



Training in parent consultation skills for primary care practitioners in early intervention in the pre-school context

Lea Crisante

Western Sydney Area Health Service Parenting Program, Cumberland Hospital,
Parramatta, NSW, Australia

Abstract

This paper describes the implementation of a brief behavioural intervention, based on the Triple P-Positive Parenting Program (Sanders 1999), by 13 pre-school practitioners with 39 parents. The intervention was a response to a need identified by practitioners to deal more effectively with requests for assistance with behaviour management by parents whose children attend pre-schools and long-day care centres. Following completion of training, practitioners were asked to implement the intervention with at least three parents and to keep a personal diary of the strategies used during the consultations. The practitioners reported improvements in their skills in managing difficult behaviour in the pre-school context. Parents reported improved experience of partner support and attitudes towards parenting, as well as high levels of satisfaction with the service provided. The results point to the role of primary care practitioners in providing services in settings that are easily accessed by parents, thus increasing the availability of support to parents with young children.

Keywords

early intervention, early childhood, Triple P, primary care practitioners

Introduction

Parenting presents considerable challenges for many families (Kotchick & Forehand, 2002), yet few parents actually receive assistance (Staudt, 2003). For example, a recent national survey identified numerous obstacles to accessing services, including lack of knowledge about services and cost (Sawyer, Arney, Baghurst et al., 2000). Sanders, Tully, Lynch et al. (1999) found that only ten per cent of parents had accessed parent education in the year prior to their survey of parenting practices. A key issue in supporting families with parenting is making services easily accessible.

Contact with pre-schools and long-day care centres is a daily occurrence for many parents with young children and regarded as an appropriate place to ask for ideas about how to manage challenging behaviour. However, requests for such assistance are often seen as requiring complex skills and are therefore typically dealt with by the directors of the services. This may be due to graduates of early childhood education programs considering themselves to be poorly equipped to deal with children's problematic behaviours.

Contact: Lea Crisante, Western Sydney Area Health Service Parenting Program, Wattle Cottage, Cumberland Hospital, Locked Bag 7118, Parramatta BC NSW Australia 2150 Lea_Crisante@wsahs.nsw.gov.au

Citation: Crisante, L. (2003). Training in parent consultation skills for primary care practitioners in early intervention in the pre-school context. *Australian e-Journal for the Advancement of Mental Health* 2(3) www.auseinet.com/journal/vol2iss3/crisante.pdf

Published by: *Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet)* - www.auseinet.com/journal

Received 14 August 2003; Revised 18 November 2003; Accepted 18 November 2003.

The Triple P-Positive Parenting Program is a multilevel, multidisciplinary intervention, well positioned to address the needs of practitioners employed in this field (Sanders, Turner & Markie-Dadds, 2002). This paper describes how one aspect of Triple P, an intervention for primary care practitioners, was introduced into the skill repertoire of a group of 20 early childhood practitioners working in western Sydney.

The research context

Since 1998, Western Sydney Area Health Service (WSAHS) has provided an accessible parent education service for parents and carers residing in the area. The aim of the service has been to prevent the occurrence of problem behaviours in children and to provide early intervention where difficulties have developed by using the evidence-based parenting intervention known as the Triple P-Positive Parenting Program (Sanders, 1999). Support for this work has been provided through a state initiative sponsored by the New South Wales Health Department Centre for Mental Health (2003; New South Wales Health, 2001).

Since the commencement of the service in WSAHS, over 300 practitioners have been trained in Triple P interventions, which are offered widely throughout the area, and almost 2000 parents of children aged from 3 to 12 years have participated in parenting courses based on Triple P Level 4 (Group) interventions (Turner, Markie-Dadds & Sanders, 1998; WSAHS Parenting Program, 2002). This intervention involves small groups of parents meeting with appropriately trained facilitators over a four week period, during which time parents are introduced to a range of strategies to promote positive relationships and to deal with difficult behaviours. Parents are provided with opportunities to practice using the strategies, as well as a workbook which supplements discussion based on an educational videotape.

Developing parenting support initiatives in pre-schools

As part of the WSAHS service, parent education courses are routinely conducted at pre-schools.

Consequently, collaborative relationships have been developed with various groups, including the Blacktown-Mt Druitt Local Network of the Early Childhood Intervention Coordination Program (ECICP), an initiative of the New South Wales Departments of Ageing, Disability and Home Care, Health, Education and Training, which aims to provide support to early intervention projects throughout the state (NSW Department of Ageing, Disability and Home Care, 1997). Three members of this group who had completed Triple P training became interested in expanding the types of parenting support services available in pre-schools. They were particularly concerned with increasing the capacities of early childhood practitioners to deal with behaviour management issues presented by parents. They addressed various issues.

Firstly, early childhood teacher education typically does not include detailed study of behaviour management and there is a tendency for practitioners not to undertake postgraduate training. Furthermore, early childhood practitioners often work in isolation, with few opportunities for sharing ideas because of the difficulties involved in obtaining relief staff. The group was interested in involving practitioners from one local government area, Blacktown, which is noted for its high level of social and economic disadvantage, combined with a high percentage of families with young children (Australian Bureau of Statistics, 1997).

Triple P as an intervention in the primary care context

Within the Triple P-Positive Parenting Program, a Level 3 intervention has been developed specifically for primary care practitioners, such as early childhood nurses and doctors working in community settings. It aims to equip practitioners to respond to requests for assistance with everyday parenting issues, such as sleep problems, temper tantrums and sibling rivalry, relevant to children and teenagers (Turner, Sanders & Markie-Dadds, 1999; Sanders, 1999). It is based on brief meetings of fifteen to thirty minutes with individual parents, over several weeks, which focus on areas of identified concern. Practitioner introduces parents to relevant resources and strategies, through tip-

sheets (Turner, Sanders & Markie-Dadds, 1996), videotapes and monitoring activities. Up to four individual sessions are offered to parents. During this process, parents are introduced to a range of positive parenting strategies, including descriptive praise, quality time and setting a good example, which are combined with behaviour management strategies like setting ground rules, logical consequences and quiet time.

There have been few studies of the use of this type of intervention. Research currently in progress includes randomised controlled trials of Level 3 interventions with nurses, and the effectiveness of training general medical practitioners in this intervention (Sanders, 1999). In the absence of any study of the application of this work to the pre-school context, this paper presents a new area of research.

Aims of the research

The specific aims of this study were to (1) examine the impact of training in parent consultation skills on pre-school practitioners and (2) examine the outcome for parents who participated in the consultations in relation to changes in their experience of managing their children and their parenting role.

Method

Participants

Practitioners

Twenty pre-school practitioners from 19 centres participated in parent consultation training. They were recruited by sending a letter describing the project to approximately 60 pre-schools and related early childhood services, including occasional care, long-day care and specialist early intervention programs in the Blacktown area. Practitioners varied in qualifications and experience, ranging from pre-school directors to aides; the only requirement for inclusion was that they had a role which allowed consultation sessions with parents.

Parents

The consultations were conducted with a group of 39 parents, mainly mothers who comprised 77 percent of the sample, whose children attended the 19 participating centres. The average age of the child targeted by the intervention was three years. Twenty-one parents reported that the behaviour of a male child was of concern and 13 parents reported that the behaviour of a female child was of concern. Five parents did not indicate the gender of the child.

The majority of the parents (86%) were aged between 20 and 40 years. Seventy-seven percent were employed, with 48 percent in full-time employment and 29 percent in part-time positions. The majority (77%) of the parents had completed year 10 or 12 or a TAFE course. These demographics reflect the overall population characteristics of the area, with young families with average incomes relating to employment in fields requiring basic qualifications.

Information regarding the level of difficulty of the child's behaviour prior to the intervention, as perceived by the parent, was obtained in two ways. Parents were asked whether they were having regular contact with any agency to help deal with behavioural or emotional difficulties with their child. Only two parents indicated that they were receiving such assistance. The second method, to ascertain the level of clinical severity, was to ask parents to complete the Eyberg Child Behaviour Inventory (ECBI: Eyberg & Pincus, 1999). The ECBI is a 36 item multidimensional measure of the intensity of disruptive behaviours in a child, which is rated on a seven-point scale, and the number of disruptive behaviours that are a problem for parents. This results in two scale scores: Intensity and Problem.

The ECBI revealed that 42 percent of the sample was in the clinical range for Intensity and 39 percent for Problems. However, only two parents (six percent of the sample) were receiving help from a service. Thus, while the behaviour of at least 12 children was in the clinical range, only two children in this sample were seeing a practitioner. This information is useful as it identifies the number of parents experiencing significant behavioural issues with their children prior to participating in the parent consultations.

Measures

Practitioner Consultation Diary

A Practitioner Consultation Diary was developed. It recorded the length of the consultation, the main issue identified and the strategies, resources and skills used by practitioners during the parent consultation. It was completed by the practitioners after each consultation session with a parent.

Parent Consultation Background Form

This form collected relevant demographic information, including the child's details (sex and date of birth), parent's age and marital status and relationship to the child, current employment status and educational background. Parents were also asked whether they were currently seeing a professional regarding their child's behaviour.

Parenting Experience Survey (PES; Turner, Sanders & Markie-Dadds, 1999).

Most of the items on this measure are derived from the Living with Children Survey (Turner et al., 1999). This seven-item questionnaire provides information about a parent's sense of efficacy about their role as a parent and is rated on a five-point scale. Items tap the perceived difficulty of the child's behaviour, the parent's experience in their parenting role, how confident and supported they feel as a parent, the extent of agreement between parents over discipline (in the case of two parent families), and how supportive their partner is towards them in their role as a parent. One of the items is taken from the Dyadic Adjustment Scale (DAS) by Spanier (1976). This provides a measure, on a 7-point scale, of the parent's degree of happiness with their relationship with their partner. The DAS reliably distinguishes between distressed and non-distressed couples on relationship satisfaction and including the item in the PES enables 65% of cases to be correctly classified as high or low on relationship adjustment (Sharply & Cross, 1982).

Client Satisfaction Questionnaire (CSQ; Turner, Sanders & Markie-Dadds, 1999).

This 13-item scale addresses the quality of service provided. The items ask how well the program met the parent's and child's needs,

increased the parent's skills, decreased the child's problems behaviours, and what the parent's current feeling was about their child's progress. The measure has a seven-point scale for each item, with seven indicating favourable responses and one indicating unfavourable responses. The scale yields a maximum score of 91 and a minimum score of 13.

Procedure

A project group was formed consisting of the three members of the ECICP network, together with the service manager of the WSAHS Parenting Program (a clinical psychologist), and a research psychologist. While no specific ethics approval was sought for this study, ethics approval has been obtained from Western Sydney Area Health Service Research Office to conduct research on parents participating in Triple P interventions.

Implementation issues

Due to licensing requirements, it is often difficult for pre-school practitioners to attend training during their usual hours of employment. Consequently, the first stage of the project was to obtain support from the various employers, which included private and council run centres, to release staff to participate in the training. Agreement was confirmed in writing in response to detailed letters sent to early childhood centres in the target area.

A second issue which emerged was how practitioners would access the Triple P resources required in a Level 3 intervention. After discussion with the stakeholders, it was decided that the costs for practitioner flipcharts and tip sheets would be shared by WSAHS and the Blacktown Mt Druitt ECICP. In addition, WSAHS funded the training costs.

Another crucial issue was for the practitioners to feel supported throughout their involvement, as an absence of support has been associated with difficulties in adequately implementing programs (Durlack, 1998). It was decided that this would be provided in two primary ways. All practitioners were allocated a support person who would provide telephone consultation at any time during the project. In addition, they were requested to attend a two-hour group

consultation session to discuss implementation issues. All members of the project group except for the research psychologist were involved in these activities.

A final issue was clarification of roles and responsibilities for practitioners, particularly in relation to their current positions in the centres where they worked. It was decided that practitioners would be requested to implement the intervention with a minimum of three parents over a two-month period post training.

Table 1. Summary of training procedures

Stage	Activities for practitioners
<i>First month</i>	
1. Training	<ul style="list-style-type: none"> • Complete Level 3 Training • Supplied with resources • Allocation to consultation session
2. Pre-consultation	<ul style="list-style-type: none"> • Review training notes • Telephone contact with consultants as required
3. Parent consultations (recommended to complete 3 to 5 consultations)	<ul style="list-style-type: none"> • Conduct parent consultations, including evaluation • Distribute resources to parents • Document process in diary • Telephone contact with consultants as required
<i>Second month</i>	
4. Practitioner consultation session (2 hours)	<ul style="list-style-type: none"> • Discuss work undertaken with parents • General feedback
5. Parent consultations	<ul style="list-style-type: none"> • Continue consultations with parents • Continue to maintain diary • Telephone contact with consultants as required
<i>Third month</i>	
6. Evaluation	<ul style="list-style-type: none"> • Return parent questionnaires and consultation diaries

Implementation process

The project took place over a three-month period and had six stages, as indicated in Table 1. Stages one to three occurred during the first month, stages four and five during the second month and the final stage took place at the end of the third month.

Practitioner training and support

Practitioners completed a standard two-day training workshop on Triple P Level 3 interventions which provided them with the skills to respond to parents' requests for help with their children and included training on the use of the outcome measures and the Practitioner Consultation Diary (Turner et al., 1999). They were supplied with the relevant tip-sheets, flip charts and videotapes they required to conduct consultations with parents.

A two hour practitioner consultation session was offered as an integral part of the training. All of the practitioners who participated in the training attended this session. Prior to the session, the group was divided in two, with each practitioner attending either a morning or afternoon session facilitated by three members of the project group. Each practitioner was asked to report what went well and what had been problematic in conducting the parent consultations. This was followed by discussion aimed at developing strategies to address common issues.

Examples of strategies included:

- Conducting the first consultation with a parent with mild problems, so that the practitioner could build up their confidence;
- Practitioners revisiting their training materials to help them focus on only one parenting issue, rather than getting sidetracked by broader concerns, as this would assist in keeping the consultation session to the suggested 20 minutes duration;
- Using a variety of methods to engage parents to participate. For instance, where resistance was encountered, the practitioner might suggest that the parent look at the questions in the ECBI as a guide to the type, number and severity of behaviour problems, or they might be encouraged to look at the videotape in the privacy of their own home.

Strategies were rehearsed and practitioners were encouraged to use these in their subsequent consultation sessions.

The intervention

Practitioners were asked to use a Triple P Level 3 intervention with any parents who approached them with concerns about the management of their children's behaviour. Practitioners were

encouraged to offer up to four sessions to each parent and to discuss any concerns they had about the intervention with their support person or with other practitioners at the consultation session. All parent consultations were conducted in the participating centres at a mutually convenient time for the parent and the facilitator.

Practitioners provided each parent with an assessment package, which included the Parent Consultation Background Form, the ECBI and the PES. Parents were asked to return the completed package to the practitioner prior to the commencement of the intervention. After each consultation session, the practitioners were asked to complete their Practitioner Consultation Diary. After the last consultation, they were asked to give the parent the post intervention package which contained the PES and CSQ. Parents were asked to return this a week later.

Results

Practitioners' responses to training in parent consultations

Data obtained from three sources will be discussed: the Practitioner Consultation Diaries, information from the consultation session conducted with all practitioners, and anecdotal information obtained from the workplace.

Number of consultations conducted

Information obtained from the diaries completed by the practitioners revealed that 13 of the 20 trained practitioners conducted at least one consultation, with a total of 39 parents being offered 130 consultations. Practitioners conducted an average of 10 consultation sessions (ranged four to 18 sessions). Eight practitioners conducted 99 of the consultations, suggesting that this group found the intervention useful and easy to use. The average session length was 35 minutes and the most common session length was 30 minutes. An average of three consultations were conducted with each parent. These figures suggest that practitioners implemented the interventions in the manner proposed at the training session.

This information is provided as a background to the analysis of the Practitioner Consultation

Diaries, which were kept for each of the 130 consultations. This involved a count of the number of times a particular item was reported in the diaries. As mentioned previously, the diaries recorded the most commonly discussed issues and also the strategies, resources and skills used.

Problem behaviours addressed and strategies and skills used in parent consultations

Twenty-eight different behaviours were noted as the main issues discussed, ranging from crying through to yelling. The most commonly discussed issues were tantrums, whingeing, disobedience, eating and aggression. Given that the practitioners were dealing with pre-school age children, these behaviours are highly representative of parenting concerns for this age group (Marshall & Watt, 1999).

Practitioners mentioned a total of 45 different strategies they used in their consultations, 26 of which were mentioned on only one occasion. The most commonly recommended strategies were quiet time, a tally sheet, behaviour diary, praise and rewards. These strategies reflect a mix of monitoring and intervention on the part of parents, using both positive and consequential strategies, which is what would be expected in a behavioural family intervention.

Practitioners mentioned 25 different skills that they used during parent consultations. The most commonly reported skills were feedback, praise, behavioural rehearsal and listening.

Practitioners referred to 14 different types of resources they used in conducting parent consultations. The most commonly used were tip sheets, flip chart and posters. As these are the most relevant resources used for this type of intervention, this finding is not unexpected.

Practitioner implementation issues

The practitioner consultation session provided valuable information about the impact of training on practitioners. Each practitioner was asked to report what went well and what had been problematic in conducting the parent consultations.

Use of Triple P resources

Examples of what practitioners thought went well generally related to the resources used during the consultation, including the videotape, flip chart and tip sheets. Many commented on the value of the assessment and evaluation tools, including the questionnaires and monitoring and observational tasks completed by parents. They also enjoyed the positive responses from parents and experiencing their own increase in confidence in parent consultations and in the classroom.

Evaluation process

Some practitioners had difficulty with the evaluation process. For example, those who saw this as purely an administrative task had not grasped the value to the parents of completing questionnaires that ask them about their concerns and tended to report negative reactions when they approached parents. Others reported that conducting parent consultations involved more time than they expected. Clearly, several practitioners were conducting sessions well in excess of the 20 minutes recommended with some reporting sessions of one and a half-hours duration. This in turn often related to a difficulty of feeling they had become counsellors involved in very complex family matters well beyond their role. These practitioners had typically approached parents in multi-problem situations, in which parenting was often perceived by the parent to be only a minor concern.

Parental resistance

A final area of difficulty was managing parents' resistance. This was expressed in a variety of ways including parents:

- not identifying any concerns, even though problem behaviours had been reported to them by centre staff;
- feeling criticised;
- not attending subsequent sessions;
- saying they were too busy to participate, particularly in the case of working parents;
- disagreeing with ideas presented.

Further discussion identified a lack of experience in engaging with parents in ways which encouraged their participation in parent consultation sessions and personal problem solving. Feedback at the end of the consultation

sessions revealed that practitioners found them helpful for addressing implementation issues and motivated them to continue their work with parents.

Intervention effects for parents

Data were entered into SPSS Version 10 for analysis. Paired (two-tailed) t-tests were conducted to examine differences in the PES pre and post participation in the parent consultations. As Table 2 shows, significant differences were found on five items. These include levels of parenting stress ($t= 3.35$, $p < .01$), which was lower post intervention, believing that parenting was less depressing ($t=2.17$, $p < .05$), and feeling more supported in the parenting role by their partner ($t= -2.70$, $p < .01$) as well as by others ($t= -2.27$, $p < .05$).

Table 2. Pre and post treatment scores for parenting experience survey items (n = 29)

Survey Item	Pre		Post		Sig.
	Mean	SD	Mean	SD	
Behaviour difficulty	3.39	0.78	2.80	0.81	ns
Rewarding	3.79	0.90	3.95	0.99	ns
Demanding	3.93	0.52	3.63	0.84	ns
Stressful	3.68	0.84	3.09	0.81	**
Fulfilling	4.00	0.84	4.22	0.75	ns
Depressing	2.06	1.06	1.72	0.88	*
Confidence	3.53	0.88	3.77	0.68	ns
Support	3.41	1.11	4.04	0.58	*
Discipline agreement	3.59	1.08	3.80	1.12	ns
Partner support	3.42	1.10	3.95	1.16	**
Relationship satisfaction	3.92	1.35	4.38	1.28	*

ns not significant; ** $p < .01$; * $p < .05$

There were gains in the relationship aspects of parenting as well. After completing the consultation sessions, parents felt that there was an overall improvement in their relationship satisfaction with their partner ($t= -2.18$, $p < .05$). It is encouraging, that despite the small sample size and brief nature of the intervention, significant differences were found post intervention in a number of areas.

Consumer satisfaction

The responses of the parents when averaged across the 13 items of the CSQ indicate that approximately 48% were very satisfied and almost 26 percent were satisfied with the service provided. Two parents (6.5%) reported being dissatisfied.

Discussion

The primary aim of this study was to examine the impact of training on practitioners. The results obtained through the Practitioner Consultation Diaries, combined with information obtained through discussion of implementation issues with practitioners and changes perceived in the workplace, suggest that the practitioners responded to the training in ways which enhanced their contact with parents. The second aim of the study was to examine the outcome for parents participating in consultations, which was shown to be positive in terms of pre-post changes on the PES and in relation to satisfaction with the service provided.

These findings support the effectiveness of training pre-school practitioners in behaviour management techniques to deal with the concerns parents have about the behaviour of their pre-school age children. The availability of assistance in the pre-school setting was perceived as helpful by parents, in terms of their willingness to participate in the services offered. For example, parents who participated attended on average three sessions of the Level 3 intervention. Furthermore, the practitioners embraced the possibility of providing such assistance, with over half of them conducting more than 12 consultation sessions in the six-week period during which the project took place.

In the months following the project, some directors of the participating centres, through their regular contact with members of the project group, reported a number of important changes in the skills used by their staff who had completed Level 3 training. They specifically commented on the practice of intervening early when children misbehaved. They believed this resulted in better relationships with parents, as practitioners tended to raise issues with parents

earlier, rather than waiting for behaviour problems to reach a critical point. In summary, the directors readily reported that such changes in classroom practice were beneficial, positive and created a better climate at centres.

More importantly, however, is the clinical impact of the service provided. The parents who participated, in common with other parents who do not access specialised services to help with parenting, reported significant difficulties which warranted help. Once provided with strategies, parents regarded parenting to be less stressful and depressing, and felt more supported by their partners in their role as parents.

Of significance here was the improvement in relationship satisfaction, combined with the experience of increased partner support. This highlights a treatment effect not specifically targeted by the Level 3 intervention. There is considerable evidence regarding the negative impacts that couple conflict has on outcomes for children (Dadds & Powell, 1991; Najman, Behrans, Andersen et al., 1997). For example, research has shown a link between how marital conflict is managed and children's conduct problems (Webster-Stratton & Hammond, 1999).

The finding in the present study provides an even more convincing reason for encouraging primary practitioners to provide services, as it is unlikely that this group of parents were accessing services to enhance or deal with difficulties in their marital relationship. Furthermore, it confirms the value of a contextually sensitive approach to providing services to parents, in that pre-schools provide an appropriate and easily accessible context in which to address sources of parental stress (Kotchick & Forehand, 2002).

In summary, after completing the program, parents were more likely to view their parenting experience as rewarding and fulfilling, report fewer incidents of behaviour difficulties in their children and feel that the demands of their parenting role were less. This in turn suggests a greater sense of confidence and an expectation that they could agree about discipline issues more often with their partner.

The impact of participation for practitioners also had unintended consequences. For example, four practitioners trained in Level 3 have gone on to complete Level 4 Group training. The effect of this has been to increase the number of practitioners available to conduct courses in WSAHS, particularly Blacktown LGA, which typically has a waiting list of at least fifty parents waiting to access Level 4 courses. Furthermore, seven of the 19 early childhood centres who allowed their staff to participate have since hosted a parenting course. This has been highly beneficial to WSAHS in meeting the requests for after-hours courses in the Blacktown area, by making additional venues available in which to conduct programs. Moreover, it enhances the likelihood of a consistent approach to parenting, as the same message is discussed in the courses (Level 4 Group) and practised in the centre by the trained (Level 3) practitioners.

In conclusion, this study demonstrates the value of brief behavioural interventions conducted by primary care practitioners. It highlights their pivotal role in promoting service accessibility through the provision of relevant services in locations appropriate for parents. As a primary prevention and early intervention strategy, the level 3 intervention is helpful to parents in managing their children's problematic behaviour. In this project, they were shown to enhance parents' mental well being in ways that support individual functioning, both as parents and as partners. The relationship enhancement aspect of the intervention is particularly significant in reducing the negative effects of parenting on the couple relationship. This may help to reduce the potential for relationship breakdown caused by conflicts over parenting, and protect children from the deleterious effects of parental conflict.

Finally, practitioners who participate in such training not only demonstrate an enhanced capacity to meet parents' needs, but they are also able to generalise these to other situations, in this instance, the classroom. In addition, they feel sufficiently confident to undertake other forms of training relating to child behaviour management, so providing the opportunity for even more parents to benefit from access to parent skills training.

Future research

A second round of training and implementation has been conducted with a more varied group of practitioners, mainly working in pre-schools. The results are yet to be analysed. Plans are also in place to implement the program in other contexts. For example, a similar project is to be conducted in a major children's hospital in Sydney, this time targeting nurses. This research will incorporate the use of the ECBI post intervention, as well as long-term follow-up.

Acknowledgements

The author wishes to acknowledge members of the project group who assisted with the development and implementation of the project on which this research is based. This includes Roberto Parada, Research Officer, WSAHS; Sharon Pierce, Learning Support Program Coordinator, Learning Support Program, Children First Incorporated, Blacktown; and Barbie Bates, Occupational Therapist, Early Childhood Intervention Service, Centacare, Cabramatta. The financial contribution provided by the Early Childhood Intervention Coordination Program (ECICP) Blacktown-Mt Druitt Local Network is also acknowledged.

References

- Australian Bureau of Statistics (1997). *Family Characteristics: Australia*. Canberra: Australian Bureau of Statistics.
- Dadds, M. R. & Powell, M. B. (1991). The relationship of interparental conflict and global marital adjustment to aggression, anxiety and immaturity in aggressive and non-clinic children. *Journal of Abnormal Child Psychology*, 9, 139-148.
- Durlack, J. (1998). Why program implementation is important. *Journal of Prevention and Intervention in the Community*, 17, 21, 5-11.
- Eyberg, S. M. & Pincus, D. (1999). *Eyberg Child Behaviour Inventory and Sutter-Eyberg Student Behaviour Inventory: Professional Manual*. Odessa, FL: Psychological Assessment Resources.
- Kotchick, B. A. & Forehand, R. (2002). Putting parenting in perspective: A discussion of the contextual factors that shape parenting practices. *Journal of Child and Family Studies*, 11(3), 255-269.
- Marshall, J. & Watt, P. (1999). *Child Behaviour Problems: A Literature Review of its Size and Nature and Prevention Interventions*. Interagency. Perth, WA: Commission on Children's Futures.

- Najman, J. M., Behrens, B. C., Andersen, M., Bor, W., O'Callaghan, M. & Williams, G. M. (1997). Impact of family type and family quality on child behaviour problems: A longitudinal study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(10), 1357-1365.
- New South Wales Health (2001). *The NSW Triple P Training Procedures Manual*. Sydney: NSW Department of Health.
- New South Wales Health Department Centre for Mental Health (2003). *NSW Parenting Partnerships*. Sydney: NSW Department of Health.
- New South Wales Department of Ageing, Disability and Home Care (1997). *Recommended Practices in Family Centred Early Intervention*. Sydney: NSW Department of Ageing, Disability and Home Care.
- Sanders, M. R. (1999). Triple P-Positive Parenting Program: Towards an empirically validated multilevel parenting and family support strategy for the prevention of behaviour and emotional problems in children. *Clinical Child and Family Psychology Review*, 2, 71-90.
- Sanders, M. R., Tully, L. A., Lynch, M. E., Baade, P., Heywood, A., Pollard, G. & Youlden, D. (1999). A survey of parenting practices in Queensland: Implications for mental health. *Health Promotion Journal of Australia*, 9(2), 105-114.
- Sanders, M. R., Turner, K. M. T. & Markie-Dadds, C. (2002). The development and dissemination of the Triple P-Positive Parenting Program: A multi-level, evidence-based system of parenting and family support. *Prevention Science*.
- Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., Nurcombe, B., Patton, G. C., Prior, M. R., Raphael, B., Rey, J., Whaites, L. C. & Zubrick, S. R. (2000). *The Mental Health of Young People in Australia: The Child and Adolescent Component of the National Survey of Mental Health and Well-being*. Canberra: AusInfo.
- Sharply, C. F. & Cross, D. G. (1982). A psychometric evaluation of the Spanier Dyadic Adjustment Scale. *Journal of Marriage and the Family*, 44, 739-741.
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing marital quality. *Journal of Marriage and the Family*, 38, 15-28.
- Staudt, M. M. (2003). Helping children access and use services: A review. *Journal of Child and Family Studies*, 12(1), 49-60.
- Turner, K. M. T., Markie-Dadds, C. and Sanders, M. R. (1998). *Facilitator's Manual for Group Triple P*. Brisbane, Australia: Families International Publishing.
- Turner, K. M. T., Sanders, M. R. & Markie-Dadds, C. (1996). *Triple P Tip Sheet Series for Preschoolers*. Brisbane, Australia: Families International Publishing.
- Turner, K. M. T., Sanders, M. R. & Markie-Dadds, C. (1999). *Practitioner's Manual for Primary Care Triple P*. Brisbane, Australia: Families International Publishing.
- Webster-Stratton, C & Hammond, M. (1999). Marital conflict management skills, parenting style and early onset conduct problems: Processes and pathways. *Journal of Child Psychology & Psychiatry*, 40(6), 917-927.
- Western Sydney Area Health Service (WSAHS) Parenting Program (2002). *Annual Report*. Unpublished paper.