An Evaluation of the Parents Plus Early Years Programme: A Video-based Early Intervention for Parents of Pre-school Children with Behavioural and Developmental Difficulties

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ABSTRACT

This article describes the development of the Parents Plus Early Years Programme (PPEY): a video-based early intervention for parents of pre-school children with behavioural and developmental difficulties. PPEY combines individual parent–child sessions using video feedback with parenting group sessions using video-based teaching over a 12-week period. As well as detailing the research basis, theory and practice of the PPEY, the article describes the results of an initial study of 30 children, with a range of conduct, attention and developmental problems whose parents completed the programme. Results showed a significant drop in conduct problems and hyperactivity as measured by the Strengths and Difficulties Questionnaire, decreased parental stress as measured by Parent Stress Scale, and significant gains towards parent-defined goals. In addition, before and after video observation of parent–child interaction showed an increase in positive parent–child attention and a decrease in parent–child instructions, as measured by independent observers. Gains were maintained at 5-month follow-up. The article also includes some initial results of a follow-up qualitative evaluation of parents' experience after attending the programme.

KEYWORDS

conduct problems, developmental difficulties, early intervention, parent training, pre-school children, Parents Plus Early Years Programme (PPEY)

GENERALLY, STRUCTURE PARENT training programmes are either targeted at parents of children with specific behavioural problems such as oppositional defiant

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disorder or attention deficit hyperactivity disorder (ADHD) (e.g. The Incredible Years Program; Webster-Stratton, 1992), or targeted at parents of children with developmental problems such as speech and language delays or autistic spectrum disorders (e.g. The Hanen Program; Manolson, 1992). However, rarely do pre-school children fit neatly into diagnostic categories. Many children whose primary reason for referral is due to behavioural-type disorders also have specific developmental difficulties and many children whose primary reason for referral is due to developmental-type disorders also have behaviour and conduct problems. This is particularly the case with young children who can present with interrelated developmental and behavioural difficulties and whose needs and difficulties can change in a short time.

The Parents Plus Early Years Programme (PPEY) (Sharry, Hampson, & Fanning, 2003) was developed as a broad parent training intervention that could be relevant for both children with behavioural problems and children with a range of mild developmental difficulties and thus could be adapted as a front line intervention for the majority of pre-school children referred to child mental health services. The PPEY uses videotape modelling and feedback within individual and group sessions to empower parents in effective communication with their children. Throughout the programme there is a particular emphasis on using effective strategies with very young children with communication difficulties. Indeed, over half of the 80 scenes in the teaching tape feature children who have developmental concerns that include speech and language difficulties.

The focus of the PPEY is on developmental and behavioural goals rather than on the

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specific childhood problems and disorders. The aim is to empower parents to achieve specific goals such as helping their child concentrate, learn or communicate more, or on helping their child cooperate and behave more prosocially. The parents and children in this study (referred to later) completed the PPEY for a variety of reasons, including childhood problems such as developmental delay, over-activity, and difficult-to-manage behaviour problems. Parental problems such as depression and stress were also implied. Some of the children had received a formal diagnosis such as ADHD or autistic spectrum disorder. However, in the majority of cases no formal diagnostic label was appropriate due to the child's young age.

Research background

Conduct problems and parent training

Children with serious conduct problems such as aggression, defiance and tantrums are at risk of a wide range of long-term problems including early school leaving, delinquency, drug and alcohol abuse, and relationship difficulties (Kazdin, 1995; Offord & Bennett, 1994). Furthermore, their parents and families are often under enormous stress and are isolated and under-supported (Webster-Stratton & Herbert, 1994). The prognosis is worst for young children whose behaviour problems become apparent in early childhood (Campbell, 2002). Such problems are common and account for about one third to one half of all of referrals to child mental health services (Farrington, 1995; Kazdin, 1995). Conduct problems in young children are strongly correlated with other disorders such as ADHD (Hinshaw, 1994) and communication problems such as specific learning difficulties, particularly reading problems (Bishop & Adams, 1990; Morris, 1988; Rutter & Yule, 1975; Whitehurst & Fischel, 1994). Generally, the sources of the problems for these children and families are multi-factorial and they need intervention and support on a variety of levels.

Parent training approaches to behaviour problems, based on social learning ideas, have been extensively studied over the years and have been shown to produce effective results in reducing both children's behaviour problems and parental stress in two thirds of cases (Kazdin, 1997; Webster-Stratton & Hammond, 1997). In particular, video-based approaches to parent training, which are immediate and less dependent on literacy skills, are widely used and their effectiveness in tackling behavioural problems is empirically supported (Webster-Stratton, Kolpacoff, & Hollinsworth, 1988). As many serious behaviour problems start in the pre-school years the need for early intervention is increasingly recognized in order to prevent later problems from emerging (Campbell, 2002; Nixon, 2002).

Developmental problems and parent training

Many pre-school children are referred to child mental health services due to developmental concerns such as speech and language delays, learning difficulties and autistic type difficulties. Research literature is unequivocal in stressing the importance of the early intervention for these children in order to maximize their development and to remediate the adverse effects of their disabilities as well as reducing associated behaviour problems (Guralnick, 1997; Mitchell & Brown, 1991; Ramey & Ramey, 1998; Safford, Spodek, & Saracho, 1994; Wolfendale, 1987). Ideally, such early intervention consists of child-directed work such as therapeutic pre-school placements, early education and parent-directed work such as family support and parent training.

Many early intervention programmes have recognized the critical role of parents in promoting their children's development and there is some evidence in small-scale

controlled studies to show that training parents to adopt specific communication strategies can result in language and developmental gains for their children with developmental disabilities (Drew et al., 2002; Girolametto, Verbey, & Tannock, 1994; Kaiser, Hemmeter, Ostrosky, & Fischer, 1996).

Many of the parent training programmes targeted at parents of children with developmental difficulties focus on teaching parents to maintain a responsive and child-centred style of communication with their children as the best means to maximize learning and language development. Such a responsive parenting style is a central feature of the Hanen Programme, which was developed as a collaborative group parent training programme targeted at parents of children with language delays (Manolson, 1992), but which has also been adapted for intervention with children on the autistic spectrum (Sussman, 1999) and as a preventative programme for children at risk of language delay (Watson, MacKay Ward, & Van Wyck, 1998). Studies have shown that completion of the Hanen Programme has resulted in more responsive parenting styles (Tannock & Girolametto, 1992) and improved joint interaction between parent and child (Girolametto et al., 1994) when compared with control groups. In addition, parents report high satisfaction on completion of the training programmes.

Design of PPEY

The Early Years Programme was designed as a video-based parent training intervention that could be relevant for pre-school children with either behavioural or developmental difficulties or both. Building on research into parenting styles associated with behavioural problems (Patterson, 1982; Serketich & Dumas, 1996), the PPEY invites parents to adopt a more child-centred positive interaction with their children. Specifically, parents are encouraged to attend to and reward their children for good behaviour, while largely ignoring misbehaviour (Webster-Stratton & Herbert, 1994) as well as developing a cooperative, and assertive style of parenting using choices and consequences as a means of teaching children responsibility (Dinkmeyer & McKay, 1982). The PPEY also builds on research into the parenting styles associated with language acquisition (Girolametto et al., 1994; Tannock & Girolametto, 1992) and teaches parents to develop a responsive interaction style that is sensitive to the child's developmental level and which maximizes the child's communication and overall learning. Central to the PPEY is a collaborative and strengths-based style of working with parents (Sharry, 2004). The emphasis is not on didactic teaching, but on building on parents' strengths empowering them to find their own positive way of communicating to their children and to finding their own solutions to behaviour problems.

Originally, parent training programmes were delivered individually to parents (Forehand & McMahon, 1981), and more recently group delivery has been utilized (Webster-Stratton, 1992). The previous version of the Parents Plus Programme that targeted at the needs of older children had been designed for group delivery, though in practise many facilitators had adapted it to an individual format (Sharry & Fitzpatrick, 1997, 2001).

In designing the delivery format of the Early Years Programme, it was decided to use a combined format consisting of seven group and five individual sessions to take place over a 12 weeks. The aim was to maximize the learning potential of both formats, allowing for parents to both receive group support from other parents as well as individual professional coaching as they practised the ideas with their children.

Individual sessions

The individual sessions, which include parent, child and therapist, are designed to give parents an opportunity to 'try out' the ideas in the course with the support of a coach. They also give time for the therapist to listen to the specific concerns of parents, and to tailor the ideas and input to the individual child's needs.

An important feature of the individual sessions in the PPEY is the use of video feedback. During the session, the therapist makes a short video of the parent and child interacting together (usually during child-centred play, but also in parent-directed activities such as tidying up toys or during a home-based routine such as dressing). Although the video sessions generally follow the curriculum of the group sessions (focusing on child-centred play in early sessions and home-based routines in later ones), they are always adapted to the parent's specific goals. For example, if the parent wants to know how to help their child concentrate, then the scene could be one of free play where the child has to make and stick to the choice of play object or activity. Or if the parent wants to know how to help their children share or play well together, the scene could include two children around a common flashpoint such as a shared meal or play activity. The aim is to make the session as relevant to the parent and child as possible.

The video is then replayed and collaboratively analysed by therapist and parent and becomes the basis for helping the parent reflect about their interaction with their child and thus build upon and learn new skills. The emphasis during the video review is on providing strengths-based feedback to the parents and the children (this approach to video feedback has been influenced greatly by the work of the Marte Meo programme; Aarts, 2000). The therapist looks carefully for the times that the parent is successful with their child and identifies skills and strengths that are being displayed. For example, he might point out a time when the parent used specific praise that helped the child concentrate and complete a task. In this way, the therapist helps parents build on their own skills and strengths. Rather than viewing an 'expert' or another parent carrying out a skill, the parents witness themselves carrying out the desired skill and being successful with their children. This helps them become their own 'role models' and appreciate their 'own way' of doing things. In addition, the use of video has a number of other advantages as a means of learning, in that it is immediate, it can be replayed many times, it provides richer detail than memory alone and the act of watching encourages the parent to reflect about and see themselves differently.

The individual sessions finish with a period of planning with parents when they are invited to reflect on the session and to make a plan for the following week. The aim is to help parents personalize and apply the ideas in their home setting and routines so they will be of most benefit to them.

Group sessions

Group sessions involve 8–12 parents meeting with one or two facilitators in a psychoeducational session that lasts about 2 hours. Using video input, group discussion and exercises, the parents are provided with information and therapeutic support on how to promote their children's language and development and how to manage behaviour problems. The group format allows for shared learning and mutual support and in itself is of great benefit to parents who value meeting other parents with similar experiences. A typical group session is as follows:

- introduction/welcome,
- review of progress,
- introduction of new topic (using video),

- group discussion and exercises,
- planning and homework.

The topics for each session are drawn from two teaching videotapes which consist of videoed scenes of parent–child sessions (at home and in the clinic) which illustrate a variety of skills and which are organized around the following 10 sections:

Video 1 – Building a positive relationship and promoting development
- Introduction/ Tuning into Your Child
- Child-Centred Play and Communication
- Encouraging and Supporting Your Child
- Expanding Language and Teaching New Tasks
- Using Books and Other Activities

Video 2 – Building Cooperation and Responding to Misbehaviour
- Understanding and Responding to Misbehaviour
- The Praise–Ignore Principle
- Assertive Parenting – Taking the Lead with Children
- Assertive Parenting – Following Through on Rules
- Teaching Children New Skills using Rewards and Routines

In conjunction with the teaching tape, the video snippets made with the parents during the individual sessions can be used (following parental consent) as the basis of the 'teaching' during the group. The facilitators select video snippets from the various tapes that reflect the specific group topic and which illustrate the ideas and skills in question. It can be a powerful learning experience for parents to have their own tapes reviewed in the group. Not only is it very reinforcing to have their successes validated and reinforced by the group, it can also be very validating for parents to see that they have some expertise (via their tapes) to offer the other members of the group.

In addition, parents can be invited to make their own selections from the individual videotapes that they want to share and review in the group. They may be invited to select pieces that they felt went well or pieces about which they want some feedback and ideas from the group. The latter can be particularly useful in later sessions when group members have developed a sense of trust between one another. By making the parent's own videotape the basis of the group sessions, this helps build group cohesion and confidence is enhanced. Parents get to see each other in action and this can facilitate sharing an open discussion.

Case

A brief case vignette is described to illustrate the PPEY in action.

> Simon was a hyperactive and developmentally delayed 3-year-old boy. His mother felt overwhelmed by his problems and described in despair how she could 'never' get him to sit still or attend to a task. As a result she felt very helpless. Her goal was to find some way of getting Simon to slow down.
>
> The first group session focused on introducing the parents to the concept of slowing down and following the child's lead in play, inviting the parents to practise the ideas at home. During the first individual session, Simon's mother practised the skills while being videotaped. On reviewing the videotape, the therapist noted that Simon was indeed very active and demanding and for the majority of the tape the mother responded in an agitated rushed state. In order to manage Simon she tended to give a lot of instructions

and commands which seemed to go over Simon's head thus rendering her approach ineffective.

On close scrutiny, however, there were a couple of incidents where the mother slowed down and was successful. In one incident, she sat back for a moment and watched her child. She noticed that he wanted a car from the box and simply said 'you want a car'. The child turned, looked at her and repeated 'car'. The mother helped him get a car from the box and the child took it gladly and played with it.

During the feedback the therapist paused the tape at this incident and reviewed it with the mother. He pointed out that this was a time when she slowed down and named what Simon was interested in. As a result, her son did listen to her (he looked up) and she was able to help him concentrate and play with the car (albeit briefly!!). The therapist was able to link what the mother did to the ideas already covered in the group session.

As the incident was so concrete and immediate, it struck a chord with the mother and proved a pivotal moment of insight for her. During subsequent video sessions, she reduced her commands, and followed more of Simon's actions and initiatives, leading to a warmer and more positive interaction between them. Her learning was further enhanced in the group sessions, when the specific skills were reviewed on the tape and then debated and practised in the group. She particularly valued meeting other parents in the group who had children with similar behavioural and attention difficulties and in particular made a connection with one other mother whose child was close in age to Simon. Over time, Simon's mother noticed an improvement in his concentration and she was able to make enjoyable shared connections with him. Crucially, she began to feel able to influence her son and be re-empowered as a parent. When asked to explain the change in her own words she said 'I needed to slow down with him more, if I get rushed when he is hyper, he gets even more hyper. He needs me to go slow with him'.

Evaluation study

The aim of the study was to evaluate the effectiveness of the PPEY in addressing the needs of parents and their pre-school children referred to a general mental health clinic.

Method

This study used a repeated measures design to identify significant changes in behaviour and functioning after treatment. The main independent variable was time, with assessment occurring before (time 1) and after (time 2) the Parents Plus Programme. In addition, participants were assessed at 22 weeks (5 months) follow-up (time 3). The dependent variables include various measures of child and parent behaviour, parental stress and goal achievement.

Participants A total of 30 pre-school children (38 parents), referred to the Child Mental Health Service at the Mater Hospital, attended one of three PPEY programmes in two different clinics. Of this initial group, 5 children (7 parents) dropped out and the remaining 25 children (31 parents) who completed the programme were included in the study. The sample included 24 distinct families (one of the referrals involved female twins). For the purposes of the study, we focused on the responses of the *main carer of the children*. This was the mother in all but one case (where an uncle was legal guardian). Thus the results in the study focus on the responses of 24 parents.

The children, 17 males and 8 females (females included a set of twin girls), ranged in age from 2 to 5 years. They had a mean age of 3.9 years (SD = 1.02). The frequencies of the children's difficulties/presenting concerns are listed in Table 1. In total, 23 of the 24 children had multiple difficulties.

Table 1. Children's difficulties/presenting concerns

Presenting concern	*Number of children*	*% of children*
Developmental delay	4	16
Autism, PDD, etc.	5	20.83
Overactivity/inattention	5	20.83
Speech and language delay	18	75
Behavioural problems	21	87.5
Emotional dfficulties	9	37.5
Neurodevelop/medical difficulties	1	4.16

Measures The measures included a general demographics questionnaire, the pre-school version of the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997), the Parenting Stress Scale (PSS; Berry & Jones, 1995), and a Parent and Child Goal Scales (PCGS). The PCGS was designed for this study and used to measure the parents' and children's attainment of goals specified by the parent. A follow-up semi-structured qualitative interview comprising five questions was also used (Appendix 1).

In addition, a 5-minute play session between parent and child was videotaped before and after the programme. A coding system consisting of a list of operational definitions of behaviours, was used to obtain frequency counts of the latter behaviours in the videotaped parent and child interaction (Appendix 2). This coding system was adapted from the observational system developed by Forehand et al. (1978) to explore patterns of parent–child interaction which had been shown to be reliable with an average inter-rater agreement of 75% (Forehand & Peed, 1979) and which had been found to be a valid measure, sensitive enough to determine significant treatment effects in the clinic and home setting with a clinic-referred population (Peed, Roberts, & Forehand, 1977).

Procedure Once consent was obtained, parents were asked to complete copies of the standardized measures and to take part in a 5-minute play session with their child. Video observation data was collected on a parent and child interaction by videotaping the parent and child in a 5-minute free-play session based on an activity with either of two toys/games (Duplo house or toy blocks). Prior to the start of filming the procedure is explained to the parent, particularly that after 5 minutes a bell will ring/sound will be made to indicate that they must begin to tidy up. The child is not informed of the meaning of this sound. The video data was analysed as outlined later.

Once parents completed the PPEY (12 weeks) they were invited to the clinic again where the procedure was repeated. After 5 months parents were then invited to return to the clinic for a follow-up meeting where they were asked, once more, to complete copies of the standardized measures. No video data was collected at time 3. A semi-structured qualitative interview was conducted with each parent. This was audio-taped and transcribed for analysis.

Planned analyses Where two parents completed questionnaires the dependent variable in all analyses represents mothers' assessments as the majority of single parents taking part were mothers (94%, $n = 15$ of cases), In order to identify any significant change in the dependent variables over time, a series of one-way repeated ANOVAs were used and alpha was set at .05. It was not possible to examine the effect of gender due to the fact very few female children took part in the study. Where significant differences were found post-hoc Tukey tests were used to further examine the nature of the difference while

Table 2. SDQ subscales

	Time 1		*Time 2*		*Time 3*	
Total difficulties	$\bar{X}$ = 21.09	SD = 5.58	$\bar{X}$ = 16.71	SD = 7.14	$\bar{X}$ = 15.90	SD = 5.26
Hyperactivity	$\bar{X}$ = 6.95	SD = 2.04	$\bar{X}$ = 5.45	SD = 2.32	$\bar{X}$ = 5.55	SD = 2.58
Conduct problems	$\bar{X}$ = 5.36	SD = 1.81	$\bar{X}$ = 4.32	SD = 2.28	$\bar{X}$ = 3.73	SD = 1.91
Emotional difficulties	$\bar{X}$ = 3.38	SD = 2.40	$\bar{X}$ = 2.86	SD = 2.35	$\bar{X}$ = 2.86	SD = 1.82
Peer problems	$\bar{X}$ = 3.45	SD = 1.96	$\bar{X}$ = 3.05	SD = 1.99	$\bar{X}$ = 2.55	SD = 1.64
Prosocial behaviour	$\bar{X}$ = 6.24	SD = 1.87	$\bar{X}$ = 6.71	SD = 2.15	$\bar{X}$ = 6.67	SD = 1.88

maintaining the error rates. It should be noted that the sample size varied slightly across the analyses due to instances of missing data.

Analysis of the video data was carried out by two trained observers who were blind to the stage (i.e. either pre programme or post programme) of each recorded parent–child interaction. The observers, postgraduate psychology students, underwent an intensive training day involving practice of coding through the use of videotaped parent child interactions under the supervision of an experienced observer. The actual video data for this study were observed to analyse frequency counts of operational definitions of behaviours using the adapted coding frame. Observer coding for each videoed interaction commenced after a 30-second wait and continued for 4 minutes. A paired samples one-way *t*-test was used to observe change over time in these behaviours of parent and child.

In the case of the parent and child goals, to examine statistically significant change from time 1 to time 2, a paired samples *t*-test was used. Finally, content analysis was used to identify the key themes evident in the follow-up interviews. This involved reviewing the transcripts to identify common threads, which were then sorted into mutually exclusive themes. The themes and a randomly selected sample of interviews were then reviewed by a second coder to ensure that they were representative.

Group facilitators The group facilitators were experienced child mental health professionals working together in a multidisciplinary team. In all, five professionals were involved in facilitating the three groups (two social workers, two speech and language therapists and one clinical psychologist). Two groups had three facilitators and one had two facilitators. To ensure treatment integrity, each group included one or two of the authors of the PPEY and group facilitators met weekly for supervision during the course of the group.

Results

Strengths and Difficulties Questionnaire In the case of each subscale of the SDQ, that is, (1) total difficulties, (2) hyperactivity, (3) conduct problems, (4) emotional difficulties, (5) peer problems and (6) prosocial behaviour, means and standard deviations for the overall group were calculated and are given in Table 2.

Initial analysis focused on change over time and a series one-way repeated ANOVAs were used to identify any significant differences. No significant differences were found for Emotional Difficulties ($F(2,40) = 1.150$, $p > .05$), Peer Problems ($F(2,38) = 2.111$, $p > .05$), or Prosocial Behaviour ($F(2,40) = 0.945$, $p > .05$).

A significant difference was found for the Total Difficulties scale ($F(2,40) = 10.324$, $p < .05$) and post-hoc Tukey analysis identified that the means for time 2 and time 3 are

Table 3. Parenting Stress Scale

	Statistic	*Time 1*	*Time 2*	*Time 3*
Overall	$\bar{X}$	49.47	43.73	43.80
	SD	6.48	5.44	5.89

significantly lower than the mean for time 1. A significant difference was also found for the Hyperactivity subscale ($F(2,42) = 7.522$, $p < .05$). Again, post-hoc Tukey analysis revealed that the means for time 2 and time 3 were significantly lower than the mean for time 1. Finally, a significant difference was found on the Conduct Problems subscale ($F(2,42) = 8.757$, $p < .05$) and post-hoc Tukey analysis identified that the means for time 2 and time 3 were significantly lower than the mean for time 1.

Parenting Stress Scale Means and standard deviations for the overall group on the Parenting Stress Scale were calculated and are given in Table 3. A one-way repeated ANOVA was used to identify any significant difference over time. A significant difference was found ($F(2,28) = 7.645$, $p < .05$). A post-hoc Tukey analysis revealed that the means for time 2 and time 3 were different from the mean for time 1.

Video observations An average inter-rater reliability of 95% was observed across the scores recorded by both observers. This percentage is above the accepted level of 80%. Means, standard deviations and the results of the paired sample *t*-tests are reported in Table 4. It was hypothesized that the mean scores for Commands, Questions and Negatives would be significantly lower at time 1 than at time 2 and also that the mean scores for Parent Attends, Child Attends and Rewards would be significantly higher at time 2. A *t*-test analysis revealed a significant difference between the means for 'commands' given by parents at time 1 and time 2. Thus, there was a decrease in mean scores in the expected direction. Similarly, a significant difference was found for the means of time 1 and time 2 for 'parent attends'. This significant difference in mean scores represents a change in the expected direction, that is, an increase in mean scores from time 1 to time 2. No other significant differences were found.

Parent and Child Goals Scales Means, standard deviations and the results of the paired sample *t*-tests are reported in Table 5. It was hypothesized that at time 2 parents would rate themselves significantly closer to achieving their goals than at time 1. Similarly, it was hypothesized that parents would rate their children to be significantly closer to achieving their goals at time 2 than at time 1. A *t*-test analysis revealed a significant difference between the means for time 1 and time 2 for each parent and child goal and that in each case the change in mean score was in the expected direction.

Parent's interviews

The interview for each parent was a semi-structured one, focusing on five main questions (Appendix 1). First, a general question was presented to the parents asking them to express 'how their child is getting on since the parenting course'. The vast majority of responses to this question were positive, for example a mother said of her son,

> he's getting on grand now, he's quite settled now, he's . . . I thought I'd have a problem with him starting school but he's settled in brilliant now I have to say . . . we really have found a big change in him over the last couple of months.

Table 4. Observed behaviours in video analysis

Variable	*Time 1*		*Time 2*		*t-test*
Commands	$\bar{X}$ = 4.36	SD = 2.89	$\bar{X}$ = 2.05	SD = 1.39	(t = 3.671, d.f. = 18, p < .05)*
Questions	$\bar{X}$ = 9.26	SD = 5.24	$\bar{X}$ = 9.68	SD = 4.39	(t = –0.351, d.f. = 18, p > .05)
Attends	$\bar{X}$ = 5.89	SD = 2.86	$\bar{X}$ = 7.74	SD = 2.81	(t = –2.14, d.f. = 18, p < .05)*
Rewards	$\bar{X}$ = 2.89	SD = 3.19	$\bar{X}$ = 2.95	SD = 2.27	(t = –0.068, d.f. = 18, p > .05)
Negatives	$\bar{X}$ = .74	SD = .93	$\bar{X}$ = .79	SD = 1.23	(t = –0.149, d.f. = 18, p > .05)
Child's attends	$\bar{X}$ = 3.58	SD = 2.00	$\bar{X}$ = 4.47	SD = 3.04	(t = –1.221, d.f. = 18, p > .05)

*Significant.

Table 5. Parent and child goals scales

Variable	*Time 1*		*Time 2*		*t-test*
Parent goal 1	$\bar{X}$ = 2.48	SD = 1.12	$\bar{X}$ = 5.35	SD = 1.03	(t = –10.89, d.f. = 22, p <.05)*
Parent goal 2	$\bar{X}$ = 2.17	SD = 1.39	$\bar{X}$ = 4.72	SD = 1.25	(t = –7.93, d.f. = 22, p < .05)*
Child goal 1	$\bar{X}$ = 2.19	SD = 1.19	$\bar{X}$ = 4.98	SD = .89	(t = –14.32, d.f. = 22, p < .05)*
Child goal 2	$\bar{X}$ = 1.89	SD = .999	$\bar{X}$ = 4.58	SD = 1.11	(t = –8.60, d.f. = 22, p < .05)*

*p < .05.

A large number of the parents highlighted how much more relaxed their child has become. The following quotes, from two mothers, indicate a reduction in temper tantrums in their children,

> . . . he seems to be a lot quieter, he doesn't have a lot of temper tantrums, he doesn't get freaked out as quickly as he did before.
>
> *I couldn't even tell you when her last temper tantrum was, I really couldn't. She's great, terrific.*

Next, the parents discussed any changes they have noticed in their child's development and behaviour. After a review of the parents' transcripts a number of recurrent themes became evident. In the case of changes in development, the theme of development in the child's communication was a prominent one. One parent commented how her child is

> really flying along, like her speech alone, like you can have conversations with [her] whereas you couldn't have before. I could never get her to say what she did in school or who was there but she'll come home and tell me now, 'I painted today, I painted a green tree today' . . .

Similarly, a mother described how her daughter is

> understanding things a bit better when you say them to her you know 'em she probably would stop and think before doing things a bit more now.

Development of play and learning skills were themes that were also highlighted frequently by parents. An example is depicted in a mother's account of her son

> he's playing more with kids now and he's understanding more and trying to bond with them more . . . He joins in, say, playing football. He's not as shy now as he was.

Themes relating to changes in behaviour primarily focused on the positive shift in temperament of the children. As one mother put it

> [my child] is more calmer. He seems to have matured an awful lot. I brought him away by myself for two weeks, and which I would never of before . . .

This sentiment was reiterated by another mother who said her son is

> . . . a lot calmer and even if you bring him out it's easier, even sitting down in McDonalds he will actually sit down and eat without getting up or running around or whatever, you know you'd nearly feel a little bit more confident to bring him on somewhere else rather than just McDonalds or Burger King to places for Sunday lunch or something.

After the mothers discussed changes in their child's behaviour, the next issue to be considered was the changes, if any, in their own behaviour with their children. A number of mothers commented on how much more calm they had become since attending the course. One mother asserted,

> I act different to [my son] now like instead of like where I used to shout at him now I'd go over calmly and say, 'no, you can't have that, you can't do that', where usually you'd go, 'no, you are not getting that and that's it'.

Adherence to consistency and 'following things through' were themes frequently mentioned by the mothers as being indicative of change in their own behaviour. A mother speaking of her own behaviour with her daughter said,

> Being consistent you know and like routine and sticking to the routine, like bed, wash your face, clean your teeth. There was no routine before, I'd just say 'right it's bed', and I'd expect her to go to bed but it doesn't work like that, I was taking the easy way out I think.

Another notable theme that emerged in the context of changes in parent behaviour was that of an increase in both the quality and quantity of parent interaction with the child. This is depicted well by one mother who spoke of a change in how she interacted with her child,

> I definitely like sit her on my lap or we'd watch this or we'd do that together or we'd play together more. I tickle her all the time so I know she likes that. I make more of an effort now to play with her.

Other themes apparent in the mothers' recounting of changes in their behaviour with their children included making an effort to (i) get down on the child's level, (ii) to understand the child, and (iii) to explain things clearly to the child.

The parents were also asked if they had found themselves using skills or tips that they picked up on the course. Overall, parents' responses to this question had many common themes. To begin with, the notion of watching and commenting on the child's play/actions and that of following the child's lead were skills referred to persistently throughout the parents' transcripts. For example, one mother said,

> the play, watch what they are doing and get involved. I'll give you an idea, like the other day it was her imaginary friend Trevor, so I followed it along and asked her, 'where does Trevor want to be? And where does he live?' Now like she'd see Trevor going by in a car and I'd say, 'let's wave to Trevor'.

The idea of 'stopping', 'waiting' and 'listening' was echoed in places throughout the parents' transcripts. One parent spoke of

> . . . the 'stop, wait and listen', being more kind of child oriented

and another reiterated this sentiment saying,

> the watching and waiting part of it, you know when something happens wait and watch what's going on, you know to assess the situation or whatever and not just react straight away.

Another theme, ignoring misbehaviour and rewarding positive behaviour, was consistently mentioned by the mothers with one mother reporting,

> ignoring misbehaviour and rewarding when she is good. Like when she does a great job she gets a hug and a cuddle . . . 'come here and you get your good girl cuddle' or you know, 'your best job kiss' or something like that.

The transcripts were rich with other frequently mentioned skills or tips that were acquired from the course, for example, using distractions, using consequences, and involving the child in household activities/chores. The use of 'pictures' was also referred to by parents as a useful tip being adopted since the course. As one mother put it,

> we went away in March . . . drawing some pictures you know, . . . the house, we are going in the car, we are going on the plane, and things like that, [his father] done him a picture and like it was very good, you know, we are going on a plane, we are going on our holidays and that worked very well with him . . . it was relaxing, we had the most relaxing holiday with him you know so it's that kind of thing.

Finally, mothers were asked, looking at their day-to-day interactions with their child(ren), to consider how the course has helped them. Many mothers reflected on how much more self-aware they had become over their dealings with their children as a result of their experiences in the course. One mother expressed,

> I think it was more with me, helping me to cope a bit more, the practical advice you know, I'm beginning to think was there much of a problem with [my daughter] or was it just the way that I dealt with her? Like, I used to be, I think, I used to be far too soft on her and you know, not discipline her enough or you know, I used to sort of stick my head in the sand about things.

'Understanding the child' better was an issue raised by some mothers as they commented on how the course had helped them. One mother articulated how much better she understands her daughter since the course,

> It's helped me understand her behaviour a lot more but before she could do something and I really wouldn't understand why she had done it but now I can sort of step back and see why she has done it.

Several mothers also highlighted how the course had helped to build their confidence in their dealings with their children. Also highlighted, was how the group situation, i.e. talking with other parents, had helped them with their own children. This is captured well by one mother's words,

> it was talking to other people, sharing the experience, getting tips from each other and the video and from [the facilitators] and this, I came away with that and it stuck with me.

In reviewing the mothers' expressions of how they had benefited from the course it is noteworthy how quite a few mothers exclaimed how much more they were enjoying the company of their child. One mother shared how the course,

> brought an improvement in relationships . . . with [her] and [her daughter].

Another mother revealed,

> it saved me from having an out of control son, which is where we would have gone, we would have been at loggerheads I think and I actually enjoy [my son] now, I'd said to you before that I don't enjoy [my son's] company but I do, I do enjoy [his] company.

Summary of themes

1. In general, the mothers' responses to how their child was getting on since the course were positive and focused on how much more calm the child in question had become since the course.
2. The mothers' descriptions of changes in their children's development since the course centred mostly around themes such as progress in the child's communication skills for example, their speech and comprehension and development in the child's play.
3. The primary change in the children's behaviour appeared to be that they had become calmer and more relaxed.
4. The most commonly identified changes identified by the mothers in their own behaviour included: becoming more calm with their child, being consistent with routine and following things through, interacting more with the child, and making a concerted effort to get down on the child's level, to understand the child, and to explain things clearly to the child.
5. Frequently mentioned skills and tips acquired from, and used since the course by the mothers included watching and commenting on the child's play/actions, following the child's lead, 'stopping, waiting and listening', ignoring negative behaviour and rewarding positive behaviour, using distractions, using consequences, involving the child in household activities/chores, and the use of pictures.
6. In reflection on their day-to-day interactions with their child, the mothers generally reported that the course had helped them to become more self-aware in their dealings with their child, to understand and to know their child better, and to become more confident in their role as parents. Talking and sharing with other parents was also identified as being helpful to the mothers in their dealings with their own children.
7. A final noteworthy theme interspersed throughout the interviews was how relationships between mother and child had improved since the course and how much more the mothers enjoyed their children.

Discussion and conclusions

This article has described the Parents Early Years Programme, a video-based early intervention programme, combining group parenting sessions with individual parent–child sessions, that is designed to be suitable for young children, referred to child mental health services on account of either developmental, behavioural and/or emotional problems. The quantitative study indicates favourable results for the 25 children who completed one of three programmes at the Mater Hospital. Of particular note is the fact that the changes include both parent-reported reductions in child behaviour problems and

parenting stress, as well as positive differences in parent–child interaction as measured by an independent observer (these changes were maintained at 5-month follow-up).

It is also noteworthy that, unlike many other studies, this one took place in the naturalistic setting of a front line child mental health service: the programme was open to all parents of children who were referred to the pre-school assessment team; no preliminary screening was carried out and children with developmental, behavioural and/or emotional problems were included. This suggests that the PPEY could be a suitable first line of intervention for the majority of children referred to child mental health services. The quantitative study is supplemented by a qualitative study that illustrates some of the positive changes from the parents' perspective. Of note are the gains reported in the child's communication and behaviour, changes in the parents' own responses, which include increased consistency, calmness and self-awareness, as well as a report of general improvement in the parent–child relationship.

An interesting result in the study has been the relatively low rate of drop-out throughout the programme (16%). One possible explanation is the delivery of the PPEY within a combination of group and individual sessions, which allows for different learning styles to be accommodated, for the programme to be tailored to each family and for the child to be included in the process. However, there is a cost to such a mode of delivery in terms of therapist time. For example, to deliver the 12-week PPEY to 10 parents, takes 102 therapist hours (assuming two facilitators and allowing 1 hour weekly for planning and supervision), compared with 72 therapist hours for an exclusive group intervention. It would be interesting to conduct a future study to compare the combined group and individual format with an exclusively group format to compare outcomes and attendance rates to determine if the extra cost is justified.

Of the 31 parents who completed the study, 23 were women and 8 were men, which highlights the relative lack of engagement of fathers in the programme (25%). As a result, the sample size of fathers was not large enough to consider them as a separate group or to explore if there were different outcomes for children when both mother and father attended. These questions should be addressed in future larger studies. It does highlight, however, the need to engage fathers to increase their attendance in future groups. In a previous study of the Parents Plus Programme targeted at older children, fathers' attendance was higher at 43% (Behan, Fitzpatrick, Sharry, Carr, & Waldren, 2001). Possible explanations include the fact that mothers are identified more with the care of younger children, and the fact that the latter groups sessions took place in the evening as opposed to the morning. In a recent PPEY programme, facilitated in the evening, higher father attendance was achieved (40%).

The study has a number of limitations which should be mentioned. First, there is no control group with which to compare the treatment results. Many of the positive changes reported by the parents may be a result of the child's natural maturation and could have been achieved over time without specific intervention or with a less intensive intervention (such as periodic family support). In order to make any firm conclusions about treatment effects, the results of the PPEY would have to compared with a matched group of children who received no treatment and/or a group who receive alternative treatment. Second, the study involves a relatively small sample, which makes it difficult to generalize the results and also to answer some interesting sub-questions, e.g. whether treatment effects are significantly different for children with developmental problems than for children with exclusively behavioural problems, or whether there is different outcome for boys and girls or whether fathers and mothers contribute differently to outcome, etc.

Third, the quantitative measures used in the study focused on behavioural changes. Although parents in the qualitative study reported developmental gains in relation to

the child's language and learning, there were no formal before and after assessments of the child's developmental level to assess the impact of the treatment (and even if there was, these could only be interpreted in relation to a suitable control group).

Some of these limitations are currently being addressed in a multi-site controlled study which is being undertaken. Such a study will be able to address questions such as comparing the changes in children who attend the PPEY with children who received alternative treatments and with children who are in a waiting list control group. With a bigger sample we will be able to address other important questions such as the effect of the child's gender, the relative contribution of mothers and fathers, and the differential effects for children with different disorders and difficulties.

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Appendix 1
Questions for semi-structured interview

1. How is your child getting on since the parenting course?
   Can you give me an example?
   Can you tell me a bit more about that?
2. Have you noticed any changes in your child's behaviour/development since the course?
   Can you give me an example?
   Can you tell me a bit more about that?
3. Have you noticed any changes in your own behaviour when you are with your child?
   Can you give me an example?
   Can you tell me a bit more about that?
4. Do you find yourself using skills or tips that you learned while you were on the course?
   Can you give me an example?
   Can you tell me a bit more about that?
5. Overall, looking at your day-to-day interactions with your child how has the course helped you?
   Can you give me an example?
   Can you tell me a bit more about that?

Appendix 2
Operational definitions of behaviours for video observation

Parents

Command:	A verbal statement, command, or question that directs the child's behaviour.
Question:	Any statement that requires a verbal response from the child.
Attend:	Any positive description, comment, or imitation by the parent of the child or the child's behaviour or activity.
Reward:	Positive verbal or non-verbal behaviour that rewards a specific action by the child.
Negative:	Any description, comment, or imitation by the parent of the child that involves criticism or correction.

Child

Attend:	Any positive description, comment, questions, or imitation by the child of the parent or the parent's behaviour or activity.
Compliance/ Non-compliance:	Child's response or lack of response to a parental command.