

Cultural Acceptability of Triple P-Positive Parenting Program: Opinions of Mothers Living in  
Shelters

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### **Abstract**

This research explores the acceptability of Triple P (Positive Parenting Program) among women living in shelters in South Africa. Triple P is a multi-level parenting and family support strategy developed in Australia as a low-cost alternative to more intensive programs. Triple P aims to improve parenting skills and confidence of parents to prevent severe behavioural, emotional and developmental problems in children. The study aims were to determine whether participants could engage confidently with the Triple P material; to establish how participants preferred receiving the material; to identify potential barriers to engagement; and to investigate the acceptability of the material for mothers living in shelters. Participants were recruited from two shelters serving battered women in the Cape Metropolitan District. All participants had at least one child between three and eight years of age. Two groups of participants completed questionnaires and took part in group discussion which provided insight into their opinions of the Triple P material. Basic descriptive statistics were obtained from the questionnaire data, while data collected via group discussion was analysed using template analysis. Analysis revealed that participants were generally very positive about the Triple P program and found the parenting material to be culturally suitable. Participants showed a preference for group programs. Participants believed the main barrier to accessing the program would be financial cost, while factors related to shelter living and time constraints were seen as the greatest barriers to implementing the Triple P parenting strategies. Aside from these specific issues, the Triple P program was found to be very acceptable.

*Keywords:* Triple P; parenting program; dissemination methods; acceptability; barriers; template analysis

## Cultural Acceptability of Triple P-Positive Parenting Program: Opinions of Mothers Living in Shelters

Every day a large number of children witness physical violence between their parents. Many children, who have witnessed such violence, accompany their mothers to live temporarily in shelters for battered women. These children tend to display greater developmental delays than their peers (Gleason, 1995). They are also more likely to have an increased number of behavioural problems (McDonald, Jouriles, & Skopp, 2006). It is estimated that more than a third of children living in shelters display clinical levels of conduct problems (Hughes & Luke, 1998). Children with conduct disorders have an increased likelihood of future substance abuse, aggressive behaviours, and disrupted personal relationships (Loeber & Hay, 1997). Empirically-based parenting programs are needed in shelters for battered women to reduce the prevalence of social, emotional and behavioural problems in children who reside in these settings.

Battered women should receive parenting interventions as many of them have compromised parenting ability and are at greater risk for maltreating their children (Cross, 2001; Taylor, Guterman, Lee, & Rathouz, 2009). These women may act violently towards their children in an attempt to redirect feelings of anger and helplessness which stem from the experience of being abused (Dawes, Long, Alexander, & Ward, 2006). They are also more likely to use harsh physical punishment with their children and may find it difficult to form clear generational boundaries with them (DiLillo & Damashek, 2003). Such maltreatment of children leads to a high possibility of their developing behavioural problems. Mothers can benefit greatly from being provided with positive parenting skills.

### **Parenting Programs**

Parenting programs are a valuable resource as parents, even those living in dire circumstances, generally want to be provided with practical advice on everyday parenting issues (Turner & Sanders, 2007). Parenting programs have been shown to benefit both parent and child, showing success in improving child behaviour, improving mother-child interaction, increasing parental satisfaction and reducing maternal depression and stress (Bunting, 2004; Sanders & Turner, 2002).

There is a wide range of literature on parenting programs targeted at assisting parents in handling difficult child behaviours. Parenting interventions such as the Incredible Years program (Webster-Stratton & Reid, 2003) and Multisystemic Therapy (Henggeler, Pickrel, & Brandino,

1999) are prominent within the literature. The literature is, however, dominated by the well-established Triple P- Positive Parenting Program. Triple P is a parenting and family support strategy developed in Australia as a low-cost alternative to more intense programs. Triple P has a strong evidence-base and incorporates five levels of intervention of increasing strength to prevent behavioural, emotional and developmental problems in children (Sanders, 1999). Level 1, a universal strategy, targets all parents interested in accessing parenting information. This information is delivered via a combination of print and electronic media, such as parenting tip sheets and DVDs. Level 2 is a brief, one- to two-session, primary health care intervention which provides specific advice to parents of children with mild behaviour difficulties. Level 3 is a four-session intervention involving parenting skills training for parents of children with mild to moderate behaviour difficulties. Level 4 is an intensive eight- to ten-session individual or group parent training program for children with more severe behavioural difficulties and, lastly, Level 5 is an enhanced program which targets parents of children with concurrent child behaviour problems and family dysfunction (Sanders, Markie-Dadds, & Turner, 2003).

### **Cross-Cultural Relevance of Parenting Programs**

For a parenting program to be effective, it is vital that the target population view the program as 'acceptable'. In this case, 'acceptability' refers to the opinions of parents as to whether programs are appropriate and reasonable for them to use with their child in their daily lives (Reimers et al., 1998). Parents must understand, like, and be able to engage with the parenting material. In order to be cross-culturally acceptable, parenting programs must consider the impact of the economic and socio-cultural context in which they will be implemented (Turner & Sanders, 2007). This consideration is particularly necessary when programs are introduced to parents from cultures other than those for which the program was originally developed (Matsumoto, Sofronoff, & Sanders, 2009).

Parenting programs have been implemented in various countries and settings across the world (Bunting, 2004). Triple P is one parenting program which has displayed cross-cultural success. By 2008, Triple P had been successfully implemented in 16 countries representing a broad array of cultures: the Asian cultures of Hong Kong and Singapore, the Western culture of the United States and the cultures of the indigenous communities of Australia (Nowak & Heinrichs, 2008).

The most efficient method of disseminating parenting material may also vary between different settings and populations. Variables such as literacy rates, gender, income and severity of child behaviour problems must also be considered when selecting a dissemination method. Dissemination methods may also vary depending on the specific barriers identified by parents to accessing a parenting program.

### **Commonly Used Dissemination Methods**

A large evidence base discusses the efficiency of disseminating parenting material via the mass media (Sanders & Turner, 2002), video-tapes combined with group therapy (Webster-Stratton & Reid, 2003), individual therapy sessions (Mihalic, Fagan, Irwin, Ballard, & Elliot, 2004) and telephone-counselling sessions (Markie-Dadds & Sanders, 2006a). Multi-level approaches usually opt for a combination of dissemination techniques, while more specialised programs may only select a single method.

The use of media materials as stand-alone self-directed programs, and in conjunction with therapeutic interventions, has become increasingly prevalent (Glasgow & Rosen, 1978). A major benefit of media-based parenting interventions is that they are accessible from the privacy of the home, providing parents who might not otherwise seek assistance, the parenting guidance that they need (Sanders & Turner, 2002). Media materials are also useful for parents who have difficulties in attending regular clinic-based sessions due to work commitments, transportation problems, lack of childcare, financial difficulties or geographic isolation (Markie-Dadds & Sanders, 2006b).

The mass media has been shown to be an effective dissemination method due to its ability to reach a broad population, targeting parents from various social backgrounds and levels of socio-economic status (SES) (Sanders, Montgomery, & Brechman-Toussaint, 2000). Universal Triple P (Level 1) is an example of a program which uses the mass media to disseminate parenting material, making use of television, radio segments and newspaper articles (Sanders & Turner, 2002).

An example of dissemination via the mass media is television shows, such as “Supernanny”, which have become a part of popular culture in western societies and are a well-liked means for parents to access parenting information (Calam, Sanders, Miller, Sadhnani, & Carmont, 2008). As part of a universal Triple P intervention, Sanders et al. (2000) assessed the impact of a 12-episode series, *Families*, on parents and their children displaying disruptive

behaviour. Parents were also provided with an accompanying parenting tip-sheet for each episode. The study revealed that this type of self-directed intervention, combining dissemination via a television series with accompanying tip-sheets, led to lower rates of disruptive child behaviour, while increasing feelings of competence amongst mothers.

Video-tape or DVD based parenting programs, such as the Incredible Years program, have also shown success in reducing disruptive child behaviour (Webster-Stratton & Reid, 2003). This program uses a 13-session (2 hours per session) group parent training program in which parents meet with a therapist in groups of between 8 and 12. During these sessions, parents watch video-tape clips demonstrating social learning and child development principles. These clips act as stimuli for focused discussions, problem solving and idea sharing. The Guiding Good Choices program similarly makes use of multimedia within a group setting, while combining it with individual counselling sessions (Mihalic et al., 2004).

Counselling as a method of dissemination is commonly used in parenting programs in the form of individual, group or telephone counselling or a combination of these (Sanders et al., 2003). Functional Family Therapy and Multisystemic Therapy are examples of rigorous clinical interventions using individual and group therapy to engage with family members to improve overall family functioning (Mihalic, et al., 2004). These therapies have resulted in long-term success in the prevention of juvenile delinquency and violence.

Written parenting materials are popular among parents and have several advantages when compared to traditional services (Markie-Dadds & Sanders, 2006b). They are inexpensive, easily accessible, can be used repeatedly, and can be disseminated to a large number of people (Starker, 1990). Triple P interventions frequently make use of written materials alongside telephone counselling to form an enhanced self-directed program (Markie-Dadds & Sanders, 2006b). Telephone counselling allows parents to receive parenting advice without the disadvantage of distance, stigma and threats to confidentiality (Morawska, Stallman, Sanders, & Ralph, 2005). It also provides a way in which counsellors can support involved parents, reiterate parenting tips and encourage parents to be responsible for modifying their own behaviour and their child's problem behaviours (Markie-Dadds & Sanders, 2006a).

A reason for combining these two dissemination methods is that most parents prefer some form of contact with a counsellor or professional, even if it is via telephone (Markie-Dadds & Sanders, 2006a). Enhanced self-directed programs have been shown to be more effective in

reducing disruptive child behaviours than self-help programs, which generally consist only of written materials (Markie-Dadds & Sanders, 2006a). Enhanced self-directed programs also tend to be preferred by parents.

Most of the literature on dissemination techniques tends to focus on the efficacy and success of various techniques in reducing child behaviour problems. Interestingly, there is very little literature which considers the preferences of the parents involved in parenting programs. Parental preferences provide useful information which could be used to increase the success of the parenting program. Program factors, including choice of delivery methods, have been associated with predicting parents' participation and engagement in programs (Matsumoto et al., 2009).

### **Barriers to Accessing Parenting Programs**

Despite the vast benefits of parenting programs, many parents experience barriers to accessing programs. The barrier of time constraints is mentioned frequently in the literature on parenting interventions. Time availability is closely associated with parent participation, with parents who have more available time being more likely to participate in programs than parents with less available time (Dumas, Nissley-Tsiopinis, & Moreland, 2007). Other barriers to accessing services include financial cost (Snell-Johns, Mendez, & Smith, 2004), timing of the program (Heinrichs, Bertram, Kuschel, & Hahlweg, 2005), transport difficulties, and lack of child care (Marsh, D'Aunno, & Smith, 2000).

Literature on access barriers as well as on issues surrounding cultural acceptability and dissemination techniques generally deal with program efficiency, but few consider the preferences of the parents involved.

### **Conclusion**

Throughout the reviewed literature there is an emphasis on the efficiency of parenting programs but little focus on parent preferences of delivery methods used to disseminate parenting material. Observations on why parents like or dislike various delivery methods in comparison to others are scarce. Parental preferences of dissemination techniques are clearly an understudied phenomenon in the literature.

A ranked order of parental preferences in terms of dissemination techniques does not seem to exist within the reviewed literature. The reviewed literature does, however, hint towards certain preferences. It is suggested that parents tend to prefer some form of contact with a

counsellor, even if it is via telephone counselling (Markie-Dadds & Sanders, 2006a). Where universal programs are concerned, parents tend to like receiving parenting material via the mass media, particularly television programs (Sanders et al., 2000). A likely reason for this is that television programs are often a source of entertainment and can be accessed in the privacy of the home.

This study explored the acceptability of Triple P, with a focus on Level 4 and 5 of the program, among women living in shelters in South Africa. The study aims were to determine whether participants could engage confidently with the Triple P material; to establish how participants preferred receiving the material; to identify potential barriers to engagement; and to investigate the acceptability of the material for mothers living in shelters.

## **Methods**

### **Research Design**

This study is cross-sectional and exploratory in nature. Mixed methods were used to gain the richest data possible. A questionnaire provided a quantitative means to assess the demographics of participants, their parenting ability and their general opinions of the Triple P material and its dissemination. Qualitative research methods were used to gain a deeper understanding of participants' attitudes and opinions. These methods provide a more sensitive and meaningful means of recording human experience and opinion than quantitative methods (Bless, Higson-Smith, & Kagee, 2006). Qualitative methods also allow the researcher to document relatively unrestricted and sometimes undiscovered areas that may have been neglected if only quantitative methods were used (Marecek, Fine & Kidder, 1997).

### **Participants**

Participants were recruited from two shelters for battered women in the Cape Metropolitan District. Participants were not drawn from this population merely on the basis that they are at greater risk of maltreating their children, but also because women are usually the primary caregivers and are often left with the responsibility of disciplining children.

Eligible participants had to be over the age of 18 years. They needed a basic proficiency in English to be able to participate fully in the study. Lastly, participants had to have at least one child between the ages of three and eight years. This age group was used to bring this study in line with other Triple P studies (for example Leung, Sanders, Leung, Mak, & Lau, 2003).



## **Sampling**

Shelters were recruited by means of snowball sampling. Shelter management was approached and the aims and requirements of the study were explained to them. Shelters willing to participate in the study were informed that feedback would be provided in the form of a copy of the completed thesis.

Participants were recruited using convenience sampling. This sampling technique produces a sample which aims to reflect the detailed thoughts and opinions of participants (Beatty & Willis, 2007). After the details of the study had been explained to potential participants, management selected those who matched the inclusion criteria. This was done in order to avoid creating conflict between residents. Management was provided with copies of written parenting material to hand to women for reading prior to the group meeting.

## **Data Collection Measures and Techniques**

The *Parent Opinions Questionnaire* (Morawska, unpublished), which was devised in Australia, was used in this study (see Appendix A). In order to better suit the participants, certain phrases and words within the questionnaire were changed. The questionnaire consisted of two main sections. The first section investigated demographic characteristics. Additional items from the *Hunger Scale Questionnaire* (Labadarios et al., 2005) and a question relating to household items owned by participants were added to this section to assess participants' SES. A question on household items also provided useful information as to which electronic resources were likely to be found in low-income households. This allowed the viability of disseminating parenting material via electronic resources, such as television, radio and internet, to be assessed.

The first section of the questionnaire also consisted of the *Parenting Scale* (PS; Arnold, O'Leary, Wolff, & Acker, 1993) which is used to measure the use of dysfunctional discipline styles. The PS is a 30-item measure of three dysfunctional discipline styles, namely laxness (permissive discipline), over-reactivity (displays of anger, meanness and irritability) and verbosity (lengthy verbal responses or reliance on talking). Each scale and the total score have good internal consistency (Cronbach's  $\alpha = .83, .82, .63$  and  $.84$  respectively) (Arnold et al., 1993). These scores were found in the United States among a sample of 168 mothers with children 18 to 48 months old.

The second section of the questionnaire consisted of two parts. The first part, which referred to a Triple P DVD depicting various parenting strategies, included sets of questions that

correspond to related sections of the DVD. Each set of questions was answered after the corresponding part of the DVD had been watched. These sets of questions collected participants' opinions on the various parenting strategies. After the full DVD had been shown, the last part of the questionnaire was completed. This assessed participants' opinions towards the DVD, written Triple P material, and the dissemination methods used by Triple P.

A group discussion ran simultaneously to the clip-by-clip set up of the DVD and questionnaire. This provided greater insight into participants' perceptions and opinions regarding Triple P parenting material and dissemination techniques. This method of data collection is well suited to this research as data generated through the social interaction of the group is often complex, providing deep insight into individuals' opinions (Rabiee, 2004).

### **Procedure**

The questionnaire was translated into Afrikaans. Both the English and Afrikaans versions were piloted on two residents at a different shelter from the ones used in the main study. A pilot was necessary to detect difficulties which may be experienced by the participants in completing the questionnaire. Alterations were made to words and phrases which were identified as unfamiliar or difficult to understand.

Each group session was conducted at the respective shelter. I conducted both group sessions and followed the same protocol to ensure consistency (see Appendix B) (Babbie & Mouton, 2006). After meeting the potential participants, I explained the purpose of the study, the study procedure, and what would be expected of them during this process. I made use of simple English throughout the data collection process in order to make the process inclusive for those who did not have English as a first language. Signed informed consent forms (see Appendix C) were collected from those willing to participate.

Participants completed the first section of the questionnaire. I went through the questionnaire slowly, ensuring participants understood each question. Participants then watched a clip of the DVD and completed the corresponding section of the questionnaire. After each corresponding section of the questionnaire was completed, a group discussion was conducted to access in depth opinions towards the parenting strategy. Participants were encouraged to share their opinions freely with the group. They were informed that all discussions would be recorded and the reason for doing this was explained.

Discussion was based around questions such as: “Did you find this strategy easy to follow?”, “Is it useful?” and “Could you see yourself using this strategy? Each discussion was guided so as to ascertain what participants thought of each strategy and what they believed the barriers to implementation to be. This sequence was repeated until the full DVD had been shown.

Once the entire questionnaire was completed, a group discussion followed. This discussion focused on participants’ opinions of the tip-sheet, DVD and the dissemination methods used by Triple P. Discussion was initiated by asking questions such as: “Would you find the tip-sheet helpful?” and “How would you prefer to receive the parenting material, and why?”. Participants then discussed the potential barriers to accessing Triple P. After the group discussion, participants were thanked for their participation and provided with a monetary reimbursement of 20 Rand. Participants also received a meal during the data collection process.

### **Data Analysis**

Quantitative data from the questionnaire was analysed using SPSS Version 17.0 (SPSS Inc., 2008). Basic descriptive statistics were all that was necessary to analyse the generated data sufficiently.

Data obtained via group discussion was transcribed. Transcribing is more than simply the act of putting verbal information into written words; it assists in the shaping of thematic expectations of the researcher (Parker, 2005). Once transcribed, the thematic approach, known as template analysis, was used to analyse the data (Crabtree & Miller, 1992). Template analysis involves the development of a coding “template”, which summarises themes identified by the researcher as important in a data set, and organises them in a meaningful and useful way (King, 1998). Template analysis allows for identification, analysis via coding, and reporting of patterns within data.

## **Results**

### **Demographic Characteristics of Participants**

The study sample consisted of 19 participants. The first group consisted of 9 participants and the other of 10 participants. Table 1 presents descriptive data on the demographic characteristics of participants. Most participants were of coloured ethnicity ( $n = 17, 89\%$ ) with one white and one black participant. All participants had a home language of English and/or

Afrikaans. The mean age of participants was 30.11 years. In terms of level of education, 13 participants (68%) had not completed high school. The same number was unemployed. The average number of children living with participants was 2.58 ( $SD = 1.22$ ).

Participants were likely to come from low socio-economic backgrounds. Before living in the shelter, 14 participants (74%) lived in formal structures while the other five participants had lived in shacks. On average 3.79 ( $SD = 2.35$ ) people had slept in the same room as the participant before they came to the shelter. Nearly half of the participants ( $n = 9$ , 47%) did not have access to electricity (See Table 2). The lack of a basic service, such as electricity, is closely related to poverty (Woolard & Leibbrandt, 1999). Although only 10 participants (53%) had access to electricity, 13 participants (68%) had access to a television. This may be due to participants running their televisions off motor car batteries.

Table 1

*Demographic Characteristics of Participants (N = 19)*

Characteristic	No. of participants (%)	Characteristic	No. of participants (%)
<i>Age</i>	$M = 30.11$ ( $SD = 4.43$ )	<i>Race</i>	
<i>Marital status</i>		Coloured	17 (90%)
Single	9 (48%)	Black	1 (5%)
Married	5 (26%)	White	1 (5%)
Separated/Divorced	4 (21%)	<i>Home language</i>	
Widowed	1 (5%)	English	10 (53%)
<i>Level of education</i>		Afrikaans	3 (16%)
Some primary school	1 (5%)	Both	6 (31%)
Grade 7	5 (26%)	<i>Employment status</i>	
Some high	7 (37%)	Full-time	1 (5%)
Grade 12	2 (11%)	Part-time	4 (21%)
Tertiary education	4 (21%)	Unemployed	13 (69%)
<i>Number of children in household</i>	$M = 2.58$ ( $SD = 1.22$ )	Student	1 (5%)

Table 2

*Household Amenities Owned by Participants (N = 19)*

Household item	No. of participants owning item (%)	Household item	No. of participants owning item (%)
Telephone (landline)	1 (5%)	Internet access	1 (5%)
Cellular phone	12 (63%)	DVD player	8 (42%)
Television	13 (68%)	Radio	8 (42%)
Electricity	10 (53%)	Motor car	2 (11%)
Computer	1 (5%)		

**Parenting Style and Competence**

Participants rated their experience of parenting using a 5-point Likert-type scale (1 = *not at all*, 5 = *extremely*). They generally found parenting to be moderately to very fulfilling ( $M = 3.84$ ,  $SD = 1.30$ ). Parenting was also experienced as slightly to moderately depressing ( $M = 2.16$ ,  $SD = 1.30$ ), demanding ( $M = 2.63$ ,  $SD = 1.38$ ) and stressful ( $M = 2.95$ ,  $SD = 1.30$ ). Most participants felt moderately confident in undertaking their parenting responsibilities. Seven participants (37%) had previously sought professional help for a social, emotional or behavioural problem that their child experienced. In all of these cases a social worker had been the professional approached for assistance.

Scores on the Parenting Scale (PS; Arnold et al., 1993), which measures the use of dysfunctional discipline styles, were high (see Table 3 below). Many participants had laxness, over-reactivity and verbosity scores higher than the clinical cut-off scores of 3.2, 3.1 and 4.1 respectively. Most participants ( $n = 15$ , 79%) had total scores above the clinical cut-off score of 3.2. The laxness and over-reactivity subscales as well as the total score had adequate internal consistency (Cronbach's  $\alpha = .67$ ,  $.79$ , and  $.68$  respectively). However, the verbosity subscale had an extremely low internal consistency (Cronbach's  $\alpha = .04$ ) and therefore cannot be used. The PS scores therefore indicate that the dysfunctional discipline styles of permissive discipline (laxness) and displays of anger, meanness and irritability (over-reactivity) were frequently used by participants.

Table 3

*Parenting Scale Scores (N = 19)*

	Mean	SD	No. of participants above clinical cut-off score	% of participants above clinical cut-off score
PS-laxness	3.38	.88	11	58%
PS-over-reactivity	3.60	1.25	13	68%
PS-verbosity*	4.49	.80	13	68%
PS-total	3.70	.61	15	79%

*Note.* \* The verbosity scale is unreliable ( $\alpha = .04$ ) and, therefore, cannot be used.

### **Literacy Levels of Participants**

The Flesch Readability Ease score of the questionnaire was 49.4. Scores are positioned on a 100-point scale, with higher scores indicating easier text (Koukos, 2009). A score of 49.4 indicates that the questionnaire is somewhat difficult to read and understand. This score is calculated by assessing the average sentence length in words, average word length in syllables, average percentage of ‘personal words’ and average percentage of ‘personal sentences’ in the document (Flesch, 1948). The questionnaire had a Flesch-Kincaid Grade Level (grade-level range, 0 to 12) of 7.6. This score indicates that an individual between Grade 6 and Grade 7 would be able to read and understand the document. This was concerning as six participants (31%) had only achieved an education level of Grade 7.

At the beginning of the data collection process, eight participants requested Afrikaans questionnaires. After reading the first page, five of them returned these for the English version. These participants commented that English was easier to read. A possible explanation for this is that many coloured Afrikaans speakers within the Western Cape communicate in a colloquial form of the language. These speakers may not feel completely comfortable with formal Afrikaans and may be more familiar with English. This preference for English over formal Afrikaans was also demonstrated when discussing the language used within the Triple P DVD.

### **Participants’ Opinions of Triple P Strategies**

Nearly half (47.4%) of participants had participated in a parenting program before. All participants seemed positive about Triple P and were interested in the possibility of participating in the program in the future. Using Likert-type scales (1 = *not at all*, 10 = *extremely*),

participants rated the acceptability, usefulness, the likelihood of using each parenting strategy, and the extent to which they are currently using each strategy. There is a positive bias in strategy ratings with the majority of ratings appearing on the high end of the scale. Mean scores for each variable are displayed in Tables 4 and 5.

**Strategies which promote competence and development.** Discussion revealed that participants were familiar with all the strategies except *Ask...Say...Do* and using behaviour charts. *Ask...Say...Do* is a technique which encourages children to learn new skills, for example, *Ask*: “What do we do just before we go to bed?” *Say*: “That’s right, we brush our teeth”. *Do*: “Brushing is difficult, I’ll help you put the toothpaste on your brush” (Sanders, 2007). Participants said that they would be interested in using these strategies should they learn how to implement them.

Through examining the mean scores for acceptability, all strategies were rated highly. Setting a good example ( $M = 9.00$ ,  $SD = 1.29$ ) was considered the most acceptable, with talking to children being rated the least so. Although giving attention ( $M = 9.11$ ,  $SD = 1.41$ ) was considered the most useful strategy, 11 participants (58%) saw barriers to implementing it.

**Strategies for managing misbehaviour.** Using quiet time ( $M = 4.67$ ,  $SD = 3.46$ ) and time out ( $M = 3.79$ ,  $SD = 3.01$ ) were the least used strategies. Some participants mentioned that they used a ‘naughty corner’ for handling misbehaviour and viewed this as similar to using quiet time and time-out. On average, these strategies were considered the least acceptable and useful as well as the least likely to be implemented. In discussion, participants mentioned that they would implement these strategies if they knew how to.

Table 4

*Attitudes of Participants Towards Triple P Strategies Promoting Development and Competence (N = 19)*

Strategy	Acceptability		Usefulness		Likely to implement		Currently in use		No. of participants	
	M (SD)	Missing	M (SD)	Missing	M (SD)	Missing	M (SD)	Missing	who saw barriers (%)	Missing
Quality time with children	8.11 (2.51)	-	8.47 (2.09)	-	6.68 (2.58)	-	6.65 (1.78)	-	11 (58%)	-
Talking to children	7.47 (2.96)	-	7.95 (2.55)	-	7.95 (1.96)	-	7.05 (2.04)	-	6 (32%)	-
Showing affection	7.79 (3.05)	-	8.89 (1.73)	-	8.21 (2.18)	-	7.58 (2.29)	-	5 (26%)	1
Using descriptive praise	8.63 (1.54)	-	8.37 (2.43)	-	8.16 (1.98)	-	7.68 (2.00)	-	3 (16%)	-
Giving attention	8.74 (1.37)	-	9.11 (1.41)	-	8.37 (1.67)	-	7.32 (1.80)	-	4 (21%)	-
Providing engaging activities	8.58 (1.61)	-	8.37 (1.57)	-	7.63 (1.26)	-	6.68 (1.63)	-	4 (22%)	1
Setting a good example	9.00 (1.29)	-	8.89 (1.45)	-	8.84 (1.38)	-	8.05 (1.65)	-	1 (6%)	3
Using Incidental Teaching	8.89 (1.28)	1	8.89 (1.23)	1	7.83 (1.76)	1	7.06 (1.80)	1	1 (11%)	3
Using Ask...Say...Do	8.37 (2.06)	-	8.47 (1.22)	-	7.69 (1.83)	-	6.63 (2.00)	-	4 (22%)	1
Using behaviour charts	7.78 (2.05)	1	7.83 (1.86)	1	7.50 (2.09)	1	4.55 (2.55)	-	6 (33%)	1

*Note.* Values are mean scores on a 10-point scale (1 = *not at all*, 10 = *extremely*)



Table 5

*Attitudes of Participants Towards Triple P Strategies for Managing Misbehavior (N = 19)*

Strategy	Acceptability		Usefulness		Likely to implement		Currently in use		No. of participants	
	M (SD)	Missing	M (SD)	Missing	M (SD)	Missing	M (SD)	Missing	who saw barriers (%)	Missing
Establishing ground rules	7.95 (2.07)	-	8.26 (2.23)	-	7.68 (2.24)	-	6.52 (2.17)	-	4 (22%)	1
Using directed discussion for rule breaking	7.22 (2.41)	1	7.78 (2.21)	1	7.44 (2.66)	1	7.05 (2.04)	-	3 (18%)	2
Using planned ignoring	7.39 (1.65)	1	7.89 (1.81)	1	7.39 (1.85)	1	6.72 (2.24)	1	2 (13%)	3
Giving clear calm instructions	7.84 (2.17)	-	8.42 (2.04)	-	7.89 (2.08)	-	6.89 (2.05)	-	2 (13%)	4
Backing up instructions with logical consequences	7.74 (2.00)	-	8.21 (1.84)	-	7.63 (2.56)	-	6.21 (2.44)	-	4 (21%)	3
Using quiet time for misbehavior	6.94 (2.90)	1	7.11 (2.64)	1	6.61 (3.03)	1	4.67 (3.46)	1	6 (38%)	3
Using time-out for serious misbehavior	6.63 (3.30)	-	6.53 (3.04)	-	5.79 (3.29)	-	3.79 (3.01)	-	3 (19%)	3

*Note.* Values are mean scores on a 10-point scale (1 = *not at all*, 10 = *extremely*)

### Delivery of Triple P Parenting Material

Using a Likert-type scale (1 = *not at all useful*, 10 = *extremely useful*), participants rated the extent to which they would find different ways of accessing Triple P useful. Ratings are shown in Table 6 below.

Table 6

*Participant Ratings of Delivery Methods From Most to Least Preferred (N = 19)*

Delivery method	Mean (SD)
Television program	8.95 (1.08)
Self-directed with telephone assistance	8.84 (1.26)
Individually-tailored programs	8.68 (2.31)
Parent seminar	8.53 (2.78)
Radio segment	8.42 (2.36)
Group programs	8.37 (2.29)
Workplace access	8.21 (2.39)
Self-directed	8.21 (2.39)
Newspaper article	8.00 (2.45)
Web-based program	5.84 (3.20)

*Note.* Values are mean scores on a 10-point scale (1 = *not at all useful*, 10 = *extremely useful*)

Questionnaire data revealed that delivery via a television program was, on average, most popular among participants ( $M = 8.95$ ,  $SD = 1.08$ ). Although participants liked this delivery method, it may not be the most viable as only 13 participants (68%) had had a television when they lived outside the shelter:

Not all of us have TV's. (Shelter 1)

But when we are here [the shelter] we have a TV. (Shelter 1)

Participants preferred the idea of a self-directed program with telephone assistance ( $M = 8.84$ ,  $SD = 1.26$ ) over self-directed programs without telephone assistance ( $M = 8.21$ ,  $SD = 1.78$ ). They may have liked the idea of the encouragement and social support that they would most likely receive from a practitioner. Should a self-directed intervention with telephone assistance be implemented, it would be more viable to contact participants via cellular phone rather than landline as more participants had access to the former:

You speak to someone long distance over the phone. Sometimes people can be more compassionate, and they can actually surprise you, and they listen to your problems. (Shelter 2)

In discussion, participants highlighted that they enjoy interacting in a group setting. Taking this into account, parent seminars and group programs would be very suitable methods of program delivery:

I like to sit in a group, you know, talking. (Shelter 1)

Each and everyone has an idea that can teach another one, where she didn't do it, she could pick up and do it. (Shelter 1)

Especially in the communities where we come from, people they tend to be in their shell. There is not a lot of people that would share their things with others, they feel ashamed or they feel shy or traumatised, you know, so this is a good thing [group seminars]. (Shelter 2)

You see, when you are with other people, it comes naturally to you. (Shelter 2)

Participants suggested that group programs and parent seminars should be conducted in common areas:

It's important outside, in the community, to maybe go to a library. (Shelter 1)

Even in a church. It's nice, you can get involved with church people, especially single parents, us single parents struggle a lot, we struggle. (Shelter 1)

Although delivery via newspaper articles is low in the rankings of delivery methods, participants still liked this method:

It would be very useful. (Shelter 2)

Especially sometimes they show in the magazines also, you know, about children and their behaviour. You can read about it. (Shelter 2)

Although some participants saw it as useful, the barrier of financial cost was raised:

Not all of us have money to buy every day newspapers. (Shelter 1)

Participants liked the idea of a radio segment, although only eight participants (42%) had access to a radio outside of the shelter. The last quote highlights that a radio segment can be listened to in the comfort of one's room:

That would be good. (Shelter 2)

Most people they listen to the radio. (Shelter 2)

And they like to phone in. (Shelter 2)

In their rooms yes. (Shelter 2)

Although most participants were unemployed, they said that workplace access would be useful for when they are employed one day:

It would be useful, very useful. (Shelter 2)

It is nice to learn about your children even if you are at work. Learn how to cope with them after work. (Shelter 2)

Web-based program were the least popular ( $M = 5.84$ ,  $SD = 3.20$ ). This is not surprising as only one participant had internet access.

### **Opinions of Triple P Written Parenting Resources**

Participants' opinions of both the Triple P tip sheets and parenting workbook were collected using a Likert-type scale (1 = *not at all*, 10 = *extremely*). Questionnaire data reflected that participants found these written materials to be relevant, useful, culturally appropriate and they indicated that they were likely to use them. During discussion, however, mixed feelings on these materials were revealed. Some participants stated that they would read the tip sheets and workbook and saw their benefits. Others mentioned that they would not read them due to time constraints and a dislike of reading:

It will be interesting, it will be helpful, because do you know, I want to raise my son in a better way, like I want to teach him, you know, every mom wants their child to have good manners, you know, to listen, so for me, it will be useful. (Shelter 1)

I won't look at that thing [tipsheet]. (Shelter 1)

I used to love reading, now I hate reading. (Shelter 1)

I know myself, you give me this papers and I put it away, you know, that's me.  
(Shelter 2)

Participants mentioned that they would prefer to receive 'hands-on' parenting advice, rather than written parenting material:

We like to see how the things are done, you know, we like to see how the children are being disciplined, so we can have a picture of how to do it with our own children.  
(Shelter 1)

I would rather watch the activity that we are doing and then memorise it in my head like that. (Shelter 1)

### **Opinions on the Triple P DVD**

Participants provided their opinions on the helpfulness and cultural suitability of the Triple P DVD, using a Likert-type scale (1 = *not at all*, 10 = *extremely*). All participants found the DVD helpful, with 12 of participants (63%) finding it extremely so. Participants did not believe that any changes needed to be made to it:

It's really helpful. (Shelter 1)

Yes, very helpful, I think we will try it if there is people that want to help me a bit, you know, just to remind what is what. (Shelter 2)

In the questionnaire, some participants identified cultural barriers and culturally inappropriate strategies as barriers to accessing Triple P (see Table 7). In discussion, however, all participants agreed that the Triple P DVD was, in fact, culturally appropriate. Both the strategies depicted in the DVD and the way in which it was narrated were considered culturally appropriate. An Afrikaans participant mentioned that the DVD is helpful "especially in English" (Shelter 1). This could be due, once again, to a possible preference of English over formal Afrikaans. Participants mentioned that the DVD would be suitable for other South African mothers:

For everybody it would work. (Shelter 2)

Disseminating parenting material via DVD may be easier in a shelter, where a television and DVD player are commonly found. Dissemination via DVD may be problematic in individual homes, as it is likely that few people within the target population

own these appliances. Under half of participants had owned a DVD player before moving into the shelter.

### **Barriers to Accessing Triple P**

Most participants (84%) identified financial cost as a barrier to accessing Triple P (see Table 7). This could be linked to 13 participants (68%) being unemployed. Transport difficulties could also be related to financial cost. No access to internet is undoubtedly a major barrier for web-based deliveries with only one participant having internet access. Only three participants (16%) felt uncomfortable with accessing a parenting program. Cultural barriers and culturally inappropriate strategies were considered barriers by only four and five participants respectively.

Table 7

*Barriers to Accessing Triple P Ranked From Strongest to Weakest Barrier (N = 19)*

Barrier	No. of participants who viewed this as a barrier (%)
Financial cost	16 (84%)
No access to internet	15 (79%)
Transport difficulties	14 (74%)
Location of services	12 (63%)
Timing of services	12 (63%)
Extended family not supportive	10 (53%)
Not able to get to program due to family members not being supportive	8 (42%)
No access to telephone	8 (42%)
Language barriers	6 (32%)
No access to radio	6 (32%)
No access to TV	6 (32%)
Access to childcare	5 (26%)
Competing work commitments	5 (26%)
Culturally inappropriate strategies	5 (26%)
Cultural barriers	4 (21%)
Not comfortable accessing a parenting program	3 (16%)

## Barriers to Implementing Triple P Strategies

Participants saw the value in using the strategies highlighted in the Triple P DVD. They were, however, able to identify various barriers to their implementation. Many participants mentioned that a lack of time would be the greatest barrier to using Triple P strategies:

But sometimes you are too busy. (Shelter 1)

There is hardly any time. (Shelter 2)

Most participants felt that living in a shelter increased time constraints. A busy schedule at the shelter, combined with dealing with emotional issues, looking for employment and so forth, left participants with little time for their children. Time constraints had a greater impact on the strategies of talking to your child, quality time and providing engaging activities:

The day is so full, and then you have to make that time for your kids and you feel that you are stripping them because you don't have the time. You are depriving them. (Shelter 1; talking to your child)

You are busy, busy sorting out your own emotional problems, and you are looking for work, looking for a job, you know, a place to stay, doing your duties on the premises, making time to pray, you know, then you are always busy, because they are at the crèche, but I mean on weekends at least you try also to take a walk with them, at least, on the weekend. Now, no, cause you are looking for a place, you are looking for a work, to get back out there, you know, to have your own life in the real world, so here there are rules that you must, you are constantly busy. There are workshops, there is prayer time, there are duties, and then you have got sometimes also your own things that you ponder about. Where is your life going to? (Shelter 2; quality time)

It is just once again the time here, they don't allow us, or myself to engage in activities that we would normally do outside. The time is always a barrier. (Shelter 2; providing engaging activities)

Both shelters in this study had a religious orientation, the one being Christian and the other Islamic. One Islamic participant highlighted that religious practices consume a lot of time. It must be noted, however, that this study was conducted during the month of Ramadan which involves fasting and prayer sessions throughout the day. It would be suggested that a parenting program not be implemented during this time:

This month is the preparation for the holy month, so now this month is dedicated to the prophet so you work towards finding, you know, the next month. Also, that month, the time limit where you mostly focus on prayer in that month, Ramadan, next month where we fast for 30 days. So also I think, if you are a fasting person, and you eat at night, what time are you going to have for that child because you must pray five times a day, you have to be awake early in the morning, you must continue doing your duties, and you are fasting. So I think that month is dedicated to God so there is not a lot of time, there is only one day I would say is the day of Eid, the day of celebration, like Christmas where the children is very important. (Shelter 2; quality time)

Participants noted that factors related to living in a shelter created other barriers to implementing Triple P strategies. These barriers included adapting to a new environment with new rules and norms and a lack of recreational facilities at the shelter where participants can spend quality time with their children. Time constraints appear once again in that participants do not have time for activities with their children outside of the shelter, such as going to the nearby park:

The facilities where we are living at, there is no activities on this premises where, parks is quite few and hours are extremely important here as well. Time going to take your kid to the park for example, coming back is the same, so you actually don't have time for your kids as much as you would like to give them. (Shelter 2; quality time)

Participants from one of the shelters have to share rooms with other women and children. This was identified as a barrier to spending quality time with children and managing misbehaviour:

I think that maybe if we each had our own room we would also spend more time with our children. (Shelter 2; quality time)

Discussion revealed that participants believed parenting to be more demanding in the shelter than in their own homes. They emphasized how having many other mothers and children in close proximity made it difficult to implement Triple P strategies, especially those for managing misbehaviour:

For us here in the shelter, other people will think why don't you do anything. (Shelter 1; using planned ignoring)

I just wanted to say that maybe if we aren't living here, at your own house maybe, then, because here, if your child is standing there and her child comes in they will stand together. It is not going to work. (Shelter 2; using quiet time)



For me personally, since being in here it's more that you actually have to talk to them or try to discipline them because the environment is completely different from where we came from. It's just a bit harder and more demanding, but I also try to make time. (Shelter 2; talking to your child)

Living in a shelter can be difficult for mothers who are used to the assistance of their partners, as they may experience less parenting and social support. Of course, there may be some synergy and support if all parents in the shelter used a similar parenting approach. They could then support each other. Living in a shelter is a major adjustment for children who are used to being disciplined by both parents:

He is running all over the place because he is seeing all different children and now he is getting out of hand also, and it is very hard because my husband he was always the firm one, who puts the rules, so he knows not to overstep. So now he is just adapting since we are here now. (Shelter 2; talking to your child)

With my husband, he gave them more attention than what I did. He was actually their role model. He used to play with them, kiss them. I never used to do that with them, when I feel like doing it, now it is a bit hard for me because he is not here and I must fulfil them. (Shelter 2; giving attention)

Daddy will have his own rules that side, and when he comes back to me I implement my own rules, so it is a bit challenging. (Shelter 2; using directed discussion)

Participants mentioned that being a single parent led to barriers to implementing Triple P strategies. Single parenthood can be a daunting task as all parenting responsibility falls onto one parent. Some participants had children who lived elsewhere in the week and were with their mother only on weekends. This was considered a barrier to implementing Triple P strategies as different discipline styles were used in each setting. The first quote below suggests that the participant may not be identifying with the role models portrayed in the DVD:

I have seen on the program [DVD] there is two parents involved, and in our circumstances, we are on our own, so I am also in this state, I am pregnant as well, so it is much more difficult, you see, cause we are one parent *and* we are in that moody situation *and* we have to see to the difficult child that is being difficult. (Shelter 2; talking to your child)

In my case again, where my kids are with my parents, but before I came here I was living there with them and I am telling you, it's hard, because I have my rules for them and they are used to it, they are so used to it. They know what they should do, and should not do. But then mom and dad comes along and they just get away with anything. And at first I used to have a problem, because my parents would allow them

to do it in my presence, but then afterwards I had to speak to them and had to reach a mutual agreement that that is just not right. From me they would just run to my parents because they can do what they like and get away with it. So that was a major barrier. I guess children always get their way with their grandparents but it is very important when it comes to the rules, then they should stick to them. (Shelter 1; using directed discussion)

Some participants noted that they lacked energy to interact with their children. Although many parents find parenting tiring, the experience of participants may be heightened by the busy shelter schedule, the stress of their personal situation and concerns about life after the shelter:

We go to the park, then I must run after [son] with the ball, and I'm getting tired. And I say, "No, go play with the other children." And sometimes he refuses. And I say, "No, I'm not going to run all the time with the ball. I kick the ball with them sometimes, and you know I get tired to run. (Shelter 1; quality time)

If you have the time, then you feel tired and are like, "No man, go to bed, I am tired". (Shelter 1; talking to your child)

Many participants were unemployed ( $n = 13$ , 68%) which may lead to financial strain. One participant highlighted how financial cost can be a barrier to providing engaging activities for children. She also expressed that she was not sure which activities to engage her children with:

I think with these things about finding activities, engaging activities, it is something that we are missing, and I think that in most of our cases too, is that it is affordability for these activities, most of us don't have a sustainable income even, or enough to buy our children puzzles and things like that, and it is actually frustrating as well, because they get bored and the only thing that they can do is play outdoors, unless we are educated to be able to give them things to do and things like that. So with me, I feel sad sometimes because I don't have, like now in the holidays, things to busy them with, and I went one day running after a puzzle here at the shop that was on special and there was no more left. It's frustrating. (Shelter 1; providing engaging activities)

A helpful addition to Triple P may be to provide parents with some training on low-cost activities for children.

Poor communication between parent and child was identified as a barrier to implementing parenting strategies. One participant mentioned that a barrier to implementing the strategy of 'talking to your child' is that she did not know what to talk about:

I don't know what to speak about. I sometimes struggle cause I don't know what to speak about. I don't know how to start a conversation. I don't know, unless I talk about God maybe, but other than that, I don't know. Or, "How is school?", but you know, not as we would have a conversation with the ladies. I don't know how to speak with them. (Shelter 1; talking to your child)

They don't listen. They only listen when I hit them, then they listen. Sometimes in the crèche, I used to help in the crèche, they don't listen, they do the opposite. When I have time, then I hit. I say stop it, stop it, stop it, and when it gets to the point that I am going to hit now, then I hit. I use the broom. You don't listen, you must listen. I don't play, I hit them. Especially the little one, since I cut his hair, he doesn't listen. (Shelter 1; using directed discussion)

A further barrier to implementing Triple P strategies was unresolved personal issues of participants:

I don't like hugging. Even when I was married, no hugging. But you have to do it, you know. When I pick up someone's child and they want a hug, I say, "No, no hug". Then they fight, "No, you mustn't hug my mother. I must hug my mother". So then I must get used to it now, to hug your child. Here, especially here. (Shelter 1; on showing affection)

It isn't always easy to say for me, with my eldest, I don't always praise him. It is hard for me, but I do try, now more than ever I try, but it isn't always easy. Sometimes you have your own problems, and you can't still praise, you know what I am saying, so, but you should [praise], it's a good thing. It makes them feel good. (Shelter 1; using descriptive praise)

Sometimes you have a short temper because you feel frustrated from something else that was bothering you, or you were disappointed for that day or, you know, things like that. (Shelter 2; on using planned ignoring)

One participant mentioned that a barrier to implementing the strategy of Ask...Say...Do is a fear of not being in control:

I do it for them myself. I can't let go, I brush their teeth myself, not like that. I wish I could just let go. I'm like a freak, it isn't healthy. Because they had this program in church with the social workers that used to work here, and he said I must brush their teeth in the morning and the night. And I said you must do it, but I always do it for you. And he said yes, but you don't let me do it by myself. And I thought wow, he wants do to do it, but I stop him. And they mess and I am so neat and I don't like them to mess like that, I freak out, so I do it myself. In that way I can stop it, I can control it. But I think I have the problem. It is a controlling problem, but I know they like to do it and it teaches them responsibility and all of those things. I think that they should do it themselves. (Shelter 1; Ask...Say...Do)

In summary, participants seemed to react positively to the Triple P material and were very interested in the possibility of accessing the program in the future. Despite a few Triple P strategies being unfamiliar to participants, strategies were generally found to be useful and culturally acceptable, and participants felt that they were likely to implement them. Participants showed a preference towards a traditional group program. Financial cost, transport difficulties and no internet access were identified as the greatest barriers to accessing Triple P. The greatest barriers to implementing Triple P strategies were living in a shelter and time constraints.

### **Discussion**

This study aimed to determine whether participants could engage confidently with the Triple P material; to establish how participants preferred receiving the material; to identify potential barriers to engagement; and to investigate the cultural suitability of the material to women living in shelters. Participants seemed to react positively to the Triple P parenting material and looked forward to the possibility of accessing the program in the future. Triple P was generally found to be useful and culturally acceptable. Participants showed a preference towards a traditional group program. Barriers to accessing Triple P included financial cost, transport difficulties and no internet access. Living in a shelter and time constraints were considered the greatest barriers to implementing Triple P strategies.

#### **Cultural Acceptability**

Participants found both the Triple P strategies and parenting material, including the DVD, tip-sheets and parenting workbook, to be culturally acceptable. This finding adds supports to the wide range of literature highlighting the cross-cultural suitability of Triple P (Turner & Sanders, 2007). A parenting program, such as Triple P, which has shown to be relevant to various cultural groups, is particularly suitable for a culturally diverse country like South Africa. This study was limited, however, in that the sample consisted almost solely of coloured mothers. It is not possible to tell whether or not mothers of other ethnic groups would find the Triple P material culturally appropriate, as parenting styles may differ. As a result, a similar study with a sample of black, isiXhosa speaking women is suggested to identify this group's attitudes towards Triple P.

#### **Dissemination Preferences**

Participants' preferences on dissemination methods differed between the questionnaire and those mentioned in group discussion. Future research could attempt to explain such a disparity. Analysis of the questionnaire data revealed that participants best

liked the idea of dissemination via a television program. Previous research has shown that this delivery method is well-liked among parents (Calam et al., 2008). When considering the low SES backgrounds of participants, the viability of disseminating parenting material via television and other electronic resources is questioned.

During discussion it became clear that participants would prefer to receive parenting material via a group program. They emphasized that they wanted to discuss parenting issues with one another. A likely reason for this preference is that participants would like the social support that group programs provide (Telleen, Herzog, & Kilbane, 1989). Parents are able to draw social support from one another while learning new parenting strategies. Group programs have been found to reduce parenting stress and feelings of social isolation (Telleen, Herzog, & Kilbane, 1989).

### **Barriers to Accessing Program**

Financial cost and transport difficulties were identified as the greatest barriers to accessing Triple P. A suggestion for future practice would be to provide a set monetary reimbursement to cover the transport costs of women to get to meetings. No internet access was also identified as a major barrier to accessing Triple P. This contrasts with the situation in Australia, where Triple P is increasingly making use of web-based support due to the commonness of owning a computer (Sanders, Calam, Durand, Liversidge & Carmont, 2008). Interestingly, participants did not rate lack of childcare as a barrier. This is most likely due to participants having access to childcare facilities at the shelters. Mothers may, however, not have access to childcare once they leave the shelter.

### **Barriers to Using Program Materials**

Literacy levels of participants were generally low. Participants struggled to read and understand the questionnaire which had a Flesch-Kincaid Grade Level of 7.6. Despite the questionnaire having been piloted and modified to better suit the intended population, it took approximately three times longer than expected to complete. This could be due to the relatively low education level of some participants, unfamiliarity of the questionnaire and language barriers. Some participants had to be assisted by myself and other participants, especially in understanding the questions in the demographics section. The participants who had difficulty understanding the questionnaire were also more withholding during group discussion. When encouraged, these participants began to share their opinions more freely.

Findings from this study indicate that dissemination methods which rely on written parenting material are best avoided. Participants saw the value of the parenting workbook and tip-sheets, but mentioned that realistically they would not read them. Low literacy levels may

be seen as a barrier to using these materials, even if not mentioned explicitly by participants. The Triple P DVD provides a useful media alternative to using written materials. Before a parenting program can be implemented, literacy levels of the targeted population must be tested.

### **Barriers to Implementing Strategies**

Living in a shelter was identified as the greatest barrier to implementing Triple P strategies. This setting put extra pressure on participants in terms of time constraints and privacy. Although the barriers relating to shelter living are only applicable to mothers in that setting, many of the other barriers identified by participants, such as single parenthood and lack of time and energy could be applicable to a broader range of mothers. It appears that identified barriers are simply magnified by living in a shelter. Surprisingly, there is limited literature on both parenting difficulties and parenting programs targeted at women living in shelters. This is a clear area for future research.

### **Implications for Shelters**

This study highlighted the parenting difficulties faced by many mothers living in shelters. In order to provide them with some of the parenting support they need, a suggestion would be to train shelter staff in the implementation of Triple P. Offering Triple P at shelters instead of at an outside venue is likely to be more convenient for mothers. This would eliminate the barriers of transport difficulties and financial cost. The DVD would be a good resource for shelters and community centres as these venues are likely to have the necessary electronic resources.

### **Limitations**

Although it appears that participants genuinely liked the idea of Triple P, social desirability response bias could provide an explanation for participants having consistently rated strategies and delivery methods very highly. Social desirability is “the tendency on the part of individuals to present themselves in a favorable light, regardless of their true feelings about an issue or topic” (Podsakoff, MacKenzie, Lee & Podsakoff, 2003, p. 881). The verbal responses of participants towards the written Triple P materials may, in fact, be hiding low literacy levels. Participants with low literacy levels may have felt embarrassed to tell an educated researcher that they had difficulties in reading the written resources.

Despite this being a limited study, it does highlight information on a particular group of women, namely coloured women living in shelters. This study is one of the first in South Africa which explores the preferences of parents towards parenting material and dissemination methods.

### **Conclusion**

Empirically-based parenting programs are needed in shelters for battered women to reduce the prevalence of social, emotional and behavioural problems in children who reside in these settings. This study found that Triple P and its positive parenting strategies were accepted and liked by mothers living in shelters. The parental preferences and barriers to program access revealed in this study, have implications for the institutionalization of Triple P. A suggestion would be to train shelter staff in the facilitation of Triple P group programs. Shelters should also be provided with the Triple P DVD. Findings from this study may also be useful in assisting program developers in making decisions about how best to disseminate parenting material to high risk mothers. The preference towards group programs may extend to a broader range of mothers; however, further research should be done in this area. Should a Triple P meeting take place at an external venue, covering the transport costs of participants should be considered as to avoid the barriers of financial cost and transport difficulties. The findings also encourage the study of the parental acceptance of Triple P among a broader range of South African mothers.

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## Appendix A

### Questionnaire



Department of Psychology  
University of Cape Town



## Parent Opinions Questionnaire

Adapted from: Morawska, A. Triple P: Parent Opinions Questionnaire. (unpublished).

## Family Background Questionnaire

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Please answer these questions about yourself and your child. For the questions which ask about your child, please answer them in relation to your child who is aged between 3 and 8 years old. If you have more than one child aged 3-8 years, please answer the questions in relation to your youngest child in the age range. For example if your children are aged 1, 4 and 7 please answer the parenting questions in relation to your 4 year old child.

---

1. **Your Age:** \_\_\_\_\_

2. **Sex:**     Male     Female

3. **Your current marital status:**

Single         Married         Divorced/ Separated         Widowed

Living as married

4. **What was your racial classification under the previous government?**

Black                       Coloured                       Asian

White

5. **Which of the following languages are spoken at home?** *(Please tick as many boxes as necessary).*

Afrikaans                       English                       Xhosa

Other *(Please specify)* \_\_\_\_\_

6. **Your highest level of education:**

No schooling                       Some primary school                       Grade7

Some high school                       Grade 12                       Tertiary education

Other *(Please specify)* \_\_\_\_\_

7. **Your current employment status:**

Full-time         Part-time         Unemployed         Student

If employed, what is your job? \_\_\_\_\_

If employed, how many hours per week? \_\_\_\_\_ hrs

8. **Does your household ever run out of money to buy food?**  Yes  No

8a. Has it happened in the past 30 days?  Yes  No

8b. Has it happened 5 or more days in the past 30 days?  Yes  No

9. **Do you ever cut the size of meals or skip any because there is not enough food in the house?**  Yes  No

9a. Has it happened in the past 30 days?  Yes  No

9b. Has it happened 5 or more days in the past 30 days?  Yes  No

10. **Do any of your children ever go to bed hungry because there is not enough money to buy food?**  Yes  No

10a. Has it happened in the past 30 days?  Yes  No

10b. Has it happened 5 or more days in the past 30 days?  Yes  No

11. **Which best describes the household in which your child is presently living?**

Original family (both biological or adoptive parents present)

Step family (two parents, one being a step parent)

Single parent family

Other (please describe) \_\_\_\_\_

12. **Number of children in your household:** \_\_\_\_\_

13. **What type of dwelling do you live in?**

Shack  Brick House  House with tiled roof

Flat  Other (please specify) \_\_\_\_\_

14. **How many people sleep in the room with you at night, when you are at home?**

\_\_\_\_\_

**15. Which of the following do you and your family have at home?**

- Telephone (landline)    Cell phone    Television    Electricity  
 Computer    Internet access    DVD player    Radio  
 Motor car

**16. Have you participated in a parenting program before?**

- Yes    No

**17. Have you sought professional help in the past for any social, emotional or behavioural problems your child has experienced?**    Yes    No

If yes, who did you seek help from?

- Doctor    Nurse    Teacher    Counsellor  
 Social Worker    Other (*Please specify*) \_\_\_\_\_

**18. To what extent do the following statements describe your experience as a parent in the last 6 weeks?**

	Not at all	Slightly	Moderately	Very	Extremely
Parenting is demanding	1	2	3	4	5
Parenting is stressful	1	2	3	4	5
Parenting is fulfilling	1	2	3	4	5
Parenting is depressing	1	2	3	4	5

**19. In the past 6 weeks, how confident have you felt to undertake your responsibilities as a parent?**

1	2	3	4	5
Not at all	Slightly	Moderately	Very	Extremely

20. **How supported have you felt in your role as a parent over the last 6 weeks?**

1	2	3	4	5
Not at all	Slightly	Moderately	Very	Extremely

21. **How supportive has your partner been towards you in your role as a parent over the last 6 weeks?**

Not Applicable – I don't have a partner

1	2	3	4	5
Not at all	Slightly	Moderately	Very	Extremely



## Parenting Scale

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At one time or another, all children misbehave or do things that could be harmful, that are “wrong”, or that parents don’t like. Examples include:

hitting someone	whining	throwing food
forgetting homework	not picking up toys	lying
having a tantrum	refusing to go to bed	coming home late
running into the street	arguing back	wanting a biscuit before dinner

Parents have many different ways or styles of dealing with these types of problems. Below are items that describe some styles of parenting.

For each item, circle the number that best describes your style of parenting during the past two months with your child.

---

### SAMPLE ITEM

#### **At meal time...**

I let my child decide how to eat.      1    **2**    3    4    5    6    7      I decide how much my child eats.

---

#### **1. When my child misbehaves...**

I do something right away.      1    2    3    4    5    6    7      I do something about it later.

#### **2. Before I do something about a problem...**

I give my child several reminders or warnings.      1    2    3    4    5    6    7      I use only one reminder or warning.

**3. When I'm upset or under stress...**

I am picky and on my child's back 1 2 3 4 5 6 7 I am no more picky than usual

**4. When I tell my child not to do something...**

I say very little. 1 2 3 4 5 6 7 I say a lot.

**5. When my child pesters me...**

I can ignore the pestering. 1 2 3 4 5 6 7 I can't ignore the pestering.

**6. When my child misbehaves...**

I usually get into a long argument with my child. 1 2 3 4 5 6 7 I don't get into an argument.

**7. I threaten to do things that...**

I am sure I can carry out. 1 2 3 4 5 6 7 I know I won't actually do it.

**8. I am the kind of parent that...**

sets limits on what my child is allowed to do. 1 2 3 4 5 6 7 lets my child do whatever he or she wants.

**9. When my child misbehaves...**

I give my child a long lecture. 1 2 3 4 5 6 7 I keep my talks short and to the point

**10. When my child misbehaves...**

I raise my voice or yell. 1 2 3 4 5 6 7 I speak to my child calmly.

**11. If saying no doesn't work right away...**

I take some other kind of action 1 2 3 4 5 6 7 I keep talking and trying to get through to my child.

**12. When I want my child to stop doing something...**

I firmly tell my child to stop. 1 2 3 4 5 6 7 I coax or beg my child to stop.

**13. When my child is out of my sight...**

I often don't know what my child is doing. 1 2 3 4 5 6 7 I always have a good idea of what my child is doing.

**14. After there's been a problem with my child...**

I often hold a grudge. 1 2 3 4 5 6 7 things get back to normal quickly

**15. When we're not at home...**

I handle my child the way I do at home. 1 2 3 4 5 6 7 I let my child get away with a lot more.

**16. When my child does something I don't like...**

I do something about it every time it happens. 1 2 3 4 5 6 7 I often let it go.

**17. When there's a problem with my child...**

things build up and I do things I don't mean to do. 1 2 3 4 5 6 7 things don't get out of hand.

**18. When my child misbehaves, I spank, slap, grab, or hit my child...**

never or rarely. 1 2 3 4 5 6 7 most of the time.

**19. When my child doesn't do what I ask...**

I often let it go or end up doing it myself. 1 2 3 4 5 6 7 I take some other action.

**20. When I give a fair threat or warning...**

I often don't carry it out. 1 2 3 4 5 6 7 I always do what I said.

**21. If saying no doesn't work...**

I take some other kind of action. 1 2 3 4 5 6 7 I offer my child something nice so he/she will behave.

**22. When my child misbehaves...**

I handle it without getting upset. 1 2 3 4 5 6 7 I get so frustrated or angry that my child can see I'm upset

**23. When my child misbehaves...**

I make my child tell me why he/she did it. 1 2 3 4 5 6 7 I say "No" or take some other action.

**24. If my child misbehaves and then acts sorry...**

I handle the problem like I usually would. 1 2 3 4 5 6 7 I let it go that time.

**25. When my child misbehaves...**

I rarely use bad language or curse. 1 2 3 4 5 6 7 I almost always use bad language.

**26. When I say my child can't do something...**

I let my child do it anyway. 1 2 3 4 5 6 7 I stick to what I said.

**27. When I have to handle a problem...**

I tell my child I am sorry about it. 1 2 3 4 5 6 7 I don't say I'm sorry.

**28. When my child does something I don't like, I insult my child, say mean things, or call my child names...**

never or rarely. 1 2 3 4 5 6 7 most of the time.

**29. If my child talks back or complains when I handle a problem...**

I ignore the complaining and stick to what I said. 1 2 3 4 5 6 7 I give my child a talk about not complaining.

**30. If my child gets upset when I say "No"...**

I back down and give in to my child. 1 2 3 4 5 6 7 I stick to what I said.

## Parent Questionnaire: Part 1

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A video will show a number of different parenting strategies. While watching the DVD, you will be asked to complete the questionnaire.

1. Each strategy will be presented on the DVD and you will be asked to complete questions for that strategy when the video is paused. Please show your responses for each strategy by circling a number for **each** of the **four** questions. You will then be asked to complete a set of questions measuring barriers to using these strategies. Please show your response by ticking the appropriate box and circling the number that best shows your response.
2. After the video please complete the second part of the questionnaire which includes questions on the content of the video and a tip sheet which you will receive, as well as questions relating to Triple P in general.

Please watch the video carefully and wait for instructions to answer each question when the video is paused. Once the video has finished, please answer the second part of the questionnaire.

---

## STRATEGIES TO PROMOTE CHILDREN'S COMPETENCE AND DEVELOPMENT

### Strategy 1: Spending Quality Time with Children:

1. How *acceptable* is this as a strategy for your child?

1	2	3	4	5	6	7	8	9	10
Not at all acceptable								Extremely acceptable	

2. How *useful* would this strategy be for your child?

1	2	3	4	5	6	7	8	9	10
Not at all useful								Extremely useful	

3. How *likely* are you to use this strategy with your child?

1	2	3	4	5	6	7	8	9	10
Not at all likely								Extremely likely	

4. How *often* do you *currently* use this strategy with your child?

1	2	3	4	5	6	7	8	9	10
Never		Seldom		Sometimes		Often		Always	

5. Are there *barriers* that would stop you using this strategy with your child?

a) Yes  No

b) If so, what are they?

Please tick all barriers that apply

To what extent would this barrier stop  
you from using the strategy?

	Not at all	Sometimes	Very much
<input type="checkbox"/> It takes too much time	1	2	3
<input type="checkbox"/> The strategy won't work for my child	1	2	3
<input type="checkbox"/> Other family members or caregivers do not like this strategy	1	2	3
<input type="checkbox"/> I don't feel confident in using this strategy	1	2	3
<input type="checkbox"/> Family members would not support me in using this strategy	1	2	3
<input type="checkbox"/> The strategy is against my cultural beliefs or values	1	2	3

Strategy 2: Talking to Children:

**1. How *acceptable* is this as a strategy for your child?**

1	2	3	4	5	6	7	8	9	10
Not at all acceptable								Extremely acceptable	

**2. How *useful* would this strategy be for your child?**

1	2	3	4	5	6	7	8	9	10
Not at all useful								Extremely useful	

**3. How *likely* are you to use this strategy with your child?**

1	2	3	4	5	6	7	8	9	10
Not at all likely								Extremely likely	

**4. How *often* do you *currently* use this strategy with your child?**

1	2	3	4	5	6	7	8	9	10
Never			Seldom		Sometimes		Often		Always

**5. Are there *barriers* that would stop you using this strategy with your child?**

a) Yes  No

b) If so, what are they?

Please tick all barriers that apply

To what extent would this barrier stop you from using the strategy?

	To what extent would this barrier stop you from using the strategy?						
	Not at all	Sometimes			Very much		
	1	2	3	4	5	6	7
<input type="checkbox"/> It takes too much time	1	2	3	4	5	6	7
<input type="checkbox"/> The strategy won't work for my child	1	2	3	4	5	6	7
<input type="checkbox"/> Other family members or caregivers do not like this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> I don't feel confident in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> Family members would not support me in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> The strategy is against my cultural beliefs or values	1	2	3	4	5	6	7

**Strategy 3: Showing Affection:**

**1. How *acceptable* is this as a strategy for your child?**

1	2	3	4	5	6	7	8	9	10
Not at all acceptable								Extremely acceptable	

**2. How *useful* would this strategy be for your child?**

1	2	3	4	5	6	7	8	9	10
Not at all useful								Extremely useful	

**3. How *likely* are you to use this strategy with your child?**

1	2	3	4	5	6	7	8	9	10
Not at all likely								Extremely likely	

**4. How *often* do you *currently* use this strategy with your child?**

1	2	3	4	5	6	7	8	9	10
Never			Seldom		Sometimes		Often		Always

**5. Are there *barriers* that would stop you using this strategy with your child?**

a) Yes  No

b) If so, what are they?

To what extent would this barrier stop you from using the strategy?

Please tick all barriers that apply

	To what extent would this barrier stop you from using the strategy?						
	Not at all	Sometimes			Very much		
	1	2	3	4	5	6	7
<input type="checkbox"/> It takes too much time	1	2	3	4	5	6	7
<input type="checkbox"/> The strategy won't work for my child	1	2	3	4	5	6	7
<input type="checkbox"/> Other family members or caregivers do not like this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> I don't feel confident in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> Family members would not support me in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> The strategy is against my cultural beliefs or values	1	2	3	4	5	6	7

**Strategy 4: Using Descriptive Praise:**



**1. How *acceptable* is this as a strategy for your child?**

1            2            3            4            5            6            7            8            9            10

Not at all acceptable Extremely acceptable

**2. How *useful* would this strategy be for your child?**

1            2            3            4            5            6            7            8            9            10

Not at all useful Extremely useful

**3. How *likely* are you to use this strategy with your child?**

1            2            3            4            5            6            7            8            9            10

Not at all likely Extremely likely

**4. How *often* do you *currently* use this strategy with your child?**

1            2            3            4            5            6            7            8            9            10

Never                      Seldom                      Sometimes                      Often                      Always

**5. Are there *barriers* that would stop you using this strategy with your child?**

a) Yes  No

b) If so, what are they?

Please tick all barriers that apply

To what extent would this barrier stop you from using the strategy?

	To what extent would this barrier stop you from using the strategy?						
	Not at all	Sometimes			Very much		
	1	2	3	4	5	6	7
<input type="checkbox"/> It takes too much time	1	2	3	4	5	6	7
<input type="checkbox"/> The strategy won't work for my child	1	2	3	4	5	6	7
<input type="checkbox"/> Other family members or caregivers do not like this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> I don't feel confident in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> Family members would not support me in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> The strategy is against my cultural beliefs or values	1	2	3	4	5	6	7

**Strategy 5: Giving Attention:**

**1. How *acceptable* is this as a strategy for your child?**

1	2	3	4	5	6	7	8	9	10
Not at all acceptable								Extremely acceptable	

**2. How *useful* would this strategy be for your child?**

1	2	3	4	5	6	7	8	9	10
Not at all useful								Extremely useful	

**3. How *likely* are you to use this strategy with your child?**

1	2	3	4	5	6	7	8	9	10
Not at all likely								Extremely likely	

**4. How *often* do you *currently* use this strategy with your child?**

1	2	3	4	5	6	7	8	9	10
Never			Seldom		Sometimes		Often		Always

**5. Are there *barriers* that would stop you using this strategy with your child?**

a) Yes  No

b) If so, what are they?

To what extent would this barrier stop you from using the strategy?

Please tick all barriers that apply

	To what extent would this barrier stop you from using the strategy?								
	Not at all	1	2	3	4	5	6	7	Very much
<input type="checkbox"/> It takes too much time	1	2	3	4	5	6	7		
<input type="checkbox"/> The strategy won't work for my child	1	2	3	4	5	6	7		
<input type="checkbox"/> Other family members or caregivers do not like this strategy	1	2	3	4	5	6	7		
<input type="checkbox"/> I don't feel confident in using this strategy	1	2	3	4	5	6	7		
<input type="checkbox"/> Family members would not support me in using this strategy	1	2	3	4	5	6	7		
<input type="checkbox"/> The strategy is against my cultural beliefs or values	1	2	3	4	5	6	7		

**Strategy 6: Providing Engaging Activities:****1. How *acceptable* is this as a strategy for your child?**

1	2	3	4	5	6	7	8	9	10
Not at all acceptable								Extremely acceptable	

**2. How *useful* would this strategy be for your child?**

1	2	3	4	5	6	7	8	9	10
Not at all useful								Extremely useful	

**3. How *likely* are you to use this strategy with your child?**

1	2	3	4	5	6	7	8	9	10
Not at all likely								Extremely likely	

**4. How *often* do you *currently* use this strategy with your child?**

1	2	3	4	5	6	7	8	9	10
Never		Seldom		Sometimes		Often		Always	

**5. Are there *barriers* that would stop you using this strategy with your child?**

a) Yes  No

b) If so, what are they

To what extent would this barrier stop you from using the strategy?

Please tick all barriers that apply

	To what extent would this barrier stop you from using the strategy?						
	Not at all	Sometimes			Very much		
	1	2	3	4	5	6	7
<input type="checkbox"/> It takes too much time	1	2	3	4	5	6	7
<input type="checkbox"/> The strategy won't work for my child	1	2	3	4	5	6	7
<input type="checkbox"/> Other family members or caregivers do not like this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> I don't feel confident in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> Family members would not support me in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> The strategy is against my cultural beliefs or values	1	2	3	4	5	6	7

**Strategy 7: Setting a Good Example:**

**1. How *acceptable* is this as a strategy for your child?**

1          2          3          4          5          6          7          8          9          10

Not at all acceptable Extremely acceptable

**2. How *useful* would this strategy be for your child?**

1          2          3          4          5          6          7          8          9          10

Not at all useful Extremely useful

**3. How *likely* are you to use this strategy with your child?**

1          2          3          4          5          6          7          8          9          10

Not at all likely Extremely likely

**4. How *often* do you *currently* use this strategy with your child?**

1          2          3          4          5          6          7          8          9          10

Never Seldom Sometimes Often Always

**5. Are there *barriers* that would stop you using this strategy with your child?**

- a) Yes                    No
- b) If so, what are they

To what extent would this barrier stop you from using the strategy?

Please tick all barriers that apply

		To what extent would this barrier stop you from using the strategy?						
		Not at all	Sometimes			Very much		
		1	2	3	4	5	6	7
<input type="checkbox"/>	It takes too much time	1	2	3	4	5	6	7
<input type="checkbox"/>	The strategy won't work for my child	1	2	3	4	5	6	7
<input type="checkbox"/>	Other family members or caregivers do not like this strategy	1	2	3	4	5	6	7
<input type="checkbox"/>	I don't feel confident in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/>	Family members would not support me in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/>	The strategy is against my cultural beliefs or values	1	2	3	4	5	6	7

**Strategy 8: Using Incidental Teaching:**

**1. How *acceptable* is this as a strategy for your child?**

1	2	3	4	5	6	7	8	9	10
Not at all acceptable								Extremely acceptable	

**2. How *useful* would this strategy be for your child?**

1	2	3	4	5	6	7	8	9	10
Not at all useful								Extremely useful	

**3. How *likely* are you to use this strategy with your child?**

1	2	3	4	5	6	7	8	9	10
Not at all likely								Extremely likely	

**4. How *often* do you *currently* use this strategy with your child?**

1	2	3	4	5	6	7	8	9	10
Never		Seldom		Sometimes		Often		Always	

**5. Are there *barriers* that would stop you using this strategy with your child?**

a) Yes  No

b) If so, what are they?

To what extent would this barrier stop you from using the strategy?

Please tick all barriers that apply

	To what extent would this barrier stop you from using the strategy?						
	Not at all	Sometimes					Very much
	1	2	3	4	5	6	7
<input type="checkbox"/> It takes too much time	1	2	3	4	5	6	7
<input type="checkbox"/> The strategy won't work for my child	1	2	3	4	5	6	7
<input type="checkbox"/> Other family members or caregivers do not like this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> I don't feel confident in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> Family members would not support me in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> The strategy is against my cultural beliefs or values	1	2	3	4	5	6	7

**Strategy 9: Using Ask . . . Say . . . Do . . . :****1. How *acceptable* is this as a strategy for your child?**

1            2            3            4            5            6            7            8            9            10

Not at all acceptable Extremely acceptable

**2. How *useful* would this strategy be for your child?**

1            2            3            4            5            6            7            8            9            10

Not at all useful Extremely useful

**3. How *likely* are you to use this strategy with your child?**

1            2            3            4            5            6            7            8            9            10

Not at all likely Extremely likely

**4. How often do you *currently* use this strategy with your child?**

1            2            3            4            5            6            7            8            9            10

Never Seldom Sometimes Often Always

**5. Are there *barriers* that would stop you using this strategy with your child?**

a) Yes  No

b) If so, what are they?

To what extent would this barrier stop you from using the strategy?

Please tick all barriers that apply

	To what extent would this barrier stop you from using the strategy?						
	Not at all	Sometimes			Very much		
	1	2	3	4	5	6	7
<input type="checkbox"/> It takes too much time	1	2	3	4	5	6	7
<input type="checkbox"/> The strategy won't work for my child	1	2	3	4	5	6	7
<input type="checkbox"/> Other family members or caregivers do not like this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> I don't feel confident in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> Family members would not support me in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> The strategy is against my cultural beliefs or values	1	2	3	4	5	6	7

**Strategy 10: Using Behaviour Charts:**

**1. How *acceptable* is this as a strategy for your child?**

1            2            3            4            5            6            7            8            9            10

Not at all acceptable Extremely acceptable

**2. How *useful* would this strategy be for your child?**

1            2            3            4            5            6            7            8            9            10

Not at all useful Extremely useful

**3. How *likely* are you to use this strategy with your child?**

1            2            3            4            5            6            7            8            9            10

Not at all likely Extremely likely

**4. How *often* do you *currently* use this strategy with your child?**

1            2            3            4            5            6            7            8            9            10

Never                                  Seldom                                  Sometimes                                  Often                                  Always

**5. Are there *barriers* that would stop you using this strategy with your child?**

a) Yes                                   No

b) If so, what are they?

To what extent would this barrier stop you from using the strategy?

Please tick all barriers that apply

	To what extent would this barrier stop you from using the strategy?						
	Not at all	Sometimes			Very much		
	1	2	3	4	5	6	7
<input type="checkbox"/> It takes too much time	1	2	3	4	5	6	7
<input type="checkbox"/> The strategy won't work for my child	1	2	3	4	5	6	7
<input type="checkbox"/> Other family members or caregivers do not like this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> I don't feel confident in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> Family members would not support me in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> The strategy is against my cultural beliefs or values	1	2	3	4	5	6	7

## STRATEGIES FOR MANAGING MISBEHAVIOUR

### Strategy 1: Establishing Ground Rules:

#### 1. How *acceptable* is this as a strategy for your child?

1            2            3            4            5            6            7            8            9            10

Not at all acceptable Extremely acceptable

#### 2. How *useful* would this strategy be for your child?

1            2            3            4            5            6            7            8            9            10

Not at all useful Extremely useful

#### 3. How *likely* are you to use this strategy with your child?

1            2            3            4            5            6            7            8            9            10

Not at all likely Extremely likely

#### 4. How *often* do you *currently* use this strategy with your child?

1            2            3            4            5            6            7            8            9            10

Never                                  Seldom                                  Sometimes                                  Often                                  Always

#### 5. Are there *barriers* that would stop you using this strategy with your child?

- a) Yes             No
- b) If so, what are they?

Please tick all barriers that apply

		To what extent would this barrier stop you from using the strategy?						
		Not at all		Sometimes			Very much	
		1	2	3	4	5	6	7
<input type="checkbox"/>	It takes too much time	1	2	3	4	5	6	7
<input type="checkbox"/>	The strategy won't work for my child	1	2	3	4	5	6	7
<input type="checkbox"/>	Other family members or caregivers do not like this strategy	1	2	3	4	5	6	7
<input type="checkbox"/>	I don't feel confident in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/>	Family members would not support me in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/>	The strategy is against my cultural beliefs or values	1	2	3	4	5	6	7



**Strategy 2: Using Directed Discussion for Rule Breaking:**

**1. How *acceptable* is this as a strategy for your child?**

1	2	3	4	5	6	7	8	9	10
Not at all acceptable								Extremely acceptable	

**2. How *useful* would this strategy be for your child?**

1	2	3	4	5	6	7	8	9	10
Not at all useful								Extremely useful	

**3. How *likely* are you to use this strategy with your child?**

1	2	3	4	5	6	7	8	9	10
Not at all likely								Extremely likely	

**4. How *often* do you *currently* use this strategy with your child?**

1	2	3	4	5	6	7	8	9	10
Never			Seldom		Sometimes		Often		Always

**5. Are there *barriers* that would stop you using this strategy with your child? (Please tick)**

a) Yes  No

b) If so, what are they?

Please tick all barriers that apply

To what extent would this barrier stop you from using the strategy?

	To what extent would this barrier stop you from using the strategy?						
	Not at all	Sometimes			Very much		
	1	2	3	4	5	6	7
<input type="checkbox"/> It takes too much time	1	2	3	4	5	6	7
<input type="checkbox"/> The strategy won't work for my child	1	2	3	4	5	6	7
<input type="checkbox"/> Other family members or caregivers do not like this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> I don't feel confident in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/> Family members would not support me in using this strategy	1	2	3	4	5	6	7

The strategy is against my cultural beliefs or values 1 2 3 4 5 6 7

**Strategy 3: Using Planned Ignoring for Minor Problem Behaviours:**

**1. How *acceptable* is this as a strategy for your child?**

1 2 3 4 5 6 7 8 9 10  
Not at all acceptable Extremely acceptable

**2. How *useful* would this strategy be for your child?**

1 2 3 4 5 6 7 8 9 10  
Not at all useful Extremely useful

**3. How *likely* are you to use this strategy with your child?**

1 2 3 4 5 6 7 8 9 10  
Not at all likely Extremely likely

**4. How *often* do you *currently* use this strategy with your child?**

1 2 3 4 5 6 7 8 9 10  
Never Seldom Sometimes Often Always

**5. Are there *barriers* that would stop you using this strategy with your child?**

a) Yes  No

b) If so, what are they?

To what extent would this barrier stop you from using the strategy?

Please tick all barriers that apply

Not at all Sometimes Very much

It takes too much time 1 2 3 4 5 6 7

The strategy won't work for my child 1 2 3 4 5 6 7

Other family members or caregivers do not like this strategy 1 2 3 4 5 6 7

I don't feel confident in using this strategy 1 2 3 4 5 6 7

Family members would not support me in using this strategy 1 2 3 4 5 6 7

The strategy is against my cultural beliefs or values 1 2 3 4 5 6 7

**Strategy 4: Giving Clear, Calm Instructions:**

**1. How *acceptable* is this as a strategy for your child?**

1 2 3 4 5 6 7 8 9 10  
 Not at all acceptable Extremely acceptable

**2. How *useful* would this strategy be for your child?**

1 2 3 4 5 6 7 8 9 10  
 Not at all useful Extremely useful

**3. How *likely* are you to use this strategy with your child?**

1 2 3 4 5 6 7 8 9 10  
 Not at all likely Extremely likely

**4. How *often* do you *currently* use this strategy with your child?**

1 2 3 4 5 6 7 8 9 10  
 Never Seldom Sometimes Often Always

**5. Are there *barriers* that would stop you using this strategy with your child?**

- a) Yes  No   
 b) If so, what are they?

To what extent would this barrier stop you from using the strategy?

Please tick all barriers that apply

Not at all		Sometimes			Very much	
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7

- It takes too much time
- The strategy won't work for my child
- Other family members or caregivers do not like this strategy
- I don't feel confident in using this strategy
- Family members would not support me in using this strategy

The strategy is against my cultural beliefs or values 1 2 3 4 5 6 7

**Strategy 5: Backing up Instructions with Logical Consequences:**

**1. How *acceptable* is this as a strategy for your child?**

1 2 3 4 5 6 7 8 9 10  
Not at all acceptable Extremely acceptable

**2. How *useful* would this strategy be for your child?**

1 2 3 4 5 6 7 8 9 10  
Not at all useful Extremely useful

**3. How *likely* are you to use this strategy with your child?**

1 2 3 4 5 6 7 8 9 10  
Not at all likely Extremely likely

**4. How *often* do you *currently use* this strategy with your child?**

1 2 3 4 5 6 7 8 9 10  
Never Seldom Sometimes Often Always

**5. Are there *barriers* that would stop you using this strategy with your child?**

a) Yes  No

b) If so, what are they?

To what extent would this barrier stop you from using the strategy?

Please tick all barriers that apply

Not at all Sometimes Very much

<input type="checkbox"/>	It takes too much time	1	2	3	4	5	6	7
<input type="checkbox"/>	The strategy won't work for my child	1	2	3	4	5	6	7
<input type="checkbox"/>	Other family members or caregivers do not like this strategy	1	2	3	4	5	6	7
<input type="checkbox"/>	I don't feel confident in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/>	Family members would not support me in using this strategy	1	2	3	4	5	6	7

The strategy is against my cultural beliefs or values 1 2 3 4 5 6 7

**Strategy 6: Using Quiet Time for Misbehaviour:**

**1. How *acceptable* is this as a strategy for your child?**

1 2 3 4 5 6 7 8 9 10  
Not at all acceptable Extremely acceptable

**2. How *useful* would this strategy be for your child?**

1 2 3 4 5 6 7 8 9 10  
Not at all useful Extremely useful

**3. How *likely* are you to use this strategy with your child?**

1 2 3 4 5 6 7 8 9 10  
Not at all likely Extremely likely

**4. How *often* do you *currently* use this strategy with your child?**

1 2 3 4 5 6 7 8 9 10  
Never Seldom Sometimes Often Always

**5. Are there *barriers* that would stop you using this strategy with your child?**

- a) Yes  No
- b) If so, what are they?

To what extent would this barrier stop you from using the strategy?

Please tick all barriers that apply

Not at all Sometimes Very much

<input type="checkbox"/>	It takes too much time	1	2	3	4	5	6	7
<input type="checkbox"/>	The strategy won't work for my child	1	2	3	4	5	6	7
<input type="checkbox"/>	Other family members or caregivers do not like this strategy	1	2	3	4	5	6	7
<input type="checkbox"/>	I don't feel confident in using this strategy	1	2	3	4	5	6	7
<input type="checkbox"/>	Family members would not support me in using this strategy	1	2	3	4	5	6	7

The strategy is against my cultural beliefs or values 1 2 3 4 5 6 7

**Strategy 7: Using Time-Out for Serious Misbehaviour:**

**1. How *acceptable* is this as a strategy for your child?**

1 2 3 4 5 6 7 8 9 10  
Not at all acceptable Extremely acceptable

**2. How *useful* would this strategy be for your child?**

1 2 3 4 5 6 7 8 9 10  
Not at all useful Extremely useful

**3. How *likely* are you to use this strategy with your child?**

1 2 3 4 5 6 7 8 9 10  
Not at all likely Extremely likely

**4. How *often* do you *currently* use this strategy with your child?**

1 2 3 4 5 6 7 8 9 10  
Never Seldom Sometimes Often Always

**5. Are there *barriers* that would stop you using this strategy with your child?**

a) Yes  No

b) If so, what are they?

	Not at all	Sometimes	Very much
<input type="checkbox"/> It takes too much time	1 2 3 4 5 6 7		
<input type="checkbox"/> The strategy won't work for my child	1 2 3 4 5 6 7		
<input type="checkbox"/> Other family members or caregivers do not like this strategy	1 2 3 4 5 6 7		
<input type="checkbox"/> I don't feel confident in using this strategy	1 2 3 4 5 6 7		
<input type="checkbox"/> Family members would not support me in using this strategy	1 2 3 4 5 6 7		
<input type="checkbox"/> The strategy is against my cultural beliefs or values	1 2 3 4 5 6 7		

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## Parent Questionnaire Part 2: Video

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After watching all of the video please answer the following questions.

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### 1. How helpful did you find this video

1	2	3	4	5	6	7	8	9	10
Not at all		Slightly				Very			Extremely
helpful		helpful				helpful			helpful

### 2. Please rate the extent to which you found the examples in the video culturally appropriate

1	2	3	4	5	6	7	8	9	10
Not at all		Slightly				Very			Extremely
appropriate		appropriate				appropriate			appropriate

If your rating was 5 or below please list your concerns with the video examples:

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### 3. Please rate the extent to which you found the way people spoke on the video culturally appropriate

1	2	3	4	5	6	7	8	9	10
Not at all		Slightly				Very			Extremely
appropriate		appropriate				appropriate			appropriate

If your rating was 5 or below please list your concerns with the way people spoke on the video:

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## Parent Questionnaire Part 2: Tip Sheets

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Please take a moment to read through the provided tip sheet. After you finish reading please answer the remaining questions.

---

**1. How relevant did you find this tip sheet?**

1	2	3	4	5	6	7	8	9	10
Not at all relevant			Slightly relevant			Very relevant			Extremely relevant

**2. How useful did you find this tip sheet?**

1	2	3	4	5	6	7	8	9	10
Not at all useful			Slightly useful			Very useful			Extremely useful

**3. To what extent would you use the ideas in the tip sheet with your child at home?**

1	2	3	4	5	6	7	8	9	10
Never			Seldom		Sometimes		Often		Always

**4. Please rate the extent to which you found this tip sheet culturally appropriate**

1	2	3	4	5	6	7	8	9	10
Not at all appropriate			Slightly appropriate			Very appropriate			Extremely appropriate

If your rating was 5 or below please list your concerns with the tip sheet:

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**5. Triple P offers tip sheets on a variety of issues how interested would you be in accessing other tip sheets?**

1	2	3	4	5	6	7	8	9	10
Not at all interested			Slightly interested			Very interested			Extremely interested



## Parent Questionnaire Part 2: Delivery

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The Triple P parenting program offers a wide range of ways to access the program. The following questions ask you to rate the extent to which you would find different ways of accessing the program useful.

---

**1. Television program e.g., a reality TV series that shows how parents work through a parenting program to manage social, emotional and behavioural problems in their children.**

1	2	3	4	5	6	7	8	9	10
Not at all			Slightly			Very			Extremely
useful			useful			useful			useful

**2. Web-based program e.g., work through a series of web pages to assist with parenting**

1	2	3	4	5	6	7	8	9	10
Not at all			Slightly			Very			Extremely
useful			useful			useful			useful

**3. Newspaper Article e.g., weekly article discussing Triple P and applying it to a range of childhood problems and behaviours**

1	2	3	4	5	6	7	8	9	10
Not at all			Slightly			Very			Extremely
useful			useful			useful			useful

**4. Radio Segment e.g., a regular radio segment discussing Triple P and applying it to a range of childhood problems and behaviours, giving listeners the opportunity to call in and ask questions**

1	2	3	4	5	6	7	8	9	10
Not at all			Slightly			Very			Extremely
useful			useful			useful			useful

**5. Self Directed e.g. work through the program on your own using a detailed workbook with readings and homework exercises**

1	2	3	4	5	6	7	8	9	10
Not at all			Slightly			Very			Extremely
useful			useful			useful			useful

- 6. Self Directed with telephone assistance e.g. work through the program on your own using a detailed workbook with readings and homework exercises and receive a brief weekly telephone consultation with a practitioner**

1	2	3	4	5	6	7	8	9	10
Not at all		Slightly				Very			Extremely
useful		useful				useful			useful

- 7. Parent seminar e.g., attend a large group, brief seminar on general principles of positive parenting**

1	2	3	4	5	6	7	8	9	10
Not at all		Slightly				Very			Extremely
useful		useful				useful			useful

- 8. Group program e.g., attending weekly small group sessions dealing with parenting and child social, behavioural, and emotional problems.**

1	2	3	4	5	6	7	8	9	10
Not at all		Slightly				Very			Extremely
useful		useful				useful			useful

- 9. Individual tailored programs e.g. meeting individually with a clinician to discuss parenting and tailor a program to your individual needs**

1	2	3	4	5	6	7	8	9	10
Not at all		Slightly				Very			Extremely
useful		useful				useful			useful

- 10. Workplace access e.g., access parenting program within the workplace focusing on parenting and balancing home and work life**

1	2	3	4	5	6	7	8	9	10
Not at all		Slightly				Very			Extremely
useful		useful				useful			useful

- 11. How likely is it that you will participate in Triple P in the future? (e.g. TV program, web based program, parenting seminar, individual program, group based program, self directed, telephone consultation or workplace access)**

1	2	3	4	5	6	7	8	9	10
Not at all		Slightly				Very likely			Extremely
likely		likely							likely

**12. How interested are you in the possibility of participating in Triple P in the future?**

1	2	3	4	5	6	7	8	9	10
Not at all		Slightly				Very		Extremely	
interested		interested				interested		interested	

**13. If your child developed a social, emotional or behavioural problem in the future what is the chance that you would access Triple P for help?**

1	2	3	4	5	6	7	8	9	10
Not at all		Slightly				Very likely		Extremely	
likely		likely						likely	

**14. Which barriers would prevent you from accessing a Triple P program (please tick all that apply)?**

Financial cost	<input type="checkbox"/>	Culturally inappropriate strategies	<input type="checkbox"/>
Location of services	<input type="checkbox"/>	Extended family not supportive	<input type="checkbox"/>
Timing of services	<input type="checkbox"/>	No access to internet	<input type="checkbox"/>
Language barriers	<input type="checkbox"/>	No access to telephone	<input type="checkbox"/>
You would not feel comfortable accessing a parenting program	<input type="checkbox"/>	Not able to get to program due to family members not being supportive	<input type="checkbox"/>
Access to child care	<input type="checkbox"/>	No access to radio	<input type="checkbox"/>
Competing work commitments	<input type="checkbox"/>	No access to TV	<input type="checkbox"/>
Cultural barriers	<input type="checkbox"/>	Not able to get to program due to transport difficulties	<input type="checkbox"/>

Other e.g., \_\_\_\_\_

**END OF SURVEY**

Thank you for your participation.

## Appendix B

### Data Collection Protocol

Two groups of 8-10 women will be formed. All participants in each group will fill out a questionnaire and take part in a focus group discussion.

*Materials needed:*

- *Digital recorder*
- *Refreshments: Pizza, cool drink, 20 paper plates, 20 paper cups, paper serviettes.*

Hello. My name is Inge Wessels. I am from the University of Cape Town, and I am here today to conduct research into how parents like to receive parenting information from a parenting program. This information will be used to implement a parenting programme in South Africa. Thank you for agreeing to take part in this study. Results from this research will be given to the centre.

You will be asked to fill out a questionnaire, watch a short DVD and participate in a group discussion. Remember, the information that you provide in the questionnaire and what you say in the discussion will remain anonymous and confidential. That is, I won't know who completed which questionnaire. I also won't talk about it in a way that makes it possible for anyone to know what you, personally, have said. I ask each of you to do that, too, for each other. It is very important that each of you is comfortable sharing your opinions with the group when we have the discussion. If you don't really want to talk about these things, or if you don't want to talk about them in this group, please feel free to leave. There will be no penalty.

Let us now fill out the first part of the questionnaire. I will go through the questionnaire with you slowly to make sure everyone understands the questions.

*[Participants fill out questionnaire]*

Thank you, let us now watch a short DVD. I am handing out a tip-sheet to go with the DVD. The DVD has different parts to it with matching questions on the questionnaire. You will be asked to watch each part of the DVD and answer the matching questions. After watching each clip and answering the matching questions, we will discuss your opinions. We will do this until the entire DVD is finished. We will then fill out the next part of the questionnaire and end with a discussion.

*[Watch clip of DVD and fill out matching questionnaire. The researcher will go through the questionnaire with the participants]*

Great, let us now have a discussion. Although I am voice-recording the conversation, I won't mention any of your names in the final report. No-one will be able to link the words in the report to you. I am interested in knowing how you feel about the different parenting strategies that are shown on the DVD. Let us start the discussion by hearing whether you found this strategy easy to follow?

-Do you find it useful?

-Could you see yourself using this strategy with your children? Why/Why not?

-Is this strategy appropriate for your community?

Ok great, thank you for sharing your opinions on that parenting strategy. Let us now watch the next clip of the DVD.

*[Repeat sequence of 'watch DVD clip, answer questionnaire and discuss' until DVD is complete]*

Now that we have finished watching the DVD, let us now discuss what you all think about the DVD in general, the tip-sheet and the ways that the parenting material is delivered.

Let us start the discussion by hearing your opinions on the DVD.

-Do you find it useful?

-Is it easy to follow?

-Is it appropriate to your culture?

I would also like to hear your opinions on the tip-sheet.

-Did you find it useful?

-Is it appropriate to your culture?

To end off our discussion I would like to hear your opinions on the different ways that the parenting material can be delivered to parents.

-How would you best like to get parenting information?

-Why would you not participate in a parenting program?

Great, thank you so much for sharing your opinions with me. I appreciate you giving up your time to join in this study. As I said to you earlier, I will have the voice clips transcribed, but you will remain anonymous. I will also delete the voice clips. The report from this project should be ready by the end of November, and I will send a copy to the centre. Lastly, I would like to give you each 20 Rand to thank you for your time.

*[Participants will also be provided with a meal during a break time]*

## Appendix C

### Consent Form



Department of Psychology  
University of Cape Town

### CONSENT FORM

Consent to participate in a research study

**Dear potential participant,**

**Formal title:** Cultural Acceptability of Triple P-Positive Parenting Program: Opinions of Mothers Living in Shelters

**Study Purpose:**

You are being invited to participate in a research study being conducted by a researcher from the University of Cape Town. The study will provide some of the groundwork to implement the Triple P-Parenting Program in South Africa, looking specifically at how parents prefer receiving parenting material. The purpose of the study is to produce recommendations as to how the Triple P program should best deliver parenting material to South African parents.

**Study Procedures:**

If you decide to participate in the study, you will fill out a questionnaire and be part of a group discussion. The questionnaire includes questions about your family background and includes questions about a short DVD which you will watch. In the group discussion, you will share your opinions on a variety of ways that the Triple P program can deliver parenting material.

The focus group discussion will be recorded. The information from both the questionnaire and focus group will be kept confidential and will be used only for research purposes.

What will you be asked to do: 1) Fill out the first section of the questionnaire, 2) watch a short DVD, 3) Fill out the second section of the questionnaire, and 4) Participate in a group discussion. Refreshments will be served.

**Possible Risks:**

There are no direct risks to you in participating in this study.

**Possible Benefits:**

There are no direct benefits to you in participating in this study, but we hope that information gained in this study will assist in implementing the Triple P-Positive Parenting Programme in South Africa.

**Alternatives:**

You may choose not to participate in the study, and this decision will not affect your relationship with the organization in any way.

**Voluntary participation:**

Participation in this study is completely voluntary. You are free to refuse to any question. Your decision regarding participation in this study will not affect the services that you receive from the organization. If you decide to participate, you are free to change your mind and discontinue participation at any time without an effect on your relationship with the organization.

**Confidentiality:**

Information obtained from you in this study will remain confidential. Your name and other identifying information will not be kept with the questionnaire and focus group information. There will be no link between the informed consent form and this information. The information obtained from the study will not become part of your record at the organization, nor will it be made available to anyone else. Any reports or publications about the study will not identify you or any other study participant.

**Questions:**

Any study-related questions, problems or emergencies should be directed to the following researchers:

Miss Inge Wessels - 083 554 1791

Dr Catherine Ward (Principal Investigator) – 021 650 3422

If you have any questions or complaints about the study, you may phone the UCT Department of Psychology on 021 650 3417.

I have read the above and am satisfied with my understanding of the study, its possible benefits, risks and alternatives. My questions about the study have been answered. I hereby voluntarily consent to participation in the research study as described. I have been offered copies of the two-page consent form.

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Signature of participant

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Date

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Name of participant (printed)

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Witness



### Plagiarism Declaration

1. I know that plagiarism is wrong. Plagiarism is to use another's work to pretend that it is one's own.
2. I have used the *American Psychological Association* (APA) convention for citation and referencing. Each significant contribution to, and quotation in, this essay / report / project / from the work, or works, of other people has been attributed, and has been cited and referenced.
3. This essay / report / project / is my own work.
4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.
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