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PARENTAL PERCEPTIONS OF BEHAVIOUR CHANGE:
A CIRCLE OF SECURITY® PARENTING™ PERSPECTIVE

BY

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Approval of Thesis

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**PARENTAL PERCEPTIONS OF BEHAVIOUR CHANGE:
A CIRCLE OF SECURITY® PARENTING™ PERSPECTIVE**

Submitted by

Rachel Lavery

In partial fulfillment of the requirements for the degree of

Master of Counselling

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Abstract

The purpose of this study was to describe perception changes experienced by parents through participation in Circle of Security® Parenting™ (COS-P); specifically changes to their perceptions of their child's behaviour and to their perceptions of their own responses to their child's behaviour. Qualitative description was used to investigate changes in parent's perceptions of their own and their child's behaviour following participation in COS-P. Five themes and eleven sub-themes emerged from 27 pre and post COS-P interviews. The findings reveal that after participation in COS-P parents perceived their responses to their child's behaviour as more empathetic, understanding, and flexible. Parental perception of their child's behaviour after participation in COS-P changed in that parents clearly voiced that their child's behaviour had changed, was communicative in nature, and that the understanding that behaviour was communication changed both how the parent responded to the child and the behaviour from the child.

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Table of Contents

Table of Contents

List of Tables

Chapter I: Introduction

"If we use how we were taught yesterday to teach our children today, we are not preparing them well for tomorrow" (Siegel, 2012a).

Overview

This study explores the perceptions of parents who participated in the Circle of Security® – Parenting (COS-P) program regarding their own child's behaviour in addition to their own responses to their child's behaviour. A review of literature that seeks to expand understanding of the current research regarding parenting, the supports that exist to help parents and what research has been done regarding COS-P follows this introductory chapter. A discussion of the philosophical framework of this study as well as the methods follows. In the concluding chapters, I present the research findings and a discussion that includes how the findings will influence future work.

Introduction

Society is made up of individuals. Individuals do not exist in isolation but exist as part of a family unit (Hanks & Ponzetti, 2004b; Orr, 2016; Robbins, Mayorga, & Szapocznik, 2003). The impact of family life is felt throughout the lifespan of an individual (CDC, 2016a; Hanks & Ponzetti, 2004b; Levac, Wright, & Leahey, 1997; Powell, Cooper, Hoffman, & Marvin, 2014). Some individuals never had an opportunity to know their parents or were raised in an unfriendly or hostile environment, while others had the opposite experience, and some had elements of both (CDC, 2016a; Eshel, Daelmans, Cabral De Mello, & Martines, 2006; Jaffee et al., 2013). Some spent a brief time with their birth families while others maintain close, life-long relationships with family members. No matter the

upbringing or environment, the impact of the parent/child relationships in those early years is far-reaching (CDC, 2015; CDC 2016; "Circle of Security® International," 2016).

Many studies exist which link experiences in childhood to outcomes in later life (CDC, 2016a; Cleaver, 2000; Hanks & Ponzetti, 2004b; Schofield, Lee, & Merrick, 2013). Due to the interconnectedness of community health and individual health, it is in the best interest of society to promote relationships and environments that help children grow into healthy and productive citizens who will be in a better position to build better, safer, and stronger communities and families for their children (CDC, 2016d; Schofield et al., 2013). The parent-child relationship is the best place for a child to learn, grow and develop behaviourally, socially and emotionally (Cooper, Hoffman, & Powell, 2009; Hill, Fonagy, Safier, & Sargent, 2003; Hoffman, Marvin, Cooper, & Powell, 2006). This is where a person is the most vulnerable and also primed for the quickest and greatest amount of neurological growth (Morissette & Siegel, 2016; Panjwani, 2014; Siegel, 2012a).

Parents sometimes need help when it comes to child-rearing and turn to various places for help (Connor & Rueter, 2006; Fuller-Iglesias, Webster, & Antonucci, 2015; McConnell, Breitkreuz, Savage, & Hamilton, 2010; Shriver & Allen, 2008a; Ward, Sanders, Gardner, Mikton, & Dawes, 2016). Some of these resources include family and friends, while other supports can be found in community parenting programs (CDC, 2015; CDC 2016b; Fuller-Iglesias et al., 2015; Mullin, 2012; Ward et al., 2016). Parenting programs exist to provide

guidance, ideas, and support to parents and caregivers (Barth & Liggett-Creel, 2014; Coyne, 2013; Scott, 2012; Shriver & Allen, 2008d). Parenting programs can aid parents in making changes that they feel would benefit their families (Ward et al., 2016).

Statement of Problem

There are many varieties of parenting programs that have been designed to help parents, children and families. Generally, program philosophies fall into two main categories: those that focus on behaviour and those that focus on relationship (CEBC, 2016; "Circle of Security® International," 2016; Coyne, 2013; Sethi, Kerns, Sanders, & Ralph, 2014). Behaviour-based programs usually focus on changing either the parents' or the child's behaviour in order to effect change, while relationship-based programs focus on the relationship between the parent and child (CEBC, 2015; CEBC 2016; "Circle of Security® International," 2016; "Triple P Positive Parenting Program," 2016; Powell et al., 2014).

Circle of Security® is an example of a relationship-based program that has proven to be successful in aiding parents grow in their ability to support and understand their children, as well as grow in their own capacity for responsiveness, self-regulation, and reflective functioning ("Circle of Security® International," 2016; Cooper et al., 2009; Powell et al., 2014; Rostad, 2014). Circle of Security® – Parenting (COS-P) is the 8-week version of the original 20-week Circle of Security® intervention and offers the core components of the Circle of Security® protocol within a shorter time frame (Cooper et al., 2009).

While behaviour change in children is not a focal point of Circle of Security® or COS-P, it is a consequence that has been found in Circle of Security® (Powell et al., 2014). It is anticipated that caregivers participating in a COS-P intervention will experience similar changes in their perceptions of behaviour change to those experienced by caregivers participating in the full-length Circle of Security® protocol (Pazzagli, Laghezza, Manaresi, Mazzeschi, & Powell, 2014) . To date, limited research has been conducted on the outcomes of COS-P; evaluation of the effectiveness of this program is needed.

Research Questions

1. After parents have participated in COS-P, what is the parental perception of their own responses to their child's behaviour?

2. How has parental perception of their child's behaviour changed after participation in COS-P?

Significance of This Study

The significance of this study is to gain a greater awareness of the experiences of parents who participated in COS-P in relation to changes in their perceptions regarding their child's and their own behaviour. Very little research has been completed on the outcomes of COS-P and this study serves to add to the collective research regarding this program but also to strengthen the available research regarding the parent-child dyad. Specifically, this research study serves as a platform from which further, more in-depth studies can be launched.

Key Terms

I present definitions of key terms to delineate concepts referred to in this thesis. I provide other definitions in the body of this document as the need arises.

Circle of Security®-Parenting® *(COS-P)* an eight-session, group-based manualized parenting program (Cooper et al., 2009). COS-P is grounded in attachment theory and is facilitated by trained professionals who engage the parents and caregivers through video clips, handouts, "Circle language" and above all, empathic responses to parents' interactions within the group (Cooper et al., 2009; Rostad, 2014). As it is an experiential program, facilitators use COS-P individually or in groups (Coyne, 2013; Horton, 2013). As the facilitator responds sensitively to the parent's emotional and behaviour cues during COS-P sessions, the parent experiences a secure bond with the facilitator that then can be experienced in their relationship with their child through their own sensitive responses to their child's emotional and behavioural cues (Cooper et al., 2009; Coyne, 2013).

Parents are individuals who have primary responsibility of raising a child. The term includes a biological parent as well as an adoptive caregiver or legal guardian (Horton, 2013; McConnell et al., 2010).

Parenting behaviours and practices are tangible, everyday child-rearing behaviours or practices exhibited or demonstrated by parents when managing their child's behaviour (Horton, 2013; Shriver & Allen, 2008b).

Parenting interventions are standardized programs designed to improve parenting practices that promote protective factors and positive outcomes for both parent/caregiver and child (CDC, 2015; Coyne, 2013).

Summary

In this chapter I have provided an overview of the research problem, the research questions, and the significance of the study. I also defined key terms and concepts to provide clarity. The thesis will proceed in the following order: a review of the literature, a discussion of the theoretical and conceptual framework used in this study, the methodology of the study, the findings and a discussion of the findings.

Chapter II: Literature Review

Almost 60 years ago an alternative to the standard therapeutic approach when working with children was documented which led to the research and development of many family intervention programs (Boardman, 1962; Forehand, Jones, & Parent, 2013). The inventions and programs varied, but the focus was on behaviour and changing parent behaviour in order to change child behaviour (Barth & Liggett-Creel, 2014; Forehand et al., 2013; Shriver & Allen, 2008b; Ward, Brown, & Hyde-Dryden, 2014). As the importance of the influence of parenting on the life course of the child became more well researched, so too did the proliferation of programs, classes, and interventions (Barth, 2009; Barth & Liggett-Creel, 2014; Coyne, 2013; Marvin, Cooper, Hoffman, & Powell, 2002; Pickering & Sanders, 2016; Shriver & Allen, 2008d).

The focus of this literature review is to examine literature concerning parenting, parenting effects, intergenerational transmission of parenting, and parenting programs. In particular, I will consider studies concerning two main parenting programs: a leading behaviour-based parenting intervention (Triple P-Positive Parenting Program®), and the relationship-based parenting intervention Circle of Security® – Parenting (COS-P). A description of the systemic keyword search used for each section of the literature review is in Appendix A.

Parenting

The journey of parenting can be stressful, joyful, overwhelming, simple, complex, easy, and difficult. Parents feel these differing emotions in rotating succession within a short timeframe. While being a parent is often a role that

denotes a biological relationship between parent and child, the act of parenting is

something different. Parenting is a process wherein a person helps a child develop

physically, emotionally, socially, financially and intellectually. The quality of the

relationship between a parent and child has a profound impact on outcomes for

children (CDC, 2016b; CDC 2016a; Cooper, Hoffman, & Powell, 2009; Miller,

2010; Powell, Cooper, Hoffman, & Marvin, 2014). When choosing how to parent,

a person refers, consciously or not, to the examples that have been given them; the

earliest template for this decision making is from family of origin (CDC, 2016a;

McGoldrick, Gerson, & Petry, 2008). Examining, understanding and reflecting on

the experiences of being parented is key to our capacity to parent others (Miller,

2010; Powell et al., 2014). Parenting has a great effect on the make-up of an

individual (CDC, 2016a; CDC 2016b). These intergenerational patterns can be

identified, scrutinized and can lead to greater understanding of self and others

whilst moving forward through life (McGoldrick et al., 2008; Siegel, 2012a).

Parenting Effects

Parenting ensures the degree to which a child is healthy and safe by

regulating the child's food, shelter, and access to care (CDC, 2015; Miller, 2010).

Parenting also stimulates the development of the child's cognitive and social

development as the parent provides an environment that contributes to the child's

ability to function as part of social groups and society as a whole (Abidin, 1992;

Miller, 2010; Shonkoff et al., 2012). The parenting a child receives contributes to

the child's sense of identity, security, expectations of self and others, emotions,

behaviour, brain neuroplasticity as well as, possibly, the expression of their

genotypes and phenotypes (Barrett & Fleming, 2011; Belsky & De Haan, 2011;

McGuire, Segal, & Hershberger, 2012; Miller, 2010; Scott, 2012; Siegel, 2012a).

For example, high prenatal maternal stress and anxiety has adverse effects on

infants independent of later maternal stress – however, this stress can be mediated

by a secure attachment to their parent (Barrett & Fleming, 2011; Belsky & De

Haan, 2011; McGuire et al., 2012; Scott, 2012; Siegel, 2012a).

Experience and Environment

Experience and environment shapes the human developing brain – and the

greatest provider of experience for a young human comes from family

interactions; experiences heavily weighted in favour of parent/child interactions

(Abidin, 1992; Belsky & De Haan, 2011; Dekovic, Janssens, & Van As, 2003;

Fuller-Iglesias et al., 2015; Gerson, 1995; Robbins et al., 2003). It is difficult to

isolate which factors and parenting behaviours have the most influence on child

development (Forehand et al., 2013; Forehand, Lafko, Parent, & Burt, 2014;

Miller, 2010). The parenting relationship is dynamic and the combination of

experience, environment, personality and characteristics of every individual child

and parent ensures that no two children, even within the same family, have the

same outcomes from the parenting behaviours that they experience (Belsky & De

Haan, 2011; McGoldrick et al., 2008; McGuire et al., 2012; Miller, 2010; NHGRI,

2016; Scott, 2012; Shonkoff et al., 2012; Siegel, 2012a).

Beginning prenatally and continuing through infancy and childhood and

beyond, development consists of the interaction between biology (genetic

disposition) and ecology (social and physical environment) (King-Fawley & Merz,

2013; Scott, 2012; Shonkoff et al., 2012; Siegel, 2012b). The relationship between parent and child influences the physical development and growth the child – including brain growth and development. As brain develops throughout childhood, environmental trauma or stress can disrupt neurodevelopmental processes and thereby produce long-term effects on emotional and behavioural functioning (King-Fawley & Merz, 2013; Swain et al., 2012). Evidence exists that child maltreatment can result in structural and functional brain changes including changes in working memory and emotion processing (King-Fawley & Merz, 2013; Swain et al., 2012). Evidence also exists that by educating parents and helping them build stronger relationships with their child, children can manage, heal from and possibly overcome these challenges (Ellis, Boyce, Belsky, Bakermans-Kranenburg, & van Ijzendoorn, 2011; Fonagy, 2012; King-Fawley & Merz, 2013; Swain et al., 2012). Further evidence of the effects of parenting, adverse experiences and the impact – both societally as well as individually – is discussed via the Adverse Childhood Experiences study.

Adverse Childhood Experiences (ACE)

The Adverse Childhood Experience study (ACE) provides evidence of the far reaching effects of unhelpful parenting practises and patterns (CDC, 2016b; Shonkoff et al., 2012). The ACE research study was conducted by the American Centre for Disease Control and Prevention (CDC) with the purpose of assessing connections between adverse experiences in childhood and adult health and well-being (CDC, 2016a). These effects include chronic illness, substance abuse, and relationship issues (CDC, 2016a, CDC 2016b; Shonkoff et al., 2012). Adverse

childhood experiences include - but are not limited to - emotional, physical and/or

sexual abuse, emotional and/or physical neglect, substance abuse in the home,

mental illness in the home, parental separation or divorce, obesity, poverty, or

death of a parent (CDC, 2016a; Ellis et al., 2011). These events can be single,

acute events or chronic, sustained events (CDC, 2016a; CDC 2016c). While the

original ACE study was conducted from 1995 to 1997 with results published in

1998, the CDC continues monitoring the ACEs of study participants (CDC, 2016a;

Felitti et al., 1998). This continuation of the study provides updated information as

to the effect of ACEs not only on the individual but also on families and the

continuation and accumulation of ACEs through generations (CDC, 2016d; Finzi-

Dottan & Harel, 2014; Jaffee et al., 2013).

Encountering one or two ACEs in life are common, however the more

ACEs a child has experienced the more likely the child is to have learning, health,

relationship, emotional and behavioural issues (CDC, 2015; CDC 2016a; Siegel,

2012b). While some stress is normal and helpful for developing resilience, ACE

stress is the "strong, frequent, or prolonged activation of the body's stress response

systems in the absence of the buffering protection of a supportive, adult

relationship" (Felitti et al., 1998; Herrenkohl, Klika, Brown, Herrenkohl, & Leeb,

2013; Scott, 2012; Shonkoff et al., 2012). These effects can be magnified through

generations if the traumatic experiences are not addressed and familial patterns are

not altered (Barrett & Fleming, 2011; Belsky & De Haan, 2011; CDC, 2016b;

Scott, 2012; Shonkoff et al., 2012). The consequences of ACEs can be mollified or

prevented by the implementation of public health strategies that address the needs

of children and their families (CDC, 2015; CDC, 2016c). These strategies include parent support programs, parent training programs, mental health care, and high quality child care (CDC, 2016b; CDC, 2016c). There may be some parenting behaviours and practices that are instinctive, but ideas about parenting are absorbed from the experiences of being parented (Berthelot et al., 2015; Finzi-Dottan & Harel, 2014; Litrownik, 2013; Schofield et al., 2013). It may be problematic to rely on effective parenting behaviour instinctively developing from these experiences (Berthelot et al., 2015; CDC, 2016b; Miller, 2010; Schofield et al., 2013).

Changing a Pattern

Family relationships are significant for child development. The parent-child relationship, sibling relationship and overall intergenerational family network all impact child and adolescent development as well as have an effect throughout the life-span (Fuller-Iglesias et al., 2015; Miller, 2010; Orr, 2016). These relationships have lasting effects influenced by personal and contextual factors and are influenced by age and culture (Fuller-Iglesias et al., 2015; Newman, Larkin, Friedlander, & Goff, 2012; Orr, 2016; Robbins et al., 2003). Family exists in a variety of contexts and definitions of what a family is vary from person to person. Hanks and Ponzetti, (2004) define a family as consisting of: "two or more individuals of varying ages who are linked together over time through a matrix of intimate relationships" which indicates that families are typically multigenerational in nature (Hanks & Ponzetti, 2004a, p. 6). The structure, processes and behaviours of families are intergenerational in nature and

are influential and evident across time and exhibited in patterns of thought and

behaviour (Finzi-Dottan & Harel, 2014; Hanks & Ponzetti, 2004a; Newman et al.,

2012; Orr, 2016).

Intergenerational Patterns and Behaviours

Patterns of behaviour that are passed between generations are reciprocal

and demonstrated in various ways (Fuller-Iglesias et al., 2015; McGoldrick et al.,

2008; Robbins et al., 2003). Behavioural patterns can result in replaying of issues

throughout generations even as family members change (Conger, Schofield, &

Neppl, 2012; Finzi-Dottan & Harel, 2014; Hanks & Ponzetti, 2004a; Jaffee et al.,

2013). While some behaviour may be continued due to inherited behavioural

tendencies, many continue due to social transmission from one generation to the

next (Finzi-Dottan & Harel, 2014; Hanks & Ponzetti, 2004a; Jaffee et al., 2013;

Newman et al., 2012). Such behaviours exist even when the period of interaction

between the parties has ended (Finzi-Dottan & Harel, 2014; Fuller-Iglesias et al.,

2015; Hanks & Ponzetti, 2004a). Not all parents who experience childhood

maltreatment will repeat that maltreatment into the next generation, however, the

effects of ACEs and childhood maltreatment leave emotional scars and patterns of

interaction that can carry forward onto upcoming generations (CDC, 2016a; Finzi-

Dottan & Harel, 2014; Fuller-Iglesias et al., 2015; Hanks & Ponzetti, 2004a).

Parenting practises can form patterns that have a large influence on the life of a

child (CDC, 2016b; Jaffee et al., 2013; McGoldrick et al., 2008; Siegel, 2012b).

Beyond establishing familial cultural patterns, families consistently share within

themselves interactions, reactions and behavioural patterns that are unique to each

family and help to form the identity and character of family members (Belsky &

De Haan, 2011; McGoldrick et al., 2008; Scott, 2012; Siegel, 2012a). Identifying

these patterns and ways to alter the patterns can improve and change lives. Not all

patterns are negative – something to note – and not all need to change. Being able

to determine the difference and make changes where needed is one way parenting

programs and interventions can be of service (CDC, 2015; CDC 2016c; Pickering

& Sanders, 2016; Powell et al., 2014). This is especially helpful as familial

patterns regularly reinforce themselves and can be especially noticeable if we are

trying to change them (Barrett & Fleming, 2011; CDC, 2016a, CDC, 2016b;

Siegel, 2012a).

Supports

Sometimes a parent needs help to navigate the complexities before them

and strategies for when they feel overwhelmed or at/nearing capacity (Coyne,

2013; Shriver & Allen, 2008d). Parenting capacity can be affected by factors

arising from differing contexts: society, local community, extended and immediate

family, the child or the parent themselves (Miller, 2010; Panjwani, 2014; Shriver

& Allen, 2008d). The blending of these factors create context in which parents

form their relationships with their children and carry out their roles and

responsibilities (CDC, 2016b; Leeming & Hayes, 2016; Schofield et al., 2013).

When confronted with issues parents often turn to others for advice and guidance –

including parenting programs (Bornstein, 1996; Gibson, 2015; Shriver & Allen,

2008d). Parenting programs exist to provide guidance, ideas, and support to

parents and caregivers as they find their way through the complex issues they may

encounter as they raise children (Barth & Liggett-Creel, 2014; Coyne, 2013; Scott, 2012; Shriver & Allen, 2008d). Parenting programs can aid parents in making changes that they feel would benefit their families. There are many varieties of parenting programs that have been designed to help parents, children and families. Generally, program philosophies fall into two main categories: those which focus on behaviour and those which focus on relationship.

Behaviour-Based Parenting Interventions

Behaviour-based parenting interventions are designed to help parents learn the skills to meet the needs of their child as well as giving them strategies concerning behavioural concerns they may have regarding their child (Pickering & Sanders, 2016; Sanders, 1999; Shriver & Allen, 2008c). The therapist or practitioner works directly with the parent to help them to change their own behaviour and, therefore, effect change in their child's behaviour (Sanders, 1999; Shriver & Allen, 2008a). In 20 countries worldwide, the foremost behaviour-based parenting intervention is the Triple P-Positive Parenting Program® (Buie, 2014; CEBC, 2016; Coyne, 2013; Forehand et al., 2013; McConnell et al., 2010; Sanders, 1999). An examination and overview of a behaviour-based parenting intervention, Triple P-Positive Parenting Program® will be discussed in this section.

Triple P-Positive Parenting Program®

The Triple P-Positive Parenting Program® is a multilevel system of programs, with five levels of intensity designed with the intention of matching child and family needs based on severity (CEBC, 2016; Coyne & Kwakkenbos,

2013). The parameters for the Triple P-Positive Parenting Program® intensity and duration are included in Appendix B followed by the measures used to evaluate Triple P in Appendix C.

The time commitment for the program varies dependent on the level participated in with level 1 consisting of information distributed through pamphlets or television through to intense one-on-one sessions in level 5 (CEBC, 2016). For this study, literature was examined that related to the most prevalent and utilized levels – levels 3 and 4. Level 3 Triple P involves 4 two-hour large group sessions for parents on specific common behaviour concerns (CEBC, 2016). Level 4 Triple P is also known as Standard Triple P and is available in both group and individual formats (CEBC, 2016). It is designed for parents who need support that is more in-depth than that offered in lower levels. It is available for parents of children from birth to 16 years of age (CEBC, 2016). Group formats are offered to no more than 12 parents throughout five sessions with three phone catch-up home sessions (CEBC, 2016). Standard Triple P is offered as individual counseling over seven to ten 1-hour sessions (CEBC, 2016). Both formats use DVD and a workbook to reinforce learning (CEBC, 2016). In individual Standard Triple P, parents are taught 17 core parenting skills (e.g., talking with children, physical affection, attention, setting limits, planned ignoring) designed to increase positive child behaviors and decrease negative child behaviors (CEBC, 2016).

Triple P-Positive Parenting Program® was developed in Australia and is headquartered in the Parenting and Family Support Centre at the University of Queensland in Australia (The University of Queensland, 2013). The majority of

research to evaluate Triple P-Positive Parenting Program® effectiveness has been

conducted by researchers affiliated with the Triple P-Positive Parenting Program®

or by the program's founder - 64% of the studies on Triple P-Positive Parenting

Program® on the University of Queensland research database are affiliated with

the university and the Triple P Parenting program (Sanders et al., 2012; The

University of Queensland, 2013). The overall purpose of the Triple P-Positive

Parenting Program® system, according to Sanders (1999), is to prevent the

development, or worsening, of severe behavioural, emotional, and developmental

problems in children and adolescents by augmenting the knowledge, skills, and

confidence of parents and caregivers (CEBC, 2016; Coyne, 2013; Sanders, 1999;

Wilson et al., 2012)

In Alberta, the Triple P-Positive Parenting Program® is the main parenting

program offered by Alberta Children and Youth Services via Parent Link Centres

(PLCs) located throughout the province (McConnell et al., 2010). First

implemented by Alberta Children and Youth Services in 2007, the Triple P-

Positive Parenting Program® began in 19 PLCs in the Calgary and Edmonton

areas as well as North Central Alberta (McConnell et al., 2010). As of 2015, there

were 53 operating PLCs in Alberta offering a wide range of professional supports

and services for parents with young children (Alberta, 2015). The services

provided for parents include activities, information, and support (Alberta, 2015;

McConnell et al., 2010). Specifically, the services can be delineated into five main

categories or sections: (1) parent learning programs – such as Triple P-Positive

Parenting Program® ; (2) family support and information; (3) early learning

activity and care programs – i.e. music and movement, and literacy and numeracy

programs; (4) developmental screening – i.e. Ages and Stages questionnaire; and,

(5) referral to non-targeted, community-centred programming (Alberta, 2015;

McConnell, Breitkreuz, & Savage, 2011; McConnell et al., 2010).

Although it is reported that PLCs are meeting parents' needs and helping

parents deal with their child's behaviour, evaluation reports suggest that there were

no significant differences between Triple P-Positive Parenting Program® and

"services-as-usual' at PLCs throughout the province (McConnell et al., 2011).

Therefore, questions have been raised as to the continuance of the program and the

"value-added" aspects of Triple P-Positive Parenting Program® in PLCs as it is

funded by the government (McConnell et al., 2011; McConnell et al., 2010).

There have been varying results as to the effectiveness (short and long-

term) of the Triple P-Positive Parenting Program®. Since 2008 more RCTs by

authors and institutions not affiliated with the University of Queensland, have been

published. A list of studies is found in Appendix D. Several researchers have

reported that participation in the Triple P-Positive Parenting Program® has

delivered no differences in results compared to programs already offered by their

organizations (Averdijk, Zirk-Sadowski, Ribeaud, & Eisner, 2016; Heinrichs,

Kliem, & Hahlweg, 2014; Marryat, Thompson, & Wilson, 2017; Schappin et al.,

2014; University of Glasgow & NHS, 2010). Some researchers reported that when

adding emotional coping enhancements to the Triple P-Positive Parenting

Program®, reductions in parental reports of child misbehaviour were demonstrated

(Salmon, Dittman, Sanders, Burson, & Hammington, 2014; Zemp, Milek,

Cummings, Cina, & Bodenmann, 2015). The exact nature of these enhancements

is unclear.

Salmon et al., (2014) noted that immediately post intervention, the group of

parents participating in the Triple P-Positive Parenting Program® reported a

general lowering of child misbehaviour, however, at the four-month follow-up

those gains were lost. The majority of researchers identified common issues

through the pre-post-test measures that parents completed when participating in

the Triple P-Positive Parenting Program®. These issues included: conduct

problems, emotional problems, hyperactivity, peer difficulties, and the inadequate

expression of pro-social behaviour (Chung, Leung, & Sanders, 2015; de Graaf,

Speetjens, Smit, de Wolff, & Tavecchio, 2008; Dittman, Farruggia, Keown, &

Sanders, 2016; Heinrichs et al., 2014; Little et al., 2012; McConnell et al., 2011;

University of Glasgow & NHS, 2010). A common finding throughout the

literature was that any improvements in children's behaviour after their parents

participated in Triple P-Positive Parenting Program® evaporated over time (Chung

et al., 2015; Heinrichs et al., 2014). In one study, researchers documented that

parents reported their children's behaviour had worsened since participation in the

Triple P program - although worsening is not unexpected when expectations

change (Little et al., 2012). Even if there was no lasting positive change in

children's behaviour, parents generally reported that they were able to maintain

their positive parenting behaviour and a continued sense of confidence (Chung et

al., 2015; de Graaf et al., 2008; Dittman et al., 2016; Heinrichs et al., 2014). While

it may be helpful for parents when under duress to have a handful of ready-to-go

strategies for handling different types of child behaviour, evidence of long-term

decrease in stressful child behaviour, from the parents' perspective, is lacking in

the literature.

<div align="center">**Relationship-Based Parenting Interventions**</div>

Relationship-based parenting interventions were designed based on the

concept that behaviour is a means of communicating underlying needs – and that if

those needs are addressed appropriately, not only will the relationship improve but

so will the behaviour (Coyne, 2013; Powell et al., 2014; Siegel, 2012b). Theorists

guiding relationship-based parenting interventions generally hold the belief that

the quality of the parent/child relationship has a great effect on the life course of

the child (Coyne, 2013; Powell et al., 2014). The therapist or practitioner works

directly with the parent to help them better understand their relationship with their

child by building their capacity to consider the mental states of their child and

themselves, increasing their sensitivity to cues from their child and developing

skills such as reflective functioning and self-awareness (Cooper et al., 2009;

Coyne, 2013; Rostad, 2014). Hence, as the parental perception shifts, so does their

perception of the behaviour, the meaning of the behaviour, and how to address it

(Cooper et al., 2009; Powell et al., 2014; Siegel, 2012a).

Circle of Security®

The Circle of Security® (COS) program is a 20-week group-based parent

education and psychotherapy intervention program designed to shift parental

patterns of interactions (Powell et al., 2014). It is one of the foremost relationship-

based parenting programs, and participation helps parents understand their child

better and also experience self-growth in the areas of compassion, reflective

functioning, self-regulation, and responsiveness ("Circle of Security®

International," 2016; Cooper et al., 2009; Crnic, Gaze, & Hoffman, 2005; Horton

& Murray, 2015; Marvin et al., 2002; Powell et al., 2014; Rostad, 2014).

COS integrates 60 years of attachment research and was designed by

attachment theory practitioners and researchers (Horton & Murray, 2015; Powell

et al., 2014). Delivered via a mixed delivery model that encompasses both group

and individual components, COS includes a pre-intervention, two-hr, videotaped

lab visit with the parent and child that is analyzed by the practitioners to determine

specific concerns that will be addressed during the intervention (Horton & Murray,

2015; Powell et al., 2014). While COS is a worthwhile and effective program, the

developers of the program created a modified, less intensive version to increase

accessibility within a shorter time-frame (Cooper et al., 2009; Marvin et al., 2002;

Rostad, 2014). This eight-session program is entitled, Circle of Security®

Parenting™.

Circle of Security® Parenting™

Circle of Security® Parenting™ (COS-P) strengthens and supports parent-

child relationships. COS-P offers the core components of the Circle of Security®

protocol within a shorter time frame of eight to ten weeks ("Circle of Security®

International," 2016; Cooper et al., 2009). Participation in this program allows the

parent the opportunity to learn about the needs behind behaviours, to learn how the

parent can self-regulate and reflect in order to respond better to their child's needs,

and to strengthen the connection between parent and child ("Circle of Security®

International," 2016; Cooper et al., 2009; Horton, 2013; Horton & Murray, 2015; Rostad, 2014). The principles of relationship between parent and child are presented through the framework of COS-P via a small group led by a COS-P facilitator. Integrity of distribution is maintained throughout the eight chapters of instruction via a manual for the facilitator, handouts for the participating parents, and a DVD that illustrates the concepts presented via examples and illustrations. The core principles of the program can be summarized as:

- The parent is the anchor from which the child can go out and explore, and also to whom they can return to as a safe haven (Cooper et al., 2009; Powell et al., 2014).

- A child's needs can cause a parent to feel uncomfortable or threatened, as can a child's exploration away from the parent (Cooper et al., 2009; Powell et al., 2014).

- The quality of the parent/child relationship has a significant role in the life direction of a child – this relationship is responsive to change (Cooper et al., 2009; Powell et al., 2014).

- Finding the mental space to consider the relationship with their child, what the child is trying to communicate with their behaviours, and differing ways to improve their relationship is aided by the development of the parent's reflective functioning (Cooper et al., 2009; Fonagy, Gergely, & Target, 2007; Powell et al., 2014; Siegel, 2001, 2012a).

The COS-P program developers aimed to help parents gain the means to look beneath their child's behaviours to see the needs being communicated, while simultaneously developing a stronger, deeper and more fulfilling relationship with the child. Further goals of the program include:

- Boosting the ability of the parent to feel and recognize empathy for their child, while concurrently lessening the labelling of the child's motivations in a negative manner (CEBC, 2015; Cooper et al., 2009; Powell et al., 2014).

- Increasing parental self-reflection, self-regulation and compassion (CEBC, 2015; Cooper et al., 2009; Powell et al., 2014).

- Bolstering the parent's confidence in their ability to recognize ruptures in the parent/child relationship, and strengthening their skills and confidence in their capacity to facilitate relationship repairs (CEBC, 2015; Cooper et al., 2009; Powell et al., 2014).

- Build up parent's capacity to "be-with" and provide comfort when their child is in emotional distress (CEBC, 2015; Cooper et al., 2009; Powell et al., 2014).

To date, limited research has been conducted on the outcomes of COS-P; evaluation of the effectiveness of this program is needed. A list of the studies found, as well as the measures used in the studies can be found in Appendix E. For example, the California Evidence-based Clearinghouse (CEBC) hosts a minimalist listing of COS-P utilizing information provided by the COS-P originators (CEBC, 2015). The purpose of the CEBC is to make available to the public, reviews of

available evidence-based practices and program that could be of benefit to children and families (CEBC, 2015). The CEBC claims that there is a lack of published, peer-reviewed research to provide a rating of scientific research; the assertion is also made that the program is used in California on a frequent basis (CEBC, 2015).

Pazzagli et al. (2014) presented a single case study concerning a single father involved in a high parental conflict situation and requesting aid for his relationship with his 5-year-old daughter. This case study demonstrated the applicability of COS-P for certain parent group profiles – namely "difficult-to-reach" parents with "low intrinsic motivation" (Pazzagli et al., 2014, p. 8). After the father's participation in COS-P, the dyadic relations improved. Improvement was noted by the father as relating to: his ability to achieve greater self-reflection; awareness of himself, his triggers and his daughter's current state as separate from his own; as well as improvements in custodial conflict and relations with his ex-partner (Pazzagli et al., 2014). The findings in this study are similar to those by Horton and Murray (2015) who conducted a qualitative study on the impact of COS-P with mothers in a residential substance-abuse treatment program. The overall conclusion of the study was that COS-P may positively impact factors deemed as risk factors for child abuse and maladaptive social processing (Horton & Murray, 2015).

Two doctoral dissertations were found in the search for literature that directly relate to COS-P. Published in 2013 and 2014 respectively, these authors detailed an action research study, (Horton, 2013), and a quantitative study, (Rostad, 2014). Both authors aimed at examining the possibility of decreasing

child maltreatment through parent/caregiver participation in COS-P (Horton, 2013; Rostad, 2014). Both dissertations indicate that the COS-P program shows possible promise at mitigating risk factors for child maltreatment, and both indicate that further study is required (Horton, 2013; Rostad, 2014).

The focus of Horton's dissertation (2013) was twofold. First, to ascertain the impact of COS-P on mothers in residential treatment for substance abuse (Horton, 2013). Second, to assess the impact of COS-P on variables commonly associated with child maltreatment (Horton, 2013). Horton utilized an action research methodology; the results of which indicated that COS-P was successful in effecting change in the areas of parental discipline practices and other factors associated with child maltreatment such as emotional regulation, hostile attributions, and harsh discipline practices (Horton, 2013).

Rostad (2014) focussed her dissertation on evaluating the effectiveness of COS-P in improving the reflective functioning of parents, thereby improving the communication and relationship between parent and child. Utilizing a quasi-randomized crossover design, Rostad compared COS-P participant vs. non-COS-P participant parent/child experiences and practices (Rostad, 2014). The results of this study were not conclusive in support of the hypothesized effectiveness of the COS-P program (Rostad, 2014, p. 66). Possibilities given for this reported result included: small sample size, high attrition rates, and use of a new statistical measure (Rostad, 2014, p. 66). As the research for COS-P is still in a fledgling state, this study by Rostad (2014) contributes to the preliminary studies and indicates that further research would not only be beneficial but is necessary.

Rostad (2014) also stated a concern that the increasingly widespread dissemination of the COS-P intervention combined with a lack of empirical evidence supporting this dissemination is a concern.

Conclusion

It is reasonable to assume that all parents would like their child to develop optimally. How to accomplish this is something that many parents could benefit from assistance with. Researchers from many institutions state that if multiple problem behaviours are to be avoided in youth and adulthood, an increase in the number of homes with a nurturing environment is necessary. Also, much research has been done about intergenerational patterns of behaviours and the necessity for change in cases of behaviours that perpetuate negative or harmful behaviours across generations. Parenting programs and interventions have been created to aid parents in making changes that would benefit and strengthen their families. As has been discussed, there is a preponderance of representation in the literature of behaviour-based parenting interventions which provide opportunities for parents to learn and build skill sets to manage problematic child behaviours. Long-term outcomes of the research of effectiveness of behaviour-based interventions such as Triple P-Positive Parenting Program® have demonstrated that results that may have been robust at the programs conclusion faded significantly over time or stressful child behaviour had worsened. However, there is a lack of depth and breadth of research in the area of long-term outcomes.

Researchers have conducted studies on relationship-based parenting interventions. Developers of relationship-based parenting programs, such as Circle

of Security® (COS) and Circle of Security® – Parenting (COS-P), maintain that

behaviour communicates clues to the underlying emotional needs of the individual

("Circle of Security® International," 2016; Cooper et al., 2009; Powell et al.,

2014). As parents participate in Circle of Security® programs, they grow in their

ability to support and understand their children, as well as in their own capacity for

responsiveness, self-regulation and, reflective functioning ("Circle of Security®

International," 2016; Cooper et al., 2009; Powell et al., 2014; Rostad, 2014).

While behaviour change in children is not a focal point of COS-P, it is an effect

that has been noted (Powell et al., 2014). From the perspective of behaviour as a

means of communicating emotional or relational needs, we could anticipate COS-

P to have similar effects on the parental perceptions of behaviour change in their

children (Mazzeschi et al., 2014; Pazzagli et al., 2014). However, to date, limited

research has been conducted on the outcomes of COS-P, and more needs to be

conducted in this fledgling area.

The study that this literature review is a part of adds to the literature on the

Circle of Security® generally and the Circle of Security® Parenting™ protocol

specifically. None of the Circle of Security® Parenting™ studies to date addressed

how participation in the program influences the parents' perceptions of behaviour

change. If one of the prevalent reasons parents come to parenting interventions is

to address behavioural issues, then it would be interesting to note if participating in

the Circle of Security® Parenting™ protocol, while affecting change on parental

reflective functioning and self-regulation and the parent/child attachment style,

would also have an effect on the perceived behaviour of the child.

Chapter III – Research Methodology and Design

Social constructivism is the lens through which this study was formed while qualitative research, and in particular qualitative description, was the method utilized to study the perceptions of parents. This chapter includes an overview of the philosophical assumptions and interpretive framework that guided the researcher, description of the research approach, rationale for the selection of this research methodology and an overview of the sampling, data selection, and analysis. A discussion of ethical considerations concludes the chapter.

Interpretive Framework

Seeking to understand the world in which the researcher lives and works through the development of subjective meaning of experience is part of the social constructivist theoretical framework (Creswell, 2013; Mercadal, 2016). In social constructivism, researchers recognize that there is a complexity of views and meanings concerning a phenomenon or experience (Creswell, 2013; Mercadal, 2016; Schwandt, 1994). These meanings are varied and multiple which necessitates the reliance, as much as possible, on the participants' view of the experience under study (Creswell, 2013). Researchers develop a model of meaning throughout the process that evolves from understanding and seeing links and patterns from participant's discourse (Creswell, 2013; Glesne, 2016; Schwandt, 1994). The meaning given to the participants' experiences, according to social constructivism, is a created and shared, culturally specific endeavour (Mercadal, 2016). In this study I utilized qualitative description for this purpose. The social constructivist lens, similarly to qualitative description, holds as important the

being of the researcher to the interpretation or "making sense" of the research (Creswell, 2013; Schwandt, 1994).

The central focus of this inquiry is the way in which study participants described their perceptions of their child's behaviour as well as their perceptions of their own responses to their child's behaviour. I believe that how a person forms impressions, conclusions and explanations regarding the behaviour, thoughts, feelings and motivations of themselves and others is a definition of perceptions and is also the basis from which a person determines future behaviours, thoughts, and feelings in interactions (Andrews, 2012; Fleming, 2013; Maund, 2003). These perceptions are constructed through historical, social and cultural norms and interactions that are present in and operate throughout the lives of an individual (Creswell, 2013). As the researcher, I am also influenced by the historical, social and cultural norms and interactions that exist in the world I inhabit and which influence my daily actions including why I embarked on this study in the first place.

My daily actions are influenced by a core set of beliefs and values. These values and beliefs grew from the experiences I have had academically as well as personally and have played a role in why I pursued this line of study. For example, through study I have learned the importance of the parent/child dyad on the biopsychosocial development of the child, and through experiences as an educator, I have seen this learning played out in the lives of countless children over the past 15 years (CDC, 2016a; Jaffee et al., 2013). My experience working with children and families coupled with my experience with Circle of Security® Parenting ™

influenced how I heard and interacted with the interview data throughout this study. Although I approached the data from a perspective that had been coloured by past experiences and with a language set that was influenced by COS-P experiences and concepts, I was keenly aware and mindful that the mental organization of the data was draped and clothed in the words of the participants as they described their experiences. In order to ensure that participant's experiences were read faithfully, audio and video interviews were listened to multiple times during the transcription process and transcripts were read diligently, thoroughly and repeatedly.

Qualitative Research Perspective

Qualitative research is a form of social inquiry that emerged from different research traditions and focuses on the way people interpret and make sense of their experiences (Creswell, 2013; Glesne, 2016). Choosing a method that is reflective of the purpose of the study can be a challenge for a qualitative researcher (Bradshaw, Atkinson, & Doody, 2017). There are different approaches to qualitative research which aid researchers to investigate the phenomenon that they are interested in; for example the lived experience as seen in phenomenology or the building of theory as in grounded theory (Bradshaw et al., 2017; Creswell, 2013; Magilvy & Thomas, 2009). Qualitative descriptive research was chosen as the methodology and approach used for this study.

The Qualitative Description Approach

A qualitative descriptive research design guided the research process. Qualitative descriptive research studies tend to employ methods that best fit the

phenomenon and situation that is being studied (Sandelowski, 2000). When

information is required directly from the participants to answer the research query,

qualitative description is particularly relevant and useful (Bradshaw et al., 2017;

Neergaard, Olesen, Andersen, & Sondergaard, 2009). In qualitative descriptive

research, the main instrument used is the researcher themselves (Magilvy &

Thomas, 2009).

Qualitative descriptive researchers set forth to explore and understand a

phenomenon, a process, or the perspectives of study participants (Bradshaw et al.,

2017; Creswell, 2013; Sandelowski, 2000). A role of the researcher in qualitative

descriptive research is to gather, from the participants, descriptions of the

phenomenon and then the researcher shares these descriptions in an accessible

manner (Neergaard et al., 2009; Sandelowski, 2000; Sullivan-Bolyai, Bova, &

Harper, 2005).

Magilvy and Thomas, (2009) state that the researcher is the one who

generates the data through question asking and reflecting on the data (Magilvy &

Thomas, 2009). The generated data is then examined descriptively with

similarities, differences, patterns and themes are noted, described and retold in a

manner that provides a rich description of the experience (Creswell, 2013;

Magilvy & Thomas, 2009; Sandelowski, 2000). The questions chosen by the

researcher, or in the case of the current study, by the research team were designed

to elicit descriptions from the participants of their experiences and perspectives of

their relationships with their child pre and post participation in Circle of Security®

Parenting[TM].

As qualitative description is a subjective, inductive process, a qualitative descriptive study is designed to develop an understanding of and description of the phenomenon rather than provide evidence for an existing theoretical construction (Bradshaw et al., 2017; Creswell, 2013). The researcher is active in the research process as the researcher becomes part of the phenomena being studied as they speak directly to participants (Bradshaw et al., 2017; Creswell, 2013; Guba & Lincoln, 1994). The researcher is not separate from the process but part of it; therefore, the perspective of the researcher is discussed next.

Philosophical underpinnings. I have worked with children for over 15 years in the field of education as a teacher. Many times I have had discussions with children regarding perspective-taking. Usually I use the example of reading a book with a partner and how even though the two children are sitting side-by-side they are still never fully seeing what their partner sees because they are not seeing from their partner's eyes. This example, while very simplified, extends to every experience a person encounters as people bring their own beliefs and philosophical assumptions into every encounter: intentionally or not (Creswell, 2013).

Academically, one's philosophical assumptions also define what phenomenon should be studied, how it should be studied, what constitutes data and how that data should be interpreted and used (Bradshaw et al., 2017; Creswell, 2013; Glesne, 2016). The abstract ideas and beliefs that informed my research came from the life experiences I have had; the academic programs, reading and discussions I have participated in; and the self-reflection that I have immersed

myself in to become aware of my assumptions and beliefs, how they have grown and changed, as well as deciding how they may have impacted this study.

Qualitative descriptive researchers do not assume to know how an experience is perceived by the person who has lived that experience (Bradshaw et al., 2017; Magilvy & Thomas, 2009). Having survived many traumatic events myself, including a flood which destroyed my home and town in 2013, and also through my experiences as a teacher I understand how one may have ideas of how an event is perceived, yet not fully see the experience as it was lived by that one. The qualitative description approach acknowledges that many interpretations of reality exist and knowledge of an individual's perspective of reality is socially constructed by both the participant and the researcher (Bradshaw et al., 2017; Creswell, 2013; Magilvy & Thomas, 2009).

To support the subjective interpretation of experience by participants and by the researcher, qualitative descriptive research is strengthened and supported by reference to verbatim quotations from participants throughout the study (Bradshaw et al., 2017). Qualitative descriptive research strives for in-depth understanding of the experiences of the participants with emphasis first on the literal description of the participant and then through the analysis and interpretation of meaning participants ascribed to their experiences (Creswell, 2013; Neergaard et al., 2009; Sandelowski, 2000).

Research Design

In keeping with qualitative description and the focus of this study, study investigators generated the data for this study via semi-structured interviews from

participants directly involved with the Circle of Security® Parenting ™ program. This study offered the opportunity, through qualitative description, to gather rich descriptions of a little-known phenomenon. The research design section of this chapter will describe the process of data selection, collection, and analysis. The section will conclude with a discussion of the ethical considerations and rigour applied to this study.

Data selection. The data set for this study was selected - based on set criteria - from data previously generated by members of the Athabasca University Circle of Security® Parenting™ (COS-P) Research Team. The participants were a community-based sample of self-referred parents who were interested in COS-P, wanted to learn more about participating in the group program and related research activities. This is in alignment with the principles of qualitative description as these parents were able to provide the descriptions required for this study (Creswell, 2013; Sandelowski, 2000). The co-principal investigator (Co-PI) of this study generated data from participants via home visits. This data consisted of pre and post participation audio-recorded interviews, demographic data, and pre and post participation video recorded interviews.

Sampling. As the goal of this study was to provide a rich description in easily understood language of a phenomenon - not to represent the entirety of the parenting population - purposeful sampling was used to acquire a data set from the previously collected data (Sullivan-Bolyai et al., 2005). Criterion-based sampling - a type of purposeful sampling - was utilized to increase the range of participants as information-rich sources to aid in gaining a wider perspective and a deeper

understanding of parental perceptions of behaviour change (Palinkas et al., 2015;

Palys, 2008; Rudestam & Newton, 2015). Those included in this data set are

regarded as experiential experts of the phenomenon being studied - their own

experience with the material presented, their own perceptions of how the material

interacts with their experience, and how they perceive their own responses to the

material and to their children as a result (Bradshaw et al., 2017; Creswell, 2013;

Sullivan-Bolyai et al., 2005).

   Sample characteristics. I used data generated from nine parents; seven

women and two men whose ages ranged between 30 and 45 years of age. The

parent participants had one or more child between the ages of 8 months and 12

years. Criterion for selection for this study included participation in the eight-

session COS-P course as well as completion of the pre and post measures. This

criterion is reflective of the qualitative nature of the study as depth of

understanding is obtained through multiple interviews and garnered data points

from the sample data set (Bradshaw et al., 2017; Palinkas et al., 2015). The sample

size is congruent with the philosophy of qualitative description as a smaller sample

size allows for multiple contact points with participants and findings are not

expected to be generalizable but a snapshot of the experience of participants at a

particular moment in time (Bradshaw et al., 2017; Neergaard et al., 2009;

Sandelowski, 2000). Bradshaw et al (2017) argue that an adequate sample size is

one that "sufficiently answers the research question" which is the case in this study

(Bradshaw et al., 2017, p. 4).

Data generation. Data for this study were generated through semi structured in-depth interviews. With nine participating parents there were a total of 27 interviews encompassing 16 audio interviews and 11 brief video interviews all conducted by the same personage of the Co-PI. Interviews were digitally recorded and then transcribed by either the researcher of this study or by a professional transcriptionist. I used the Listen N Write Free (version 1.20.01) transcription software and stored the transcriptions on a secure drive. The interview transcripts were reviewed several times and compared with the recordings to ensure accuracy.

Audio-Recorded Interviews. The audio interviews were guided by the COS-P outcomes protocol interview, which was developed by the Athabasca University Circle of Security® Parenting™ Program Research Team (Appendix F). Each audio-recorded interview took place with the Co-PI either at the participants home or via telephone. Interview length varied between 45 to 60 minutes in length. Post COS-P interview questions were similar to pre COS-P questions with the addition of questions regarding participant perceptions of the COS-P program. Informed consent was obtained prior to interview (Appendix G).

Video-Recorded Interviews. Participants completed a brief video-taped interview about their relationship with their child. The setup of the interview included seating for interviewer (Co-PI) and interviewee, a video camera and cue card leaning on the camera tripod in view of the parent. The Co-PI briefed the participant about the purpose of the interview, and when the participant indicated that they were ready to begin, the video recording commenced. Interviews proceeded without prompting from the Co-PI; notes on the cue cards were utilized

as prompts for the parent (Appendix H). Interviews were videotaped with the

participant's informed consent; specific information pertaining to the video data

was included in Information and Consent form (Appendix G).

Table 3.1: *Chronological Spacing of Interviews*

Pre-COS-P Participation	Participation in COS-P	Post-COS-P Participation
Audio Interviews		Audio Interviews
Brief Video Interviews		Brief Video Interviews

Data management. Audio and video-recorded interviews were stored in

two secure and password protected locations: Moodle e-Class and an external

hard-drive. Also located in one or both of these places were transcriptions of the

audio and video interviews. The anonymity of participants was protected by

removing identifying information in the data including names and locations. Back-

up copies of computer files were made at each stage of the analysis and maintained

on password protected computers and external hard drives. Transcribed data were

imported into NVivo for data management during data analysis and stored on a

password protected external hard drive.

Data analysis. According to the precepts of qualitative descriptive

analysis, data are used as a "window into human experience" (Ryan & Bernard

2000 as cited by Glesne, 2016 p183). Recorded interviews were transcribed and

entered into NVivo, where data were examined, managed, organized and coded

(Magilvy & Thomas, 2009; Neergaard et al., 2009; Sullivan-Bolyai et al., 2005).

The data were carefully examined multiple times both in its entirety and line by

line in alignment with the six steps of qualitative descriptive analysis adapted from

Miles and Huberman (Miles & Huberman, 1994).

To safeguard that the findings were true to the participants' experiences,

transcriptions and recordings were reread and re-listened to repeatedly (Bradshaw

et al., 2017; Miles & Huberman, 1994). The verbatim transcription of interviews

by the researcher along with multiple reviewing of the transcripts allowed the

researcher to be fully immersed in the data and this enabled the transcriptions to

come alive during the quest for themes and subthemes and ensured that the

participants' voices were heard (Bradshaw et al., 2017). Furthermore, verbatim

quotes were extensively used to further convey the participants' voices (Bradshaw

et al., 2017; Creswell, 2013; Sandelowski, 2000).

Data analysis in qualitative description follows a circular motion; several

iterations of themes and subthemes emerged from the data before the final

descriptions in the findings chapter. It is typical in qualitative descriptive research

for a large number of themes and subthemes to originally come forth, and this

study did not stray from this commonality (Creswell, 2013). The data were

organized into tables to aid with a visual representation of the themes and to

thereby allow via rereading and refining, with the purpose of the study in mind, for

a finalized list of themes and subthemes (Bradshaw et al., 2017; Creswell, 2013;

Magilvy & Thomas, 2009).

After the interviews were coded, the codes were organized into a table

format which I reflected on as I looked for patterns in the data. From these patterns

common themes emerged. Through further examination of the data definitions

were determined with quotes from the data. Theme tables, alongside direct quotes from participants, were shared with my co-supervisors in meetings through which final themes were developed and determined. In assigning codes, and organizing data into themes and subthemes, researchers often makes an interpretation of the data and its meaning (Neergaard et al., 2009). Sandelowski, (2010) offers a reminder to researchers that although an emphasis in qualitative description is placed on description, analysis of the data will involve some degree of interpretation as the data is retold in an easily accessible manner (Sandelowski, 2000). This is evidenced as personal beliefs, values, and experiences had an impact on which themes and subthemes were highlighted in the findings.

Ethics. Ethical approval for this study was obtained from Athabasca University Ethics Review Board (Appendix I). I completed the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Course on Research Ethics on 13 June 2016 (Appendix J). As a member of the Circle of Security® team I signed the Confidentiality Pledge (Appendix K) as did other members of the team, including the transcriber.

I followed the ethics principles from the Canadian Psychological Association (CPA): namely, those which fall under the sections of autonomy and respect, beneficence and non-maleficence, fidelity and integrity.

Rigour. Trustworthiness, goodness, and validity are labels often applied to the term rigour (Leeming & Hayes, 2016). Rigour was achieved throughout this study by adherence to the following principles:

1. Transparency in describing the research (Creswell, 2013; Saumure & Given, 2008; Tobin & Begley, 2004).

2. Ethical Validation – this inquiry addresses a "real-world' problem of discovery of a possible link between the relationship-building properties of COS-P and lessening of perceptions of troubling child behaviours.

3. Ensuring that data is presented fairly and accurately. Saumure & Given (2008) cite the reason for doing so enhances credibility of the study and can be accomplished by regular discussions of coding results with colleagues (Saumure & Given, 2008, p. 796). From this is gained the opportunity to clarify research design, data interpretation, and ensuring that I am being clear in my writings (Creswell, 2013). This was achieved through regular contact with thesis supervisors.

Chapter IV: Findings

The purpose of this study was to describe perception changes experienced by parents through participation in Circle of Security® – Parenting; specifically changes to their perceptions of their child's behaviour and to their perceptions to their own responses to their child's behaviour. Although changes in child behaviour and parental perceptions have been noted in the 20 week Circle of Security® program, previous research has not specifically addressed this in the abbreviated COS-P program. This study was designed to address this gap by determining if there is evidence of parental perception change regarding their child's behaviour that would warrant further study.

In this qualitative description, I identified similarities, differences, and patterns in the data. My further analysis yielded themes and subthemes. Throughout the data analysis process themes were refined, adjusted and fine-tuned. See Table 4.1 for list of themes and subthemes.

Observed Behaviours

It was evident that parents observed changes in their child's behavior from pre to post participation in COS-P. When parents spoke of observed behaviour in terms of their children, they referenced not only what the child did or did not do, but also what the child said and how the parent perceived how what the child said was said. After participation in COS-P parents spoke differently about their children. Also, they identified different behavioural concerns. Furthermore, when they retrospectively spoke of pre-COS-P behavioural concerns, those concerns were couched in COS-P terminology. In addition, parents articulated how they felt their relationships with their children had changed and how they perceived these

changes. Two sub-themes emerged from this analysis of data regarding Observed

Behaviours: Behaviour Change and Reflections on Behaviour Change.

Table 4.1		
Themes, Sub-themes and Definitions from perception changes experienced by parents through participation in COS – P; specifically changes to their perceptions of their child's behaviour and to their perceptions of their own responses to their child's behaviour.		
Theme	Sub-themes	Definitions
Observed Behaviours	Behaviour Change	Changes that parents have noted in child's behaviour from before participating in the COS-P to after participation has finished.
	Reflection on Behaviour Change	What parents perceived about the changes in their child's behaviour
From Me To You And Back Again	Intergenerational Transmission	The passage of something from one generation to the next. This transfer can happen in various ways.
	Linkage	The connection of separate events, actions, behaviours, thoughts to each other.
	Mutual Regulation	The process by which parent/child mutually influence each other's states across time.
Seeing Differently	Parental self-efficacy	The belief that the parent is able to perform a self-determined parenting task successfully
	Perception change	The change that occurs in the process of how external stimuli are received, organized, and represented in ongoing experiences
To Know It Is To Understand It	Metacognition	Thinking about thinking
	Name it to tame it	Finding and placing a linguistic label on a process or action to help calm the mind and stabilize attention so one can perceive with more clarity into the nature of an experience and invites understanding and empathy
Bending Not Breaking	Response flexibility	The ability to respond flexibly and creatively to new and/or changing conditions instead of responding automatically and reflexively – putting a space or pause between impulse and action
	Self-awareness	Experience of being aware in the moment

Behaviour change. As parents reflected on their child's behaviour from before they had participated in COS-P to after COS-P participation, differences were evident. In pre- COS-P participation interviews, parents described their child's behaviours as falling into one of the following three categories: physical, emotional or action-specific. In post-COS-P participation interviews, parental descriptions also fell into these categories, however, the manner in which the parental descriptions were delivered had changed. Behaviours were described with different and more positive descriptors. For example, while behaviour was perceived as undesirable by the parent, it was also described as developmentally appropriate or easier to handle. This is illustrated by Helena when, post-COS-P, she identified her child's pinching as a part of his developmental stage: "He's a baby so he does not know what he's doing." In other post-COS-P interviews parents framed remaining concerns using language that was different from language used pre-COS-P. For example, "screaming" became "screaming when over-whelmed" (Arthur, Molly). And "frustrated and crying" transformed into "more easily comforted" and "anxious" (Lily, Lavender, and Luna). Further examples of changes that parents noted in the behaviour of their children follow in Table 4.2.

Reflections on behaviour change. Throughout the post-COS-P interviews parents reflected on what they thought were the intentions behind the behaviours of their child. In the previous sub-theme it was noted the changes that parents perceived in their children; this sub-theme involves the perceptions of parents regarding the child's thoughts, feelings, intentions, and reasoning that instigated

the behaviours exhibited by their child. Arthur, for example, reflected on how his

daughter's intention was not to argue but that she got "stuck" on an idea. The

following excerpt from a post-COS-P interview illustrates how he dealt with this

after participation in COS-P:

> [COS-P] just opened my mind [to ways] of saying no, but saying it in a
> different way. Because any time—with my daughter, any time you say no
> bluntly, it just escalates things… she gets stuck on ideas… [I say to myself]
> she is going to act like this, so I need to, not outsmart her, but just come up
> with alternatives to saying the same thing, but in different words. (Arthur)

Table 4.2
Examples of Changes That Parents Noted in the Behaviour of Their Children

Behaviour Change	Parent
I would say when there are those temper tantrums, they're shorter, they're not as prolonged.	Arthur
She's becoming more and more independent	Arthur
Overall, it's better.	Arthur
She is getting better. Might be with age as well, and experiences, but obviously, that's growing up and that's developing, but also, we're developing, too, as parents, and developing skills that we can use to help her.	Helena
It's probably gotten a little worse.	Neville
She just had a few really strong meltdowns, but we were also pushing her to her limit.	Lavender
I've noticed that when she has her meltdowns or is upset, it does not last as long, and she'll want to come for hugs and comfort sooner	Lily
Meltdowns have gone from 20-30 minutes to 5.	Lily
I feel like he's not doing much different, other than his own kind of pathway, his changes. But I feel like how I see what he's doing is very different.	Ginny
She's more challenging… [but it may] be part of being a teenager?	Dolores
I'd have to say those instances are happening less.	Molly
…he's still happy to see Dad, but the chaos—there's still some chaos, but it's not as much as what it was, what it had been before	Luna

This was similar to his pre-COS-P interview thoughts: "you have to make

it seem to her that it's her idea to do something... if you tell her straight… the

answer will be no." (Arthur). Arthur was more articulate in explaining his

newfound ability to be flexible in his responding post-COS-P whereas previously,

he expressed more frustration.

There were inconsistencies within post-COS-P interviews wherein a parent

might state at one point in the interview that they were worried about a behaviour

their child exhibited, yet later on expressed that they were not too worried as it

could be developmentally on target and therefore nothing to worry about: "might

be with age as well, and experiences, but obviously, that's growing up and that's

developing…" (Arthur). Often parents stated that they were confident that they

knew what their child was thinking or that they possessed the skills to "figure it

out" (Helena). Others expressed concern that the behaviour exhibited by their child

was beyond their capabilities as a parent to handle and expressed an intention to

seek further aid (thus demonstrating self-efficacy and self-awareness).

All parents save one indicated that they had seen improvements in their

perceptions of their child's behaviour. Neville indicated that he felt that his son's

behaviour had worsened since Neville had participated in COS-P and had

attempted to implement some of the principles he had learned.

> It's probably gotten a little worse. Well if I had to guess I would say it's
> more based on I'm trying to be a little more assertive with him. And in
> doing so he's probably pushing back a little bit. Trying to figure out what's
> going on.

Consistently, however, throughout the post-COS-P interviews parents articulated

that they believed the function of their child's behaviour was an attempt at

communication with the parent concerning what the child needed at that point.

[Now] it's more of understanding why he's doing what he's doing. So if he's doing something that seems irrational, say, "Okay, that's maybe not what he's actually upset about. There's something else underlying that," and to help work through [it] with [him] to bring that out. So instead of getting angry at him or frustrated, it's more what can I do to help him. (Neville)

While some parents expressed frustration with their own perceived short-comings in understanding what their child was trying to communicate, they also expressed optimism that they one day could. For example, Molly theorized, "so for me to spend more time figuring out what she needs is something I need to work harder at and try to do. But just knowing what I need to do is good, too." Lily reflected on the change she saw in her daughter and the improvements she saw:

I do feel, though, I'm more being with her; I think that's a change. I just feel like I have more understanding now that that's what she needs as a 3-year-old. I feel like I've learned from that program and that book that those feelings are very confusing for her, so she needs help to get through them.

These findings reflect a shared realization among the parents that their child's behaviour was a form of communication; knowing this provided parents with comfort. Post-COS-P Lavender remarked, "I think I understand more. I'm a little bit more, forgiving or understanding of the behaviour, and accepting" In addition, Molly shared:

I think it was something before that I would have thought, "Okay, that needs a timeout" - where I'm looking at it now and it doesn't need a timeout; we can look at different ways of going about it" just to watch him how he reacted to other people, I thought, "Okay, I'm doing something right here."

From Me to You and Back Again

The theme, From Me to You and Back Again, refers to the experiences that parents related regarding their interactions with their child, what they noted about

the reciprocity of those interactions and the connections that became evident.

During their interviews both pre and post participation in COS-P, parents

expressed their perceptions of the relationship that they had with their child. There

were changes in how parents revealed how they saw the relationships shift as they

became more aware of the connection between their emotional state and their

child's. In addition, every parent related a thought or concern in post-COS-P

participation interviews about passing on their worries, anxiety and habits to their

children. The association of parental perception post-COS-P between the parents

own actions and reactions their child was much clearer and pronounced than pre-

participation. Parents generally indicated a greater sense of positive relationship

change and energy flow between them and their child post-participation in COS-P.

The subthemes of From Me to You and Back Again are illustrated via expressed

participant experiences and are intergenerational transmission, linkage, and mutual

regulation.

   Intergenerational transmission. Intergenerational transmission pertains to

something being passed from one generation to the next (Conger et al., 2012;

McGoldrick et al., 2008; Siegel, 2012a). Generally, this could include physical

objects such as heirlooms, or epigenetic factors such as environment, age or health

(McGoldrick et al., 2008; Schofield et al., 2013). For this study, intergenerational

transmission refers to the passing on of ideas, thoughts, and behaviour patterns,

from one generation to the next. As discussed in in the literature review,

intergenerational patterns of behaviour are highly reciprocal, patterned and

demonstrated in a multitude of ways (Conger et al., 2012; McGoldrick et al., 2008; Schofield et al., 2013; Scott, 2012; Siegel, 2012a).

Each parent in this study related at least one thought about intergenerational transmission in post-COS-P interviews; many spoke in terms of what they were passing to their children while some expressed an awareness of a connection between their parent, themselves and their child. "It's more an awareness of how I was raised to how I want to raise my son" (Neville). Parents spoke post COS-P -participation of passing on to their child their worries, anxiety, concerns and habits. They commented on how they were now more aware of what they do and the impact it may have on their child:

> I get anxious. I'm aware of it and I try not to show it as much, and try and support her more and make it more about her and less about my—like, how I'm feeling or what I'm wanting. (Lavender)

Some revealed noticing something that their child had gleaned from them that they regretted, but the majority referred to instances where something that they had learnt from COS-P participation changed how they parented and how they saw the positive effects of that exhibited by their child. This is explained by Luna:

> Talking to him helped him and it helped me, because he's not getting as anxious as he was before, he's not getting as upset as he was before. So for me, that just helped me, and again, in turn, it helped him.

It is beyond the scope of this study to measure and quantify the ways and means that intergenerational transmission of behaviour patterns happen with the participants. However, the data analyzed for this study did provide insight into how the participants saw the transmission of behaviours and perceptions between

themselves and their child - and the multi-generational transfer from grandparent

to parent to child:

> …times have changed, and the way our parents parented us might be
> similar to the way we want to parent, and then there might be some things
> that we want to work on and be different. (Lavender)

Parents also spoke of "worry" when considering the effect of their own

actions and interactions on their children. There was also a suggestion in the

findings of the importance the parents post-participation in COS-P put on having

an "awareness of how I was raised to how I want to raise my [child]" (Neville).

Another parent spoke of how the program had them thinking about "the words you

choose and… speak to your kids" (Arthur).

When comparing data from parents before COS-P with data generated after

their participation in COS-P it was evident that the parents spoke about

intergenerational transmission in a different tone. The tone shifted into one in

which the parent was aware of how intergenerational transmission affected them

and how they parented, in addition to how their actions had affected their child and

possibly changed their future. An example of this is in the following extract:

> We would be out and I'd be talking to [my child] about stuff we had talked
> about and I really tried to focus on his feelings at the beginning. And when
> I saw him react to how other people feel, and just to say to me, "Mommy,
> she's sad," or "She's feeling this way," or "She's angry" - just to watch
> how he reacted to other people, I thought, "Okay, I'm doing something
> right here." (Luna)

Linkage. The idea of linkage originates with interpersonal neurobiology

(IPNB). Usually IPNB theorists use this term when referring to neural pathway

connections that are deepened by the linking together of separate events, actions,

behaviours, and thoughts (Siegel, 2012a). Here linkage is the joining of events,

actions, behaviours and thoughts expressed by parents. Knowledge appropriate to

a situation is not necessarily accessed despite being relevant (Conger et al., 2012;

Siegel, 2012a). Making connections that allow access to that knowledge is

Linkage. Ginny remarked how connection-making influenced her relationship with

her son:

> Checking in with him, the changing how we check in just so that he knows
> that I'm there for him. That kind of visual check-in works really well for
> him, and what I've noticed is that when he checks in visually, he doesn't
> have to come find me. He can see me over there, but if I'm not checking in
> with him, he'll come and get me. (Ginny)

The parents were more fluent in expressing connections in the post-

participation interviews. They frequently described that they saw how their own

thoughts and feelings about what their child was exhibiting (behaviour or emotion)

could escalate or calm down a situation: "it's even more so that how you interact

and the words - even down to demeanour and tone, because that all does translate"

(Arthur). The main difference was a deepened understanding that behaviours

exhibited by their child could be influenced - although it can be "harder" and more

"stressful" than just "pushing through" with a more "natural" reaction. Lavender,

in expressing how she saw a link between her own actions and her daughter's

actions expressed it thusly:

> So she might need that emotional cup filled a lot more often than other
> kids. Even just something as simple as you just have to accept that, that's,
> like, not lower your expect—but lower your expectations. She's not an
> adult, whereas I think sometimes before this, we were kind of, like, "Why
> doesn't she get it? We've explained it," or "I've played with her for 10
> minutes or an hour. I played with you all day and you're still not…" Well,
> maybe that just wasn't enough for her today.

Parents noted that they were now trying different tactics than before their

COS-P participation including: being conscious of how they interacted;

recognizing when to "let go for right now"; and noticing when they were making

assumptions about things within their relationship. The following extract illustrates

how a parent came to a realization of their own expectations and feelings of how

things "should be" changed after participation in COS-P:

> I cannot expect him to be on all the time. And I think that that was part of
> my expectation of him, without realizing that that was part of my
> expectation of him. Like, why should he be happy a hundred percent of the
> time? Why should he be angry a hundred percent of the time? I'm not, and
> that's okay, and I'm okay with me not being that way. So why am I not
> okay with him not being that way? (Luna)

Being able to recognize and connect their actions, feelings and thoughts

together for both themselves and their child/children was an important aspect of

Linkage. In the above excerpt the parent recognized that she had previously been

making assumptions of which she was not even aware; that she had been

unconsciously making unrealistic assumptions for both herself and her child that

put a burden on their relationship and functioning.

Mutual regulation. Mutual regulation is the process by which individuals

influence each other. This can also be referred to as dyadic regulation or co-

regulation, when specifically referring to a relationship between two people

(Siegel, 2012a). Scientists demonstrate how the social world of the individual

directly shapes the structure of the brain as the neural structures fire and form

(Oppenheim & Koren-Karie, 2014; Siegel, 2012a). These studies also demonstrate

how people help one another regulate internal states through attuning to the

internal state of another person (Bornstein, 1996; Codrington, 2010; Mazzeschi et al., 2014; Morissette & Siegel, 2016; Oppenheim & Koren-Karie, 2014).

Mutual regulation in this study is applicable to the influence that a parent and child have on each other's emotional states over time. Managing emotions is a big task for children and one with which parents can help. Helping with affect regulation, or in COS-P terms, organizing feelings, requires the parent to be cognizant of their own emotional experiences as well as those of their child. Organizing a child's emotional dysregulation leads to a child learning self-regulation (Codrington, 2010; Morissette & Siegel, 2016; Oppenheim & Koren-Karie, 2014; Powell et al., 2014; Siegel, 2012b; Siegel, 2012a). This finding applies to the first research question of how a parent perceives their own responses to their child's behaviour as parents frequently noted how they noticed that their mood or responses were impacted by how their child reacted to how the parent responded.

Recognizing the import of this dynamic seemed to cause a perception shift in many of the parents. Post-COS-P parents were clearer in their recognition that their child was trying to communicate through their actions and, in the words of one parent:

> Talking to him helped him and it helped me, because he's not getting as anxious as he was before; he's not getting as upset as he was before. So for me, that just helped me, and again, in turn, it helped him. (Luna)

Pre-participation in COS-P some parents expressed how previous actions may have been related to an increase in behaviours and now they were seeing a change in how the behaviours were expressed. For example, "…I do have to

watch, being cognisant that I can make it worse… start becoming a dictator, but

that's just going to make things worse. And if I stay calm, [she'll] be calmer"

(Arthur). This contrasts with the reflection in Arthur's post-COS-P participation

interview:

> Sometimes I had a tendency to fight fire with fire, almost, maybe, and knowing that using different techniques, so maybe going—and if one way doesn't work, switching things up or trading out somebody else coming in, my wife coming in and trying.

The findings suggested that in general, parents were more aware of how

they impacted their child's behaviour, which then led to the perceived behaviour

influencing how they reacted to the child - hence, From Me to You and Back

Again.

Seeing Differently

When parents participate in a parenting program, it can be for a variety of

reasons – the main one being their sense of needing help with a parenting task

(Bornstein, 1996; Shriver & Allen, 2008d). Parenting programs, as discussed in

the literature review, exist to help parents in particular ways. One of the ways that

COS-P is designed to help parents is to transform their view of their child's

behaviour (Cooper et al., 2009). The data from this study revealed that upon

completion of the COS-P program, parents did see their child's behaviour

differently than they did pre-COS-P. Within this theme of Seeing Differently two

sub-themes emerged: Parental Self-efficacy and Perception Change.

Parental self-efficacy. Self-efficacy is defined as a belief in one's ability

to have control over one's own functioning, performance, and over events in their

lives (Bandura, 1994). Self-efficacy refers to how a person views their own ability

to feel, think, and behave (Bandura, 1994). A parent's self-efficacy affects their

resiliency, quality of functioning in daily life, as well as their parenting choices

and estimation of experienced stress. Resilience is the ability to effectively and

healthily manage emotional reactions and feelings that emerge from negative life

experiences (Kte'pi, 2016). As resiliency is not an inherited trait but something

that is learnt, it can also be passed on through implicit or explicit teaching (Kte'pi,

2016). People with a strong belief in their abilities approach difficult tasks and

situations as challenges to be mastered rather than as trials to be avoided or

approached with resignation (Bandura, 1994). While those without a strong sense

of self-efficacy are more likely to blame themselves when something goes wrong,

extrapolate a single event to the entirety of their lives or consider a circumstance,

habit, or relationship to be permanent or impossible to change (Bandura, 1994;

Kte'pi, 2016).

Post-COS-P participation parents expressed their parental self-efficacy in a

few different ways as illustrated in Table 4.3. There was a change from pre to post

data that indicated a greater sense of efficacy in parenting ability, a deeper

understanding of personal strengths in terms of what they were capable of doing,

and a change in seeing challenges with their children as a personal lack.

Perception change. How people think about and make sense of other

people is the definition of perception (Fleming, 2013) utilized for this theme.

Perceptions involve how people form impressions, draw conclusions, and try to

explain the behaviour of others (Fleming, 2013; Maund, 2003). In this study, how

parents viewed the behaviour of their children is pursuant to how they formed

impressions, drew conclusions and explained the behaviour of their children was

expressed throughout the data. The perceptions of the parents changed from pre to

post COS-P participation. The changes were slight for some and more dramatic for

others. Changes were observed through the language the parents chose to use to

describe various aspects of their child, their child's behaviour, how they reacted to

their child's behaviour and/or what they felt the behaviour meant.

Table 4.3
Examples of Parental Self-Efficacy Post COS-P participation

I know he's not manipulating us (Lavender)
Okay, I acknowledge this is difficult, but I can do this and be able to cope with it and not be a complete mess.(Ginny)
I may be able to pause and think about how she's feeling and be in her shoes more often now, and so that makes me closer to her (Lily)
Knowing that's not a reflection on my parenting that's just her (Arthur)
I've found more ways of approaching things (Lavender)
I will wait and I will not be annoyed (Dolores)
Instead of getting angry or frustrated, it's more what can I do to help him (Neville)
I have more understanding now - and that's what she needs (Lily)
We'll get there, I feel confident that we'll get there (Molly)
I can make a change for the future (Ginny)

The findings regarding perception change indicated a rise in parental

empathy for their child post-COS-P participation. The changes were not dramatic;

rather more subtle. For example, "it's not that he's needy, it's just that he needs

me" (Luna). This change in perception led some parents to change how they

interacted with their child and how they felt about their child's behaviour as

illustrated by:

> When he gets upset, it does not aggravate me. There's still times where it
> does aggravate me, but it does not aggravate me to the same extent. I can
> see what he needs, and he might not need what he's getting upset about,

but figuring it out. And sometimes, I do not get it right, and I'm okay with that, because I'm trying. (Luna)

All parents experienced a positive change in how they interacted with their child, due to their changed understanding of the concept that a child's behaviour is a way for a child to communicate needs. For example: "…instead of getting angry at him or frustrated, it's more what can I do to help him" (Neville). A child will often communicate needs through behaviour, rather than spoken language (Cooper et al., 2009). This change in perception of seeing their child's behaviour as communication of needs helped improve not only the parent/child relationship but also the stress level of the parent as exemplified in the following two excerpts:

> I feel like I understand [the behaviour] more. So I feel like he's not doing much different, other than his own kind of pathway, his changes. But I feel like how I see what he's doing is very different. (Ginny)

> I try to help identify, for both me and for her, what's happening and what kind of feelings are happening and where it's coming from. A lot of times, it's been a surprise where the feelings are really coming from. (Dolores)

The findings indicated that parents experienced a change in how they saw both their child and their child's behaviour. This change in perception afforded the parents the opportunity to re-evaluate not only how they had judged the intent of the child but also the opportunity to reflect, learn, grow and attempt to engage in a different way with their child. In addition to how they perceived their child and their child's behaviour, post-COS-P participation parents saw themselves as people who were capable of change, of understanding better, and being able to "be with."

To Know It Is To Understand It

The majority of parents in this study indicated that participation in COS-P left them with a greater sense of control in parenting situations that previously felt overwhelming or out of control. This did not always translate into situations being resolved or actually becoming more peaceful. Parents expressed that in difficult situations with their child, they were now more likely to pause, try to calm themselves and think about situation and that this caused them to perceive that they felt they were able to label what was happening and identify possible reasons for what was happening thus helping them to better understand and handle challenging parenting situations. As expressed by Delores:

> So now I go in and I'm, like, "What's happening here? What are you feeling like? Are you mad at me, are you sad, are you frustrated?" I try to help identify, for both me and for her, what's happening and what kind of feelings are happening and where it's coming from. A lot of times, it's been a surprise where the feelings are really coming from.

This ability is reflected in the theme To Know It Is To Understand It, and is expressed in the subthemes, metacognition and Name It To Tame It.

Metacognition. An awareness and understanding of one's own thought processes, or thinking about one's thinking, is the definition of metacognition (National Research Council, 2000; Neitzel & Dopkins Stright, 2004; Siegel, 2007; Stewart, Field, & Echterling, 2016). These thought processes are the mental processes used to plan, monitor, and assess what you understand, your level of mastery of a topic and your performance on tasks (National Research Council, 2000; Siegel, 2012a). In the field of education, practises congruent with a metacognitive approach include those which focus on sense-making, self-

assessment, and reflection on what worked and what needs improving (National Research Council, 2000; Siegel, 2012a). These practises have been demonstrated to increase the degree to which learning is transferred to new settings and events (National Research Council, 2000; Siegel, 2012a; Stewart et al., 2016). A sign of metacognition development is the ability to monitor one's current level of understanding and decide when it is not adequate and then take steps to correct the situation (National Research Council, 2000; Siegel, 2012a).

The parents in this study demonstrated in their post-COS-P participation interviews a development of their metacognitive ability. Parents verbalized more instances of sense-making throughout the post-participation audio interviews. Examples of this included: "[My child is] very independent. So yeah, I just think that [she] lacks in communication—or I lack in it, so then [she] lacks in it" (Dolores). "I just feel like I have more understanding now that that's what she needs as a [child]" (Lily).

The parents also assessed their own parenting performance and were often able to distinguish between what they could do better, parental self-efficacy, and what examples were of them getting to a place of "good-enough" parenting. Ginny expressed that COS-P helped her to feel that she had, "a bit of a decoding manual to what he needs now." Molly, mother of a pre-schooler, reflected "I think with her it's a little bit more challenging to know, just because she is so little and there is such a roller coaster of emotions going on with her at any given time "cause she's [little]."

While some parents were able to practise metacognition with apparent ease, some still appeared to have difficulty differentiating in this area when reflecting on their experiences.

> That's where I feel like—either eventually I raise my voice, or I feel weak "cause she's not coming, she's not listening. Times where—and it's hard when she's outside running around in the front yard; [the baby is] ready in the car; I need her in her car seat. I've asked her so many times to come; she's not coming, and I know that the next step will be me picking her up and forcing her in, and then she's going to kick and scream and cry and cry and cry and cry, and it's just going to be really hard getting her in the car seat. I'd rather that not happen at all, but then I'm, like—but she's not coming, so I feel weak and mean. (Lily)

Reflecting on what worked in their parenting after participation in COS-P was touched on by many parents. As this process was also tied to what they needed to improve and to imagined possible future scenarios wherein their newly acquired awareness could be applied, related data was coded as metacognition. One of the fathers recounted: "So you're very conscious now—we were before, but even more so, it's even more so that how you interact and the word—even down to demeanour and tone, because that all does translate" (Arthur). Helena stated, "I would not say I feel helpless; I just feel, 'This is life. I'm going to show you some amazing things; but I also need to teach you some hard things, because I'm your mother'" (Helena).

Name It To Tame It. Learning ways to make sense of what a child is trying to communicate through their behaviour is integral to COS-P. One of the ways that this is done is through describing and identifying the exhibited behaviours and emotions and then inferring where the child is on "the Circle" (Powell et al., 2014). Using Circle of Security terminology (e.g. top of the circle,

bottom of the circle) during Name It To Tame It highlights for parents the meaning of their child's behaviour and leads them to "see" a situation calmly and, consequently, more clearly. This clarity creates a space in which the parents can reflectively choose from a repertoire of appropriate responses (e.g. watching over, organizing child's feelings). Some parents expressed their thoughts using COS-P terminology with apparent ease, while others did not. One parent expressed difficulty with the terminology presented in a question by the interviewer: "I think the reason…" (Delores). Yet, although she had difficulty identifying her own shark music, she readily identifies the shark music reaction in her child, later in the same interview.

While words help to solidify knowledge and clarify reality, they are not reality as even the best choice of words has limitations on the ability to accurately represent what a person means. Examples of this can be seen when a person struggles for 'just the right word' and conversations where a person gets frustrated trying to make someone else understand what they are meaning but 'words get in the way.' Words are maps to help us get somewhere that is named. Once the place is named, it calms the mind and stabilizes attention so that the nature of the place can be seen with greater clarity (Powell et al., 2014; Siegel, 2012a). Originators of COS-P emphasize that the Circle of Security® graphic provides parents with a roadmap for "heat of the moment parenting" situations; being able to identify and name where the child is on the Circle allows space for a parental perspective shift (Cooper et al., 2009; Powell et al., 2014).

The parents in this study were able to use language to identify both their child's behaviour and their own reactions to their child's behaviour. For example: "I feel like I understand it more. So I feel like he's not doing much different, other than his own kind of pathway, his changes. But I feel like how I see what he's doing is very different" (Ginny). Another example was from Lavender, "I'm a pretty anxious person, and I also recognize that that could be why she—like, a lot of her behaviour is from anxiety, where before, I'm, like, 'You're just getting mad.'" These examples illustrate how the parents used language to exemplify the inter-relatedness of their perceptions of their child's behaviour and the behaviour they observed.

The maps of language that parents created from pre to post participation in COS-P changed from maps of confusion and complication to maps that appeared clearer and more focused. One parent clarified how participation in COS-P allowed her "to be-with" her daughter in a personalized way that worked for them both:

> Just letting her know it's okay to have those feelings, because she has such big feelings, and they come so fast, that I think that helps her that she's not being good or bad and there's not so much guilt and shame and stuff on it. (Lavender)

The naming or utilization of words as used by parents did seem to have an effect of normalizing or calming a stressful or distressing situation that the parent described. For example:

> Talking to him helped him and it helped me, because he's not getting as anxious as he was before, he's not getting as upset as he was before. So for me, that just helped me, and again, in turn, it helped him. (Luna)

However, data analysis did not result in clear evidence of whether the calmed

mind was present during the challenging parenting situation or whether it only

existed in the retelling of the experience. What was evident in the data analysis

was the need for parents to be resilient.

Bending Not Breaking

Being responsible for the process of promoting and supporting the

physical, mental, emotional, social and intellectual development of another human

being is a tough job. A parent needs to manage not only their own development,

but also someone else's. These demands in conjunction with all the other demands

placed on an individual can cause stress (Brent, 2006; Bornstein, 1996; Siegel,

2006, Siegel, 2012a; Zemp, Milek, Cummings, Cina, & Bodenmann, 2016). The

ability to adapt to stressful experiences in a healthy way as well as to healthily

cope with negative experiences and still function in daily life is resiliency (Brent,

2016; Fuller-Iglesias et al., 2015; Siegel, 2006). Bending Not Breaking as a theme

framed resiliency, flexibility and awareness: being aware of one's breaking point

and learning to bend, not break is the context of the subthemes Response

Flexibility and Self-Awareness.

Response flexibility. Response flexibility enables a person to pause before

responding - putting a space between impulse and action. It is a pre-frontal cortex

function of the brain that enables the range of possibilities to be considered and

reflected on before engaging (Siegel, 2012a). Response flexibility allows a person

the option of choosing the wisest course of action in any given situation - a course

of action that may be different from the pattern of action that the person would

normally choose - instead of responding automatically and reflexively (Morissette & Siegel, 2016; Siegel, 2012a). The more flexible someone can be the more options they can identify and therefore, the more resilient they can be (CDC, 2016a; Powell et al., 2014; Siegel, 2012a). The more resilient the person, the less likely they are to break under pressure or stress (Brent, 2016; CDC, 2016a; Siegel, 2012a).

Throughout the post COS-P participation audio interviews parents demonstrated their response flexibility by the words they chose as they described the circumstances they were in with their child, their ability to look at a single event as a single event and to consider circumstances with the idea of the possibility of change. For example:

> If one way doesn't work, switching things up or trading out somebody else coming in, my wife coming in and trying. (Arthur)

> If he's doing something that seems irrational, [I now] say, "Okay, that's maybe not what he's actually upset about. There's something else underlying that," and to help work through [it] with [him] to bring that out. So instead of getting angry at him or frustrated, it's more what can I do to help him. (Neville)

> So I think now—but I think it's because we came up with that agreement, right? The agreement helps me just go, "Okay, I will wait and I will not be annoyed about it," and I'll just, "Remember, you asked me to remind you, and I'm just going to remind you." (Delores)

This was different from pre-participation interviews where parents were more likely to express thoughts about circumstances being difficult or impossible to change, or as something to be distracted from.

> [I] tried to distract him and be, like, "It's okay. Look at this," or "Look at that"; that definitely would have been my go-to, would have been how do I not make it better, per se, but just make him forget it. (Helena)

However, the changes were not consistent across all participants and throughout all interviews. Those who demonstrated this tendency were also those who expressed difficulty with the terminology of the COS-P concepts as they were "all new" and a "different way of thinking." This could suggest that participants who had previous exposure to some concepts adapted more easily; or that those who were already more comfortable using language to describe their internal reality found it easier to "take" to new terminology.

Self-awareness. Sometimes in a parent's acknowledgement of the importance of the feelings of their child, the relationship can become unbalanced as parents strive to stop the world from spinning to address every feeling that the child is expressing. A child senses their parent is "Being-With" them, a key COS-P concept, when they sense that their parent genuinely cares about all of their feelings. In addition the child senses that these feelings can be expressed so that the parent can help their child to organize their feelings. To do that the parent needs to be self-aware of their own feelings and thoughts and be able to make sense of things that can at times feel difficult. Parents in this study expressed an awareness of their own feelings. For example:

> I try not to get frustrated. (Neville)

> This is difficult. (Ginny)

> Am I being mean or am I being weak? Because sometimes I go too much one way. (Lavender)

> When he gets upset, it does not aggravate me. There's still times where it does aggravate me, but it does not aggravate me to the same extent. (Luna)

Self-awareness is being aware of and reflectively examining one's own thoughts, feelings and behaviour (Merriam-Webster, 2018; Siegel, 2012a). Being aware of the self, one's own thoughts, feelings, and behaviours, requires a certain amount of vulnerability and willingness to engage in reflective functioning (Powell et al., 2014; Siegel, 2012a). It is easier to focus on a behaviour of someone else, than the vulnerabilities that exist within (Barth, 2009; Powell et al., 2014; Siegel, 2012a). The ability to be with their own thoughts and feelings in the caring presence of another (in this case the interviewer) allowed the parent to be more open and empathic to the thoughts and feelings of their child (Powell et al., 2014). People have more freedom to change themselves than to change somebody else (Powell et al., 2014; Siegel, 2012a). This is key as the target for change in COS-P is the parent not the child (Powell et al., 2014).

Parents manifested self-awareness in a multitude of ways. One was through a change of focus, "Expectations of him being good all the time—because he *is* good, he's a child; just by being a child, he's good" (Luna). Another was showing an awareness of concepts such as Intergenerational transmission "So am I addressing it by "being with" her? I hope so. Or am I encouraging it? Maybe. I do not know; I do not know" (Dolores). Also, an interest in understanding the thoughts and feelings that motivated the child's behaviour "…remember that I'm an adult and he is not, and so he feels things a lot differently" (Luna) indicated a sense of self-awareness. Other examples include: recognizing the developmental stage of the child and taking that into account when explaining child's behaviour "Maybe it's just where she's at or maybe it's her age" (Arthur); noting the

difference between interpretations of child behaviour vs knowing actually what is going on inside the child "[Now I would say]: "You're getting upset, maybe you're uncomfortable because it's a new situation." You know, it's not just "You're having a fit because you do not want to do this." (Lavender); and demonstrating an indication towards updating their internal working model regarding themselves or their child. "One of the things I did not realize is that it's not that he's needy, it's just that he needs me" (Luna).

Parents were not consistent in exhibiting self-awareness throughout the interview data; however, there was evidence of growth. The majority gave indications that they found a balance between focusing on the feelings of their child and also on their own feelings.

Summary

Study findings were presented in this chapter in relation to the perceptions of parents who had participated in COS-P; of specific concern were parental perceptions regarding both their child's behaviour and their own responses to that behaviour. The five main themes uncovered in this study from parent pre- and post-COS-P interviews were discussed and broken down further into subthemes in this chapter. These subthemes add further understanding to the parent experiences which in turn provide answers to the research questions.

The first research question, "After parents have participated in COS-P, what is the parental perception of their own responses to their child's behaviour" was answered through the subthemes: mutual regulation, intergenerational transmission, linkage, perception change, parental self-efficacy, response

flexibility, self-awareness, and name it to tame it. Following participation in COS-P, parents perceived their responses to their child's behaviour as more empathetic, understanding, and flexible.

The second research question, "How has parental perception of their child's behaviour changed after participation in COS-P" was answered through the sub-themes: metacognition, behaviour change, response flexibility, perception change, and reflection on behaviour change. There was fluidity in location of answers to the questions between themes; which is common to qualitative description, as the process of understanding experience is also a spiral of understanding. Parental perception of their child's behaviour after participation in COS-P changed in that parents clearly voiced that their child's behaviour had changed, was communicative in nature, and that the understanding that behaviour was communication changed both how the parent responded to the child and the behaviour from the child.

The purpose of this study was to describe perception changes experienced by parents through participation in Circle of Security® – Parenting; specifically changes to their perceptions of their child's behaviour and to their perceptions to their own responses to their child's behaviour. The results were presented throughout this chapter through the discussion of themes and sub-themes revealed through pre and post COS-P participation interviews. The study successfully addressed the gap in the research and the results will be considered and examined in Chapter V – the discussion chapter.

Chapter V: Discussion

The purpose of this study was to describe perception changes experienced by parents through participation in Circle of Security® Parenting ™ (COS-P); specifically changes to parent perceptions of their child's behaviour and to parent's perceptions of their own responses to their child's behaviour. Qualitative descriptive analysis through the lens of social constructivism was used to answer the following research questions:

1. After parents have participated in COS-P, what is the parental perception of their own responses to their child's behaviour?

2. How has parental perception of their child's behaviour changed after participation in COS-P?

How parents who participated in COS-P described their perceptions of their child's behaviour and how the parents described their own responses to their child's behaviour was the central focus of this inquiry. To answer these questions, data was collected via semi-structured, in-depth interviews with nine parents who had participated in COS-P. Pseudonyms for the participants were created to protect participant anonymity. All collected data was transcribed by the researcher: NVivo and was used for data analysis. Data analysis results were presented in the Results chapter and will be discussed in this chapter in relation to each of the research questions. This chapter will conclude with a discussion of study limitations and recommendations for future research.

Discussion of Results

Methodologically, the strength of this study was its qualitative design, before and after data generation and two time points. This is the first qualitative study of the influence of Circle of Security® Parenting ™ (COS-P) on parenting perceptions of their own child's behaviour and the parent's perceptions of their own responses to their child's behaviour with two time points. The strength of this study is that the rich data, both audio and video recorded, in combination with a rigorous analysis process led to robust themes that provided answers to the research questions posed. Additionally, the strength of this study is that behaviour change was investigated, even though change in behaviour is not the main aim of COS-P.

There are many parenting programs and interventions which are designed to help parents with the skills to meet the needs of their child as well as giving them strategies concerning behavioural concerns they may have regarding their child (Pickering & Sanders, 2016; Sanders, 1999; Shriver & Allen, 2008c). The foremost behaviour-based parenting intervention, Triple P-Positive Parenting Program®, strives to prevent the development, or worsening, of behavioural, emotional, and developmental problems in children by bolstering the knowledge, skills, and confidence of participating parents (CEBC, 2016; Coyne, 2013; Sanders, 1999; Wilson et al., 2012). While Triple P-Positive Parenting Program® is attempting to aid parents with behavioural concerns, the long-term effectiveness of the program results has not been evident as behaviour improvements faded over time (Averdijk et al., 2016; Heinrichs et al., 2014; Marryat et al., 2017; Salmon et

al., 2014; Schappin et al., 2014; University of Glasgow & NHS, 2010). It would be interesting to see research in the future to determine if the changes parents note through participation in COS-P have been maintained.

The five main themes uncovered in this study from parent pre- and post-COS-P interviews were discussed and broken down further into subthemes in the previous chapter. These subthemes add further understanding to the parent experiences which in turn provide answers to the research questions and will be discussed further in this chapter.

Question 1: After parents have participated in COS-P, what is the parental perception of their own responses to their child's behaviour?

The first research question, "After parents have participated in COS-P, what is the parental perception of their own responses to their child's behaviour" was answered through the subthemes: mutual regulation, intergenerational transmission, linkage, perception change, parental self-efficacy, response flexibility, self-awareness, and name it to tame it. Following participation in COS-P, parents perceived their responses to their child's behaviour as more empathetic, understanding, and flexible. Other COS-P studies studied the impact of COS-P on parental factors that are frequently associated with child maltreatment, the commonality in these studies was the changes in parental discipline practices that results from participation in COS-P which does not directly teach or address discipline techniques (Horton, 2013; Horton & Murray, 2015; Rostad, 2014). While these other studies looked at changes in parenting discipline practices, they

also noted changes in how the parent was thinking about their and their child's emotions and cognitions (Horton, 2013).

After participation in COS-P, parents saw their own responses to their child's behaviour in a different light than they previously experienced. A major finding from the data was the expression of the reciprocal nature of parent/child relationships that the parents became more aware of through participation in COS-P. This awareness was expressed as parents communicated their understanding of the concepts of COS-P and how they were applied and utilized in their lives.

Parent's expressed a greater understanding of the bi-directional influence of emotion, behaviour and reaction between themselves and their children, and the impact of intergenerational transmission. Recognizing these patterns in their relationship with their child is a regarded as a helpful trait of a healthy parent/child relationship - a relationship which has a large impact on the life of a child both in the present and in the future (CDC, 2016a; "Circle of Security® International," 2016; Cooper et al., 2009; Jaffee et al., 2013; McGoldrick et al., 2008; Pickering & Sanders, 2015; Powell et al., 2014; H. Ward et al., 2014).

As is noted in the literature, intergenerational communication and behavioural patterns are reinforced by repeated patterns of exchange between family members, therefore it stands to reason that the implementation of new communication and behavioural patterns by parents would alter set patterns going into the future (Powell et al., 2014; Scott, 2012; Siegel, 2012b).

Question 2: How has parental perception of their child's behaviour changed after participation in COS-P?

The second research question, "How has parental perception of their child's behaviour changed after participation in COS-P" was answered through the sub-themes: metacognition, behaviour change, response flexibility, perception change, and reflection on behaviour change. There was fluidity in location of answers to the questions between themes; which is common to qualitative description, as the process of understanding experience is also a spiral of understanding. Parental perception of their child's behaviour after participation in COS-P changed in that parents clearly voiced that their child's behaviour had changed, was communicative in nature, and that the understanding that behaviour was communication changed both how the parent responded to the child and the behaviour from the child. While other studies note the increase in parental understanding of behaviour as communication resulting in changes in how the parent interacts physically with their child, there is no investigation into perceived changes in child behaviour (Horton, 2013; Horton & Murray, 2015).

Participation in COS-P did not resolve all issues that parents experienced with their child, however, participation and application of the learning from participation in COS-P did result in parent/child relationships that parents felt were in better condition than before participation. Furthermore, all parents noted change in their child's behaviour as they grew in understanding of their child's communicated needs. Improved parent/child relationships is a common finding in

the COS-P literature as is noted improvements in understanding of child's needs

by the parent (Horton, 2013; Horton & Murray, 2015; Rostad, 2014).

After participation in COS-P parental perception of their child's behaviour

changed as parents noted the concept of behaviour as communication inherent in

the COS-P protocol and therefore approached the behaviour as such. Previous to

participation many parents expressed frustration with some of the behaviours that

their child exhibited as well as confusion and vexation over why the child was

behaving as they did. This type of reaction to highly emotive and stressful family

interactions is common throughout the literature (Gerson, 1995; McGoldrick et al.,

2008; Powell et al., 2014; Siegel, 2012b). After participation, while some

frustration may have still been present, parents expressed through language choice

the behaviour in the context of their new learning through COS-P which seemed to

bring a sense of calmness to the parent. This calmness allowed the parent to create

space when responding and therefore act different in response to their child; an

action which caused a different response from the child.

This reciprocal linkage of behaviour/response led all of the parents to

conclude that they had seen their child's behaviour change as a result of the parent

participating in COS-P. These findings are consistent with previous research

findings wherein a change in one area of a family system creates instability of an

established pattern and allows for change (Schofield et al., 2013; Schuler, Zaider,

& Kissane, 2012; Zemp et al., 2015). In the cases of the participants in this study,

the perceived changes in child behaviour were influenced by a change in the

parent's perspective as to the needs being expressed via that behaviour. This in

turn caused the parents to behave differently to the observed behaviours and a new circular pattern emerged (Cooper et al., 2009; Jaffee et al., 2013; Powell et al., 2014).

Addressing the Limitations

One limitation of this study was the size and demographic of the sample. Nine parents who had participated in COS-P participated in this study. The demographics of the parents were unevenly divided between male (n=2) and female participants (n=7), all participants resided in urban areas, and had some post-secondary education. In future research this limitation could be addressed by a more balanced sample distribution in terms of gender, residence, and educational attainment.

While the sample size was small, it is congruent with the philosophy of qualitative description as a smaller sample size allows for multiple contact points with participants and findings are not expected to be generalizable but a snapshot of the experience of participants at a particular moment in time (Bradshaw et al., 2017; Neergaard et al., 2009; Sandelowski, 2000). With nine participating parents there were a total of 27 interviews encompassing 16 audio interviews and 11 brief video interviews. Bradshaw et al (2017) argue that an adequate sample size is one that "sufficiently answers the research question" which is the case in this study (Bradshaw et al., 2017, p. 4). As this study provides a point of reference for future, larger studies which may provide a greater, more generalizable understanding of the phenomenon under research, the smaller sample size allowed for greater in-

depth analysis of the data even though it also provided a limited batch of experiences from which to draw.

As the data was not collected to answer the research questions posed in this study, it is possible that potentially applicable data may have been missed. Accessing information that was not organized in a manner that readily addressed the needs for this study was also an advantage as it allowed for parents' perspectives to be observed indirectly in the data. As this research study is a first step into further research regarding COS-P and parental perceptions, this limitation may be more of an advantage than a constraint.

Future Implications

The effects of COS-P participation have potential positive implications for both parenting and the field of counselling psychology. As seen in this study, a change in parental perception of child behaviour leads to a change in what is viewed as a troublesome or concerning behaviour in the child.

This knowledge is also valuable for clinical work as a step for further research into the long-term viability of results. Very little research has been completed on the outcomes of COS-P and this study serves to add to the collective research regarding this program. It will also strengthen the available research regarding the parent-child dyad. Specifically, this research study serves as a platform from which further, more in-depth studies can be launched.

Recommendations for Future Research

Although this study, unlike other existing studies, had a before and after aspect, it is not known if the changes the parents observed will last over time.

Long-term follow-up of COS-P participants that investigates the longevity of

parental perception changes is a future research area that needs attention. In

addition, a further study could assess the long-term effects of COS-P on parental

perception on their child's behaviour as well as on their own metacognitive and

reflective processes. While this paper explored and discovered parental perception

change in regard to their own reactions and to their perceptions of their child's

behaviour, future research examining this with a larger sample cohort would be

useful as well as having more stringent before and after measures. Also, it would

be of value to have a measure of child behaviour pre and post participation in

COS-P to compare with parental perceptions of their child's behaviour change to

confirm that perceptions of behavioural change and actual child behaviour change

was more than just a correlation but influenced by COS-P. More studies with a

larger and more diverse sample size would also add to this body of knowledge – in

addition to follow up studies that investigate perception change in the long-term.

Conclusion

The purpose of this study was to describe perception changes experienced

by parents through participation in Circle of Security® – Parenting (COS-P);

specifically changes to parent perceptions of their child's behaviour and to

parent's perceptions to their own responses to their child's behaviour. Through

qualitative data analysis of pre and post COS-P interview data of parents who

participated in COS-P, parent perceptions were altered, deepened and expanded in

terms of how the parents saw themselves, their children and their children's

behaviour. More research is needed regarding long-lasting effects of parental

perceptions of child behaviour change, parental perception change of their own responses, and how seeing behaviour as a communication tool manifests over the long-term. Following participation in COS-P, parents perceived their responses to their child's behaviour as more empathetic, understanding, and flexible. Parental perception of their child's behaviour after participation in COS-P changed in that parents clearly voiced that their child's behaviour had changed, was communicative in nature, and that the understanding that behaviour was communication changed both how the parent responded to the child and the behaviour from the child.

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Appendix A

Literature Search Strategy
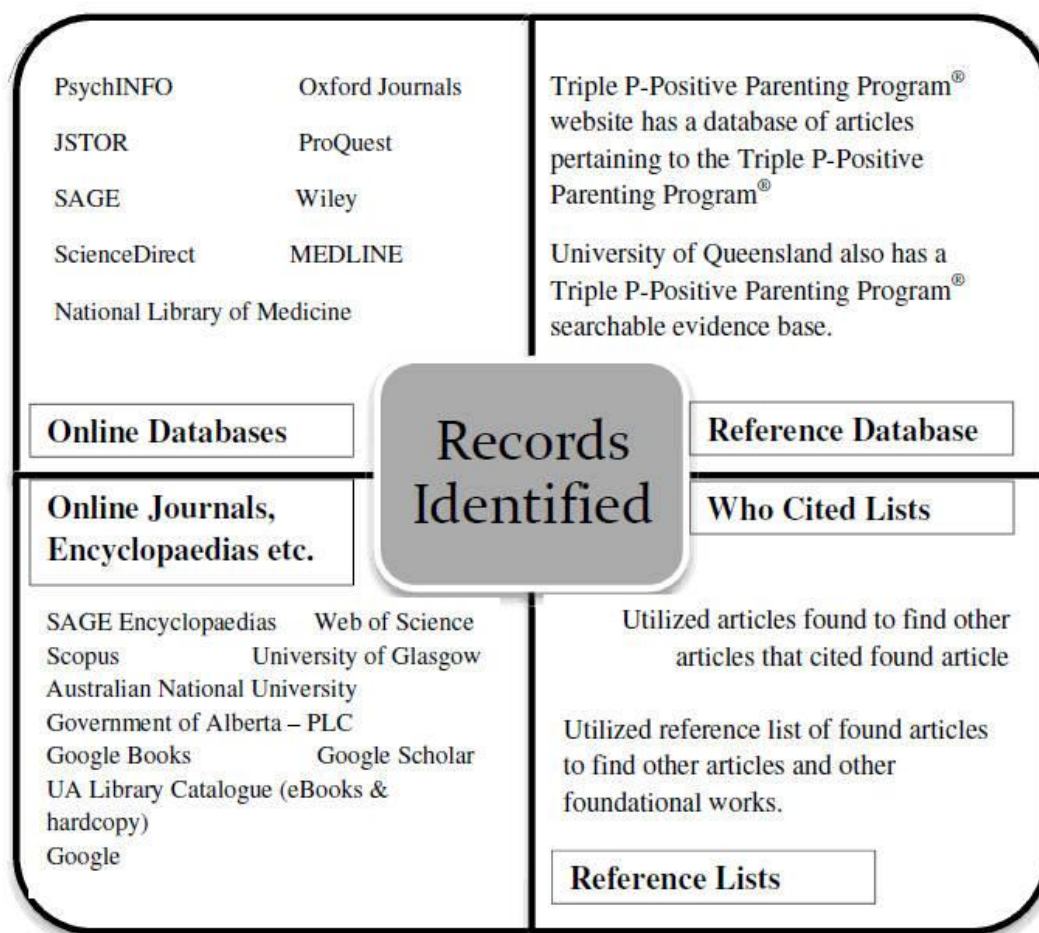
Table A1: *Search Terms*

Triple P-Positive Parenting Program® Keywords	Common Terms	Circle of Security® – Parenting Keywords
Triple P-Positive Parenting Program® Triple P Parent Programs Level 3 Level 4	Parent Mother Father Child Intervention Assess* Tool	Circle of Security® – Parenting Cos-P Attachment Parent Program Model

Table A2: *Inclusion Criteria*

Criteria For Inclusion	Triple P-Positive Parenting Program®	Circle of Security® – Parenting
Dates:	2008 – 2017	2008 – 2016
Reason	Last major meta-analysis of this program was done in 2008.	All research was sought after
Language:	English and French	English and French
Reason	I am fluent in reading both languages	I am fluent in reading both languages
	*no relevant results found in French	
Levels	Level 3 or 4 as it most closely resembles COS-P	N/A

Appendix B

Table B1: *The Triple P Model of Parenting Intervention Levels*

Level of Intervention	Target Population	Intervention methods	Practitioners
Level 1 Media-based parent information campaign	Promotional campaign level to increase awareness to the Triple P system.	Coordinated media and health promotion campaign raising awareness of parent issues and encouraging participation in parenting programs. Involves electronic and print media.	Typically coordinated by area media liaison officers or mental health or welfare staff.
Level 2 Health promotion strategy/brief selective intervention	Parents interested in specific parenting education in one-off large group seminars.	Health promotion information of specific advice for a discrete developmental issue or minor child behaviour problem. May involve a group seminar or brief (up to 20 min) phone or face0to-face clinician contact.	Community child health care – e.g. child care staff, allied health care staff
Level 3 Narrow-focus parent training	Designed for parents with specific concerns who require consultations or active skills training.	Brief program (~ 80 min over 4 sessions) combining advice, roleplay, and self-evaluation to teach parents to manage a discrete child problem behaviour. May include phone or face-to-face clinician contact or group sessions.	Same as for Level 2.
Level 4 Broad-focus parent training Standard Triple P	Parents who want intensive training in positive parenting skills – often behavioural problems.	Broad-focus program (~ 10hr over 8-10 sessions) focussing on parent-child interaction and the application of parenting skills to a broad range of target behaviours. May be self-directed or involve phone or face-to-face clinician contact or group.	Mental health and welfare staff, allied health and education professions – trained in the Triple P program
Level 5 Intensive family intervention modules	Parents of children with behaviour problems and concurrent family dysfunction or conflict.	Intensive individually tailored program with modules (sessions last 60-90 min) including practice sessions to enhance parenting skills, mood management and stress coping skills, and partner support skills.	Intensive family intervention work – mental health and welfare staff - trained in the Triple P program

Note: Adapted from Sanders, M. R. (2008). Triple P-Positive Parenting Program as a public health approach to strengthening parenting. Journal of Family Psychology, 22(4), 506–517

Appendix C

Table C1: *Measures Used in Various Triple P Studies*

Short Form	Name	Definition
ABC	Asthma Behaviour Checklist	Used by parents to rate their self-efficacy and confidence in managing problematic asthma behaviours in their children (Clarke, Calam, Morawska, & Sanders, 2014)
AKT	Affect Knowledge Task	Assesses emotion recognition and perspective taking (Marryat et al., 2017; Salmon et al., 2014).
CAPES	The Child Adjustment and Parent Efficacy Scale	Assess the intensity of child emotional and behavioural problems of the past 4 weeks (intensity scale) and the degree of the parents' confidence in managing child difficult behaviour (confidence scale).\n(Morawska, Sanders, Haslam, Filus, & Fletcher, 2014)
CBQ	Conflict Behaviour Questionnaire	A 20-item true/false self-report measure that assesses general conflict between parents and their children. Parents and adolescents complete parallel versions (Clarke et al., 2014)
CSQ	Client Satisfaction Questionnaire	Addresses the quality of the service provided; how well the program met the parent's needs and decreased the child's problem behaviors; and whether the parent would recommend the program to others (Salmon et al., 2014).
DASS	Depression Anxiety Stress Scale	DASS is a 42-item questionnaire that assesses symptoms of depression, anxiety and stress in adults (Sanders et al., 2012)
ECBI	Eyberg Child Behavior Inventory	Behavioural rating scales for children ages 2 to 16 years. ECBI is completed by the parent and assesses the child's behaviour at home. Parents are asked to respond to 36 items using a Likert scale. Takes 5 minutes to complete and 5 minutes to score (Clarke et al., 2014; Eyberg & Pincus, 1999; Tully & Hunt, 2016; C. Ward et al., 2016; Wilson et al., 2012).
FBQ	Family Background questionnaire	Routinely used in Triple P outcome research for demographic information (socio-economic status, ethnic background, marital status, parent and child age and gender and health)
PAQLQ	The Pediatric Asthma Quality of Life Questionnaire	Questionnaire developed to measure functional problems most troublesome to children with asthma aged 7 to 17 years (Clarke et al., 2014; Juniper, Guyatt, Feeny, Griffith, & Townsend, 1999).
HRQOL	Health-Related Quality of Life	Questionnaire developed to measure an individual's perceived physical and mental health over a period of time (CDC, 2016c; Clarke et al., 2014).
K-SADS-PL	Schedule for	A semi-structured diagnostic interview designed to

Short Form	Name	Definition
	Affective Disorders and Schizophrenia for School Age Children Present and Life-time	assess current and past episodes of psychopathology in children and adolescents according to DSM-III-R and DSM-IV criteria. Child and parent ratings are combined in a compound summary (Kaufman
PACBM	The Parent's Attributions for Child's Behaviour	The Parent's Attributions for Child's Behaviour measure assesses parents' attributions for children's behaviour. It employs three subscales: blame and intentional, stable, and internal, to assess parents' tendencies to attribute blame and mal-intent to their children's actions. After reading each of the six scenarios parents are asked to imagine their own child in the situation and to indicate how strongly (on a scale of 1 = disagree strongly to 6 = agree strongly) they believe that their child's actions would result from different causes.
PAFAS	Parenting and Family Adjustment Scale	Assesses dysfunctional parenting practices.
PAI	Parental Anger Inventory	The Parental Anger Inventory is used to assess anger experienced by parents in response to child-related situations. Used with both maltreating and non-maltreating parents interested in controlling responses to their children's behavior, it consists of both a problem domain (yes/no response) and a Severity domain (Likert 5-point scale from 1 (not at all) to 5 (extremely)). Parents rate 50 child-related situations (e.g., "Your child demands something immediately") as problematic or non-problematic (problem domain) and rate the degree of anger evoked by each situation (severity domain). Higher scores on the problem domain indicate greater problems with child misbehaviour, while higher scores on the severity domain indicate a greater degree of anger in response to child misbehaviour.
PES	Parenting Experience Survey	This questionnaire asks about the child's behaviour and issues related to being a parent.
PPC	Parent Problem Checklist	Designed to assess inter-parental conflict over child rearing. It measures disagreement between parents about rules and discipline for child behaviour, open conflict over childrearing and undermining each other's relationship with their children. The 16-item scale assesses conflict about child behaviour, and rates parents' ability to cooperate and act as a team performing parenting functions. Six items explore the extent to which parents disagree over rules and

Short Form	Name	Definition
		discipline for child misbehaviour, six rate the amount of open conflict over child-rearing and four items assess the extent to which parents undermine each other's relationship with their children.
PPVT-4	Peabody Picture Vocabulary Test 4th edition	Assesses children's receptive vocabulary.
PS	Parenting Scale	A 30-item questionnaire designed to measure the dysfunctional discipline style in parents based on three factors: laxness (permissive discipline); over-reactivity (authoritarian discipline, displaying anger, and irritability); and verbosity (overly long reprimands or reliance on talking).
PSOC	Parenting Sense of Competency Scale	The PSOC is a 16-item questionnaire used to assess parents' views of their competence as parents on two dimensions: (a) satisfaction with their parenting role, which reflects the extent of parental frustration, anxiety, and motivation and (b) feelings of efficacy as a parent, which reflect competence, problem-solving ability, and capability in the parenting role.
PSS	Chinese Parental Stress Scale	this consists of 17 items which assess parenting stress on various positive (e.g. emotional benefits and self-enrichment) and negative themes (e.g. demands on resources, opportunity costs and restrictions) of parenthood (Chung et al., 2015)
PTC	Parenting Tasks Checklist	38 item tool assessing task-specific self-efficacy.
PTC	Parenting Tasks Checklist	Designed to measure how confident parents are at successfully dealing with their child when the child is displaying a variety of difficult behaviours in various settings. It consists of two subscales both comprising 14 items that assess parental confidence dealing with difficult child behaviours. The Behavioural Self-Efficacy subscale measures the parents' confidence in dealing with difficult child behaviours and the Setting Self-Efficacy subscale measures the parents' confidence in dealing with difficult behaviour in different settings in which children may misbehave.
RBC	Richman Behaviour Checklist	Child's behaviour (early behavioural problems in children strongly predict a range of bad physical and mental health outcomes).
RQI	Relationship Quality Index	A 6-item index of relationship quality and satisfaction used to assess the quality of a relationship prior to implementing a Triple P intervention, and to monitor changes in relationship quality as an indicator of the intervention's effectiveness.
SCARED	Screen for Anxiety Related Emotional	The Screen for Anxiety Related Emotional Disorders (SCARED) asks the parent (or caregiver) to indicate how often a descriptive phrase regarding how their

Short Form	Name	Definition
	Disorders	child may have felt over the course of the previous three months is true.
SDQ	Strengths and Difficulties Questionnaire	A brief behavioural screening questionnaire. www.sdq.info.com
WLA – JS	Work and Life Attitudes Scale – Job Satisfaction Subscale	Used to measure intrinsic and extrinsic job satisfaction to provide a total job satisfaction score. This scale is widely used and is internally consistent and valid.
WSS	Work Stress Scale	Assesses levels of work-related stress in a range of occupations. The scale consists of 34 work-based events and situations such as performance pressure, organizational constraints, interpersonal relations, and work and family conflicts. (Sanders, Stallman, & McHale, 2011)

Appendix D

Table D1. *Triple P Studies from 2008-2017*

Study	Conditions (N=)	Triple P Level	Type	Measures	Significant Findings
(Averdijk et al., 2016)	Control: N=356 PATHS only: N=360 Triple P only: N =339 PATHS & Triple P: N=306	4	RCT	Self-report delinquency Teacher-report deviance Substance Use Self-report police contacts Social Behaviour Questionnaire (SBQ) Conflict resolution scale Participated age 7 and measured again age 13 and/or 15	Age 13 Lower police contacts Age 15 Greater reduction in teacher reported deviance Lower competent conflict resolution Lower prosocial behaviour Less competent problem solving No evidence for long-term intervention effects. PATHS (social & emotional skills program) more promising intervention for long-term effects
(Barth & Liggett-Creel, 2014)	7 models of parent training including Triple P	4	Review	Qualitative Results supported for at least 6 months	Shows short term success based on limited reviews – more need to be done
(Chung et al., 2015)	Triple P: N=30 Triple P Parent Discussion group: N=30 Control: N=30	4	RCT	Eyberg Child Behaviour Inventory Chinese Parental Stress Scale Pre-Post: 8 weeks	Decrease in child disruptive behaviours post intervention. Results indicated a low level of change – authors attributed it to higher SES background of sample as "lower income…greater changes" p 347

Study	Conditions (N=)	Triple P Level	Type	Measures	Significant Findings
(Clarke et al., 2014)	Triple P: N=13 Control: N=5	4	RCT	Eyberg Child Behaviour Inventory Medical Information Demographic information Asthma Behaviour Checklist HRQOL Pre-Post: 8 Weeks PAQLQ	No family completed the process.
(Coyne & Kwakkenbos, 2013)	Commentary				A commentary on increasing the population criterion of a Triple P study to no few than 35 participants in either control or intervention group. Failure of Triple P literature lies in over-reliance on studies of trials that are substantially "underpowered"
(de Graaf et al., 2008)	19 Studies chosen between 1975-2006 Only four were Standard Level 4 Triple P	4	Meta-analysis	Common measures included: PS PSOC	Results were maintained for 3 – 12 months * noted that the lack of extended follow-up research hinders conclusions about long term effects * noted that different studies were sometimes used in the long-term analysis than were used in the post intervention analysis; therefore, a longitudinal comparison of those effect sizes must be conducted with caution

Study	Conditions (N=)	Triple P Level	Type	Measures	Significant Findings
(Dittman et al., 2016)	Control: 40 Intervention: 45	3	RCT	* 1 two-hour discussion group ECBI PTC Parental effects maintained at 6-month follow-up.	Greatest effect parent confidence Reported improvements in child behaviour, ineffective parenting practices and parenting confidence.
(Heinrichs et al., 2014)	Control: 94 Triple P: 186	4	RCT	PPQ CBCL PS Self-report measures Pre-Post: 4 years	- Improvement in child behaviour disappeared - positive parenting behaviour was maintained
(Litle et al., 2012)	Control:73 Triple P: 73	4	RCT	SDQ ECBI Arnold and O'Leary Parenting Scale (APS)	- behaviour improvement post was equal to those in control group - some emotional disorders got worse, not better
(Maryat et al., 2017)	Single interventions and seminars: 26077 Triple P (4): 2527 Group Triple P(4): 2144	4		SDQ - teachers	No significant or consistent changes in SDQ No impact on early child mental health issues over a 6 year period

Study	Conditions (N=)	Triple P Level	Type	Measures	Significant Findings
(McConnell et al., 2010)	Practitioners: 62 Parents: 923 Parents who participated in Triple P: 172		QUAL	Interviews surveys	- no advantages with TP over usual services - small # reported parent confidence increased but only when participating in small groups for TP4
(Özyurt, Gencer, Öztürk, & Özbek, 2016)	Control: 24 Triple P:26	4	RCT	K-SADS-PL (SCARED) SDQ GHQ CGI-S STAI CGAS Pre-Post: 4 months	- similar results as found in other CBT training on parents in regards to children with anxiety - significant increase in CGAS scores - CGI-S decreased *small sample size means unable to detect efficacy on childhood anxiety disorders

Study	Conditions (N=)	Triple P Level	Type	Measures	Significant Findings
(Salmon et al., 2014)	Group Triple P: 23 Emotion-enhanced TP: 19	4	RCT	CSQ & PPVT-4 test only at intake Pre-post 4 month follow-up Emotion discussion and coaching was assessed from recordings of parent–child conversations. Child assessment: Affect Knowledge Task, Part 1 of Mixed Emotions Task ECBI Parenting Scale PTC	- Adding emotion material to TP resulted in maintenance 4 months after intervention - newer additions to TP encourage conversations between parents & child – it could be that additional emotion focus is unnecessary - a control group should have been used - post intervention TP group ahead in lowering child misbehaviour, 4 month follow-up the gain was lost
(Schappin et al., 2014)	Control: 33 Triple P: 34	3	RCT	CSQ Observation tasks	There was no effect of the intervention at the 6-month trial endpoint.
(Zemp et al., 2015)	Control: 50 Triple P: 50 CCET: 50 (Couples Coping Enhancement Training=CCET)	4	RCT	Dyadic Adjustment Scale Parenting Scale ECBI Pre-Post: 10 weeks 6mon and 1 year follow-up dropped due to attrition rate	- Enhancing the mothers' relationship quality induced a reduction in mothers' reports of child misbehaviour

Appendix E

Table E1: *Measures Used in COS-P Studies 2008-2016*

Short Form	Name	Definition
AAP	Adult Attachment Projective Picture System	Measures adult attachment status based on the analysis of a set of projective stimuli (eight cards with line drawings of increasingly difficult attachment threats) where participants tell stories of what they see (Pazzagli et al., 2014). Process is recorded, transcribed and coded.
BTPS	Barriers To Treatment Participation Scale	20 items rated on a 5 point Likert scale to determine barriers to participation (Rostad, 2014).
CAGE-AID	CAGE-Adapted to Include Drugs	Assesses substance use as well as participants view of their own feelings about usage. Yes/No for each question. (Rostad, 2014)
CCNES	Coping with Children's Negative Emotions Scale	Measures the extent to which parents perceive they can cope with their children's negative affective states in distressing situations (Rostad, 2014).
ECR-R	Experiences in Close Relationships-Revised questionnaire	Designed to assess individual differences with respect to attachment-related anxiety (Rostad, 2014).
ERQ	Emotion Regulation Questionnaire	The degree to which people vary in how they regulate their emotions can be measured with ERQ. Has a 10 item scale relating to cognitive reappraisal of emotion and expressive suppression of emotions. Scoring takes the averages of all the scores.
MC-SDS	Marlowe Crowne Social Desirability Scale	A frequently used measure of individual differences in social desirability. The MC consists of 10 true-false items, where higher scores indicate more socially desirable responses (Horton & Murray, 2015).
PAM	Parental alliance measure	20 item self-report instrument that assesses the strength of the perceived alliance between parents of children aged 1 – 19 years. (Pazzagli et al., 2014)
PARQ	Parental Acceptance and Rejection Questionnaire	Assessed parental recollections of maternal and paternal acceptance or rejection. (Rostad, 2014)
PAT	Parent Attribution Test	Designed to assess the perceived causes of successful and unsuccessful adult-child interactions on two dimensions: controllability and person relationship (Horton & Murray, 2015)..
PCR-I	Parent-Child Relationship Inventory	Measures the quality of the parent-child relationship (Rostad, 2014).

Short Form	Name	Definition
PHQ-8	Patient Health Questionnaire-8	Multiple choice self-report inventory used as a screening and diagnostic tool for depression, anxiety and other disorders (Rostad, 2014).
PRFQ-1	Parental Reflective Functioning Questionnaire-1	Offers a brief, multidimensional assessment of parental reflective functioning for a wide variety of parents. Primarily designed for parents of children 0-5 years of age (Rostad, 2014).
PS	Parenting Scale	A 30-item questionnaire designed to measure the dysfunctional discipline style in parents based on three factors: laxness (permissive discipline); over-reactivity (authoritarian discipline, displaying anger, and irritability); and verbosity (overly long reprimands or reliance on talking) (Horton & Murray, 2015)..
PSI-SF	Parenting stress index – Short Form	36 item self-report measure of parenting stress in the parent/child relationship. Consists of three subscales each with 12 five-point Likert scales. (Pazzagli et al., 2014)
SDQ	Strengths and difficulties questionnaire	A brief behavioural screening questionnaire. www.sdq.info.com

Appendix E

Table E2: *COS-P Studies from 2008-2016*

Study	Conditions (N=)	Type	Measures	Significant Findings
(Rostad, 2014)	N=37 Group 1 n=24 Group 2 n=13	Quasi-randomized crossover	PARQ ECR-R PCR-I CCNES PRFQ-1 CAGE-AID PHQ-8 BTPS	The results of this study were not conclusive in support of the hypothesized effectiveness of the COS-P program. Possibilities given for this reported result included: small sample size, high attrition rates, and use of a new statistical measure.
(Horton, 2013)	N=9	Action Research	ERQ PAT PS MC-SDS	Participants who attend the majority of COS-P sessions showed reliable change from pre to post test, with largest changes in parental discipline practices.
(Horton & Murray, 2015)	N=15	Action Research	ERQ PAT PS	Those who attended the majority of group sessions showed greater improvements on all variables. Further analyses of demographic data indicates that participants with more education, no personal history of child maltreatment, less time in the residential program, and lower social desirability scores demonstrated more positive outcomes.
(Pazzagli, Laghezza, Manaresi, Mazzeschi, & Powell, 2014)	N=1	Case Study	AAP PAM PSI-SF SDQ	Demonstrated the applicability of COS-P for certain parent group profiles – namely "difficult-to-reach" parents with "low intrinsic motivation". Randomized controlled trial on COS-P are needed in order to expand the preliminary research data on COS-P and to better individualize the clinical indications and contexts appropriate for its application.

Appendix F

Interview Questions – Audio recorded

Pre COS-P Program PART 1 – Semi structured questions

1. When you first heard about Circle of Security® Parenting™, what went through your mind? [Probes: What caught your attention? What motivated you to sign up?]

2. What are you hoping for over the 8 sessions of Circle of Security® Parenting™?

3. Tell me about your child[ren]. [Probes: What are three words that describe them? Any worries?]

4. What is your favorite time of the day with your child? What are your favourite things to do with your child?

5. How would you describe [child's name]'s personality/temperament? Please give some examples.

6. What are the most difficult or challenging things about parenting [name of child]?

7. Do you ever wonder why your child does certain things? [Probe: Tell me about that.]

8. Do you ever wonder what your child is feeling? [Probe: Tell me about that.]

9. What are three words (adjectives) that describe your relationship with your child? [Probe: ask this for each child.]

10. Where is your stress at these days? [Probe: Sources of stress? Related to parenting?]

11. Describe a time in the last week when you and your child really clicked.

12. Describe a time in the last week when you and your child really didn't click.

Pre COS-P Program PART 2 – Checking In Questions

1. Complete the COPM questions about Parenting Ability, Parent Child Relationship, and Understanding Your Child's Needs asking the parent to rate how important each aspect is for them, how they rate their current ability, and how satisfied they are with their ability.

2. Refer back to parent's answer for question 6 from Part 1 and identify 2 of their child's behaviours that are most challenging. Complete the COPM questions for each of these needs separately asking the parent to rate how important each aspect is for them, how they rate their child's current ability to do well with the identified behaviour, and how satisfied they are with their child's ability.

3. An example of this would be:

4. Challenging child behaviour: Child gets to sleep independently at evening bedtime

5. How important is it for you that your child gets to sleep independently at evening bedtime?

6. How would you rate your child's ability to get to sleep independently at evening bedtime?

7. How satisfied are you with your child's ability to get to sleep independently at evening bedtime?

Pre COS-P Program /Post COS-P Program

PART 1 – Semi Structured Questions

Referring to *Circle of Security® Parenting™ Program – How was it?* completed questions, invite the parent to describe further their experiences with the program.

1. You rated COS-P as 6 (1 being awful and 6 being excellent). Tell me about what influenced this score.

2. Tell me about how COS-P does or does not make sense to you.

3. You indicated that COS-P increased your stress level/made no change in your stress level/reduced your stress level. Please tell me about that.

4. Tell me about how participating in COS-P has affected your relationship with your child.

5. Do you view your child's behaviour differently? [Probe: Any examples?]

6. Did you gain an understanding of your "shark music"? [Probe: Any examples?]

7. Are you now better able to identify your child's needs at the top and the bottom of the Circle? [Probe: Any examples?]

8. Are you now better able to identify when you step off the Circle? [Probe: Any examples?]

9. When you step off the Circle (rupture) with your child, do you now look for a way to repair your relationship? [Probe: Any examples?]

10. Are you now able to step back and think about the Circle and Hands before you react to your child? [Probe: Any examples?]

11. Since completing Circle of Security® Parenting™, how has your child's behavior changed? [Probe: Any examples?]

12. What are the most difficult or challenging things about parenting [name of child] currently?

13. Did Circle of Security® Parenting™ give you some new parenting abilities? [Probe: Any examples?]

14. Are there some things with your parenting you used to do that you stopped doing? [Probe: Any examples?]

15. What are three words (adjectives) that describe your relationship with your child? [Probe: ask this for each child.]

16. Describe a time in the last week when you and your child really clicked.

17. Describe a time in the last week when you and your child really didn't click.

Pre COS-P Program PART 2 – Checking In Questions

1. Complete the COPM questions as done pre-program; do not show previous answers.

2. Refer back to parent's answer for question 11 from Part 1 and identify 2 of their child's behaviours that are most challenging. Complete the COPM questions for each of these needs separately asking the parent to rate how important each aspect is for them, how they rate their child's current ability to do well with the identified behaviour, and how satisfied they are with their child's ability.

Appendix G

Information & Consent Form

Athabasca
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Study Title: **Evaluating the Circle of Security Parenting Program**

Lead	Gwen R. Rempel PhD, RN
Investigator:	Associate Professor, Faculty of Health Disciplines
Email:	grempel@athabascau.ca **Toll free:** 1 855 833 5699

Project	Laura Rogers MScRS, OT(C)
Coordinator:	Researcher, Faculty of Health Disciplines
Email:	lrogers@athabascau.ca **Phone:** 780 732 0123

INFORMATION LETTER

Because you are taking the Circle of Security parenting (COS-P) program, we are asking you to help us to understand how well the program works. This evaluation is being conducted by Gwen Rempel through Athabasca University. The study involves the questionnaire data that you provide as part of the COS-P program; a videoed play session between you and your child; a brief videotaped interview of you talking about your parenting challenges and rewards; and a longer audiotaped interview with you. Doing in any of these research activities is completely voluntary.

Please take the time to consider whether or not you wish to participate. Please ask questions if anything about this study seems unclear.

What is the purpose of this study?

The purpose of this study is to see the ways in which COS-P is helping families, and the ways that it is not. Not all people respond to programs in the same ways. We want to see how your unique experience has influenced or will influence your parenting. The research activities will be completed before the program begins and then again at the end of the program. This will allow us to see the ways this program has given you a roadmap for parenting. We conduct all activities with each parent separately.

What will happen if I take part in this study?

There are four research activities that take place before and after COS-P:

1. Questionnaires are part of the COS-P program and we need your permission to use your responses for this research. The questionnaires take 45-60 minutes to complete.
2. A videotaped play interaction (3-5 minutes) between you and your child/ren may be involved. The play interactions are done with each of your children individually; your other children can be present.
3. A brief video interview (3-5 minutes) with you about your parenting challenges and rewards.
4. A longer audio recorded interview (45-60 minutes) about your experiences of parenting and COS-P.

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everywhere.

What if I change my mind about taking part in the study?

If you change your mind about taking part in any or all of the activities you can STOP AT ANY TIME. Participation is completely voluntary. You have the right to decline to answer any question or to end your participation at any point. And of course, you will still be able to complete COS-P program. The other parents in your group will not know that you have decided not to participate in the evaluation; just let the facilitator of your COS-P group know. You can ask to have any or all of your data removed from the study, as long as you let us know before we start to analyze the data which will be after the parenting group is finished.

Are there any risks to taking part in this study?

A possible risk is that you feel uncomfortable about what you share through the questionnaires and interviews; you are recounting emotional experiences of a personal nature. The interviewer will provide support and refer you to appropriate resources as needed. Please keep in mind that in the questionnaires, you may skip any question you are not comfortable with. Please cross out the question so we know that you did not miss the question. In the interviews, you may choose not to answer a question, and you may end the interview at any time. One of the questionnaires assesses your mood. If you score in the range of depression, we will let you know and encourage you to make an appointment with your family doctor to discuss this.

As you reflect on your parenting, you may decide that there are things that you would like to talk about privately with a counsellor. We have contacts to share with you including The Family Centre in Edmonton [http://www.the-family-centre.com/contact-us/] at 780 423 2831.

Are there benefits to taking part in this study?

There will be no direct benefit to you from taking part in this study. We hope the information we gain from this study will be used to improve COS-P and make it more effective for all parents. There is potential benefit to you if you recognize positive effects of the program; the influence it has on your parenting and your relationship with your child(ren).

Will my information be kept confidential and private?

We will keep the questionnaire and interview data you provide confidential except when professional codes of ethics or the law require reporting; then your right to confidentiality and privacy cannot be upheld. Videoed data will only be viewed by members of the research team unless you sign a separate Special Permission Consent. We remove your name and any identifying information from the questionnaires, video and audio files, and typed-out audio interviews. Paper files are kept inside locked cabinets inside a locked office. All electronic files are kept on a password-protected server through Athabasca University. Only research staff working with Gwen Rempel will see this information. Any files with identifying information (e.g., your name and address so we can contact you) are kept in a separate location from your questionnaires and interviews. We keep the information you provide for at least seven years after we finish the study.

Appendix H

Interview Questions - Video recorded

1. For parents of one child: What is your child's gender and age? For parents of more than one child: What is the gender and age of the child you are going to tell me about? [One child per 5 minute interview]
2. Parenting [your child]; What is the most rewarding thing
3. Parenting [your child]; What is the most difficult or challenging thing?
4. Tell me about the most delightful time you have had with child in the last while – a time when you and your child really clicked.
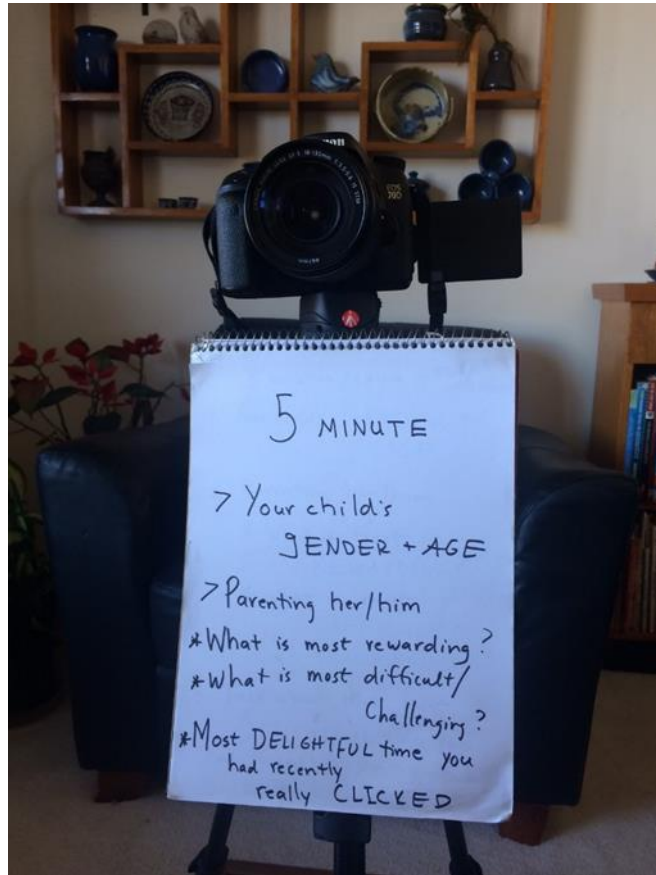
Prompts for parent

Appendix I

AU Research Ethics Board Approval

Athabasca University
RESEARCH CENTRE

February 24, 2017

Dr. Gwendolyn Rempel
Faculty of Health Disciplines\Centre for Nursing & Health Studies
Athabasca University

File No: 21671
Certification of Ethics Approval Date: January 31, 2015
New Renewal Date: April 30, 2018

Dear Gwendolyn Rempel,
Your Renewal Form has been received by the AU REB Office.
Athabasca University's Research Ethics Board (REB) has approved your request to renew the *certification of ethics approval* for a further year for your project entitled "Evaluating the Circle of Security relationship-based parenting program with families in an urban setting in Alberta: Pilot phase 2 Short title: Evaluating Circle of Security".
As you progress with the research, all requests for changes or modifications, ethics approval renewals and serious adverse event reports must be reported to the Athabasca University Research Ethics Board via the Research Portal.

To continue your proposed research beyond April 30, 2018, you must apply for renewal by completing and submitting an Ethics Renewal Request form before expiry. Failure to apply for **annual renewal** before the expiry date of the current certification of ethics approval may result in the discontinuation of the ethics approval and formal closure of the REB ethics file. Reactivation of the project will normally require a new Application for Ethical Approval and internal and external funding administrators in the Office of Research Services will be advised that ethical approval has expired and the REB file closed.

When your research is concluded, you must submit a Project Completion (Final) Report to close out REB approval monitoring efforts. Failure to submit the required final report may mean that a future application for ethical approval will not be reviewed by the Research Ethics Board until such time as the outstanding reporting has been submitted.
If you encounter any issue with the Research Portal's online submission process, please contact the system administrator via research_portal@athabascau.ca.
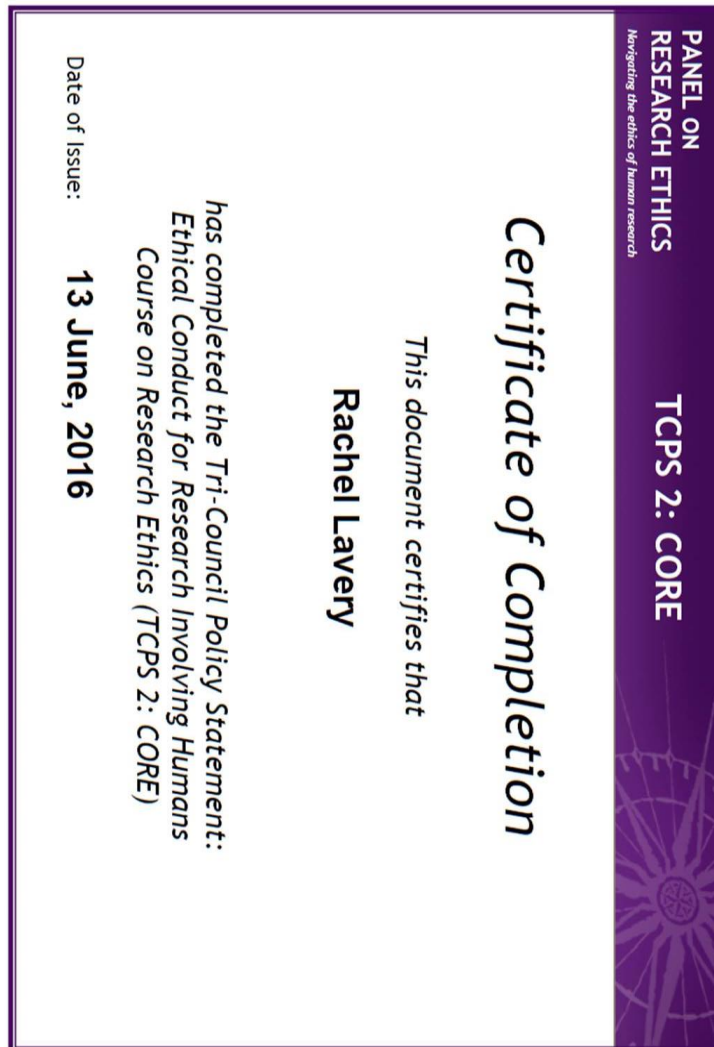If you have any questions about the REB review & approval process, please contact the AUREB Office at (780) 675-6718 or rebsec@athabascau.ca.
Sincerely,
Office of Research Ethics

Appendix J

Tri-Council Policy Statement

Ethical Conduct for Research Involving Humans Course on Research

Ethics

Appendix K

Confidentiality Pledge

Study Title:	Evaluation Circle of Security Parenting Program
Investigator:	Gwen R. Rempel PhD, RN
	Associate Professor, Faculty of Health Disciplines
Toll-free:	1-855-833-5699
Email:	grempel@athabascau.ca

Athabasca University — everywhere.

CONFIDENTIALITY PLEDGE

In generating, transcribing, and/or analyzing video and/or audio recorded data for the above-named research study, I understand that I will be working with data gathered from individual participants whose identities I may or may not know or come to know.

I understand that all possible precautions are to be undertaken to protect the identities of the participants as well as the information they share during their involvement with the research study.

I hereby pledge to keep all the information that I see or hear during my work as a research team member strictly confidential. I agree not to discuss the information or the identities of any of the participants with anyone other than Dr. Gwen Rempel and/or other members of the research team.

My signature (below) indicates that I understand the importance of, and agree to maintain, confidentiality.

_____   _____   _____

Signature of Research Team Member   Printed Name   Date

_____   _____   _____

Signature of Principal Investigator   Printed Name   Date