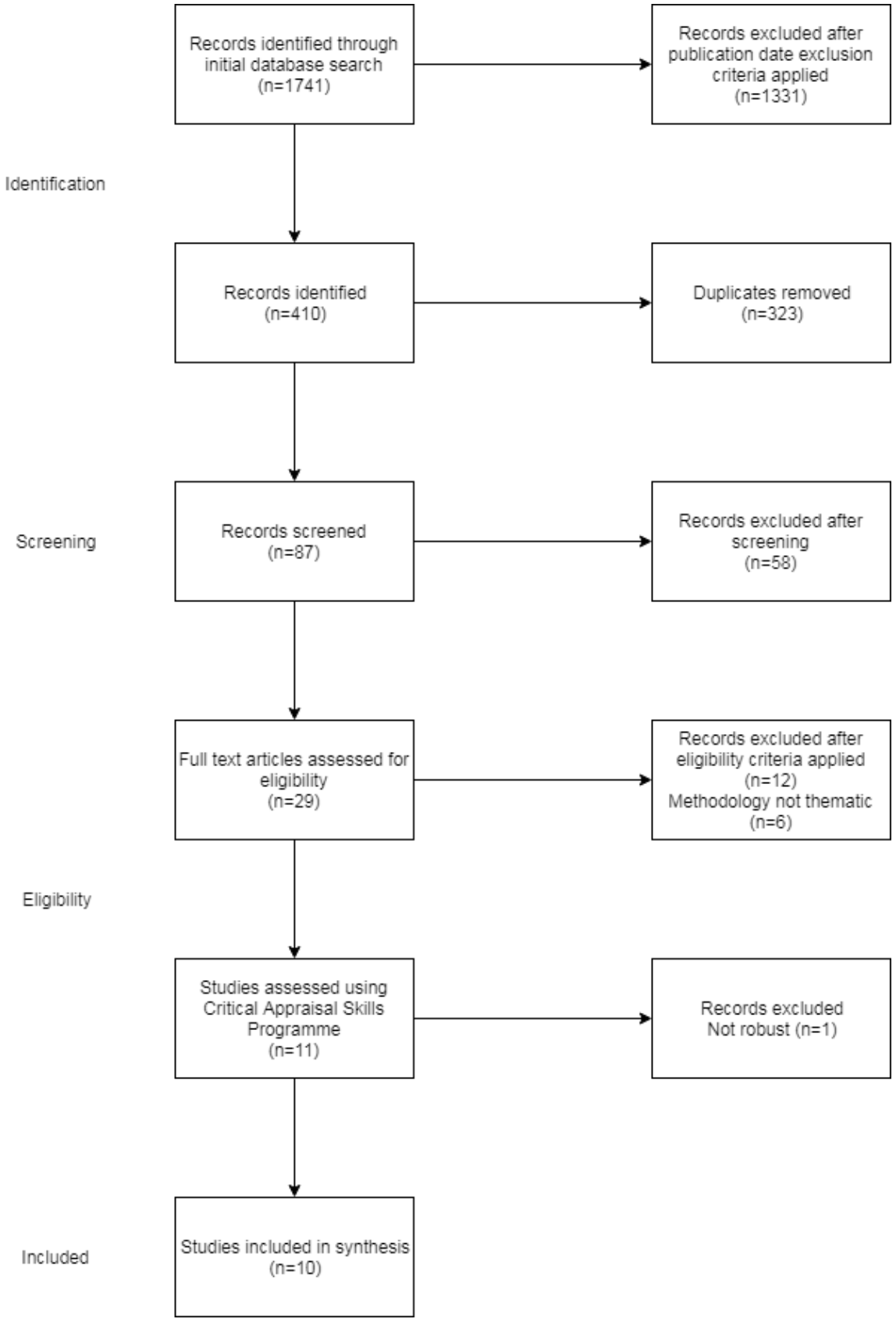
Method

To identify qualitative papers for the current meta-synthesis, a systematic search of the existing literature was conducted examining parents' experiences in respect of parent skills training and interventions, using a number of online databases; ASSIA, Scopus, PsycINFO and Google Scholar, and by reviewing

reference lists for key papers and other systematic reviews. Databases were searched within the timeframe of January 2007 to July 2018, using a combination of search terms, ‘parent training’ OR ‘parent*’ OR ‘training’ OR ‘program*’ AND ‘experiences’ AND ‘qualitative’. The search was conducted during September 2016 and further updated in February 2017, March 2018 and July 2018.

This yielded a total of 87 articles. Titles and abstracts of the identified articles were scrutinised to assess relevance for the meta-synthesis, identifying 29 articles which used qualitative methodology for all or part of the analysis. Studies were only included in the meta-synthesis if they were peer reviewed articles, written in English. Articles were excluded if they were case studies, book chapters or discussion articles (See Appendix I). After applying these criteria, 11 studies remained (see Figure 3).

Figure 3 - Data filtering process (Mohar et al 2009)



These 11 papers were assessed for quality and methodological rigor using the critical appraisal skills programme (CASP, 2013) (Table 3). Based on CASP, ten studies were judged to be of sufficient quality. One study was excluded as there was no clear method of data collection or analysis reported and the research participant relationship was not considered, such that the paper was not considered to be adequately robust. All ten studies included in the meta-synthesis reported the use of thematic analysis or categorical content analysis and focused entirely or in part upon parents' experiences, with respect to a specific parent skills training programme. These ten studies were therefore included in the meta-synthesis. The CASP profiles of the ten studies are included in table 3.

Table 3 - CASP profile of studies[1]

Paper	Coughlin et al 2017	Friars & Mellor 2009	Krysik et al 2008	Law et al 2009	Levac et al 2008	Lewis et al 2016	Mejia et al 2015	Mejia et al 2016	Mills et al 2012	Owens et al 2007	Salinas et al 2011
Clear statement of aims	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Appropriate methodology	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Appropriate research design	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Appropriate recruitment strategy	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Appropriate data collection	Y	N/C	Y	Y	Y	Y	Y	Y	Y	Y	Y
Research-participant relationship considered	N	N	Y	Y	N	N	N	Y	N	Y	N
Ethical issues considered	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rigorous data analysis	Y	N/C	Y	Y	Y	Y	Y	Y	Y	Y	Y
Clear findings	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Value of research	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Adequately robust	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y

[1] Abbreviations used: Y=Yes/present, N=Not present, N/C=Not clear

Meta-synthesis

A meta-synthesis of the qualitative data of the ten studies identified was carried out using thematic analysis of the reported quotations in all of the studies. Therefore findings which were substantiated by direct data extracts i.e. quotations, were selected for thematic analysis (Pearson, 2004) in order to ensure quality in terms of transparency and authenticity (Noyes & Lewin, 2011).

The reported data was synthesised using the guidelines for thematic analysis developed by Braun and Clarke (2006)(see Appendix J). Characteristics of the included studies are detailed in Table 4. The main findings of the studies included in the meta-synthesis can be found in Appendix K.

Table 4 - Characteristics of the included studies

Paper	Parenting Programme	Country	Participants	Recruitment	Aims	Data Collection	Data Analysis
Coughlin et al 2017	Parents Plus Children's Programme (PPCP) Video-assisted parent skills training group intervention	Southern Ireland	21 caregivers , children referred to CAMHS with emotional and behavioural problems. Children 6-11 years.	Participants in one of three 8 week PPCP programmes who agreed to follow up 5 months after participation.	-Assess parents' perception of change in their child Specific PPCP strategies parents deemed effective Determine parents' experience and perceived benefits of PPCP Explore cognitive factors which differentiate improvers from non-improvers	Semi-structured interviews	Thematic (Braun & Clarke 2006)
Krysik et al 2008	Healthy Families America (HFA) 1 hour / week up to 5 years Preventative programme for stressed families. Home visiting to promote child wellbeing and prevent abuse and neglect	USA	46 randomly selected by programme staff Involved 6 months or more Children under 5 years	Random selection from programme participants, the first 18 who agreed to participate.	To focus on what the procedures and services used in the HFA Programme mean to the participants. What subjective standards participants apply in their personal evaluation of the programme	Semi-structured interview Open ended and scaled response items	Categorical – content approach (Strauss and Corbin 1990)
Law et al 2009	Parent Skills training (various unspecified)	UK (Scotland)	17 parents	Steering Group member from health, education and Social Services	To assess parents views of various parent skills interventions for parents with children with difficult behaviour	Focus groups	Thematic Content analysis
Levac et al 2008	Incredible Years Group Parent Training Program	Canada	37 Parents	Group participants registered in the Child, Youth and Family Program Centre for addiction and mental health issues	To evaluate what parents liked and did not like and effects of the group	semi-structured interviews – individual and couples	Thematic Content analysis
Lewis et al 2016	Pathways Triple P (level 5) Group and individualised 13 sessions Skills training for parent and child; management of emotions and behaviour	USA	47 parents 29 completers 18 non-completers open to child welfare with child 3 – 11 years living at home	Randomly assigned to Triple P, referred by Child Welfare core manager African American Caucasian Completers and non-completers	Perception of acceptability (program satisfaction) and appropriateness (program fit) Barriers to participation	Semi-structured interview	Thematic analysis The framework method (Ritchie & Lewis 2003)

Mejia et al 2015	Strengthening Families Program Children 10 – 14 years Skill development for parents, videos, workshops, educational games and family activities	South America (Panama)	30 parents who had taken part in the program 2010 – 2011	Contacted by phone Convenience sample	To present the 'experience meaning and the reality of participants'	Semi-structured interview	Thematic analysis (participant – driven inductive) (Braun & Clarke 2006)
Mejia et al 2016	Strengthening Families Program Children 10 – 14 years 7 sessions	South America (Panama)	30 Parents/primary caregiver of adolescents	By telephone Convenience sample from parents who participated in the programme	Explore parental perceptions of cultural fit and recollection/ perception of the intervention	Semi-structured interviews (simultaneous translation into English)	Thematic (Braun & Clarke 2006)
Mills et al 2012	FFYP – Foundation for young parents, community based group programme (informed by Circle of Serenity and Incredible Years	Australia	18 young women (under 25) convenience sample (NOT aboriginal or Torres Strait)	Via supported parenting groups facilitator or FFYP coordinator	To identify young people's perception of a parenting support programme	Interviews Focus groups	Thematic (Green et al 2007)
Owens et al 2007	Evidence based behavioural parenting programme (not identified) – skills based group programme	USA	15 parents (10 female, 5 male) attended parenting programme Appalachian with child with behaviour problems	By telephone via information from one of the co-leaders of parenting groups	Examine the parents perception (from an underserved community) of barriers to participation, strengths and weaknesses in an evidence based behavioural parenting programme	Focus groups	Thematic analysis, using Ethnographic software program (Qualis research associates 19
Salinas et al 2011	Helping our toddlers. Developing our children's skills (HOT DOCS). Behavioural parent skills training (BPT) programme. 6 sessions	USA	13 fathers who attended at least 3 group sessions	Telephone invitation if fathers had participated in at least 3 group sessions.	To understand: Reason for participating Useful strategies learned in BPT Barriers preventing participation Improvements that would enhance BPT for fathers and male caregivers	Focus groups with 2 male facilitators using a question protocol in English or Spanish	Thematic analysis Textual data analysed using MAXQDA (version 2007) softw Translation into English by 2 researchers

Results:

The meta-synthesis of the data identified four core themes.

Theme 1 - *Open and Trusting Communication*

Nine of the ten papers reported the value to parents of feeling safe and contained throughout the parenting intervention, via an environment that fostered open and trusting communication. This was associated with interaction with the facilitator, the manner in which the facilitator enabled communication, communication with other parent participants, parents' perception of their communication with their child and their child's ability to communicate with others. The need to feel safe and accepted during the parenting intervention in order for communication to be comfortable and open was acknowledged.

"I, at least, got to the point where this felt like a safe environment to be able to (raise issues), that nobody was going to make fun of you, or say 'oh my God'." (Owens et al., 2007, p. 186).

The recognition that greater openness of communication translated into more effective communication within the family and between parents and child, were acknowledged;

"*Communication is the foundation of everything."* (Mejia et al., 2016, p. 60).

A number of parents noted that it was important to include both parents in the parenting programme in order to ensure a shared approach and shared understanding.

“I think it was really important that we were both there. It was important that we both knew what was going on and we were on the same page.” (Salinas et al., 2011, p.309).

The development of trust to enhance communication was clearly recognised by parents as something which developed over time and contributed positively towards parents’ experience regarding the intervention.

It was different since I was not used to it. Then I started talking to her and she made it go easier. It was easy after that.” (Krysik et al., 2008, p. 56).

Theme 2 - *Shared Experience and Collaborative Working*

Nine of the ten papers reference parents’ appreciation of the opportunity for shared experience within an empathic and collaborative culture, via the relationship developed with the facilitator or the supportive atmosphere fostered within the group. Feeling understood and experiencing acceptance without criticism was valued.

“*She just made me feel that I wasn’t alone and not the only person that felt like that.”* (Mills et al., 2012, p. 555).

“It was nice to see that you weren’t the only person in that predicament and that everybody has problems.” (Coughlin, 2017, p.11)

The supportive culture emanating from the responses of other parents was identified and the proffering of practical solutions as well as emotional support appeared to be integral to parents’ sense of shared experience, within a group setting.

"You felt that you were there for each other and you talked about what you tried and what they tried… we probably learned more from each other than either of us did from the teacher." (Owens et al., 2007, p. 186).

"We were listening to other parents and how they handle thing and saying that's a good idea or maybe that wouldn't work for me" (Coughlin, 2017, p.11)

"Your worries don't seem as big when you're listening to other people" (Coughlin et al, 2017, p. 11)

There was also value placed upon the facilitators self-disclosure which appeared to offer the sharing of experience and to be important in overcoming an "us and them" mentality.

"They again would do the personal, this is what my children did." (Mills et al., 2012, p. 555)

Owens et al. (2007) found the idea that they would be told what to do by an 'expert' who did not understand their situation appeared to influence parents' willingness to engage and raised awareness of the very delicate path professionals need to tread with parents.

"I was afraid that you were going to push down our throats how we should raise our kids, and I didn't want to hear that." (p. 188).

Some studies found that parents recognised the transmission into everyday life of themes identified within the parent training process. Parents made reference to more collaborative working with their partners. Shared identity and the need for shared experience appeared to be particularly relevant.

"He used to step on my authority. But now we make decisions together" (Mejia et al., 2015, p. 681).

"They're like on my same level, they like have the boyfriend problems… our kids are all roughly around the same age" (Mills et al., 2012, p. 554).

Whilst a lack of shared understanding by family or professionals was raised as a barrier to engagement.

"Just that she needs to walk a mile in my shoes. To understand why I deal with my child the way I do" (Krysik et al., 2008, p. 55).

Theme 3 - *Development of Parental Insight*

Central to parents' perception of the process of change was insight regarding the impact of their own cultural environment and parenting experiences, development of knowledge, skills and behaviour, particularly their understanding of the child's perspective and an ability to translate this into child-centred parenting behaviours. Some studies found that parents reported that they became more circumspect and were able to reflect upon the impact of their own experiences via the predominant cultural norms.

"It (the group) help me put things into perspective because from our culture, the Greek culture, the first thing you do is yell" (Levac et al., 2008, p. 83)

Levac et al. (2008) found that parents learned to make intergenerational links and became more insightful regarding the impact and salience of their own parenting history.

"I found myself using the same patterns as my parents would use which I don't think were particularly effective and now I've got something to replace them with" (p.83)

"I came from a cycle of old-school family spanking. It was tough to break that cycle." (Salinas, 2011, p. 308).

All ten papers found that parents perceive changes in their skills, practices and parenting behaviours and referenced parents' ability to reflect upon their own behaviour and make choices regarding their responses. The issue of discipline and the avoidance of physical methods of punishment was one of the key areas where studies found that parents recognised the impact of the parenting intervention upon the choices available to them.

"Now I talk to them and allow them to express their feelings. I don't go ahead and spank them immediately; instead, I try to figure out what is happening". (Mejia et al., 2015, p. 679)

"It's more than one way… there's other ways around (physical punishment) and the program was actually one of them" (Lewis et al., 2016, p. 3765)

Parents recognised their potential to respond to their children in a different way.

"It's just a different way of disciplining your children without physically harming them… we'd go out butt whooped, that's what we were brought up to do" (Lewis et al., 2016, p. 3765).

Development of child-centredness, via the recognition and awareness of the child's needs, including the importance of play is reported in nine of the ten papers. There was also evidence of enhanced parental sensitivity to their child's responses and studies highlighted parents' recognition of the impact of a child-centred and non-coercive parenting style.

"When I praise my daughter, she's like a flower, opens her petals, it was so easy saying those words" (Levac et al., 2008, p. 85).

"I think in my particular case I've been just disciplining too much and not enough playtime and bonding so for me in particular it was a great revelation" (p. 83).

"I put into practice praising him… and rewarding him with a small gift when he does something good" (Mejia et al., 2016, p. 680).

Parents were able to link positive changes in the behaviour of their children with changes in their own parenting behaviours and also their perceptions.

"I suppose it's all to do with me. The bottom line is how you cope with things, and I think because there's changes for me, there's changes for him." (Coughlin, 2017, p.12)

The sense of empowerment via the acquisition of skills appeared to be a recurrent theme contributing towards parents' sense of self efficacy including the potential for parents to generalise those skills to other siblings.

"I suppose it's me feeling in control of how I handle things." (Coughlin 2017, p. 12)

"the skills I've now got I can employ on the other daughters". (Law et al., 2009, p.307)

The ability for parents to adopt a systemic perspective was reflected in one study via parents' observations regarding the importance of structural boundaries.

"I learned that the kid has his place, whilst the mum and the dad have their own place". (Mejia et al., 2015, p. 680)

Seven studies found that parents reflected upon their potential to regulate their own emotions and make choices about their own behaviour.

"I'm glad they talked about anger management because we both have…high stress level, I guess but we've learned how to breathe it through a little better" (Lewis et al., 2016, p. 3765).

"I've been more calm and doing less of the shouting and therefore he's not shouting back as much" (Coughlin 2017, p. 12)

Theme 4 - *Non-Judgemental, Practical and Emotional Support*

A large number of statements within all ten studies referenced the importance parents placed upon the practical and emotional support experienced in the context of the parent training and the perception that this support was most valued when it was delivered in a non-judgemental manner. Practical matters such as the timing and accessibility of the programme, the use of materials and the perceived relevance to the parents' day to day lives were important. The nature and quality of the support provided by professionals and the importance of family, partner and peer support were noted.

*"They were there every time that I needed them. They supplied things even when I didn't have the questions. They knew what I needed before I knew it". (*Krysik et al., 2008, p. 53)

"Helped me to get my goals and get a better job" (Krysik et al., 2008, p. 53)

"it gives me that little bit of a break for that two hours of the week where I don't have my kids hanging off my legs," (Mills et al., 2012, p. 556)

Studies also found that some parents focused upon the emotional aspects to the support, including feeling empowered or encouraged.

"She was supportive and told me that I could be whatever I wanted to be in life instead of what other people want me to be" (Krysik et al., 2008, p. 54)

"You could feel better about yourself, like thank god I'm not the only one dealing with this." (Salinas, 2011, p. 308)

The unique nature of the role of parenting advisor or facilitator was acknowledged. Some parents identified their relationship with the professional as a substitute for family support which was lacking in their lives or as a substitute friend.

"It's not my partner, it's not my best friend, it's someone else". (Mills et al. 2012, p. 554).

"A good friend to me now, because we've been together for so long" and 'like a second mum" (p. 554).

"The hardest part was when I had to drop. For a year we had her every week. Then it dropped to every two weeks and that was ok. I feel kind of separated now" (Krysik et al., 2008, p. 52).

There was also discomfort expressed regarding the ambiguous nature of the professional relationship and at times a sense of distrust regarding the motives of the professionals.

"I know I don't have any friends but I don't want someone to be my friend just 'cos they're paid to be' 'cos it's their job'". (Mills et al. 2012, p. 554)

"She wanted to come into the household to see if the baby was being fed and well loved. I felt like they thought I was going to abuse my child" (Krysik et al. 2008, p. 50).

The value of support arising from change or development associated with collaborative parenting was identified alongside the need for adult stimulation and company. Several studies found that parents talked about the impact of the group experience in creating community networks. For some parents, access to other group members provided a substitute, when family support was not accessible.

"I look forward to it… all my family live far away, so I'm left, really the girls from playgroup, would
be probably my only other sort of adult company". (Mills et al., 2012, p. 556)

Where family support was available this was clearly recognised.

***"**I only live with my daughter, but my parents are a strong support. They are always present in my family".* (Mejia et al., 2016, p. 61) alongside the need for a shared agenda and collaboration.

"We are working together: when I implement a rule at home, I talk to him. We agree things jointly" (Mejia et al., 2015, p. 681)

Where this was not present studies highlight parents' awareness that this presented children with conflicting messages.

"They see me as the evil mum who punishes them, while he is the hero dad. It shouldn't be like that, so now, sometimes I am the good one and vice versa" (Mejia et al., 2015, p. 681)

"For me, it would have been [better] having both of us there, I think it was so difficult" (Salinas, 2011, p. 308)

“Maybe they can visit the houses and talk to the dads”. (Mejia et al., 2016, p. 62)

Several papers referenced parent training programmes with disadvantaged populations. The practical challenges faced by some parents were stark and the need for childcare and other practical supports were highlighted in several studies.

“you’re kind of isolated and the general consensus was there isn’t enough crèche facilities” (Law et al., 2009, p. 307)

“I was sleeping in my car, I had so much going on… it’s like I just got too much on my plate right now for the program” (Lewis et al., 2016, p. 3767)

“it was just easier for her to come into my environment and see how my environment is so she can get a feel for what’s going on.” (Lewis et al., 2016, p. 3766)

“it is difficult to be a parent without a roof” (Mejia et al., 2016, p. 62).

Discussion

The current meta-synthesis shows that for parents, the essential element of good parent skills training appears to be the availability of a professional who is able to offer credible, non-judgemental facilitation, advice and/or support. A professional person who can “walk in the shoes” of the parent and strike an appropriate balance between the role of “friend” and professional adviser. The ability to judge when it is appropriate ‘to do the personal’ is a delicate matter and presents an issue for the training of professionals and the careful consideration of the structural boundaries between parents and professionals.

This meta-synthesis also highlights the importance of the parents' support systems in order to understand to what extent the professional's role, or the functioning of the group, may be required to compensate for limitations in the parents' social support system. Those running the parenting programme may need to engage other family members or partners within or alongside the parent skills training process.

The process of disengagement appears also to be an issue and, therefore, promoting ongoing community-based support and networking may be indicated for some parent participants. The importance of tailoring the approach by taking into account practical limitations is fundamental to the parents' ability to engage with the process. Where parents' own issues are relevant then signposting to services is essential for establishing a platform of support for parents.

Being mindful of parents need for sensitivity and the avoidance of stigma appears to be integral to the parents' perception of a shared experience and of a collaborative process. Mytton et al (2014) found that the opportunity to learn new skills, work with trusted people, in a setting that was convenient in time and place were key engagement factors. Parents clearly reported greater value to the parent skills training when they believed that other people had a common experience and that it was safe to disclose their experience and seek advice, help or support without being perceived to be a bad parent.

Psychological barriers about being judged and having to share emotions with a wider group of parents were among the key parental concerns identified by Koerting et al (2013). The capacity for parents to reflect upon their own behaviour and become more 'conscious' is discussed by Levac et al (2008) when they considered whether changes in parenting behaviour equate with what is taught in a parenting group or the process through which the group occurs. When parents viewed the programme setting to be supportive, fostering a culture of shared experience and collaborative working, then open and trusting communication was more likely to flourish, leading to a more accurate

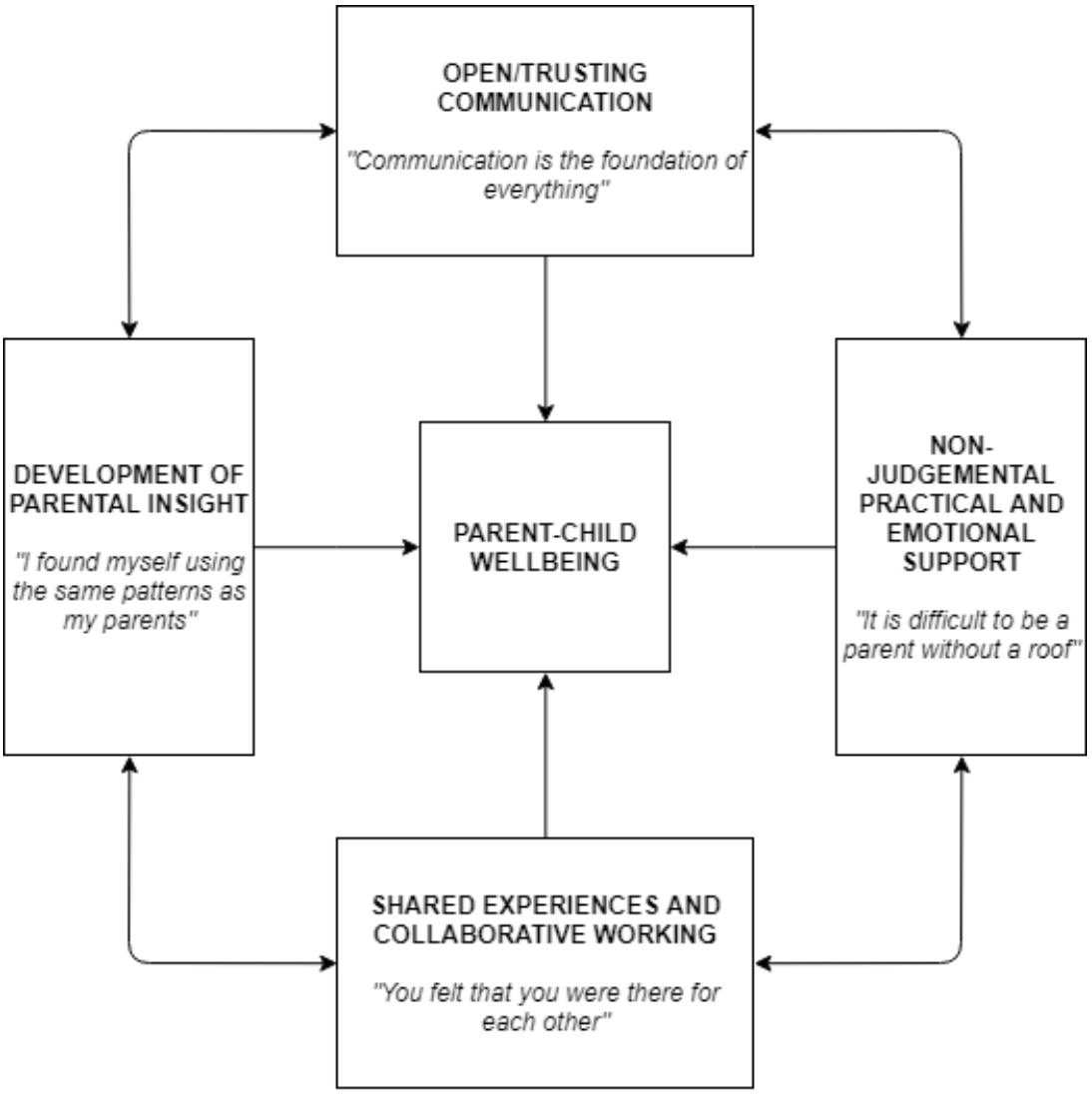
recognition of parents' needs, enabling the identification of current and future support systems.

The review suggests that parents appear to value both the content and the process of the parenting programme. As a parent's insight develops, they appear to consider their own skills and the factors which have influenced their parenting practices. The process of engaging in the parenting intervention seemed to help parents decide which skills to use, when to use them and how strategies could be adapted in line with the child's presentation and needs. However, parents openness to new or evolving attitudes and behaviours appears to be dependent upon a facilitatory process which requires and interacts with a culture of openness, collaboration and support.

The current meta-synthesis supports the findings of Kane et al., (2007), with recognition that acquisition and mastery of skills relies upon a supportive context characterised by trust and acceptance. The findings of this meta-synthesis would agree that these contextual factors are salient to parents' experience and engagement in parent skills training. The reflexive nature of the interaction between these contextual factors and parental insight appears to be key to the experience and perceived value of parent skills training.

The model in Figure 4 illustrates a proposed interrelationship between these key themes, which may serve as a means of enhancing parent and child wellbeing, via the parent skill training process.

Figure 4 - Proposed interrelationship between the key theme



Conclusion

The meta-synthesis shows that parent skills training programmes are experienced as helpful if they offer a safe space and a professional who is able to work in a facilitative way rather than presenting themselves as a “claimed expert”. Parents value a culture of supportive listening and where appropriate, shared problem solving. This appears to provide a context in which parents can

self-regulate and be enabled to develop insight and a sense of competency via the development of skills and knowledge, through consideration of their own expectations and behaviours based upon their own parenting history and an awareness of cultural norms.

Parent skills training programmes are likely to be most meaningful and helpful when they are accessible and can target the development of skills which enable parents to appreciate and use child-centred parenting practices.

Limitations

The selective approach to data extraction, such as the inclusion of direct quotes only may have resulted in omissions or underrepresentation of some themes based on the original authors making selections reflecting their own interests or bias, or in response to the necessary constraints imposed by word limits for publication. However, use of direct quotes does ensure that the analysis is more authentic as it originates with the direct words of participants and offers greater transparency and 'auditability' to the analytical process (Noyes & Lewin, 2011).

The selection of studies which used thematic methods for thematic analysis introduces consistency but excludes studies which draw upon different qualitative methodologies. This narrows the focus of the meta-synthesis but may mean that studies which illuminated a different focus upon parents' experiences, were neglected.

This study includes studies which report upon 'parent skills training' interventions using both individual and group programmes. This did not allow any consideration or comparison of experience via the different training formats.

Similarly, methods of data extraction by different authors, e.g. telephone interviews or focus groups, which may have elicited a different type or quality of data were not differentiated from each other.

Nevertheless, as all the themes arising from the meta-synthesis were represented within the majority of papers selected it appears that there is consistency across these different approaches to training and the various data extraction methods appear to access that consistency of parents' experience.

Recommendations:

Key indicators for programme planning arising from this review include the provision of:

1. A skills based programme which promotes child-centred parenting.
2. Accessible location and resources.
3. Facilitators who are appropriately trained to deliver intervention which fosters a collaborative, non-judgemental approach.
4. Appropriate supervision and training for facilitators with respect to professional boundaries including safeguarding and the use of self-disclosure.
5. Facilitators whose knowledge and position within the wider community enables them to understand parents cultural and social context, and signpost them to additional community resources where appropriate.

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Chapter Three

Listening to Parents' Views and Experiences of the Parent-Child Game – A Narrative Analysis

Listening to Parents' Views and Experiences of

the Parent-Child Game – A Narrative Analysis

Abstract

The current research project aimed to understand parents experience of the Parent-Child Game (PCG), an individualised parent-skills training programme. Information obtained from semi-structured interviews with five participants were transcribed and analysed using a narrative voice-centred relational method (Gilligan et al., 2006). Readings of the transcripts found contrapuntal 'task-orientated' and 'emotional' parent voices and an overarching narrative of 'restitution'. Changes to participants' subjective reality may suggest that PCG offers treatment opportunities which extend beyond its behavioural basis and that the experiential element of PCG may provide a conduit for schematic change. The finding that participants experience of PCG accompanies a narrative of restitution may help therapists in their understanding of parents' and their children's needs and experiences and may guide and inform the therapeutic process.

Introduction

The Parent-Child Game

The Parent-Child Game was developed in the United States of America by Rex Forehand and Robert McMahon (1981) in order to help parents of young children to manage child non-compliance. Sue Jenner, a UK Clinical Psychologist who was based at the Maudsley Hospital, adapted the approach and introduced the concept of 'prescribed parenting' into a Child and Adolescent Mental Health and Social Care context, as an ethical means of undertaking assessment via treatment (1992, 2000).

Guided play sessions form the basis of this individualised parent skills training approach, designed to increase child-centred parenting behaviours and to decrease child-directive parenting behaviours, particularly those which may contribute towards a coercive parenting style (Jenner & McCarthy 1995).

The implementation of the Parent-Child Game in the United Kingdom is primarily clinic based, using a video-suite and a one-way screen. Members of the Therapeutic Team guide parental behaviour with prompts and feedback using a microphone transmitter via an earpiece worn by the parent.

This approach was the subject of a QED Programme on the BBC in 1993 and informed the approach used by Clinical Psychologist, Tanya Byron in the television series 'Little Angels' (Byron & Baveystock 2005).

The Helping the Non-Compliant Child (HNC) programme devised by McMahon and Forehand (2005) has been subject to ongoing research and evaluation (see McMahon et al., 2011). However, literature specifically addressing outcome for Jenner's UK version of the Parent-Child Game, is sparse. There are two papers based on single case studies (Jenner, 1992; Gent, 1992) an unpublished qualitative thesis (Johnson, 1999) and a short qualitative paper by Parry et al. (2018)

McMahon et al. (2011) propose to expand the research base of HNC by conducting large scale efficacy trials and component analysis. They also conclude that future research should be directed upon a need to 'fine tune' the effects of intervention.

It seems fair to conclude that qualitative analysis is a neglected area of enquiry with respect to HNC and that there is a general 'dearth' of information within the literature on parenting programmes regarding what it is that makes the experience of a parenting programme meaningful to parents (Kane et al., 2007)

This research project proposes to address this issue with respect to the Parent-Child Game and draws upon the premise that parents who participate in PCG are the 'authorities about their experience' (Kiegelmann, 2009).

This research aims to explore what can be learned by listening to and analysing parents' views about PCG, their stories of their experience with PCG and how these narratives might assist in the understanding of what it is that makes the PCG Parenting Programme meaningful and helpful.

Background

Prior to the introduction of the Behaviourist Movement within psychology, therapeutic approaches for young children presenting with problematic behaviour focussed upon the child as the conduit for change. (Freud, 1946; Axline, 1969).

By the 1960s, there was development of behavioural interventions with recognition that using parents as therapists and/or treating the child within their natural context was more successful (Dunst et al., 2006). Johnson et al. (2005) reflect that the differing approaches to managing childrens' emotional and behavioural difficulties was influenced by whether those difficulties were located within the child (including their behaviour), within the parent or focussed upon the parent-child relationship. Thus, three contrasting approaches have since informed parent-child interventions.

Guerneys Filial Therapy Model (1964), developed from the Humanist Psychology tradition of Carl Rogers which regarded the parent as a co-therapist who could be trained to offer child-centred play therapy for their own child.

The Oregon model (Forgatch & Kjobli, 2016) required parents to learn principles of behaviour management so that they could differentially reinforce their childrens behaviour.

However, it is the unpublished work of Hanf and King, cited in Reitman and McMahon (2013) which is credited with most direct relevance for PCG and shaped the landscape for some of the most familiar and empirically robust parenting programmes in current use (Eyberg, Nelson & Boggs., 2008).

Hanf developed a 'structured laboratory play' situation wherein the mother/child dyads would play, giving rise to guided play which she termed 'the Mother's Game' (this evolved into the Parent's Game within HNC) and the 'Child Game'.

The equipment which is now associated with HNC and The Parent-Child Game (including the electronic communication system known as the "Bug in the Ear", a recorder and a one-way screen) and the utilisation of the single case design process, are identifiable within this early manuscript. Reitman and McMahon reflect that "the spirit of the relationship between the Team and the parent was collaborative" in Hanf's work. This practice and principle is clearly in evidence within parenting interventions currently considered to present with "best evidence" for efficacy, including parent-child interaction therapy (Hembree-Kigin & McNeil, 1995), Webster Stratton Incredible Years Programme (Webster Stratton, 2006) and HNC (Forehand and McMahon, 1981). The resonance of this approach with Jenner's derivation of the Parent-Child Game (Jenner, 1992; 2000) is quite evident.

Quantitative Research

Parent Skills Training Programmes have been established as effective (Furlong et al., 2012; NICE 2006) and there have been a number of systematic reviews (Medlow et al., 2016; Dretzke et al., 2005; Thomas and Zimmer-Gembeck, 2007).

The evidence base to support the efficacy of HNC is one of the most empirically robust (Eyberg, Nelson and Boggs, 2008) and the programme is featured on multiple 'best practice' lists (Kiegelmann, 2009).

McMahon and Forehand (2005) present a wealth of evidence to support the sustainability of the impact of the programme upon both child compliance and parenting behaviour.

Content characteristics of parent training programmes which contribute towards their efficacy have long been understood since the seminal work of Baumrind (1966) which identified the importance of a focus upon parental control, nurture and maturity demands.

This remains consistent with recent findings (Rossiter et al., 2015) that parents benefit from positive experience within a supportive setting with a facilitator who is skilled and enabling, with a focus upon positive parenting strategies leading to enhanced maternal confidence and enhanced parent/child interaction.

The contemporary public services agenda has led to a focus upon using parenting programmes which are cost-effective and tailored toward the individual needs of parents. This is recognised by McMahon et al. (2011) when they suggest that future research needs to be directed toward component analysis. Kotler and McMahon (2004), undertook one such component analysis, focussing specifically upon the use of the 'child's game' in order to explore the mechanism of change for parents in managing young children presenting with non-compliance. There were positive changes in the frequency of desirable and undesirable parenting behaviours as well as positive effects for children who were categorised at the onset as either anxious or aggressive. However there was no change for children who presented initially as socially competent with lower levels of non-compliance.

This study acknowledges the complexity of interaction between parent factors and child factors and highlights the importance for parenting programmes to be age-appropriate and specific to the parent and their child's needs. It clarifies some of the limitations of work which focuses upon large-scale outcomes, without exploring the process of change for the individual.

Rossiter et al. (2015) further illustrate the value of looking in-depth at the experience of the individual. In their mixed methods evaluation of a parenting programme for incarcerated mothers, Rossiter and colleagues obtained predictable quantitative findings suggesting that the programme led to increased knowledge of child development and a reported increase in maternal confidence. However, the second qualitative phase of their research 'focusing on the words of the individual mothers' (page 251) unearthed factors richer in detail regarding how the programme had facilitated the reported changes. These included mothers gaining new ideas about keeping connections with their children, such as the use of crafts to create gifts for their children. This led to a better understanding of their children as unique individuals helping them to become more thoughtful about how to interact with their children during prison visits.

Qualitative Methods

Elliott (2010) comments on the important role for qualitative methods "in developing and modifying a richer theory grounded in data". Tighe et al. (2012) argue that qualitative methods are more inductive and exploratory than quantitative methods, and take into account the complex psychology and interpersonal processes which characterises Multi-Systemic Therapy (MST), (Henggeler,et al., 2003). This is an intensive home-based intervention for parents and children who present with significant antisocial behaviour. These findings were consistent with systematic reviews of qualitative research relating to other parenting programmes (such as Koerting et al., 2013 and Kane et al., 2007) in identifying the particular importance to parents of the therapeutic

alliance, and the robust association between a collaborative, non-blaming culture and parental engagement and satisfaction.

However there has been recognition that much qualitative research into parenting programmes, has focused upon participant satisfaction or facilitation and some barriers to engagement (e.g. Mytton et al., 2014, Koerting et al., 2013) rather than parent experience.

Winek et al. (2003) note that “it is known that filial therapy works, but is not necessarily known ‘how’ it works” (page 91). The literature for filial therapy (a type of play therapy which engages parents as therapists for their children with emotional and behavioural difficulties) provides qualitative support, predominantly reporting single case studies. These focus particularly upon the implications of this approach for parents from diverse ethnic backgrounds (Garza et al., 2009, Solis et al., 2004, Edwards et al., 2007). The extent to which this approach is consistent with, or needs to be tailored for different parenting practices, values and within different cultural contexts, is explored within these single case studies and provides some detail which quantitative measures would be unlikely to access.

In an altogether different context, Ditrano & Silverstein (2006) find advantages of qualitative methods for parents engaging with the professional system. Detrano and Silverstein highlight the added value of the narrative approach that they employed with parents who had attended a Parents Support Programme. They enabled parents to share their ‘stories’, allowing the Research Team to construct a shared theoretical narrative, with the result that parents became more collaborative with each other, felt less alienated and developed a critical consciousness which empowered them to take action on behalf of their children. This included working together to develop and propose a School Improvement Plan (SIP), which might benefit their children.

Furlong and McGilloway (2012) used a constructivist grounded theory approach to explore the longer-term experience of parents who participated in an RCT of the Incredible Years Parenting Programme. Relatively little is known about the processes which facilitate or inhibit maintenance of progress following a positive response to the Incredible Years Programme. They found that most parents reported a fluctuating pattern with relapses in children's behaviour being associated with parents relinquishing skills in association with stressful experiences, the negative impact of an unsupportive environment and the perception that their parenting skills were no longer effective. They also found that a supportive environment was an important resiliency factor associated with the maintenance of positive outcomes in the longer-term. This prompted the recommendation that top-up sessions or additional support should be made available to the most vulnerable parents.

The Current Study

It has been established thus far that the HNC approach, upon which the Parent-Child Game (PCG) was modelled and adapted, has a firm quantitative research base. (Forehand and McMahon 1981, McMahon and Forehand 2005). Whilst evaluation of parenting programmes has been subject to mixed-methodology (Law et al., 2009; Stewart-Brown et al., 2004) and qualitative enquiry (Patterson et al., 2005; Mytton et al., 2014), this remains an area of omission with regard to HNC. No qualitative studies could be found amongst the existing literature.

Beyond the early work of Jenner (1992) and Gent (1992), there is one unpublished dissertation (Johnson, 1999) and a short qualitative study by Parry et al. (2018), such that PCG remains neglected within the literature.

The quantitative element to PCG which is built upon a single case design model may provide some explanation for the continued use and application of this approach, despite its sparse representation within the literature. It may be that

the empirically-based work with 'Helping the Non-Compliant Child' has direct relevance for PCG. However, this is not certain. It may be that clinicians who retain a commitment to using PCG have maintained their clinical focus as a priority and have found outcome measures represented via the single case methodology which is integral to this approach, to be persuasive.

The unpublished work by George Johnson (1999) reports the use of semi-structured interviews to examine participants' experience of taking part in the Parent-Child Game. Three main themes emerged from the data; confidence - the importance of feeling 'good enough' as a parent, objectivity – the ability to stand back and reflect upon the parent-child situation and thirdly the parent/child relationship – the significance of a strong, respectful bond between parent and child. There were 8 participants, 6 female and 2 male. Each of the main themes contained subordinate themes which gave further information about participants' views and experience of the Parent-Child Game intervention which took place in a Family Centre setting. Johnson notes that "*the central contribute of this research is the presentation of a triad of thematic constructs that emerged as being of consequence to the participants"*. He proposes that these constructs can be understood in combination to be the essential attributes of successful parenting and therefore underlie therapeutic change.

Parry et al. (2018) obtained first person accounts from 3 parents who had undertaken Parent-Child Game intervention using semi-structured interviews. A systematic inductive thematic analysis was used to analyse parents' accounts of PCG and the perceived impact upon interactions with their children.

Three key themes were identified to have significance for the process of change following PCG. These were: i) developing awareness and confidence via personal awareness of the role parents played in their interaction with their child, taking back control and gaining a new skill set. ii) making changes via new ways of coping with challenge, the nurturing of bonds and a change in perspective regarding the child's behaviour and iii) experiencing change.

Mechanisms for change were defined as focused attention on parent-child interaction in the moment, conveying messages rather than emotions using age appropriate emotionally informed language and making connections between emotions and communication.

Johnson's proposal that the therapeutic process of PCG creates a strengthening bond between parent and child appears to be consistent with Parry et als concept of interactional change in response to PCG.

Where does my study start?

Parry et al. (2018) and Johnson (unpublished, 1999) both address mechanisms of change after Parent-Child Game Therapy. Parry and colleagues focus on the way participants adjust their interactional style whilst Johnson's focus is on participants' changing experience.

There is consistency within the available thematic analyses leading to observations about what it is that changes for parents undertaking Parent-Child Game Therapy in terms of their cognitions and their behaviours. Thematic research provides useful information regarding parents experience of interacting with their child and has found changes to parents perspective regarding how they view themselves as parents and their degree of confidence. Parents ability to convey understanding and make connections between their own emotional state and the child's presentation are evidently important themes which appear to recur within the available qualitative literature.

I propose that this study seeks to extend this understanding of parents' views and experiences of Parent-Child Game by listening in a more nuanced way to the voice of the parent as they narrate their experience of PCG. This project seeks to explore how parents/carers subjectively experience relational change in response to Parent-Child Game.

During Kiegelmann's interview with Carol Gilligan in May 2009, Gilligan stated that "when the question was how much or how many or how often, or which one of several variables was driving the results, you had to use statistical methods. But if your goal was to discover the structure of another person's inner world, how they construed reality or shaped their experience, then you had to come into the relationship with them and this required a clinical method and a qualitative analysis" (page 20).

It has become increasingly common for researchers to use narrative methods to identify and analyse stories that emerge from interviews (Sorsoli & Tolman, 2008; Robert & Shenhav, 2014). This epistemological approach is concerned with the manner in which the narrator's story is constructed and co-constructed. Narrative analysis involves an interest in

- what kind of story does a narrator place herself
- how does she position herself to the audience and vice-versa
- how does she position characters in relation to one another, and in relation to herself
- how does she position herself to herself, that is, makes identity claims (Riessman, 2011; page 314)[2].

The current exploration of parents' experiences of the Parent-Child Game seeks to listen to how parents describe their experience of the Parent-Child Game, what their narratives reveal about the way the Parent-Child Game may have been useful to them and their children and what their narratives say about the way parents view themselves, their child and the parent/child relationship and their relationships with the Parent-Child Game team and other professionals. This study seeks to understand how parents' narratives inform the process of change and what parents' narratives tell us about the wider context. An understanding of societal attitudes and of the values parents hold and/or

[2] *The use of 'she and herself' is in line with the feminist approach outlined by Gilligan and colleagues*

encounter may help in understanding their stories as they relate to the therapeutic journey. It is hoped that parents' narratives regarding their experience of Parent-Child Game would increase awareness of the ways in which this service can better address the needs of children and their parents.

Research Question

To explore parents' narratives about their views and experiences of the Parent-Child Game and the way that their narratives are constructed and shape their perspective on parenting.

In answering these questions the researcher is interested in the themes which emerge, the way the narrator aligns themselves with one or more voices, whether or not these patterns of alignment are similar to other parents who have participated in Parent-Child Game and whether or not their voices present a cohesive or contradictory pattern, i.e. are the voices telling the same story and do these stories hold across the cases studied.

Qualitative Approach

Starks and Brown Trinidad (2007) purport that qualitative research methods are well suited to addressing questions relating to an intervention within the health sciences. In order to identify a methodology suitably equipped to understand the lived experience of the parents who engaged in PCG, a number of qualitative methodologies were considered.

It was concluded that IPA enquiry is able to access lived experience and has an idiographic focus, but is less suited to exploring narratives or of understanding a multiplicity of voices within a single narrative and across narratives.

Grounded theory makes generalisations about human processes that hold across individual participants and seeks to generate theoretical categories.

However Charmaz and Bryant (2011) note the emphasis upon analysing actions and processes, rather than themes and topics. This approach again does not pay close attention to narratives, or the whole story, or indeed to the subtlety of individuals' accounts, which reflect layered and complex representation of their positioning within the story.

Discourse analysis (see Potter, 2011) while offering a methodology which prioritises language as a means of construction and of mediating an understanding of reality, again does not focus on narratives. Furthermore, this approach may be considered to reduce influences regarding the wider stories which are being told and may detract from the view that there can be different perspectives, at counterpoint, within the discourse.

Whilst there is value to all these lines of enquiry, it was felt that the context and focus for parents of Parent-Child Game would be best served using a narrative analysis which has the potential to access data which is case centred, rather than category centred on the basis that narrative approaches focus attention upon: How an account is generated; Why a story is told in a certain way; The specific words participants use; and what other readings are possible beyond what the narrator may have intended (Riessman in Silverman 2011, page 312).

The Listening Guide; Voice-centred Relational Method

'The Listening Guide' offers a systematic and rigorous procedure involving multiple interpretive readings of the same text, which allows the researcher to explore 'the structure of the narrative', 'the voices and points of view', 'the symbolism', 'patterns of repetition' and 'omissions' (Gilligan quoted in Kiegelmann 2009). The initial innovation of 'The Listening Guide' arose within a backdrop of concern that within a patriarchal society the voices of women, particularly those who were disempowered or vulnerable via their position in society or the experience of trauma, were not adequately represented or heard within the literature and as such had not been adequately incorporated into the

research process (Sorsoli & Tolman, 2008; Woodiwiss et al., 2017). The epistemological principles which underlie a narrative approach are particularly well represented by the voice-centred relational method of narrative analysis, called 'the Listening Guide' (Brown & Gilligan 1992, Gilligan et al., 2006). Sorsoli and Tolman found that the most essentially innovative and useful thing about the Listening Guide technique was the identification and analysis of 'contrapuntal' voices in narrative data.

The term 'contrapuntal' refers to the counterpoint of 'voices' that speak to the researchers question and come from the musical term relating to the movement of melodies in relation to each other i.e. separate tunes that are played or sung at the same time. (Gilligan et al, 2006).

The method has been characterised as both voice-centred and relational because of the attention to both relationship and voice (including the relationship of the participant and the researcher). The 'Listening Guide' acknowledges that "multiplicity is an expected aspect of the psyche and that shifting from 'one state of mind' to another is a frequent psychological process". (Sorsoli & Tolman, page 497.) Therefore enquiry which addresses issues which have particular salience for women and feminism appear to have been particularly well served by the voice relational methodology (Edwards & Weller 2012; Biederman et al., 2010).

The Parent-Child Game is a therapeutic service available to parents and carers within a health and social care context and whilst not offered exclusively to mothers, like most parenting programmes, in practice has engaged predominantly with mothers and their children (Bayley et al., 2009). The focus upon women and children in a social care context where there have been child protection concerns, and where the focus of the work is upon a history of concerns regarding parenting, children's behaviour and the parent/child relationship, was seen to align well with the goals of The Listening Guide. This is expressed most cogently in the words of its founder Carol Gilligan when she

describes the motivation behind her work, “I had a sense of epiphany; a sudden, radical shift in perception that led me to see my own experience, that of other women, and also the field of psychology in a new way. What has seemed my problem was not just my problem and I understood why women so often felt unseen or misheard” (in Kiegelmann, 2009).

The current study is therefore framed within a social constructionist epistemological position and is suited to this methodology because it allows the researcher to explore narratives in the context of the individual, dyadic or wider societal or cultural relationships (Mauthner & Doucet, 1998).

Ethical Approval

Ethical approval for the study was granted by the University of Leicester, Ethics Sub Committee for Psychology and the ‘London Borough’ Children and Young People’s Service Ethics and Research Board, in July 2016. Ethical approval documents can be found in the Appendices M and N.

Recruitment Procedure

Participants were recruited in consultation with the Clinical Lead/Principal Clinical Psychologist and Team Members of the Parent-Child Game Team, provided by the Child and Adolescent Mental Health Service which is located within a Children’s Social Care Service in London. The initial training of the team was provided by the author of the research along with an experienced colleague, between November 2015 and February 2016. The author continues to offer clinical consultation to the team who are managed by the Lead Clinical Psychologist.

The criteria for selecting potential participants was originally outlined via a consultation meeting with the Lead Clinical Psychologist and the clinicians running the Parent-Child Game Clinics. An information sheet was shared with

the clinicians outlining the goals of the study and the proposed interview questions. (Appendices O and P). A process of reflective note-taking commenced.

Parent-Child Game clinicians made initial contact with potential participants to request their involvement in the study and to obtain consent in order to pass contact details to the Researcher. In some instances the Researcher was introduced in person so that she was familiar to the participant during consultation sessions and in some instances the researcher made telephone contact with the participants to introduce herself. Basic demographic information such as family composition, age of children, reason for referral, number of therapy sessions, was obtained. A time and venue for interview was offered according to the participant's preference. In all instances the participants opted to be seen in an office available within the clinical setting.

Participants who agreed to participate in the study, when met by the researcher in person, were asked to confirm that they had fully understood the nature of their participation in the study. They were provided with an information leaflet and written consent was sought prior to any interview taking place. Interviews were only conducted with participants following the end of therapy. Consent was obtained for conducting and recording of the interview. Participants were allowed time to reflect and could withdraw consent if they wished to do so (see Appendix Q).

At the end of each interview the participants were offered a gift voucher for their time. (This was not offered prior to the interview.) A diagram of the recruitment process can be seen in figure 5 (See Appendix R).

Inclusion and Exclusion Criteria

Participants were selected from mothers/carers who have participated in the Parent-Child Game therapy and reached an agreed ending/closure following

intervention and who use English as their primary language. Therefore the sample can be considered purposive (Palinkas et al., 2015).

Sample

A total of 5 participants took part in the study. The process for narrative methodology involves 'fluid enquiry' (Clandinin & Connelly, 2000) which continues until sufficient data is elicited to reach the goal of creating a 'stand-alone story' which explains how and why a particular outcome comes about in response to the research question posed. The sample size of 5 was found to be satisfactory, due to saturation, the complexity of the data and the multi-layered analysis proposed.

Information relating to the 5 participants can be found in Table 5. All participants, their children and any reference to therapists, other professionals or geographical locations were provided with pseudonyms.

Exclusion criteria

The following exclusion criteria were applied in order to maintain cohesiveness and trustworthiness and to take account of ethical considerations.

- Mothers/carers who have dropped out or experienced unplanned termination of PCG intervention
- Mothers/carers who do not currently have care of their child
- Mothers/carers where there are current pre-proceedings or active legal proceedings in respect of child protection
- Mothers/carers with significant learning difficulty
- Mothers/carers who have recent or current inpatient care for mental health or may otherwise lack capacity
- Mothers/carers with a diagnosis of Autistic Spectrum Disorder
- Mothers/carers who require an interpreter due to sensory disability or limitations in their use of the English language
- Fathers

Table 5 - Participant Details

Participant Details				
Name	**Age**	**Age of referred child**	**Summary of referral concerns**	**Number of sessions** **(Childs Game = CG)** **(Parents Game = PG)**
Michelle	46	5	Inconsistent parenting Boundary setting Parent-child relationship Domestic violence Substance misuse	CG = 5 PG = 3
Emily	41	4	'Over-zealous' punishment Child non-compliance Parent-child relationship Domestic violence Complex grief	CG = 6 PG = 2
Erin	27	5	Child's aggressive behaviour Behaviour management	CG = 10 PG = 1
Rosa	53	7	Concerns re. child's aggressive and destructive behaviour Parent-child relationship Behaviour management	CG = 8 PG = 1
Maya	37	5	Emotional abuse and neglect Scapegoating of child Domestic violence Self-harm	CG = 6

Further Demographic Information

All five participants were female, 4 mothers and 1 grandmother with full-time care of the referred child. All the referred children were boys. The participants presented an ethnically diverse group and described themselves as follows:
White British (2)
European (1)
Black British (1)
Mixed Ethnicity (1)

Four participants described themselves as single parents and one divorced.

Three participants had one child in their care, one participant had a further two children in their care and one participant a further four children.

A history of domestic violence and/or street violence was relevant for all five participants. Substance misuse or mental health concerns were relevant for two participants. Complex loss and grief issues were relevant for three participants.

A Public Law background was relevant in the history of all five participants indicating that Social Care concerns regarding the children's welfare had been such that legal planning procedures had been instigated at some stage in the families' history.

Context of the study - Parent-Child Game Service Provision

The study was carried out in a Parent-Child Game clinic provided by a multidisciplinary team of Child and Adolescent Mental Health (CAMHS) professionals, mostly Clinical Psychologists. This CAMHS provision is a highly specialist integrated clinical service which is embedded within social care and provides services collaboratively in clinical hubs across children's services within a London Borough with an increasing ethnic diversity, which ranked

highly on the multiple-deprivation index. The Borough has a population of approximately 250,000 people.

Interviews and topic guide

A semi-structured interview format was used to ensure the key areas of interest were addressed. However topic areas were explored with a flexible format depending on participants' responses and emphases. The semi-structured interview schedule was designed to use open questions in order to facilitate spontaneous narrative at the outset of each subject area and then to allow the interviewer to ask follow-up questions in order to seek clarification. The interview sought to limit leading and closed questions as a means of encouraging free narrative.

The Semi-Structured Interview Guide is shown in Appendix P.

The interviews lasted between 20 minutes and 1 hour and were audio-recorded and transcribed verbatim.

Data Analysis

Gilligan's voice-centred relational method of narrative analysis, the *Listening Guide* (Gilligan et al., 2006, Brown and Gilligan 1992, Kiegelmann 2009) was used to explore the narratives that the mothers/carers held about their experiences of the Parent-Child Game.

Doucet and Mauthner (2008) summarised the Listening Guide as "a multi-layered way of tapping into methodological, theoretical, epistemological and ontological dimensions of the narrated subject" (page 399). The Listening Guide enabled the researcher to access the mothers' voices as they spoke about themselves, their child, their experience of the therapeutic process and working with the Parent-Child Game team, their position in respect of other professional agencies, wider relationships and society. In this respect attention was given to the participant's 'relationships with oneself and with others' (Gilligan et al., 2006). Awareness was also given to the researcher's position

with Edwards and Weller (2012), reinforcing the view that the researcher's role in retelling the story superimposes another level of constructed social reality and that the researcher needs to be mindful of this, not in order to control this, as with quantitative methodology but in order to be open and transparent about the process.

The Listening Guide required four readings of each transcript, each with a specific purpose.

First Reading: This draws upon worksheet techniques with a focus upon the respondent's words and the researcher's reactions and interpretations. There is a focus on themes, patterns and the stories being told (content). To some extent the researcher can examine their own assumptions and views.

Second Reading: Tracing the narrated subjects. The researcher attends to how the person speaks about herself and the parameters of the subject's social world. The use of highlighter pens to trace the 'I' amplifies how the respondent sees and presents herself. There is also a focus on shifts between pronouns such as 'I', 'we', 'you' or 'it', which can signal varied meanings in the respondent's perceptions of the self. The construction of 'I' poems was prompted by Elizabeth Debold (referenced in Koelsch, 2015) who observed that 'I' statements often fall into poetic cadence. 'I' poems have been described as 'a sonogram of the psyche' (Gilligan quoted in Kiegelmann, 2009) and are thought to capture what people know about themselves often without them being aware of communicating it.

Third Reading: This is for contrapuntal voices which Gilligan describes as the creative step in the analysis because the researcher has to distinguish between different voices within the conversation. This reading addresses nuanced relationships and conflicting or complementary positions of the self.

Fourth Reading: This is focussed upon overarching concepts which link micro level narratives with macro level processes and structures, i.e. the cultural context and the wider societal., discourse. This may include the process of the researcher 'retelling' the narrative with reflections upon their own position and influence. This stage of analysis identifies whether a coherent 'plot' defines and mediates the individual or collective stories which are told.

The four readings offer a layered approach to the data. Sorsoli and Tolman (2008) suggest that "the existence of multiple potential interpretations of the findings is one reason the Listening Guide works well as an exploratory method" (page 512). The goal in this instance is to understand how parents experience the Parent-Child Game process, how they present themselves and their relationships in the context of that experience and how this may help our understanding of the Parent-Child Game as a process for therapeutic change. The individual and shared elements of the participant's stories are written up according to each of the 4 readings.

Research Quality and Integrity

Loh (2013) cautions that narrative researchers need to pay heed to and utilise quality procedures in order to establish trustworthiness as per the criteria devised by Lincoln & Guba (1985), drawing upon credibility, transferability, dependability and conformability. Loh also argues that verisimilitude (the quality of seeming to be true or real) is an important criterion with which to judge the value of narrative enquiry. They note that since narrative studies look to interpret personal reality it is important that it must be believable and 'ring true'. Hence the value of trustworthiness techniques of member checking, peer validation and audience validation.

Another test of research quality and integrity highlighted by Loh is 'utility' which looks at whether the study is useful. They refer to criteria which test studies usefulness including comprehension (can it help us understand a situation that

would otherwise be enigmatic or confusing), anticipation (does it provide description and interpretations that go beyond the information given) and depth (does it highlight or explain in a manner which deepens or broadens our experience and helps us understand what we are looking at). The trustworthiness technique of 'thick description' provides the tool by which findings may be transferred to other concepts. (See Appendix T for details of how the researcher maintained awareness of these criteria throughout the research process.)

Results

The results are presented for each sequential stage of the Listening Guide reading process to demonstrate what is found at each reading, how each reading prompts a different understanding of the narrative and how these successive layers inform and enhance the conceptual understanding of the narratives and the coherence of the story.

First reading

The first reading focuses on themes and the following four themes emerged from the initial reading of the data: having fun in a supportive setting, the location of the problem, responsibility for change and the relational nature of change.

Theme 1 - having fun in a supportive setting

All five parents mentioned that Parent-Child Game was fun and provided enjoyment via play and a shared experience with their child.

"I mean it was fun, it was really fun" "so… yeah, we both enjoyed it" (Michelle)

"he's enjoyed his playtime and he's enjoyed, it makes our playtime at home kind of more better as well' (Emily).

Parents mentioned frequently that the PCG team therapists were helpful and supportive.

"It was all this attention as well, like we were given so many people… nice people you know, being friendly as well, it was great"(Michelle)

"It was so beautiful. They were all so encouraging and they really know how to boost my confidence as a parent" (Maya)

One parent talked about finding the process difficult initially

"In the beginning I feel like I was forced to do it, like I was not… bullied, but like pressured into it" (Emily)

The same parent identified difficulties working with one particular therapist.

"When I worked with therapist 1, I didn't really click with her… yeah, when I changed over with therapist 2, that's when I started to enjoy them more and therapist 2 wasn't just so… there like, therapist 2 is a bit more laid back".

She concluded *"it weren't as bad as I thought it was going to be" (Emily)*

Theme 2 – the location of the problem

Parents focussed blame or responsibility for their predicament upon i.) the child's behaviour and attitude, ii.) Social care iii.) Ex-partners and violence, iv.) Competing needs of other children or competing demands upon their time.

Maya's narrative focussed upon several of these areas

"he would see everything… like whatever happened happened right in front of his face and he was violent as well… but that started when I left my ex. When I was still with him everything was fine and then I started having this problem because he had him no longer around, that was one and two… my ex would manage his behaviour by beating him and I didn't want to do that because that's basically what my mum did to me. She beat me for everything and I know that is

not the way to fix things. It won't fix anything, it will only destroy the relationship between the parent and the child because the child will lose trust in the parent".

Later in the interview when Maya was asked if there was anything she would like to do differently or anything that wasn't terribly helpful she replied:

"as for myself, I feel upset that it took us four years to get this opportunity through social services. They should have that earlier because basically I have been involved since (date) and all this time they completely ignored me. You know it was to the point where I've been taken to court by him because of neglect, which basically is based on good behaviour, my son was pulling up before and I think that if they would pay attention to my situation this could have been done earlier because they are basically blaming me for the four years.. they have the same concerns for the four years but they've not heard the concerns I've been telling them and this was with my son's behaviour".

Michelle's account also externalises responsibility when she explains her perspective on the reasons for referral.

"well the initial thing, let's see… we need a bit of background isn't it?... You see, the dad, the dad's got a history and that just didn't start with me, believe me… he's now 47 and it's like, you know, his whole life really of domestic violence and… erm… and his children… I mean he's had referral with his other children to social services because he was abusing, I mean violent towards them. I mean erm, so, the way, I thought, I understand, the way that they're looking at it is erm… because the dad is so over controlling and violent in many ways…erm… erm… and I am very much the opposite as in… I'm very laid back… I mean there are rules in my house, but you know the main thing is as long as you don't hurt yourself or you don't hurt anybody that's okay" (Michelle)

Theme 3 – responsibility for change

A large number of statements emerged within the data which could be divided into sub-themes reflecting first order change and second order change. First order change refers to specific changes to individual parameters. In this

instance the first order changes appeared to relate to 1. Behavioural changes in association with the mastery of skills, 2. The child's behavioural responses and 3. Being able to take and relinquish control as a matter of choice.

The second order change processes refer to qualitative changes which impact upon the family or wider social system and were often located within conceptual changes. These included i. The validation of the self as a parent, ii. Sensitivity and awareness to the child's needs and iii. Ownership of the change process.

Parents made numerous references to changes in their parenting behaviour associated with mastery of child-centred skills. *"It's about bringing out the… interacting with good behaviour, shine a light on a positive stance and less attention being given to the negative stuff" (Rosa)*

"whereas before I used to give in to him but now I think when I've been at the clinic, I've been like no, no, you're not getting it… I just ignore him and like copying what he's saying as well. Before I never really used to do a lot of that but now that I… good you've done this, you've done that" (Emily)

It was clear that parents were able to use the language of the Parent-Child Game to describe their own behaviours and provide examples detailing the appropriate use of child-centred strategies such as ignoring and praise.

Parents were able to identify changes in their child including behavioural compliance, attitude, emotional regulation, sharing and emotional responsiveness.

"He's starting to share and stuff like that, being more affectionate towards his sister, he wants to do things without prompting" (Erin)

The ability to take and relinquish control by choice and a greater understanding of the child's responses as they reflected on their own behaviours was evident in the narrative of three of the parents. This insight was articulated most clearly by Rosa

"instead of interrupting erm… the child when they're doing a thing I should really leave them to get on with it unless they need like erm… my help and support or whatever. Erm… it's like how would I put it, it's like learning to ignore certain behaviour, things that used to wind me up before erm…I used to deal with it by shouting, or so I thought. But it still sort of brings the problem, like it doesn't get rid of the problem, it only makes people frustrated so my child , myself and even my (other child) as well and it… the whole erm… what do they call it? Oh it's the play sort of thing erm… there's a word for it.. that was one of the tools. Erm… instead of sort of like erm just going and butting in and jumping in and you know… it's like I've had to… how do I put it… I used to go in where I'm not wanted if that sort of makes sense but I've learned how to dress back and wait to be… it works. It does work that does? And also they're very.. the calm approach… I've found yeah, yeah, speak to them calmly as opposed to a bit harsh sort of thing. Oh I think I was too much like the police (laughs) at my house sort of thing rather than soft nurturing Rosa. Does that make sense?"

Parents valued and were able to reflect on the impact of positive feedback from the team on their own self confidence and self-esteem.

"…I know I'm a good parent but when they give me good feedback it makes me feel more better, if that makes sense" (Emily)

The reparatory effect on the parent who had been subject to a relationship that had been emotionally abusive was noted

"Psychologists are rather empathic… and you know… constantly validate your feelings. You know… are not… like, for example the dad has been constantly you know, putting me down, and you know, to have somebody you know, who does the opposite of that you know it's (long pause)…
Researcher: "that contrast was very empowering for you"
Response: "yeah, exactly" (Michelle)

Theme 4 – the relational nature of change

When parents discussed the overall changes that they perceived following the programme they spoke about relational change in terms of the parent child interaction and their perceived relationship with the child and they spoke about changes in their relationship with the professional system.

All the parents spoke about feeling closer to their child

"it's making my life a bit easier and making me more closer to them, by, you know, by doing positive touch, giving them hugs when they do things, and I can see that the children, they're even happy when I do that for them" (Erin).

Parents who had been particularly concerned about the impact of information being shared with social workers described a more positive perception of their responses to social workers.

"I think social worker 3 has said to me he's seen a change in me and (my child) as well and he says he's really happy with that… "

"A lot of good feedback from therapist 2 and support workers who've witnessed a few of the sessions and social worker 3 as well, I think when they give me feedback it makes me feel like I'm doing a good job and stuff like that and it just made me want to come more" (Emily)

The emergent themes were considered alongside existing thematic data and it was found that a number of consistencies emerged (see Appendix U).

Second and third readings

These further readings of the data when considered together mark a move away from the initial focus upon thematic analysis and require the researcher to listen to the parent's narrative, as they present their internal world and to explore connections and disconnections within and across narratives.

At this stage in the analytical process the enquiry moves from understanding what parents are saying about their experience to relational questions with respect to how parents present themselves and their relationships, to themselves and others.

Gilligan proposes that the second reading should involve listening for 'the spoken self', that is the first person voice. This is accomplished by choosing sections of the interview that seem 'puzzling, or of particular interest' then presenting these sections as i-poems.

How do parents speak of themselves as parents – I Poems

This reading explored first person statements as a means of examining how participants speak of themselves. The selection of i-poems is somewhat intuitive and the guidance of Petrovic et al (2015) surrounding the reflexive nature of the process, was heeded. The poems were selected for each participant on the basis that they spoke 'loudest' in terms of their clarity, resonance, complexity or emotional poignancy. The researcher remained mindful of the overarching research question regarding how parents speak of themselves as parents in the context of their experience of PCG.

There was similarity and variation, both within and across the narratives, as the parents spoke about themselves as parents.

At different stages in the interview parents used quite different language and imagery which appeared to reflect some changes or a lack of continuity to the subjectivity from which the participants spoke.

I-poems associated with parents' narrative as they refer to themselves prior to intervention included descriptions and metaphors which had a more pragmatic focus, presenting the parent as an administrator of tasks, with reference to the

tactics which were used, the mechanisms of the parenting process and with a focus upon action and reaction.

In her first i-poem, Rosa draws upon several occupational references as she describes her parenting behaviour.

Rosa

I don't sort of like listen to them
I cater for their needs
I think before I came here
I felt like it would have been escalated
Tools that I learned
I've implemented
I'm getting some results
I'm looking for it
I see it through
I should really leave them to get on with it
How would I put it?
I used to deal with it by shouting
I thought
I've had to
I used to sort of go in where I'm not wanted
I've learned how to dress back
I've found, yeah, yeah, speak to them calmly
I think I was too much like the Police.

The next two short i-poem excerpts from Maya and Emily also appear to present a task focussed ontology.

Maya

I've found all the information helpful
For myself, I've started to pay him attention
I've sort of learned how to partially change his bad behaviour
If I say this
I sort of push him
I want so that he also wants it.

Emily

I've been practising
I've been learning
I've been practising it at home as well.

As participants considered their experiences during and after PCG their narratives became more visceral and emotional in tone. Parents were more likely to refer to their own feelings and their child's feelings and offered a different subjectivity by speaking of parenting as an emotional experience.

Rosa's second I-poem makes a number of references to feelings of a physical and emotional nature.

Rosa ii

I had this horrendous headache
I'd have told him about 500 times
I had a headache
I couldn't sort of be as proactive
I was amazed
I think they need
That's what I bring to my whole
If I feel frustrated
I have to remember
I'm feeling frustrated
They agitate me
It's all about calm
I've learned that here.

Emily's second i-poem appears to highlight her growing awareness of the interaction between her own parenting behaviours and the emotional responses and closeness she experiences with her child.

Emily ii

I was putting a lot of pressure on him
Since I've been coming here
I've noticed that he's only young
I shouldn't be putting pressure
I just let him carry on
I've learned.... you are interrupting what is growing
I've noticed that.... his anger is calm
I used to struggle a lot
It made me more closer to him
The way I'm talking to him now is different
I used to talk to him before
I would, like, shout
Now I just
When I'm talking to him
I come down on his level
I give him praise and positive touch
I'm following
I pay attention
I kind of ignore
I said 'you're not gonna buy it'
I've not got any money
I said 'no'
I said 'yes, well done'
I usually not give him that space as a child
I always kind of on top, like controlling
I just let him do it

Both Michelle and Erin voice their subjective experience of change as a parent in terms of their feelings.

Michelle

I was surprised
Like I said
Which part did I like the most
Which part did I like the most
I dunno
I mean playing with my son
I suppose… yeah
I just, the joy, you know of watching him being happy

Erin

I think it has changed me a little bit
I think (my child) has changed a lot
I think
I think
I think when they give me feedback
It makes me feel like I'm doing a good job
Made me want to come more
It made me feel
I know I'm a good parent
It make me feel more better.

The contrapuntal voices of the ‘task orientated parent’ and the ‘emotional parent’ voice are perhaps most clearly and poignantly illustrated by Rosa as she describes her experience of parenting in her very difficult circumstances.

Rosa iii

I feel like I’m just getting on
I’m just getting on with it
I sometimes have to take 2 minutes to go
And have a cry
I’m back
I’m having a sort of little breakdown
On my own
I feel like I’m getting on with it
I feel like I’m getting on with it
I feel like may be I’ve failed them a bit
I’m trying to compensate
I just don’t feel like I’ve sort of reached
That quota of ... up to the mark.

The structure, language and eloquence of the i-poems led to the identification of 3 contrapuntal voices.

The first two voices appeared to be contrasting but evidently related to the participants’ subjective internal representation of themselves as a parent.

When speaking of themselves in the ‘task orientated’ voice parents use language and metaphors which reflect occupational roles and the process of carrying out practical or mechanical tasks.

The sound of the voice was often rational, somewhat detached and largely objective.

In contrast, the ‘emotional’ parent used language which was personal and emotive and gave voice to affective responses and the engagement in a relational experience with their child.

Shifts in the sound of these contrapuntal voices could be located in the transcript in association with parents’ reflections on the different stages of the Parent-Child Game therapy process. More often the task orientated voice was found when parents spoke about the outset of their engagement or difficulties that they had experienced leading to referral, whilst the emotional parent voice emerged more often when parents described their progress or changes in response to the Parent-Child Game process.

The third contrapuntal voice which emerged, appeared to be disconnected from the other voices and was a voice of ‘regret’. This voice appeared to be orientated toward the parents personal evaluation of themselves as an individual, rather than a parent and appeared to be self-disclosing and self-exposing as well as intimate in tone.

The properties and examples of the contrapuntal voices which emerged after readings two and three are summarised in Table 6. At this point in the analysis it was unclear how these voices related to the overall plot and in what way, if any, a coherent narrative would emerge for any or all of the participants.

Table 6: Properties and examples of the contrapuntal voices

Contrapuntal Voice	Description	Example
The Task Orientated Voice	Parenting as an Entity A sequence of tasks Occupational metaphors e.g. like the Police, use of tools. Behavioural expression Action and reaction Mechanical models Associated with the presenting problem Reflect early involvement with therapy Voice is rational and objective	I am getting on with it. I cater for their needs. I think I was too much like the police. I sort of push him and encourage him to behave that way. I've implemented
The Emotional Voice	Parenting as an Emotional Relationship Language is personal and emotive Describes emotional interchange Equates with the parent and the child's emotional responses More often used when describing the impact of change Becomes associated with reflections of fun, play and enjoyment, affection and intimacy	Just the joy, you know of enjoying watching him being happy. I've learnt what is growing, his own knowledge… you interrupt him… which might upset it in the child. It made me more closer to him. Lovely, just very… it's much more loving, he's more receptive to hugs.
The Voice of Regret	Self-exposing and Intimate Personalised Coherent Self-disclosing	I was thinking about myself instead of just enjoying spending time with him. I don't feel like there was any bad choices. I'm just so sorry this wasn't in place when I had my other children… my son wouldn't have gone off the rails. I didn't know how, I've never had it.

Fourth Reading

In order to elevate the voices within the narrative that seem most salient to the research question regarding how relational transformation or change is experienced by parents who have participated in the Parent-Child Game therapy, the entirety of the data was examined incorporating interpretations from earlier readings and reflexive notes.

The final readings sought to examine whether an overarching plot mediates each of these participants' stories and their experiences of the Parent-Child Game intervention. Petrovic et al.'s (2015) recommendation for the use of free-flowing prose was found to be particularly helpful for coherence and clarity.

Three distinct but associated voices emerge and resonate within and across the individual stories ('regret', 'compensation' and 'making good') that can all be seen as part of an overall narrative of restitution.

'regret'

The first voice was the voice of 'regret' found within the I-poems as parents narrated their feelings, thoughts and motivations, often, but not exclusively, as they initially engaged with the PCG process. Sometimes participants' voices were self-aware, whilst at other times the voices were found within the data, where inferences could be drawn from the way in which the participants described their thoughts and experiences and the positioning of these ideas within the narrative.

'compensation'

The second voice acknowledged a need to make 'compensation' for experiences believed to have been harmful to the child, the parent, to the

relationship between the two and/ or to the relationship between the parents, the professionals and the wider Social Care system.

‘making good’

The final voice appeared to be a voice of ‘making good’ emerging in some instances from the struggle contained within parents’ narrative as they negotiated changes to their own identity as a parent. The stream of associations illuminated a shared conceptual narrative of ‘restitution’.

Table 7 – The overarching story – key statements which illustrate the narratives of restitution

A Narrative of Restitution		
Regret	**Compensation**	**Making good**
(**Emily**) - I was putting a lot of pressure on him... but since I've been coming here, I've noticed that he's only young and I shouldn't be putting pressure on him.	Giving him a lot more praise and positive touch, hug.... yeah, I do it now more often than before.	I think it's more helpful compared to what I used to do [ ] I'm practicing it to all of them and it's working. It's making my life a bit easier and making me more closer to them. [ ] that child feel like you're paying more attention, like you have time for him.
(Rosa) - I'm so sorry this wasn't in place when I had my other children. My son wouldn't have gone off the rails. My son would have learnt.... to be a more productive person. [ ]I was too much like the Police.	I feel like maybe I've failed them a bit because I'm trying to compensate for the absence of you know, mum and dad. It's catching up now sort of thing. [ ] I just don't feel like I've reached that quota or 'up to the mark'	It's kind of flaky, the whole thing. It like, it works yeah but then when he has that moment it's so hard to redeem him [ ] when I'm acting on how I'm being instructed – I get a different person. I do, I get a different person.
(Maya) - I didn't know how because I've never had it [ ] I was going through that time, the separation and all that stuff and Court... so I was thinking about myself instead of enjoying spending time with him.	My ex would manage his behaviour by beating him and I didn't want to do that, because basically that's what my mum did to me. She beat me for everything and I know that is not the way to fix things.	It basically taught me the important stuff that I've never had from my parents and that I wanted to give to my son [ ] I've started to pay him attention more and erm, we grow more deeply connected than we were at the beginning.
(Michelle) - The whole story about getting involved with Social Services... that Social Worker, you know, it's been quite negative [ ] I don't feel like there was any bad choices and I don't think they've seen bad choices.	The way I see it is that I.... I have to over-compensate you know in order for (my child) to be able to deal with whatever (his dad) is putting him through.	I try to more intentionally and consciously set up a bit of time with my child [ ] when I really give him my full attention.
(Erin) - I wasn't picking up his points and I weren't giving him enough love and attention.	I think when they give me feedback, it make me feel like I'm doing a good job and stuff like that and it just made me want to come more.	I think the Social Worker has said to me he's seen a change in me and my child as well and he says he's really happy with that [ ] yeah, I think it has changed me a little bit.

It was evident that for some participants the narrative of 'restitution' represented some resolution as parents spoke about the changes they had been able to effect or recognise, either in their children, themselves or the response they experience from and relationship with the PCG team and professionals within the Social Care system. Whatever the outcome, a restitution 'plot' appeared to relate to the shared experience of all the participants and was reflected in the narrative of all five parents. In some instances this was clearly focussed upon an emerging insight or understanding of intergenerational patterns which shaped their own experience and had resonance for their parenting with their own children. In this context an almost biblical connotation was reflected in their narratives, whereby compensating for the 'sins of the father', particularly those participants where there was direct reference to domestic violence, appeared to have shaped the plot underlying the parent's engagement with and experience of Parent-Child Game. In other instances the emergent voice of regret clearly arose from the participants' self-reflections about their own response to the Parent-Child Game journey, the changes which had taken place and the consequences for their relationship with their child, the family and social care professionals. In these instances 'restitution' was closely aligned with a resolution which referred to their own internal experience as a person and as a parent, or in their relational experiences with their child or with professionals within the Child and Adolescent Mental Health (PCG) or Social Care system.

Discussion

The primary concern of this research was to listen in a nuanced way to the experiences of parents/carers referred for PCG.

The women and their children referred to the Parent-Child Game had all encountered issues in their lives which placed them within a Public Law Outline[3]

[3] Public Law Outline – the final stages of the child protection process which local authorities must follow when considering care proceedings

prompting referral to this CAMH Service on the basis of their child's emotional or behavioural adjustment, the quality of care they were perceived to provide for their child and/or the nature of the parent-child relationship.

The listening guide which seeks to privilege women's stories and perspectives offered the parents who had experienced the Parent-Child Game the opportunity to speak about their relational experiences. The process sought to enable their voices to be heard, particularly those that may have been silenced in response to social and moral constraints, by drawing upon a layered analytical focus to illuminate stories which are not obvious or transparent. The story which emerges as the principle finding of this study is a "narrative of restitution" which describes a process of "making good" after taking responsibility to compensate for past regrets. This narrative was threaded into the account presented by each of the five parents/carers who appeared to draw heavily upon an underlying feeling of regret associated with their own behaviour, relational context or life circumstances prompting the perceived need to provide some form of compensation in order to "make good" via their engagement with Parent-Child Game.

Reading for themes provided the starting point for this evaluation and found synthesis with other qualitative work in recognising key mechanisms for change arising within Parent-Child Game intervention are based upon the availability of a collaborative therapeutic team and the modelling of experience of positive attending to parent/child interaction and enhancement of emotional communication. Parry et al. (2018) suggest that helping parents to convey warmth and acceptance creates a platform for empathy and understanding. It seemed to be particularly important for participants to take responsibility and to be aware of their own emotions, rather than maintaining a focus on the child's behaviour in order to promote reciprocity in the parents' interaction with their child.

I-poem analysis of the way parents speak about themselves appeared to identify two contrapuntal voices; one is the voice of the parent as the 'task administrator' who experiences themselves as the executor of tasks and accomplishments, who fulfills a role of governance, in order to meet her child's needs and to contain or control her child's behaviour. Themes arising from the initial reading and thematic analysis, concur with the work of Parry et al. (2018) and Johnson (1999) and reflect this focus upon the mastery and development of child-centred skills as a task of parenting and refer to the tools, actions and reactions necessary in order to effect positive change in the child.

The mechanism for change for parent 'task administrators' within Parent-Child Game therefore appeared to be the refining of tools of child-centred behaviours as a means of relinquishing child-directive behaviours and being able to select these appropriately to enhance child compliance. Parents recognised the interactional changes that occur and this is reflected in the thematic analysis when parents came to attest to the improvements in their own confidence, accepted responsibility for the process of change, gained a greater sense of validity in their own role as a parent and developed greater awareness of their child's responses.

However, there is another voice which can be heard as parents speak about their experience of Parent-Child Game which is the 'emotional' parent voice. When parents speak of themselves in this voice they are experiencing an emotional relationship with their child and experience parenting as an emotional interaction.

These contrapuntal voices can be found within and across the narratives. The emotional voice appears to be 'loudest' when parents are describing changes in their interaction and relationship with their child which they attribute, at least in part, to the experience of Parent-Child Game.

Doucet and Mauthner (2008) propose that this form of analysis of parents' voices adds to the literature by pinpointing **what it is** about the way parents talk about themselves as parents, i.e. their subjective reality of their relational journey during PCG. It is proposed that parents' experience of PCG has the potential to transform parents' representations of themselves as parents and that this will manifest in the way that they speak about themselves as parents. These personal narratives as they reflect parents' identification with parenthood suggest that in response to the experience of play with their child, in a setting which fosters enjoyment, in the company of a supportive and facilitating therapeutic team, then the pragmatic identity of the parent gives way to an identity which is psychologically mediated and governed by the emotional experience which comes to define their internalised construct of parenthood.

The impact of this change in conceptualisation may explain the greater attunement via behavioural change which translates into a more empathic and respectful relationship (Lamagna, 2011). It may be argued that the voices emerging from the i-poems reflect significant change to parents' subjectivity.

It is accepted within attachment-based treatments that there is a fundamental aim to change ' the self and other' representations via a combination of emotional and behavioural work which focuses on the client and their interaction with the therapist.

Attachment theorists (Simard et al., 2011; McLean et al., 2014) argue that internal schema develop via children's interactions with caregivers and this is not something that just happens to children. Equally, attachment is not something that parents do to their children, it is a mutual regulatory system whereby parent and child influence each other (Hughes, 2017).

The internal schemata, shape the sense of self and reflect the individual's internal working model which underlies their emergent attachment style (secure or insecure) which forms in response to these reciprocal interactions. It is this

subjectivity which forms the basis for the nature and quality of the child's relationship with their primary caregiver (Bretherton, 1990; 2013).

Parvan (2017) however notes that there is little research to evidence the way experiential therapeutic methods impact upon change associated with the self. In his work with offenders, he notes that the distinction between self and action is particularly salient for adult offenders and proposes a model of attachment informed psychotherapy, designed to support offenders in making the links between their intellectual reflections and actual relational experience. He proposes that this may be a means of creating healthy internal representations of the self and others as a reparatory process for adult offenders.

It is proposed here that the contrapuntal 'task orientated' voice and the 'emotional' voice with which parents speak of themselves during PCG embodies the 'self-action' distinction and that the experiential element of Parent-Child Game may provide the conduit for schematic change. Azar et al. (2005) reflect that parenting is a socially constructed role and schema about parenting often relate to schema about oneself, one's partnerships and one's friendships. They propose that providing parents with new skills in parenting can be an important factor in changing schema.

Helping parents to better distinguish and understand the orientation of their parent voice, may complement the skills-based element of Parent-Child Game in order to expound the reflective-experiential value of this approach in promoting positive relational change between parents and their children. Indeed Azar and colleagues found that making schema more accessible enabled parents to exercise greater control over the classification and encoding of social information, suggesting this can be a "revelatory" experience for parents.

In combination the four stages of analysis which comprise the listening guide approach involve the complementary and contradictory processes of inward focus upon the nitty-gritty of words and tenses, multiple readings and

interpretation of narratives, alongside free-flowing prose, ideological journeys around the literature from feminism, English literature, theatre, religion and culture as well as self-reflection.

The somewhat disembodied voice of 'regret' which was identified during the I-poems analysis, seemed to have resonance and provoked the compulsion to look closely at any repeated words or phrases which may have been missed. It was at this stage in the analysis that repetition of a notion of compensation appeared to emerge with statements such as "I'm trying to compensate for the absence (of his parents), I wanted to give my son the important stuff that I'd never had, I have to over-compensate..... in order for my child to deal with (his fear) in respect of his father". An understanding then emerged that these contrapuntal voices were linked together within a narrative of restitution.

Parents' experience of difficulties with their child's problematic behaviour, their concerns about their relationship with their child, their past histories, difficulties in their relationships with partners and the critical scrutiny by Child Protection Services, formed the basis for difficult feelings, the most resonant being feelings of regret. Within a supportive, nurturing, non-critical setting, where participants recognised that they were given "lots of attention from nice, kind people" then skills were learned and a sense of mastery evolved. The use of coercion was replaced by a capacity to make choices about taking and relinquishing control, all experienced in a fun-setting where the experience of play encouraged positivity through praise, intimacy through positive touch and positive smiles and the emotional enjoyment of their child's play. In this context the voice of the parent who was "getting on with it" and "catering for their needs" began to give way to a parent whose voice narrates the joy and emotional warmth of parenting. In that context, where they felt valued and validated, parents were better able to recognise (and arguably to prioritise) their children's needs and to offer them compensatory experiences in response to the greater understanding they had developed drawing on the child-centred skills they were able to use. By taking responsibility for behavioural change, the rhythm and reciprocity of

their interaction with their child changed and the 'in the moment' experiential nature of the process created real, congruent emotional connections between parents and child, and subjective, ontological change for the parent (Natsoulas, 1991).

The narrative of restitution has been identified as one of the dominant narratives in the field of illness. Arthur Frank (2013) a Sociologist and cancer survivor, analysed health and illness narratives and found that one of the key narratives for individuals engaging in transformational journeys in respect of ill-health, are narratives of restitution. Research finding narratives of restitution have been identified in parents of children experiencing childhood cancer (Bally et al., 2014), parents with children with ADHD (Robinson, 2004) and women as they engage in the menopause (Nosek et al., 2012) or address issues of domestic violence (Barnes, 2013) or sexual abuse (Harvey, 2000). It is therefore not surprising in many ways, that the narratives of women engaging in the Parent-Child Game, within a social care context where the focus of concern rests upon the children's behavioural presentation and the parents' relational experiences with their children, would find similar meaning within their own therapeutic journey.

SUMMARY AND RECOMMENDATIONS

The qualitative difference in Parent-Child Game as a therapeutic intervention is that it offers parents and their children the opportunity for live interaction in a guided play setting, but without obvious direction or interference by therapists or other professionals. The child's direct experience is of the parent and the parent's proximity to the child (guided by the voice of the therapeutic team), enables 'real life' moment by moment shared interaction. In this context changes in parents' behaviour effect genuine emotional responses from both parent and child. The authenticity of their experience together appears to provide the setting conditions for real emotional dialogue alongside changes in

attributions and behaviour which create a conceptual shift in the internal representation and the enacted voice, of the parent.

This process of change is not psychotherapeutic in a conventional sense, but would appear to complement the skills-based element of Parent-Child Game in a manner which expounds the reflective-experiential value of this approach in promoting positive relational change between parents and their children.

Burns-Jagar and Carolan (2010) reached the conclusion that it is the responsibility of clinicians based in family-based services to initiate partnerships which involve women in therapeutic conversations about their trauma and survival experiences and how these affect 'their connection and disconnections with themselves and their relationships' (page 280). They suggest that creating a safe and supportive space where women can gain knowledge, skills and resources which help them to resolve 'breaches in trust' and to create connections with the wider community interrupts those cycles of relational experience which contribute towards multi-generational abuse.

By understanding and perhaps anticipating a 'narrative of restitution' Parent-Child Game therapists may become more sensitised to these connections and disconnections and to parents' feelings, reactions and responses at different stages of their therapeutic journey through Parent-Child Game. An empathic understanding (implicit or explicit) of the parents' story may help to overcome obstacles or barriers to engagement and may assist in establishing a shared agenda and enabling a process of relational change.

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Chapter four

Critical Appraisal

Critical Appraisal

Abstract

The critical appraisal provides a reflective account of the researcher's journey throughout the development and understanding of the research project.

Background

My original training in the Parent Child Game (PCG) was in 1994 and since that time the PCG remains the therapeutic approach which has most excited my interest and respect. Experience of parents' progress on a single-case basis, via direct work, or witnessed during consultation work provided to other professionals and services, has often been encouraging and this has included some of the poignant and insightful comments parents have made when they have described their experiences of Parent Child Game. However, I have been aware that PCG has not been subjected to robust quantitative evaluation, and has relied heavily upon the research base for 'Helping the Non-compliant Child', (Forehand and McMahon, 1981) as justification for its outcome and efficacy.

The colleagues who, like myself, have become exponents of PCG have remained focussed upon the clinical application of PCG and outcome on a single-case basis.

This became particularly pertinent with the enhanced emphasis upon commissioning of services which have an adequate 'evidence base' and ultimately proved to be a crucial area of omission when the service that I developed with Family Centre managers within a framework of Social Care, was discontinued in 2015, when the budget was transferred from Social Care to Health. The rationale was given that the 'team' approach was labour intensive and there was insufficient evidence to conclude that the service was cost effective.

One of the initial obstacles to this research therefore came when the availability of participants who had engaged with this service, was removed. Having completed the very lengthy and detailed IRAS application and obtained support from Social Care service managers, the progress of this research was interrupted and it seemed unlikely that I would be able to progress the project.

It was therefore remarkably fortuitous when a colleague approached me to collaborate with her to provide training for a CAMHS Team within a London Borough, which ultimately became the focus for this thesis evaluation. This very skilled and enthusiastic group of CAMHS professionals, primarily Clinical Psychologists, embraced the approach. I am therefore extremely grateful to their Service Team Lead for her foresight in commissioning the training and her decision to establish the Parent Child Game Service and her support to enable me to seek and receive ethical approval to undertake the narrative evaluation of parents referred to the service. Ethical approval was therefore obtained from the London Borough stakeholders and Leicester University.

Research methodology and design

I have commenced this PsyD as a mature student who qualified as a Clinical Psychologist in the late 1980's, an era when quantitative methodology predominated. There was no focus upon qualitative methods during my training and this generated some struggle with my own feelings about the acceptability of this approach as a valid methodology. I am therefore grateful to my tutor for promoting the potential of this methodology at a time when I was struggling to grasp the concepts and their relevance. He directed me toward appropriate literature and helped me to develop the confidence that this approach would do justice to the goals of the research which were primarily driven by a wish to understand parents' experiences of PCG and to make sense of the therapeutic processes which were evidently helpful for the parent child relationship. Bearing in mind PCG is primarily a behaviourally-based intervention, although informed by social learning theory and attachment theory, the basis tenets of the approach, with their goal of increasing child-centred behaviours and

reducing child-directive behaviours, in essence promotes behavioural change via the relatively straightforward process of differential reinforcement.

What is unusual and different about PCG and what appears to make it powerful from the perspective of the observer is the authenticity of the interaction between the parent and child and the collaboration which takes place between the therapist (and team) as they work alongside the client. Clinical experience taught me that this approach has managed to engage clients who are notoriously difficult to engage and who failed to engage with other parenting or behavioural interventions. These included parents for whom child protection concerns were present or under evaluation and whereby the parent-child relationship was significantly compromised and the child's behavioural adjustment had raised significant cause for concern.

I was persuaded that PCG accesses parents' needs in a manner which is indirect and that parents respond to the intimacy of the process of prescriptive instruction via the microphone and earpiece in a context of live guided play with their child, in a manner that didactic approaches such as parent skills training groups did not achieve.

One of the key areas of enquiry therefore was to understand how parents make sense of their experience of PCG and how we as therapists could better understand the process in order to improve outcome for both parent and child.

The earlier pieces of work undertaken in the context of this Psy-D include the service analysis and a literature review. The service analysis appeared to provide evidence that when parents engaged fully in the PCG process, they are likely to make positive progress in developing child-centred skills. The meta-synthesis appeared to confirm that one of the key factors which is important to parents' experience of a parenting intervention is a non-judgemental collaborative approach as offered by PCG.

One of the key areas of concern which arose throughout recordings in my reflexive diaries was the need to harness my established clinical practice and the impact of a training which has driven me to explore evidence as a means of generating and supporting hypothetical formulations. The style of questioning that I have used in my clinical practice is often systemic and differs somewhat from the inquisitive but open, non-directive methodology proposed for narrative enquiry. Whilst there is clearly permission to use a semi-structured interview format, during assessment interviews, it was important to be mindful that the 'listening guide' is precisely that, i.e. it is a method of 'listening' to the voice of the client, whilst being extremely mindful of the researcher's position in terms of imposing structure or content upon the process and the analysis.

Interviewing participants

The 'listening guide' is purported to be particularly helpful in accessing issues which are suppressed and which do not conform with values considered to be morally or socially acceptable. This can be particularly relevant for clients who experience difficulties which invoke social disapproval or shame. This is evidently relevant for women who have been victims of domestic violence and who are under the scrutiny of social services and other agencies due to concerns about their child's behaviour, their parent-child relationship or their parenting and care of their child. I would suggest that there is very little which is likely to lead to greater desire to present a socially acceptable front, than the matter of motherhood. Western society clearly promotes a very specific model and has clearly established expectations and parameters for the definition of 'a good mother' alongside denigration of the 'bad mother'.

The use of the listening guide methodology therefore required me as the researcher to be cognisant of my own social and moral values and how my position as a mature, white, middle-class professional, might interact with women who presented mostly from a different age group, with a different ethnicity to myself and were in a position of disempowerment due to their relationship history and their engagement with social care. I was therefore

mindful that the research may access sensitive issues by requiring the participants to refer to their self-perception as a mother, to their relationship and feelings for their child and to experiences which may have been very damaging and harmful to their self-esteem. Further the clients were aware that I was involved with the Parent-Child Game Service in a Consultative role and so I was aligned with the professional team and known to their clinicians. It is important to acknowledge that there may have been issues of trust and a wish to create a positive impression with some reluctance or barrier to presenting criticism or speaking negatively of their experiences, when this was the case. Some reporting bias must therefore be considered when analysing the narratives provided.

Analysis

The process of analysis became more challenging as the readings progressed. The initial thematic analysis was time consuming, detailed, but predictable. Much focus initially, was on whether the thematic content helped to answer the key question of the research. I had to address some conflicts about wanting to present information which validated the service and may be of particular interest to the clinicians within the team and it was easy to become distracted from the predominant relational questions, by creating complex formulations to accommodate the various themes which emerged. The sensitive and reflective approach of my supervisor was most valuable in guiding me back towards my goals and challenging my focus in a manner which allowed me to relinquish some of my familiar and characteristic clinical formulation processes, so that I could embrace the somewhat unfamiliar territory of I-poems and contrapuntal voices.

Managing to let go of 'factors and formulation' in the second, third and fourth readings of the transcripts ultimately led to the most revealing and rewarding part of the analysis. My reflexive journal was perhaps at its most personal and self-reflective at this time as I needed to consider issues such as attachment, parenting, the position of women and mothers within society, all of which

inevitably resonated with my own experience as a woman, a mother, a daughter and a partner.

The I-poems were perhaps the most influential and most accessible in unearthing what makes Parent-Child Game meaningful for parents. The advice within the literature is that this process of identifying and selecting I-poems is a creative and intuitive process. As a Clinical Psychologist whose training has focused upon the importance of evaluating data objectively; this process was challenging but also offered an emancipating freedom of thought.

Focussing on the 'loudest' voices helped me to challenge binary models of 'correct' or 'incorrect' analysis and helped to draw out the relevant concepts, which were then revisited within the literature.

In this way I became aware that the process of narrative research is indeed 'reflexive' and not linear. This was most evident when I came to recognise and understand the 'narrative of restitution' which had emerged from my participants' narratives, without any expectation or theoretical underpinning of which I was aware. Such that a return to the literature identified this as a powerful narrative within the health and emotional wellbeing literature which served to validate the relevance and therapeutic potential of the analysis.

Recruitment

It took some considerable time to recruit the five participants. The clinic takes place one half-day per week and holds a maximum of three clients. Recruitment of the five suitable participants took place over a period of approximately two years. Managing this process from a geographical distance was challenging and some potential participants had to be excluded, for example, when English was not their first language, such that sessions had been conducted via an Interpreter and another occasion when a prospective participant who had agreed in principle, then declined. It was difficult to define saturation because of the multi-levelled nature of the analysis. However, the

richness of the data acquired as a consequence of the four readings was ultimately considered to be sufficiently nuanced and complex, such that it was felt that the five participants were sufficient. Nevertheless it is important to acknowledge that the findings from this research are based upon a small sample which may have an impact on the transferability of the findings.

Similarly the ethnic diversity of the participants might also have relevance for transferability.

It was also evident that the population studied are a somewhat mobile population and due to the drawn out process of obtaining participants and the loss of contact between the service and the participants, it was not considered appropriate to obtain feedback as the analyses took place some considerable time after the participant interviews. This may have some relevance for the trustworthiness of the data.

I think that seeking feedback from participants regarding their I-poems would have been a particularly salient and interesting process to use for member checking and verisimilitude. This process may have enhanced the trustworthiness of the data.

Transcribing

The preparation of transcripts is extremely time consuming and difficult. As a 'one finger' typist the use of an experienced administrator for transcribing was necessary. However, careful repetitive listening to the tapes alongside the transcripts, whilst time consuming, ensured my immersion in the data and made sure that some of the significant pauses and changes in affect or non-verbal sounds, such as laughter, were integrated into the transcripts and could be included in the analysis.

Presentation

One of the challenges of presenting this research was finding an accepted format for presentation of the data. I found that most published papers using the listening guide were single-case analyses and tended to present the final analysis without describing the contents of the interim readings. When the analysis involved a group of participants there appeared to be a focus upon one level of analysis, for example the I-poems, or the exploration of contrapuntal voices or the overarching plot. Therefore being mindful that this approach is relatively in its infancy compared with other qualitative approaches, and was certainly very new to myself as the researcher, this presented some considerable challenge regarding what to include, how to present the data and how best to fulfil the goal of transparency. When I uncovered the paper by Petrovic et al (2015), detailing their experience of using the listening guide, I found their own narrative regarding the practical, intellectual and emotional challenges to be extremely refreshing and reassuring and to align closely with the dilemmas that I experienced handling the uncertainty regarding where the research was leading me in terms of outcome.

The qualitative nature of the analysis generated a large volume of work and reflective notes, many of which were written between one and two years apart. I therefore had to negotiate changes in my style of recording information as the nature and style of my recording changed alongside developments in my use and understanding of the methodology. I had to cross reference information which was recorded in many different ways and contexts.

Ensuring that I complied with the word count necessary for submission of this work was a challenge. I struggled to temper my inclination to be overly inclusive and to include a level of detail, which ran the risk of clouding the key messages. I also had to be mindful of the small number of participants and the need to maintain confidentiality which led to the exclusion of some specific details.

As the Consultant to the Parent-Child Game service, I possessed additional knowledge of the context and circumstances of the participants and found that I had to be careful to ensure that my research report remained focussed on the narratives obtained during interview. Supervision sessions were extremely helpful in guiding me to exercise appropriate restraint in selecting quotes and helping me maintain a clear and concise focus upon the key relational messages arising from the research.

The large amount of data gathered and the lack of an accepted structure for presenting the data made it difficult to decide what was the most salient content to present and how best to present the data. Consideration was given to the use of a case history format. I found myself experiencing resistance to this approach in part because it was more likely to introduce problems regarding maintaining the confidentiality of the participants and also because I did not want to run the risk of providing a series of single case studies as the evidence base for the PCG approach had already proved problematic because it was restricted to mainly single case studies. In light of the motivation for research which extended beyond the single case design model, I was keen to explore overarching plots which might emerge from understanding the collective experiences of participants who engaged in PCG, which might have wider implications for the therapeutic work and for future clients.

Eventually I chose to present the data sequentially in terms of the four reading stages. I sought to report the insights which emerged at each stage, considering the analyses of all five participants' narratives, then drawing together the early stages of analysis along with my reflexive notes and readings of the wider literature to culminate in a final overview. My reference to the wider literature included some exploration of the feminist literature and literature pertaining to feminist narrative research in particular.

It was not my initial intention to produce a piece of work which conformed to a specifically feminist approach. The credit for suggesting that consideration should be given to the listening guide approach, rests with my supervisor who I

think recognised the relational thinking which was central to the questions I wanted to ask even before I had properly formed these questions and when I was at the most embryonic stage of my thinking about this research project.

The subject of motherhood and mothering has long been a central feminist concern. Lockwood (2017) argued that by deconstructing women's stories and separating the oppressive patriarchal institution of "motherhood" from the process of "mothering" this enables the focus to move toward women's own understanding and constructs and therefore can be empowering rather than oppressive.

The majority of participants in parenting programmes are women and this proved to be the case. Research participants identified for this research were all women who were occupying the parenting role. I felt that it transpired that the inspiration behind this research and the outcome of this research therefore aligned very comfortably with the feminist aspect of the listening guide approach with the focus being upon a parenting intervention which in the case of these participants involved female carers and their children.

This clearly raises questions regarding whether the findings of this research may be transferable to fathers. This offers a very obvious direction for future research.

Having commenced this research as both a clinician and a researcher, I have found that the participants' stories have informed my understanding of the feminist issues which inform these participants' narratives in a way that I hope will enhance my sensitivity to the women who engage in parent child game in future and impact on my clinical practice and the consultation that I offer to service providers.

At a more personal level, the reflexive nature of this approach to research has led me think about my own narrative in the context of this research. I have come to wonder whether one aspect of my motivation and volition to undertake this study can be understood in terms of my own 'narrative of restitution'. After

the closure of the PCG service which I had perhaps 'nurtured' for many years, I wonder whether I am seeking to compensate for the 'regret' that I was unable to persuade service managers to maintain the service and whether I seek to 'make good' by offering this analysis of PCG in the hope that it will be of benefit to clinicians, Commissioners of services and service users in future.

Dissemination

I will present my findings to the ethics committee of the key stakeholders as agreed when ethical approval was given. I will also prepare a paper for publication in a peer reviewed journal. I will produce a summary and provide feedback to the Parent-Child Game clinicians. I will submit my completed thesis to the University of Leicester so that an electronic version will be available through the University's e-library.

I will identify suitable conferences to present the research in future.

References

-Forehand, R. & McMahon, R. (1981). *Helping the Non-compliant child: A Clinical Guide to Parent Training.* Guilford Press.

-Lockwood, K. (2017). Listening to mum: Narratives of mothers in prison. In *Feminist Narrative Research* (pp. 123-149). Palgrave Macmillan, London.

-Petrovic, S., Lordly, D., Brigham, S., & Delaney, M. (2015). Learning to listen: An analysis of applying the listening guide to reflection papers. *International Journal of Qualitative Methods*, *14*(5), 1609406915621402.

Appendices

PARENT CHILD GAME RECORD FORM

Child(s) Name: _____ Parent(s) Name: _____

Date: _____ Time: _____ Place: _____ Therapist: _____

	Child Centred Behaviours								Child Directive Behaviours							
Minutes	Attends	Praise	Smile	Imitation	Ask to Play	Ignore Minor Naughty	Positive Touch	Social Lang.	Command	Saying 'No'	Teaching	Question	Criticism	Negative Looks	Double Speak	Negative Touch
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
Total																
Total	Child Centred Behaviours								Child Directive Behaviours							

Overall Total Ratio: CC : CD _____

APPENDIX A

Child Directive Behaviours

These are the things to avoid because they will cause battles, spoil play, stop concentration, get in the way of fun, enjoyment and learning, cause anger, frustration, or distress for your child and make a bigger distance between you and them. Some of these things may be useful in everyday life, but they do not belong in the Childs game because they are not as good as child centred behaviours at bringing out the best in your child.

Commands — Giving instructions or telling your child what to do. Even saying "look" or calling their name will interrupt their play which is not what You want to do.

Saying No — Avoid warnings, threats and stopping your child doing things unless absolutely necessary. So long as they are playing (whatever they are doing) without hurting or damaging them you should try to encourage rather than control them.

Teaching — Avoid giving your child advice or information (i.e. "that's a square") unless they ask you to. They will learn as a matter of course and without battles when they hear your 'attends' and running commentary.

Questions — Asking your child for information about what they are doing will interrupt or control the play because they have to stop in order to answer you or do what you suggest.

Criticism — 'Put downs' do not belong in free play where there is no real right or wrong (major naughties aside!) They will just make your child feel angry, sad, stupid or bad about themselves ans lead to trouble rather than friendly or good behaviour.

-ve Face — Looking cold, threatening, disapproving or angry towards the child should be avoided. You want them to enjoy your company and positive attention during special play times.

Double speak — Giving one message through words at the same time as another through your expression (i.e. looking bored when you say "well done") should be avoided.

-ve Touches — Smacking, pushing or doing anything physical that your child appears not to like. Try also not to miss or ignore your child when they seek out warm touches or contact.

Child Centred behaviours

These are the things that you can do to help your child enjoy playing, concentrate well, enjoy being with you, explore and learn through play, feel good about themselves and notice your love, attention and approval. When this happens, you make it more likely that your child will behave in ways you like.

Attends — Describing out loud to the child with warmth and enthusiasm either:- what they are doing ("I can see you have chosen the red crayon".... Oh. You're drawing a lovely picture") how they look ("you are watching very carefully and concentrating"... "You are smiling, I think you like this game") or where they are (you are sitting down on the play mat"... "You are climbing up to reach the board")

Praise — Reacting to your childs behaviour and play warmly. Responding positively and expressing approval clearly:- "I love it when you ...." "You are so clever to..." "That is a lovely..." "I love playing ... with you" "you are so good for.." "Thank you for..." "I'm pleased that..." "This is such fun" or giving one word quickies like:- "brilliant" "fantastic" "wow". Remember, the best praise sounds enthusiastic and labels or describes exactly what they do/did.

Smiles — Getting eye contact with the child and smiling at them in a friendly loving way.

Imitation — Copying your Childs actions or words so that they can tell that you are interested in what they are doing and are watching them closely. You can do this by imitating noises they make when playing ("brooooom" as they race a car) and by repeating what they say ("I'm going to make a bridge" "You're making a bridge")

Ask to Play — Asking your child if they would like you to play or join in. Allow them to choose and lead the play (they may like it best just having you watch them or really enjoy being in charge) but you can ask what they would like you to do. ("Would you like me to join in?" "What shall I do next?" "I wonder if I could play")

+ve Touches — Rewarding your child with warm, affectionate touches such as strokes, hugs, kisses, pats etc. Remember, these are only rewards if your child likes them. (so if they hate having their hair rubbed avoid this even if you like doing it)

Ignore Minor Naughtiness — Obviously losing interest when they start being silly or doing something that's naughty in a minor way. Don't comment, look away and only pay attention when or as soon as their behaviour is acceptable again.

APPENDIX B

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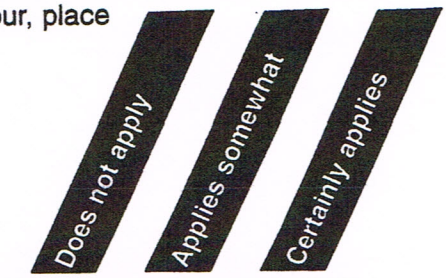
REVISED RUTTER PARENT SCALE FOR SCHOOL-AGE CHILDREN

Child's name: _____ Age: _____

Below are a series of descriptions of behaviour often shown by children. After each statement are three columns: *Does not apply*, *Applies somewhat* and *Certainly applies*. If your child definitely shows the behaviour described by the statement, place a cross in the box under column 3 *Certainly applies*. If your child shows the behaviour described by the statement but to a lesser degree or less often, place a cross in the box under column 2 *Applies somewhat*. If, as far as you are aware, your child does not show the behaviour, place a cross in the box under column 1 *Does not apply*.

Please complete on the basis of your child's behaviour *during the past three months*.

Put *one* cross against *each* statement. Thank you.



This statement . . .

1. Tries to be fair in games
2. Very restless, has difficulty staying seated for long
3. Considerate of other people's feelings
4. Squirmy, fidgety child
5. Often destroys or damages own or others' property
6. Has had tears on arrival at school or has refused to go into the building in the past 12 months
7. Will try to help someone who has been hurt
8. Frequently fights or is extremely quarrelsome with other children
9. Gives up easily
10. Not much liked by other children
11. Volunteers to help around the house or garden
12. Often worried, worries about many things
13. Tends not to finish things started, short attention span
14. Spontaneously affectionate to family members
15. Tends to be on own, rather solitary

2

This statement . . .

	Does not apply	Applies somewhat	Certainly applies
16. Irritable, touchy, is quick to 'fly off the handle'			
17. Kind to younger children			
18. Often appears miserable, unhappy, tearful or distressed			
19. Resentful or aggressive when corrected			
20. Blames others for things			
21. Comforts a child who is crying or upset			
22. Has a stutter or stammer			
23. Has other speech difficulty			
24. Truants from school			
25. Has twitches, mannerisms, or tics of the face and body			
26. Frequently sucks thumb or finger			
27. Gets on well with other children			
28. Has stolen things on more than one occasion in the past 12 months			
29. Cries easily			
30. Frequently bites nails or fingers			
31. Is often disobedient			
32. Tries to stop quarrels or fights			
33. Has wet or soiled self this year			
34. Cannot settle to anything for more than a few moments			
35. Forceful, determined child			

3

This statement . . .

	Does not apply	Applies somewhat	Certainly applies
36. Shares out treats with friends			
37. Tends to be fearful or afraid of new things or new situations			
38. Kicks or bites other children			
39. Stares into space, stares blankly			
40. Plays imaginatively, enjoys 'pretend' games			
41. Fussy, or over-particular child			
42. Inattentive, easily distracted			
43. Independent, confident child			
44. Doesn't share toys			
45. Helps other children who are feeling ill			
46. Often tells lies			
47. Bullies other children			
48. Kind to animals			
49. Often complains of aches or pains			
50. Inconsiderate of others			

Completed by: _____ Date of completion: _____

Signed: _____ Thank you for your help in this study.

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Revised Rutter Teacher Scale for School-Age Children

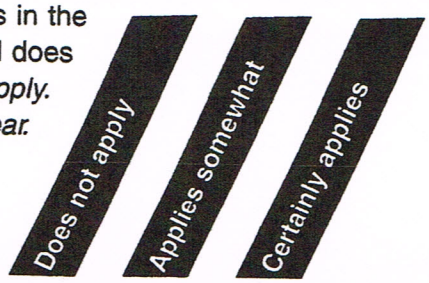
Child's name: _____ Age: _____

Class teacher / Head of year / Head teacher / Other (Please delete as appropriate)

Below are a series of descriptions of behaviour often shown by children. After each statement are three columns: *Does not apply*, *Applies somewhat* and *Certainly applies*. If the child definitely shows the behaviour described by the statement, place a cross in the box under column 3 *Certainly applies*. If this child shows the behaviour described by the statement but to a lesser degree or less often, place a cross in the box under column 2 *Applies somewhat*. If, as far as you are aware, the child does not show the behaviour, place a cross in the box under column 1 *Does not apply*.

Please complete on the basis of the child's behaviour *during this school year*.

Put *one* cross against *each* statement. Thank you.



This statement . . .

1. If there is a quarrel or dispute will try to stop it
2. Very restless, has difficulty staying seated for long
3. Offers to share rulers, pencils, etc., being used in a task
4. Will invite bystanders to join in a game
5. Truants from school
6. Squirmy, fidgety child
7. Will try to help someone who has been hurt
8. Often destroys or damages own or others' property
9. Frequently fights or is extremely quarrelsome with other children
10. Not much liked by other children
11. Apologizes spontaneously after bad behaviour
12. Often worried, worries about many things
13. Tends to be on own, rather solitary
14. Irritable, touchy, is quick to 'fly off the handle'
15. Shares out sweets or extra food
16. Often appears miserable, unhappy, tearful or distressed
17. Has twitches, mannerisms, or tics of the face and body

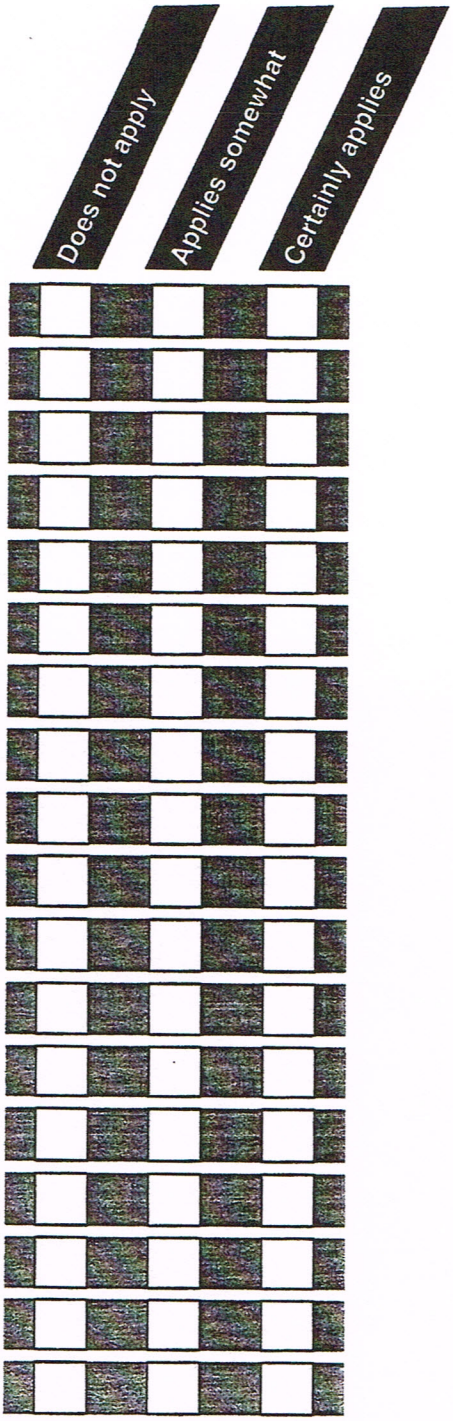
2

This statement . . .

	Does not apply	Applies somewhat	Certainly applies
18. Stares into space, stares blankly			
19. Frequently sucks thumb or finger			
20. Is considerate of teacher's feelings			
21. Frequently bites nails or fingers			
22. Stops talking quickly when asked to			
23. Tends to be absent from school for trivial reasons			
24. Is often disobedient			
25. Spontaneously helps to pick up objects which another child has dropped (e.g. pencils, books, etc.)			
26. Takes the opportunity to praise the work of less able children			
27. Inattentive, easily distracted			
28. Excessive demands for teacher's attention			
29. Shows sympathy to someone who has made a mistake			
30. Cannot settle to anything for more than a few moments			
31. Tends to be afraid of new things or new situations			
32. Offers to help other children who are having difficulty with a task in the classroom			
33. Fussy, or over-particular child			
34. Often tells lies			
35. Helps other children who are feeling ill			
36. Has wet or soiled self this year			
37. Has stolen things on one or more occasions in the past 12 months			
38. Has a stutter or stammer			
39. Has other speech difficulty			
40. Can work easily in a small peer group			
41. Unresponsive, inert or apathetic			

3

This statement . . .



42. Comforts a child who is crying or upset
43. Often complains of aches or pains
44. Is helpful with regular classroom tasks
45. Doesn't share toys
46. Cries easily
47. Settles down to work quickly
48. Has had tears on arrival at school or has refused to come into the building in the past 12 months
49. Fails to finish things started, short attention span
50. Will clap or smile if someone else does something well in class
51. Disturbs other children
52. Resentful or aggressive when corrected
53. Volunteers to help clear up a mess someone else has made
54. Bullies other children
55. Blames others for things
56. Gives up easily
57. Tries to be fair in games
58. Inconsiderate of others
59. Kicks, bites other children

Completed by: _____ Date of completion: _____

Signed: _____ Thank you for your help in this study.

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Revised Rutter Parent Scale for Preschool Children

Child's name: _____

Here are some descriptions of children. Please tick the box that best describes your child. If you think the statement is true of your child, please tick *Certainly applies*, if it is true of your child sometimes, please tick *Applies somewhat*, and if it is not true of your child, please tick *Does not apply*.

This statement . . .

	Does not apply	Applies somewhat	Certainly applies
1. Tries to be fair in games			
2. Restless, runs about or jumps up and down. Doesn't keep still			
3. Considerate of other people's feelings			
4. Squirmy, fidgety			
5. Destroys own or others' belongings			
6. Spontaneously affectionate to family members			
7. Fights with other children			
8. Not much liked by other children			
9. Volunteers to help around the house or garden			
10. Is worried, worries about many things			
11. Tends to do things on own, rather solitary			
12. Irritable, quick to fly off the handle			
13. Will try to help someone who has been hurt			
14. Appears miserable, unhappy, tearful or distressed			
15. Has twitches, mannerisms, or tics of the face and body			
16. Bites nails or fingers			
17. Is disobedient			
18. Kind to younger children			
19. Has poor concentration, or short attention span			
20. Tends to be afraid of new things or new situations			
21. Helps other children who are feeling ill			
22. Fussy, or over-particular			

2

This statement . . .

	Does not apply	Applies somewhat	Certainly applies
23. Tells lies			
24. Has wet or soiled self this year			
25. Comforts a child who is upset			
26. Has a stutter or stammer			
27. Has other speech difficulty			
28. Plays imaginatively, enjoys 'pretend' games			
29. Bullies other children			
30. Inattentive			
31. Gets on well with other children			
32. Doesn't share toys			
33. Cries easily			
34. Forceful, determined child			
35. Blames others for things			
36. Shares out treats with friends			
37. Gives up easily			
38. Inconsiderate of others			
39. Independent, confident child			
40. Kicks, bites other children			
41. Kind to animals			
42. Stares into space (stares blankly)			
43. Tries to stop quarrels or fights			

Completed by: _____ Date of completion: _____

Signed: _____ Thank you for your help in this study.

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Child's name APPENDIX E Child's gender _____ Child's date of birth _____ Today's date _____

SA = Strongly Agree	A = Agree	NS = Not Sure	D = Disagree	SD = Strongly Disagree

1.	I often have the feeling that I cannot handle things very well.	SA	A	NS	D	SD
2.	I find myself giving up more of my life to meet my children's needs than I ever expected.	SA	A	NS	D	SD
3.	I feel trapped by my responsibilities as a parent.	SA	A	NS	D	SD
4.	Since having this child, I have been unable to do new and different things.	SA	A	NS	D	SD
5.	Since having a child, I feel that I am almost never able to do things that I like to do.	SA	A	NS	D	SD
6.	I am unhappy with the last purchase of clothing I made for myself.	SA	A	NS	D	SD
7.	There are quite a few things that bother me about my life.	SA	A	NS	D	SD
8.	Having a child has caused more problems than I expected in my relationship with my spouse (or male/female friend).	SA	A	NS	D	SD
9.	I feel alone and without friends.	SA	A	NS	D	SD
10.	When I go to a party, I usually expect not to enjoy myself.	SA	A	NS	D	SD
11.	I am not as interested in people as I used to be.	SA	A	NS	D	SD
12.	I don't enjoy things as I used to.	SA	A	NS	D	SD
13.	My child rarely does things for me that make me feel good.	SA	A	NS	D	SD
14.	Sometimes I feel my child doesn't like me and doesn't want to be close to me.	SA	A	NS	D	SD
15.	My child smiles at me much less than I expected.	SA	A	NS	D	SD
16.	When I do things for my child, I get the feeling that my efforts are not appreciated very much.	SA	A	NS	D	SD
17.	When playing, my child doesn't often giggle or laugh.	SA	A	NS	D	SD
18.	My child doesn't seem to learn as quickly as most children.	SA	A	NS	D	SD
19.	My child doesn't seem to smile as much as most children.	SA	A	NS	D	SD
20.	My child is not able to do as much as I expected.	SA	A	NS	D	SD
21.	It takes a long time and it is very hard for my child to get used to new things.	SA	A	NS	D	SD

For the next statement, choose your response from the choices "1" to "5" below.

22.	I feel that I am: 1. not very good at being a parent 2. a person who has some trouble being a parent 3. an average parent 4. a better than average parent 5. a very good parent	1	2	3	4	5
23.	I expected to have closer and warmer feelings for my child than I do and this bothers me.	SA	A	NS	D	SD
24.	Sometimes my child does things that bother me just to be mean.	SA	A	NS	D	SD
25.	My child seems to cry or fuss more often than most children.	SA	A	NS	D	SD
26.	My child generally wakes up in a bad mood.	SA	A	NS	D	SD
27.	I feel that my child is very moody and easily upset.	SA	A	NS	D	SD
28.	My child does a few things which bother me a great deal.	SA	A	NS	D	SD
29.	My child reacts very strongly when something happens that my child doesn't like.	SA	A	NS	D	SD
30.	My child gets upset easily over the smallest thing.	SA	A	NS	D	SD
31.	My child's sleeping or eating schedule was much harder to establish than I expected.	SA	A	NS	D	SD

For the next statement, choose your response from the choices "1" to "5" below.

32.	I have found that getting my child to do something or stop doing something is: 1. much harder than I expected 2. somewhat harder than I expected 3. about as hard as I expected 4. somewhat easier than I expected 5. much easier than I expected	1	2	3	4	5

For the next statement, choose your response from the choices "10+" to "1-3."

33.	Think carefully and count the number of things which your child does that bother you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc.	10+	8-9	6-7	4-5	1-3
34.	There are some things my child does that really bother me a lot.	SA	A	NS	D	SD
35.	My child turned out to be more of a problem than I had expected.	SA	A	NS	D	SD

Appendix F

The Parenting Stress Index – Short Form (PSI-SF)

Psychometric Properties

Abidin (1995) derived the 36 item short form parenting stress index from the full PSI as a quick screening instrument. The total stress scores on the PSI have a correlation of .94 with the PSI-SF total scores. The internal consistency of the PSI-SF and its subscales were found to be comparable to the full PSI in a study of Caucasian parents (Roggman et al., 1994).

Standardisation of the PSI-SF was undertaken with an 88% married and 87% Caucasian sample (Abidin, 1992). However, despite the lack of diversity in the standardisation sample, Reitman et al (2002) found that the validity of the PSI-SF was robust for a low socio-economic group of minority (African-American) parents.

Reitman and colleagues also provided indirect support for the internal consistency of the model, finding that the three factor model was only marginally superior to the single factor model. Haskett et al (2006) identified two distinct but overlapping constructs when examining the psychometric properties of the PSI-SF for a sample of 185 mothers and fathers.

A 'parental distress' factor and a 'dysfunctional parent-child interaction' factor were both found to be internally consistent and to correlate with parent's psychopathology, parental perceptions, child adjustment and observed parent and child behaviour. Haskett found that the 'child stress' scale was a better predictor of observed and reported child adjustment, whilst the 'parental distress' scale was a better predictor of parent's emotional health.

The test re-test reliability of the PSI-SF was confirmed after Haskett et al found high correspondence between parent's scores after a 12 month duration. The 21 parents who were reassessed had presented with a history of child

protection concerns leading to the conclusion that the PSI-SF has a high level of stability amongst a clinical population.

The PSI-SF has been found to correlate with the Symptom Checklist (SCL-90R) and the 'difficult child' sub-scale of the PSI-SF was found to be related to other parent report measures of child adjustment (Reitman et al, 2002). Haskett et al (2006) undertook a more stringent test of convergent validity, and found correlations between parents' self-reports of parental stress during a parent-child play session with observer's reports of child behaviour. However, in a direct test of discriminant validity the 'difficult child' scale was found to be a better predictor of both parent report and independent observation of child adjustment than the 'parental distress' scale.

References

Abidin R. R. (1992) The determinants of parenting behavior. *Journal of Clinical Child Psychology, 21,407-412*

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Reitman D., Currier R. O., & Stickle T.R. (2002). A critical evaluation of the Parenting Stress Index (PSI - SF) in a head start population *Journal of Clinical Child and Adolescent Psychology 31(3), 384-392*

Roggman L.A., Moe S. T. Hart AP & Forthum L.F. (1994) Family leisure and social support: Relations With Parenting Stress and Psychological Wellbeing in Head Start Parents. Early Childhood Research Quarterly, 9,463-480

Appendix G

The Revised Rutter Parent (and Teacher) Scales – properties and modifications

The revised Rutter Parent (and Teacher) scale for school aged children and the Revised Rutter Parent (and Teacher) scale for pre-school children, represent modified versions of the Rutter Parent (and Teacher) scales (Rutter, 1967; Rutter et al, 1970 as cited in Hogg, Rutter and Richman, 1977). The scales also incorporate items from the prosocial behaviour questionnaire (Weir & Duveen, 1981).

The original Rutter scale was developed as a research and screening instrument to identify possible emotional and behavioural disturbance in children aged 9-13 years. The Rutter parents (a) and teacher (b) scale have been extensively used and evaluated. A review of their psychometric properties by Elander and Rutter (1996) concluded the reliability and validity was 'generally positive' and the scales are best suited for larger group comparisons or assessment of change over the long term.

Factor analysis supported the definition of the three subscales which are conduct disorder, emotional disorder and hyperactivity and inattentiveness. The extension of the original Rutter Teacher Scale incorporated a younger age group and led to the development of the Pre-school Behaviour Questionnaire (PBQ; Behar, 1997; Behar & Stringfild, 1974; as cited in Hogg et al, 1977). The revised Rutter parent scale for pre-school children subsequently evolved from the PBQ and incorporates younger children at the age of accessing preschool or nursery provision (3-5 years).

Test-retest reliabilities on the PBQ for total scores averaged 0.87 (Behar & Stringfield; as cited in Hogg et al, 1997). The PBQ was found to differentiate between children who were receiving early interventions for behavioural disturbance compared with those within mainstream nursery school provision.

APPENDIX H - DATA SUMMARY

Case Number	Gender	Age	Parents	Siblings	Child Protection	Disability	Ethnicity	Parent Issues	Birth Problems
1	m	8	2	2 y		y	W/B	y	y
2	m	7	1	3 y		n	W/B	y	n
3	m	5	1	1 n		y	W/B	n	n
4	f	3	2	2 y		n	W/B	n	n
5	m	5	2	1 y		n	W/B	n	y
6	m	5	2	1 y		n	W/B	n	y
7	f	2	1	0 y		n	W/B	n	y
8	m	4	1	2 y		n	W/B	y	n
9	m	6	1	1 n		y	W/B	n	n
10	f	2	1	1 n		n	W/B	n	n
11	m	6	1	1 n		n	W/B	n	n
12	f	6	2	4 y		n	M/H	n	n
13	m	4	2	2 n		n	W/B	y	n
14	m	5	1	1 n		y	W/B	n	n
15	m	10	2	2 n		y	W/B	n	y
16	m	3	2	1 y		y	W/B	y	n
17	m	5	2	1 n		y	W/B	n	y
18	m	6	1	0 n		n	W/B	y	n
19	f	2	2	2 n		n	W/B	n	y
20	m	4	1	1 n		y	W/B	y	n
21	m	8	1	0 y		y	W/B	n	y

No. Sessions	Parents Game	Referral	CC Pre	CC Post	CD Pre	CD Post	RP Pre	RP Post	RT Pre	RT Post	PSI-SF Pre
7	0	B	24	64	46	28	61	55	41	32	65
6	0	A	3	69	90	14	33	18			148
5	4	B	21	35	11	13	44	38			127
6	0	O	12	29	9	6	26	17			122
6	0	C	22	28	12	9	29	7			139
6	0	C	6	49	32	11	19	12			77
6	0	A	3	32	16	5	6	6			75
5	0	B	45	89	34	10	25	23			79
12	0	B	11	30	29	4	17	14			137
4	0	B	10	32	19	18	33	25			122
12	0	B	18	30	7	4	16	18			132
8	0	A	15	30	25	6	16	18			104
6	4	C	25	69	59	20	34	18	29	15	130
7	3	C	15	52	28	12	29	27			119
7	0	C	8	38	16	8	28	13	9	19	158
10	0	C	33	57	29	26	26	14			89
20	0	A	9	87	40	12	22	20			130
8	0	C	22	78	65	9	18	10			104
9	0	B	33	88	66	11	24	21			75
8	0	C	49	66	64	15	25	19			91
5	0	B	21	89	45	17	20	15			88

A = attachment
B = Behaviour
C = Both
O = Other

PSI-SF Post
67
132
129
67
68
78
60
82
102
97
126
98
84
100
130
64
118
95
62
99
87

Appendix I

Inclusion/Exclusion Criteria

Studies were only included in the meta-synthesis if:

- Studies examined parents' perspectives of a parent skills training programme
- These were peer reviewed articles
- The papers were published in the past 11 years (i.e. 2007-2018) and written in the English language
- They employed qualitative, thematic methodology to explore parents' experiences of parent skills training. Studies which also explored professional's experiences were included if it was possible to separate out parents' experiences. Mixed method approaches were used if it was possible to separate out the qualitative analysis.

The papers which were included were considered to be qualitative and thematic if they utilised qualitative data collection methods such as focus groups and some semi-structured interviews and where data collected was analysed using thematic analysis, including categorical content analysis (Braun & Clarke, 2006).

Papers were excluded if they were:

- Systematic reviews
- Case studies
- Book chapters
- Discussion articles (e.g. newspapers)
- Programmes targeting particular diagnoses such as ADHD or eating disorders
- Not written in the English language
- Not thematic methodology

Appendix J

The stages of synthesis involved (Braun & Clarke, 2006):

1. Reading each paper comprehensively for the purpose of familiarisation with the data
2. Isolating the raw data
3. Generating the initial codes on the entire data set
4. Collating the data relevant to each code, using coloured highlighter pens
5. Collating the codes into potential themes and gathering all the data relevant to each theme
6. Revision and review of the themes in order to generate a thematic map of the analysis
7. Checking the entire data set, review and revision of the thematic map
8. Ongoing analysis to define, refine and name the specific themes, generate clear definitions and highlight the key story of each theme
9. Producing the report
10. Selection of particularly salient and compelling examples and relating the analysis back to the research question and literature in order to produce the report of the analysis.

Table 3

Summary of Main Findings of Studies Included in the Meta-Synthesis

Paper	Main Findings of Study
Coughlin et al 2017	Benefits of participation in the programme i. Understanding and supportive group- main benefit ii. Other group members normalised and abated difficulties, were a source of information, provided powerful models and mitigated self-blame iii. Explored cognitive factors iv. Mediated outcome and perception of the child v. Highlights importance of self-efficacy, beliefs and sense of control for parents vi. Parents reported changes to self, self-regulation and 'tuning in' to their children
Krysik et al 2008	Theme 1. Experience of the intake process vii. Immediate positive reaction viii. Initial concerns ix. Ambivalence/neutrality Theme 2. Perceptions of the programmes primary purpose i. Help and services ii. Information iii. Support and Counselling iv. Single/new mums Theme 3. Perceptions of the home visitor Theme 4. Involvement over time
Law et al 2009	Theme 1. Meeting others v. social isolation Theme 2. Training in parenting/learning new skills Theme 3. Shared experiences Theme 4. Focus on child's behaviour Theme 5. Practical concerns/obstacles/location/barriers Theme 6. Professional background, training and level of skill
Levac et al 2008	Theme 1: Valuing the group: a safe haven from a critical world Theme 2: Developing awareness of Parenting Practices Theme 3: The process of change: gaining confidence in parenting Theme 4: Acquiring new behaviours Theme 5: Observing new behaviours on their children

	Theme 6: Improving relationships Theme 7: Ending: Change learning and loss
Lewis et al 2016	4 Major Themes shared by completers and non-completers 1. Program content – subthemes - (i) building positive parent-child relationships (ii) improved stress/anger management 2. Program materials 3. Program structure 4. Endorsements 5. Barriers to participation – for non-completers - subthemes - (i) overwhelming circumstances (ii) competing commitments
Mejia et al 2015	Theme 1. Changes in the child i. Communication ii. Social development iii. Obedience iv. Responsibility Theme 2. Change in the parent i. Communication ii. Emotional regulation iii. Limits and routines iv. Praise v. Spending time with the child Theme 3. Change in the couple i. Communication ii. Co-parenting iii. Spending time together Theme 4. Change in parent-child interactions i. Working as a team ii. Acknowledging each other iii. Respecting each other's feelings

Mejia et al 2016	Theme 1. Communication i. Protective factors ii. Trust iii. Emotional regulation iv. Tough communication Theme 2. Resilience i. Community support ii. Spirituality and religion iii. Extended family Theme 3. Community specific concerns i. Dangerous world ii. Housing and economic stress Theme 4. Cross-cultural concerns i. Conflict with partner ii. Substance misuse iii. Academic progress iv. Adolescence
Mills et al 2013	4 Themes encompassing the links via relationships i. "someone I know and trust" ii. Social support "we just talk about anything and everything" iii. Facilitator self disclosure "doing the personal" iv. Getting out and relaxing
Owens et al 2007	Theme 1. Programme strengths and weaknesses Theme 2. Barriers to participation in parenting groups Theme 3. Recommendations for improvement of the programme
Salinas et al 2011	5 themes Theme 1. Motivational factors Theme 2. Father's experiences with behavioural parent training Theme 3. Barriers for participation Theme 4. Perceived change in parenting style Theme 5. Perceived changes in children's behaviour

Appendix L - Research Timetable

July 2016

- Meeting with supervisor
- Submit Ethics Proposal
- Meet Parent-Child Game Team for consultation
- Team to commence identification of potential participants

September 2016

- Share consent forms with team members
- Obtain contact details for potential participants
- Telephone contact with potential participants
- Arrange meeting with potential participants

October 2016 - February 2018

- Data collection
- Preliminary analysis

March 2018 - June 2018

- Analysis of data
- Produce summary documents

July 2018 - September 2018

- Write up research dissertation

APPENDIX M

[redacted]

[redacted]
Service Manager
Safeguarding, Corporate Parenting and Learning
London Borough of [redacted]
[redacted]
[redacted]
London [redacted]

Tel: [redacted]
[redacted]

20 July 2016

Dear Julie,

Re: A qualitative analysis of parents' perceptions of the Parent-Child game

I write to confirm that the [redacted] Children and Young People's Service Ethics and Research Board have approved your above titled research proposal.

In undertaking research at [redacted] Children and Young People's Service, you are formally agreeing to provide us with your final research paper upon completion of the work within three months of the estimated end date you gave on the London RGF Alliance Common Proposal form.

Your research paper must be submitted in both paper-based, bound format and as an electronic PDF file. You will be contacted shortly after the estimated end date to confirm submission of your work.

Copyright for completed research is retained by the author(s) as standard but [redacted] CYPS reserves the right to use and reproduce research, including data, it has approved, either partially or in full, both internally and externally. Authors will be accredited where their research report is so used.

Your research will be made available to [redacted] Children and Young People's Service practitioners.

Yours sincerely,

[redacted]
Service Manager
Safeguarding, Corporate Parenting and Learning
Children and Young People's Service

APPENDIX N

UNIVERSITY OF LEICESTER

University Ethics Sub-Committee for Psychology

28/07/2016

Ethics Reference: 8138-jl430-neuroscience,psychologyandbehaviour

TO:
Name of Researcher Applicant: Julie Leather
Department: Psychology
Research Project Title: 'A Qualitative analysis of parents' perceptions of the Parent-Child Game

Dear Julie Leather,

RE: Ethics review of Research Study application

The University Ethics Sub-Committee for Psychology has reviewed and discussed the above application.

1. Ethical opinion

The Sub-Committee grants ethical approval to the above research project on the basis described in the application form and supporting documentation, subject to the conditions specified below.

2. Summary of ethics review discussion

The Committee noted the following issues:
The applicants have covered possible ethical issues thoroughly. Note that a consent form must be provided (it was omitted from the attachments): informing about implications of participation in the study and goals, the usage of data and anonymity.

3. General conditions of the ethical approval

The ethics approval is subject to the following general conditions being met prior to the start of the project:

As the Principal Investigator, you are expected to deliver the research project in accordance with the University's policies and procedures, which includes the University's Research Code of Conduct and the University's Research Ethics Policy.

If relevant, management permission or approval (gate keeper role) must be obtained from host organisation prior to the start of the study at the site concerned.

4. Reporting requirements after ethical approval

You are expected to notify the Sub-Committee about:

- Significant amendments to the project
- Serious breaches of the protocol
- Annual progress reports
- Notifying the end of the study

5. Use of application information

Details from your ethics application will be stored on the University Ethics Online System. With your permission, the Sub-Committee may wish to use parts of the application in an anonymised format for training or sharing best practice. Please let me know if you do not want the application details to be used in this manner.

Best wishes for the success of this research project.

Yours sincerely,

Prof. Panos Vostanis
Chair

APPENDIX O

Dear Parent,

Research Project: Parents' Experiences of the Parent-Child Game
Researcher: Julie Leather – Clinical Psychologist

Thank you for agreeing to take part in this research project, which will form part of the requirement for a Doctorate in Applied Psychology with the University of Leicester.

What is the aim of the research?

- To listen to parents' 'stories' of their experience of the parent-child game (PCG).

Why do we want to hear these stories?

- To better understand how PCG may help to improve children's behaviour.
- To better understand how PCG may help parents and the relationship they have with their children.

What would it involve?

- The researcher is Julie Leather who is a Clinical Psychologist. Julie provides consultation and training to the PCG teams. Julie will meet with you to conduct an interview, so that you can tell the story of your experience of the parent-child game.

Where and when will the interview take place?

- Julie will contact you by telephone or letter. She will need to meet with you in a quiet place, either at home or at the family/children's centre, whichever you prefer, at a time which is convenient to you.

How long will the meeting last?

- The interview will take about 1 ½ hours in total.

What will you be asked about?

- Julie will ask you to tell the story of your experience of PCG. She is interested in what it was like, what was helpful, or not so helpful. What, if anything has changed for you and your child, how PCG has affected you as a parent.

Recording

- The conversation will be recorded using a tape machine so the interview can be typed up afterwards for analysis by the researcher.
- The tapes will be wiped clean once the research is completely finished.

Confidentiality

- The recording will be confidential. Only the researcher and the typist will hear it. The typist, who is a trained medical secretary will not know your surname or details of your address.
- As the interviews are typed, all names and places will be changed to made-up names, so no-one reading the research will know who you are, including the research supervisor.
- Your personal details, name and address will be known only to the researcher. These details will be destroyed after the research is completed.
- Any quotes of things you say during interview which are reported will use made up names or places if any people or places are mentioned.
- The only limits to confidentiality are normal safeguarding procedures. i.e. if the researcher hears that a child is being hurt or abused she would have to let social services know.

Can I say no?

- If you do not want to take part that is fine.
- If you agree to take part then change your mind at any time, you can say no, that is fine.

Will I find out about the research?

- If you would like to find out then once the research is finished you can meet Julie or talk with her by telephone, or receive a summary letter to tell you what was found out about PCG, as a result of the research.

Thank you for giving your time to this research.

Yours Sincerely,

Julie Leather
Clinical psychologist/researcher

Appendix P

Tell me about the PCG and what it meant to you.

What do you think were the biggest issues or problems when you first came to the PCG clinic?

What if anything do you think has changed for you, for your child and between the two of you?

Can you describe those changes? E.g. feelings, behaviours, thoughts, expectations?

Can you think of anything else which might have contributed towards any change?

Explore differences before and after the PCG.

What might other people have noticed (about you, your child, about your relationship)?

What if anything is different about you as a parent (feelings, behaviours, thoughts, expectations)?

What if anything has changed about your child?

How would you describe your relationship with your child before and after PCG?

How do you understand the difficulties that you had which led to you being referred to the PCG clinic?

What did you expect from the PCG clinic and has it been like you expected it to be?

Which, if any, aspect of the PCG was most useful, helpful, or important?

Which bit, if anything, was unhelpful or least helpful?

Which part of doing the PCG did you like or enjoy the most?

Which part of the PCG did you think was easy? And what was the hardest part?

What do you think your child enjoyed or benefited from the most and why?

Were there any parts of PCG that you did not like or thought were unhelpful?

How would you describe your journey through PCG? What were the differences now, if any, with respect to you, your child, or your relationship with your child?

Do you think there have been any other benefits (or problems) as a result of taking part in the PCG?

APPENDIX Q

Parent-Child Game Research

Informed Consent Form

Title of Study:
A Qualitative Analysis of Parent's Perceptions of the Parent-Child Game

Lead Researcher: Ms. Julie Leather, Consultant Clinical Psychologist and Postgraduate Student at the University of Leicester

Name of Organisation: University of Leicester

This informed consent form has two parts:

1) An Information Sheet (To share information about the study with you)
2) A Certificate of Consent (For signatures if you choose to take part)

You will be given a copy of the full informed consent form

Part 1: Information Sheet

Introduction

I am Julie Leather, a Clinical Psychologist and part-time postgraduate student with the University of Leicester undertaking an applied psychology doctorate. I also provide the training for the staff who run the Parent-Child Game Clinic and I provide consultation to the team.

I want to hear about parent's experiences of Parent-Child Game therapy so that I can understand what parents think about this way of working. I am keen to hear parent's stories or accounts of taking part in the Parent-Child Game so we can better understand how the Parent-Child Game can help families.

As you have finished your work with the Parent-Child Game team I would like to invite you to be part of this research. You do not have to decide today whether or not you will take part and before you decide you can talk to anyone you feel comfortable with about the research.

Purpose of the Research Study

The purpose of the study is to explore with parents any changes with regards to themselves, their child or their relationship with their child which they think might have been helped by taking part in the Parent-Child Game and also what if any particular aspect of the Parent-Child Game was or was not helpful.

This will help the Parent-Child Game team to understand how best to use the Parent-Child Game and in what ways it can be most helpful to families.

Procedure

This research will involve taking part in an interview which will take about half an hour to one hour of your time. The interview will be tape recorded so that an accurate record can be made of what you want to say.

You are being invited to take part in this research because you have completed work with the Parent-Child Game team and you can contribute a lot to improve our understanding of how the Parent-Child Game may be helpful.

It is your choice whether you want to take part in the research or not and if you choose not to participate that is absolutely fine, and will not affect any of the services that you receive now or in future.

During the interview, if you choose to participate, I will sit down with you in a comfortable place at your home or in a room that we can arrange near the Parent-Child Game clinic. Noone else but me will be present unless you would like someone else to be there. The information recorded is confidential and no one else except Julie Leather and on occasions her university research supervisor, Stephen Melluish, will access the information documented during your interview. The entire interview will be tape-recorded but no one will be identified by name as the contents of the tape recording will be typed and any names will be changed so that no one will be identified by name. The tapes and transcripts of the interviews will be stored securely using passwords on computers and locked storage. The information recorded is confidential and no one else except Julie Leather will have access to the tapes. The tapes will be destroyed once the research is complete and has been accredited by the University of Leicester.

Possible Risks or Benefits

There is a risk that you may share personal or confidential information by chance, or that you may feel uncomfortable talking about the therapy or the professionals involved. You do not have to answer any questions which you feel are too personal, or if talking about a topic makes you feel uncomfortable. There may be no direct benefit but your involvement is likely to help therapists using the Parent-Child game to use the approach more effectively and to better understand what parents find helpful.

You can withdraw from the study at any time and you can also refuse to answer some or all of the questions if you don't feel comfortable with those questions.

Confidentiality

The information provided by you will remain confidential and will not be shared with anyone outside of the research team which involves the lead researcher Julie Leather, her university supervisor Stephen Melluish and her typist. The information that is collected from the research project will be kept private. Your name and identity will not be disclosed and any information we collect will have a number on it instead of your name. Only the lead researcher will know what your number is and I will lock that information up with a lock and key. It will not be shared with or given to anyone.

The only limits to confidentiality arise if any disclosure is made that a child is being hurt or harmed in any way. I do not expect this to be a concern but have to advise you that I am bound by the usual responsibilities for child safeguarding.

Findings

If you decide to participate then after you have competed your interview I will put together a summary of the main points that you have made and will forward these to you by post to check that you agree with the main points I've identified and so you can make any further comments that you wish to make. When the research is completed I may seek to publish the results or present the results at conferences, so that other interested people may learn from the research.

Contact Details

If you have any questions, you can ask them now or later. If you wish to ask questions later you may contact me at the following address:

PO Box 10101, Southwell, Nottinghamshire, NG25 9JN

This proposal has been reviewed and approved by the University of Leicester Research Ethics Review Process and the [redacted] Children and Young People's Service Ethics and Research Board.

Parent-Child Game Research

Part 2: Certificate of Consent

I have been invited to participate in research about my experiences taking part in the Parent-Child Game Intervention.

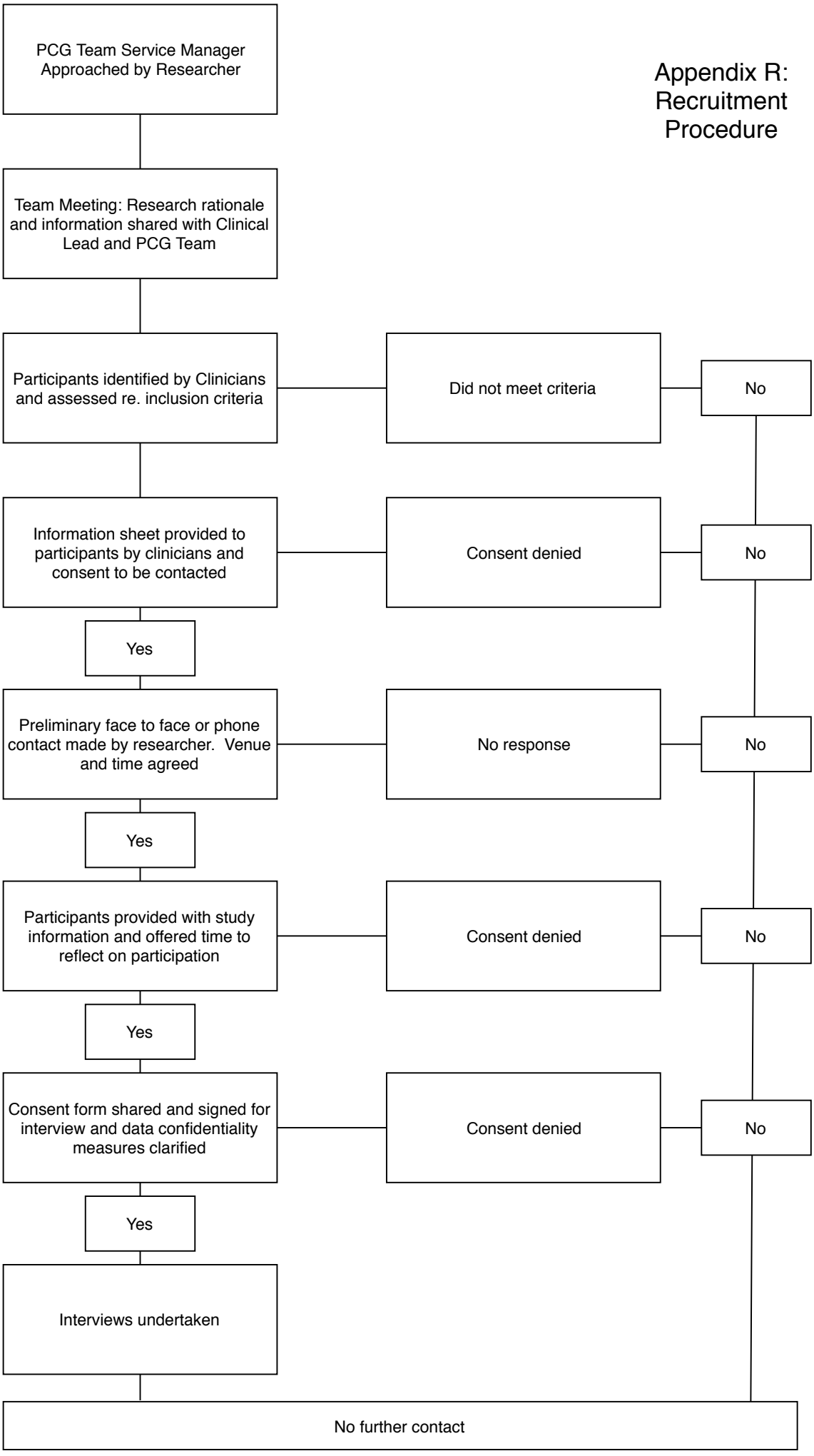
I have read and understand this consent form, or it has been read to me. I have had the opportunity to ask questions about it and I volunteer to participate in this research study. I understand that I will receive a copy of this form. I have had the opportunity to ask questions about the research and any questions I've asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Name of Participant _____ Date: _____

Lead Researcher's Signature: _____ Date: _____

Signature of Person Obtaining Consent: _____ Date: _____

Appendix R: Recruitment Procedure



Appendix S

Research Quality and Integrity

1. Sensitivity to Context

A thorough examination of the context of the research required the researcher to become aware of the existing, and relevant literature as a means of developing awareness of the context. A systematic literature review was undertaken including a meta-synthesis of the existing qualitative literature on parents' experiences of parenting programmes and other parenting interventions. The researcher actively sought to understand the existing context and to develop awareness of any research associated with the Parent Child Game, including unpublished work, due to the sparsity of literature available.

In light of the choice of methodology the researcher also sought to develop an awareness of the use and application of the listening guide, to ascertain its relevance and applicability to the question of parents' experiences. Given the preponderance of women who access parenting interventions the feminist ideology underpinning the voice relational method was found to be appropriate.

It was important also to be aware of the contribution of feminist thought to narrative enquiry whilst being aware that there is obviously no single feminist approach to narrative enquiry and that there are many feminist contributions to research which are not explicitly described as 'feminism'. Therefore recognition of the social, cultural, conceptual and theoretical factors which influenced the narrative accounts and their interpretation was seen to be integral to the research process and to the quality appraisal.

The researcher also had awareness of the wider socio-political context in which the study was being undertaken. This included the researcher's clinical background within Child and Adolescent Mental Health Services and in the

Social Care/Child Protection domain. The researcher had provided the training and consultation to the clinicians and therefore had specific awareness of the service issues which impacted the context of the study being undertaken. The researcher was aware of the socio-political context impacting upon budgets and the provision of services within Child and Adolescent Mental Health and Social Care, and was aware of the practical opportunities and obstacles to the delivery of the Parent Child Game Services. The researcher is also aware of the Court process and the position that participants may find themselves in the context of a Public Law Outline.

Miller (2017) notes that accepting aspects of the social world as complex and messy, and that lives are experienced from unequal individual (class, raced and gendered) positions, renders positive expectation of measurement and external validity unhelpful. (page 40). Awareness of the role of the researcher therefore in the co-constructing of narratives was integral to the quality appraisal process. The researcher kept a reflective diary and used supervision (in her academic and clinical setting) to explore her own role and subjectivity as a means of scrutinising the ways in which the research was conducted and in order to remain grounded in the participants' accounts. Like any method, the listening guide does not preclude the production of biased views and therefore constant reflexivity is required "as this is the best way of ensuring its scientisity". (Buscatto, 2011).

Reflexivity is integral to the quality and integrity of qualitative research and a key component to reflexivity is the ability to understand one epistemology that is what the individual thinks knowledge is and how they think that they and others know. Typically this include how one develops, interprets, evaluates and justifies knowledge. (Hoffer & Bendixen, 2012).

The researcher endeavoured to be sensitive to the power relationships which exist between professionals and clients, and professionals and participants, and to be particularly aware of the contextual factors within a social care/Public Law

Outline. The researcher needed to be particularly sensitive to this due to the role she had played in training and providing consultation for the service and clarified that the project was being undertaken as part of a doctorate dissertation, therefore emphasising the boundaries and distance from her clinical role and from the social care setting of the service.

2. Commitment and Rigor

The researcher used supervision to discuss all aspects of the research process. The researcher drew upon the literature and supervision to maintain the integrity of the method of analysis and to ensure a grounded and faithful account of the clients' narratives. The interviews were transcribed verbatim by administrators who had worked with the researcher in a clinical setting over an extended period of time. The administrators have signed confidentiality agreements in the context of their work with the researcher. All the interviews were further reviewed once the initial transcript was prepared so that the researcher was aware of pauses, emphases, intonations and affective responses and these were added to the transcribed data. This ensured that the researcher was immersed in the data and reflected the researcher's commitment to the analytical process.

3. Transparency and Coherence

Participants' narratives were presented verbatim in the research to ensure that they were grounded in the participants' accounts and to maintain transparency and coherence. Where I-poems were selected the sequencing and wording of the I-poems was maintained whilst allowing for selection and choice based upon judgement regarding the salience of different parts of the narrative. The researcher also kept a reflective diary and used supervision to reflect on her feelings and personal experiences which may have resonated and to discuss her thoughts, motivations and any challenges or perceived barriers.

4. Impact and Importance

The existing literature finds that there is a dearth of evidence regarding what it is that makes parenting programmes meaningful to parents, how they experience parenting interventions and programmes and in particular there is limited evaluation (quantitative or qualitative) of the Parent Child Game in particular. The findings of this study are likely to have relevance for a number of stakeholders, including the study participants, Child and Adolescent Mental Health Service professionals who provide the service, managers and service providers within Social Care who have commissioned the training and fronted the provision of the service and the University of Leicester. The researcher will provide feedback and disseminate the study findings to the key stakeholders and to Parent Child Game clinical colleagues, present the study at relevant research conferences and will seek to publish the study in a peer reviewed journal to maximise access and to extol the impact of the findings.

References

Hoffer & Bendixen, 2012. Paper is Personal Epistemology Theory Research and Future Directions, Hoffer BK, Bendixen LD. APA Psychology Handbook 1, 227-256

Miller T (2017) Doing Narrative Research?, Thinking Through the Narrative Process in Woodiwiss, Smith and Lockwood (Eds), Feminist Narrative Research, Opportunities and Challenges. McMillan.

Buscatto M (2011) Using Ethnography to Study Gender in Silverman (Editor). Qualitative Research, 3rd Edition. Sage Publications.

Appendix T - Summary of Thematic Data - Comparison Table

Study	**Current research, first reading**	**Parry et al (2018)**	**Johnson (unpublished thesis 1999)**
Method	"The Listening Guide"	Systematic inductive thematic	Interpretive phenomenological analysis
Theme	Having fun in a supportive setting (Theme 1)		Don't know how to play vs able to play/communicate (Theme 2)
		Developing awareness + Confidence (Theme 1)	Confidence (Theme 1)
	Problem located externally (Theme 2) ● Within the child ● Social care ● Domestic violence		Objectivity (Theme 2) ● Child as not normal vs "that's just kids" ● Child as perpetrator, in control
	Responsibility to change (Theme 3) ● Mastery of skills ● Take/relinquish control ● Self validation ● Sensitivity and awareness ● Ownership of change	Making changes (Theme 2) ● How to help/new skill set (Theme 1c) ● Taking back control (Theme 1b) ● Struggle and resilience (Theme 2a)	Rigid need to control vs flexible (Theme 2) My behaviour affects my child's behaviour (Theme 2)
	The relational nature of change (Theme 4) ● Parent-child interaction ● Professional and the system	Experiencing change (Theme 3) Nurturing bonds (Theme 2b) Family involvement (Theme 3b)	Parent-child relationship (Theme 3) Poor bond/communication vs strengthening bond(Theme 3)