



A preliminary evaluation of the Together Parenting Program – a stand alone component of the Exploring Together Program

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Abstract

This preliminary study was designed to evaluate the effectiveness of the *Together Parenting Program*, a new component of the *Exploring Together Program* (ETP). *Together Parenting* is a parent management training program for parents who want to enhance their relationship with their child(ren) and learn more effective parenting strategies for managing children's emotional and behavioural problems. This report presents an analysis of pre-post data collected from 44 parents who participated in the 10-week *Together Parenting Programs*. The study provided some preliminary evidence to suggest that the *Together Parenting* component of ETP assists parents to reduce their children's emotional and behavioural difficulties, while improving parenting practices and parental satisfaction.

Keywords

children, parents, parenting, emotional problems, behavioural problems, evaluation, program evaluation

Background

The *Together Parenting Program* was developed as a stand alone component of the multi-group *Exploring Together Program* (ETP) in which only parents participate in the 10-week intervention. The multi-group ETP is a proven effective intervention to treat childhood behavioural and emotional problems in order to prevent long-term antisocial behaviours and mental health problems in later childhood, adolescence and adulthood (Hemphill, 1996; Hemphill & Littlefield, 2001; Reid, 2003). ETP combines parent management training, children's social problem solving and emotion management training and parent-child interactive therapy (for a review of the 10-week multi-group

program, see Hemphill & Littlefield, 2001). ETP aims to decrease children's behavioural and emotional difficulties while addressing parents' psychological needs and parenting difficulties. This program has established short-term and long-term effectiveness with preschool aged children (Reid, 2003) and primary school aged children (Hemphill & Littlefield, 2001) with emotional and behavioural difficulties.

ETP is a unique parenting program because it combines both skills-based training for children and parents, and a therapeutic component in which considerable attention is also paid to how well individuals are integrating their new skills and knowledge into their own family life, and using the group process to further develop

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insight into their own processes and progress. Further, ETP addresses many of the other limiting factors that Kazdin (1998) identified in interventions found in the literature, namely that they were too brief (8-10 hours), did not contain specific training components (e.g., education regarding social learning principles), and did not involve the family, or address parent, family, and environmental factors. ETP addressed all of these factors in its multi-group intervention.

In the parenting component of ETP, parents are helped to develop an understanding of factors underlying their children's behaviour, and are taught behaviour management principles and techniques. They are shown how to put these into practice through homework tasks. Each parent identifies an emotional or behavioural issue for their child, and over the 10 weeks of the program, is encouraged to build up a strategy for helping their child to manage that particular issue. Throughout all of this work, group leaders are also supporting parents to explore and challenge their own beliefs about children's behaviour and about parenting, to look at parenting issues and relationship issues, and teaching them how to confront unhelpful or distorted perceptions of their children and themselves. Parents are assisted to get more in touch with their feelings, and learn strategies to deal with their isolation, depression, lack of assertiveness and poor self-esteem. Sessions also focus on how to deal with current family issues and, if necessary, those from the families of origin. Group numbers are limited to foster the therapeutic process, and group leaders support the group members to learn through the experiences they confront within the group. A crucial element of the group is the task of establishing with individual parents what they have tried, how they applied what was taught, and exploring with them the obstacles that may be impeding their progress.

The parenting component of ETP is also unique compared to many other parenting programs as it emphasises the importance of partners or other adult support people in the parenting process, and facilitates this by providing two opportunities during the course of the 10-week program for partners/support people to attend the group. This is a requirement of attending the program.

ETP has been run in a large variety of schools and community agencies, and studies have revealed the program's continuing effectiveness and efficacy at reducing children's externalising and internalising behaviours, improving parenting practices, and improving the parent-child relationship (Hemphill, 1996; Hemphill & Littlefield, 2001; Littlefield, Burke, Trinder et al., 2000). Following a nationwide leader training project in 1999, there are now over 700 people (representing over 200 agencies) trained in running ETP programs throughout Australia, with more being trained every year.

Despite the success and popularity of the multi-group ETP program in clinics, community agencies, and schools, one of the limitations of the full program is the difficulty in resourcing a program that requires four leaders. Also, because the multi-group ETP needs to be run during the day time when it best suits the children, it often excludes full time working parents from participating. Feedback from parents participating in the programs has consistently been that they want more time for the parenting component than the one hour that is available during the multi-group ETP. (The parenting component needs to be run simultaneously with the children's group, and one hour is considered optimal for the children's component.)

For these reasons, we decided to split the child and parent components of the multi-group ETP, and design two stand alone components of ETP. It was felt that this would provide schools and community agencies with a flexible option to run a parent group without having to run the intensive multi-component ETP. Some benefits of developing the parent only component as a stand alone program include: greater accessibility for schools, agencies and families; less resource intensive (*Together Parenting* can be conducted by one or two leaders compared to 3 or 4 leaders required for ETP); *Together Parenting* can be run in the evenings and enables couples, or full time working parents, to attend; and the group can meet for two hours every week, rather than the limited one hour in the full ETP. Two programs have been developed – *Confident Kids* [see preliminary evaluation by Trinder, Soltys and Burke (2008) in this issue] and *Together Parenting*.

Together Parenting Program

There is a very extensive research literature evaluating the impact of parenting interventions, and strong empirical evidence exists for the effectiveness of these interventions for children with emotional and behavioural difficulties (e.g., Chambless & Hollon, 1995; Prinz & Dumas, 2004; Webster-Stratton & Reid, 2003; Zubrick, Ward, Silburn et al., 2005). These interventions aim to teach parents to reinforce prosocial behaviour instead of reinforcing aggressive or coercive behaviour, and how to reduce problem behaviour. Reinforcement of appropriate behaviours is expected to break the cycle of coercive interactions. Parents are also taught strategies such as providing clear rules, providing positive consequences for prosocial behaviour, providing negative consequences for inappropriate behaviour, and consistently applying these consequences.

Several authors have recently developed adjuncts to their programs, to address the personal and relationship needs of parents, as well as addressing child behaviours directly and in the school setting. These adjunct programs have been found to be more effective than the basic programs alone (McMahon & Wells, 1998; Sanders & McFarland, 2000).

Together Parenting differs from many of these other programs, though, through the unique way in which it combines skills based training with a therapeutic process in a small group setting. The program incorporates behavioural, cognitive-behavioural, and family systems techniques. As well as providing skills training for parents, the program also addresses child behaviours directly through homework, involves partners/support people at two occasions during the program (plus an option for involving teachers), and has a crucial therapeutic component as well. The *content* of the program is important but so too is the *process* of the group – the experience of participating in the group and program, the learning that is derived from exploring the challenges encountered in changing parenting practices, and the insights developed from examining personal and relationship needs. For professionals who are already trained in ETP, or who are looking for a therapeutic/skills based program that also involves partners/support people, the *Together Parenting Program* could

be a useful addition to the field of parenting programs.

This study was designed as a preliminary study to determine whether the *Together Parenting Program* is effective on its own to assist parents in addressing their children's behavioural and emotional difficulties. The research questions ask whether participation in the *Together Parenting Program* decreased children's behavioural and emotional difficulties while improving parenting practices and parenting satisfaction.

Together Parenting is a 10-week group program that is designed for parents who want to enhance their relationship with their children and learn more effective parenting strategies for helping children to manage their emotions and behaviour. It is designed for parents with children in primary or lower secondary schools (5-14 years) who have emotional and behavioural problems including aggression, hyperactivity, anxiety, phobias, depression, social withdrawal, sibling rivalry, difficult parent-child relationships, or problematic peer relationships.

The program involves up to 8-12 adults participating in 10 consecutive weeks of group work. An initial phone or face-to-face interview is conducted with each family with the option of feedback interviews at the end of the group for assessment, evaluation and feedback. Each parent group lasts for 2 hours. Two meetings are held for partners or support people of parents attending the program, one at the beginning of the program, and one towards the end of the 10 weeks with an option for group leaders to meet with children's teachers on two occasions. The program can be conducted in schools or community agencies with 1 or 2 leaders depending on the numbers of parents in the group. Professionals with a background in psychology, social work, teaching or counselling who participate in a one-day training workshop, or who have previously trained in the ETP, are able to run *Together Parenting*.

The aims of the *Together Parenting Program* are to assist parents to reduce their children's problematic emotional and behavioural issues, help their children to manage their emotions, develop social skills with peers, enhance

Box 1: <i>Together Parenting Program</i> outline		
Week	Content	Homework
1	Group formation, introductions, group rules; rationale of program; problem disclosure - child, self, child-self relationship; expectations of program; goals	Observation of child
2	Understanding children, emotions, and behaviour in the context of normal developmental stages; parenting skills, beliefs and expectations	Behaviour monitoring exercise
3	ABC model of behaviour management; recognising triggers of inappropriate behaviour; importance of attention; rewards and consequences; defining appropriate behaviour	Developing a behaviour management plan together with partner and discussing this with child
4	Review ABC and homework; rules and limit setting; parental roles and responsibilities; developing behaviour management plan; preparation for partner evening	Implementation of behaviour management plan
5	Debrief from partner evening; review homework; managing strong emotions; shaping alternative behaviours; support from significant others	Implementation of behaviour management plan; list three good times with child; managing strong emotions
6	Review behaviour change programs; assertiveness; self-esteem; family of origin issues	Family of origin; behaviour management plan
7	Review anger management and behaviour change programs; family of origin issues; responsibility for change	Behaviour management plan; positive experience with child
8	Highlight change and success; marital and family problems; changes in feelings and attitudes towards child and self; preparation for termination	Parents set own homework
9	Preparation for termination; acknowledgment of group achievements and areas needing work; hand out questionnaires	Review of achievements; feedback to group members; questionnaire completion
10	Debrief from partner evening; acknowledgment of individual achievements; positive feedback to other members; review of group	

their children's self-esteem, improve their own parenting practices, improve communication and understanding between family members, and help families to use their own resources more effectively so that relationships between family members can improve (see Box 1 for program outline).

Method

Participants

All families who attended the *Together Parenting Programs* were invited to participate in the research. Participants were mostly referred to the *Together Parenting Program* by teachers or responded to advertisements in the school newsletter and were self-referred. Six *Together Parenting Programs* were conducted, and pre- and post-program questionnaires were administered to 44 families. A total of 38 families returned both pre- and post-questionnaires. Of the six families for whom complete data was not collected, one dropped out of the group, two failed to return the follow-up questionnaire, and three participants had missed pages in their questionnaire when completing them. The participant who dropped out of the program was a new step-parent of a 10

year old boy, who decided that it would be more appropriate for the child's father to attend the group. The pre-program questionnaires were mailed to the participants, the immediate post-program questionnaires were presented to the participants at the last session of the *Together Parenting* program, and the three month follow-up questionnaires were mailed to the participants.

The majority of the participating parents were mothers and their ages ranged from 27 to 62 years of age ($M = 37.9$, $SD = 6.1$). Their children were aged between 5 and 11 years of age, ($M = 7.8$, $SD = 2.1$). Sixty percent of the children were male. Most parents were the child's biological parents, although one grandmother attended, and most were married. Sixty-eight percent of the families had an average income of less than \$AUD40,000 per year. The vast majority of participants attended between 8 and 10 weeks of the program ($M = 8.5$ sessions, $SD = 1.3$).

Program delivery

The six *Together Parenting Programs* were run by suitably qualified and trained leaders. They followed a standardised program, using an 82-page manual which provided detailed session

notes and homework sheets, as well as information on group process, group dynamics, group selection, pre and post-group interviews, and evaluation.

Three programs were run in metropolitan Melbourne, and three were run in country Victoria. All leaders agreed to collect data from their program in return for written individual program evaluations by the ETP evaluation team.

Design

The design of the *Together Parenting Program* evaluation was a pre-post evaluation with a three month follow-up evaluation. As only nine parents returned their three month follow-up questionnaires, the sample was too small to perform any analyses on follow-up data. It was originally intended that the results of the program be compared with the data from a pre-post evaluation of the multi-group ETP, to compare the relative effectiveness of the single group program. Preliminary data analysis comparing the two cohorts showed that they were substantially different population groups, and therefore could not be meaningfully compared.

Measures

Children's emotional and behavioural difficulties

The Achenbach Child Behavior Checklist (CBCL) Parents' Report Form (Achenbach, 2001) contains two sections which cover behaviour problems and competencies. The behaviour problems section of the CBCL (Achenbach's 1991 version) contains a list of 118 behavioural problems. Nine subscales are grouped into two 'broad-band' scales titled *externalising* (delinquent behaviour and aggressive behaviour) and *internalising* (withdrawn, somatic complaints, and anxious-depressed). High scores on the externalising and internalising scales are indicative of more severe behaviours. The CBCL is well standardised and has adequate reliability and validity (see Achenbach, 1991).

Parent satisfaction

The Kansas Parental Satisfaction Scale (KPS), (James, Shumm, Kennedy et al., 1985) is a brief (3-item) instrument designed to measure parents' satisfaction with themselves as a parent,

satisfaction with the behaviour of their children, and satisfaction with their relationship with their children. Parents respond on a 7-point scale ranging from 'extremely dissatisfied' to 'extremely satisfied'. The scale is reported to have good concurrent validity, correlating significantly with the Kansas Marital Satisfaction Scale and the Rosenberg Self-Esteem Scale (0.23 to 0.55) (James et al., 1985).

Parent practices

The Parenting Scale (Arnold, O'Leary, Wolff & Acker, 1993) is a 30-item self-report scale which measures dysfunctional discipline styles in parents of young children. Factor analysis identified three factor scales each representing a discipline style: Laxness (permissive discipline); Over-reactivity (authoritarian discipline – physical punishment, threats, and power assertion); and Verbosity (lengthy verbal responses). Higher scores indicate dysfunctional parenting. The authors reported good internal consistency and test-retest reliability and also reported that scores on the three factors show positive correlations with objective measures of poor child behaviour and dysfunctional discipline by parents.

Participant attitudes towards programs

Parent satisfaction was measured at post-program using the Therapy Attitude Inventory (TAI) (Brestan, Jacobs, Rayfield & Eyberg, 1999). This measure consists of 10 multiple choice items addressing the impact of the program on areas such as the child's behaviour, the quality of the parent-child interaction, the parent's confidence in discipline skills as well as overall family adjustment. A 5-point scale is used and scores are summed to provide a total score between 1 and 50, with higher scores indicating greater satisfaction with the intervention or an improvement in problems.

Results

Child outcomes

Changes in problematic child behaviours reported by parents (measured on the CBCL) were analysed using a MANOVA, with internalising and externalising behaviour problem scores as the dependent measures.

According to parent reports, there were significant pre-program to post-program changes in children's internalising and externalising

behaviour problems ($N = 37$, $F(2, 35) = 16.7$, $p < .001$, with a moderate effect size (partial eta squared = .49). Univariate tests showed significant decreases in both internalising behaviours and externalising behaviours ($p < 0.01$). Table 1 presents the mean pre- and post-program Internalising and Externalising CBCL T-scores and the univariate results.

Clinical change scores

To investigate the clinical significance of changes on the CBCL externalising and internalising behaviour scales, the group was divided into those children who at pre-intervention were in the non-clinical, borderline, or clinical range on the CBCL (see Achenbach, 1991 for cut off scores). The majority of children scored in the normal range on both the externalising scale (57%) and the internalising scale (65%) (see Table 2). Eleven children scored in the clinical range on the externalising scale at pre-test, and 9 children scored in the clinical range on the internalising scale at pre-test. Only 4 children scored in the clinical range for both the externalising and internalising subscales at post-test.

The children at post-intervention were classified as having improved, remained the same or worsened according to whether the scores showed a category shift from pre-program to

post-program (see Table 2). Because of the uneven numbers of children in each category, the results are presented at a descriptive level only.

For the externalising scale, all children who initially scored in the borderline range at pre-test, and 64% of the children who scored in the clinical range at pre-test, had improved following the program. No children scored worse on the externalising scale following the program. For the internalising scale, 75% of children who were ranked borderline at pre-test, and 67% of the children who scored in the clinical range at pre-test, had improved following the program. Two children who scored in the normal range on the internalising scale at pre-test had worsened by post-test.

Parent outcomes

The Together Parenting Program also aimed to reduce dysfunctional parenting styles. In order to calculate how many parents had high scores on the Parenting Scale at pre-test (signifying poorer parenting styles), a computation was performed to look at the proportions of parents that scored one standard deviation higher than the population mean. A total of 52% of parents scored above this clinical cut-off at pre-test on the total scale score. Of these, 63% had improved their scores to below this cut-off following the intervention.

Table 1. Change in Internalising and Externalising subscale scores on Child Behaviour Checklist–Parents’ Reports from pre- to post-program

<i>Behaviour problems subscales</i>	<i>n</i>	<i>Pre-program Mean (SD)</i>	<i>Post-program Mean (SD)</i>	<i>F (1, 36)</i>	<i>p</i>	<i>Partial eta squared</i>
Internalising behaviour	37	56.8 (12.4)	51.9 (11.6)	13.6	< .01	.27
Externalising behaviour	37	56.2 (11.9)	50.4 (11.3)	33.1	< .01	.48

Table 2. Clinical significance of changes in children’s behaviours from pre- to post-program

<i>Scale/pre-category</i>	<i>Pre-program</i>		<i>Improve</i>		<i>Same</i>		<i>Worse</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
<i>Externalising</i>								
Nonclinical	21	57	-	-	21	100	0	0
Borderline	5	13	5	100	0	0	0	0
Clinical	11	30	7	64	4	36	-	-
<i>Internalising</i>								
Nonclinical	24	65	-	-	22	92	2	8
Borderline	4	11	3	75	1	25	0	0
Clinical	9	24	6	67	3	33	-	-

Table 3. Change in Parenting Scale scores from pre- to post-program

Parenting Scale	n	Pre-program Mean (SD)	Post-program Mean (SD)	F (1, 30)	p	Partial eta squared
Laxness	31	2.8 (0.71)	2.5 (0.75)	15.7	< .01	.34
Over-reactivity	31	3.5 (0.74)	3.0 (0.96)	13.8	< .01	.32
Verbosity	31	4.0 (0.78)	3.4 (0.71)	16.1	< .01	.35

Table 4. Mean scores and standard deviations for five items of the Therapy Attitude Inventory at post-program for Together Parenting participants (n = 36)

Therapy Attitude Inventory items	Response range	Mean (SD)
Regarding the relationship between myself and my child, I feel we get along:	1 = much worse 5 = much better	4.2 (0.58)
The major behaviour problems that my child presented at home before the program started are at this time:	1 = considerably worse 5 = greatly improved	4.1 (0.63)
I feel that my child's compliance to my commands or requests is at this time:	1 = considerably worse 5 = greatly improved	4.1 (0.62)
Regarding the progress my child has made in his/her general behaviour, I am:	1 = very dissatisfied 5 = very satisfied	4.1 (0.60)
To what degree has the treatment program helped with other general personal or family problems not directly related to your child in the program:	1 = hindered more than helped 5 = helped very much	4.1 (0.70)

The results show that the *Together Parenting Program* had a positive impact in decreasing dysfunctional parenting styles measured on the Parenting Scale. Changes were analysed using a MANOVA with Laxness, Over-reactivity and Verbosity scores as the dependent measures (see Table 3). There was a significant decrease in scores across time (Wilks' lambda = .51, $F(3, 28) = 8.7$, $p < .01$) with a moderate effect size (partial eta squared = .48).

The *Together Parenting Program* also aimed to improve parenting satisfaction. Changes on the Kansas Parental Satisfaction Scale were analysed using ANOVA. There was a significant increase in mothers' reported parental satisfaction from pre-program ($M = 13.1$, $SD = 3.6$) to post-program ($M = 16.1$, $SD = 2.6$) (Wilks' lambda = .55, $F(1, 36) = 28.9$, $p < .01$) and this result had a moderate effect size (partial eta squared = .45). The results suggest that the level of parental satisfaction significantly increased (improved) after participation in the *Together Parenting Program*.

Thirty six parents completed the Therapy Attitude Inventory (TAI) after participating in the program (refer to Table 4). The *Together Parenting* participants averaged a score of 4 out

of 5 for every item, indicating high levels of satisfaction with the program and improvement in problem behaviours.

Discussion

The findings of this study provide preliminary evidence that the *Together Parenting Program* is an effective, short-term program to reduce childhood emotional and behavioural problems. Specifically, children were found to be showing fewer externalising and internalising behaviour problems after their parents had participated in a 10-week parenting program. A large percentage of the children who scored in the borderline or clinical range on externalising and internalising behaviours had improved enough to move out of that range by the end of the 10-week program.

The *Together Parenting Program* also appears to have increased parental satisfaction and reduced dysfunctional parenting practices. For example, parents were less likely to use lax, verbose or over-reactive styles of parenting after having participated in the program. The findings of this study are consistent with findings from previous evaluations of the multi-component ETP, which used rigorous experimental controlled trials to evaluate program effectiveness (Hemphill, 1996; Hemphill & Littlefield, 2001).

This evaluation supports other studies that have found parent training to effectively reduce children's behavioural and emotional problems and to improve parenting practices (Brestan & Eyberg, 1998; Chambless & Hollon, 1995; Costin, Lichte, Hill-Smith et al., 2004; Sanders, Ralph, Thompson et al., 2007; Webster-Stratton & Reid, 2003). The strong empirical evidence for the effectiveness of parent management training programs means that schools and community agencies have greater options for offering programs to meet the variable needs of families when it is not feasible for families to attend multi-group programs like the ETP. Parents can still benefit by participating in a parent training program in the evening.

Limitations and future directions

It was not possible to employ an experimental design in this study as groups were formed based on the timing of each school/community agency's ability to participate in the program. Future studies should endeavour to randomly assign participants to different groups that include a control treatment group so that positive results of the program evaluation can be attributed more confidently to the *Together Parenting Program*.

It was also not possible to compare the results of this intervention with the effectiveness of the multi-component ETP, as originally intended, because the groups differed too greatly in the pre-intervention level of difficulties in the children's behaviour. The families who participated in the *Together Parenting Program* had less extreme emotional and behavioural problems than those who participated in the multi-group program. Whether the results achieved in this preliminary study on a predominantly normal population could be achieved with a more clinical population needs to be the subject of further study.

Caution also needs to be taken in interpreting the results of the standardised self-report inventories used to assess change during program evaluation. Self-report measures may not reflect actual behaviour but rather the individual's perception of their own and others' behaviour (Robin, Koepke & Nayar, 1986). This study relied only on parent-rated assessment data to determine whether child behaviour changed. Future studies could additionally include

behavioural observations, which are described as an objective method for detecting changes in child behaviour, plus an independent evaluation of mental health. Teachers could also be asked to provide evaluation reports.

A very low number of parents returned their three month follow-up questionnaires, which meant that it was not possible to determine the longer-term effectiveness of the *Together Parenting Program* beyond the end of the 10-week intervention. Lack of follow-up with the families and schools after the intervention probably contributed to this, and highlights one of the problems of relying on data collected by a variety of different group leaders working independently in their own settings. Whilst the importance of evaluating programs was emphasised during the leader training workshops, and leaders were offered free evaluation of their program if they collected pre- and post-program data, the return of post and particularly three month follow-up data, was inconsistent.

Despite the limitations of this study, teaching parents skills to manage their children's emotional and behavioural difficulties suggests that this could provide benefits to families, schools and the community. For families, these benefits could include improvement in child's behaviour. For schools, benefits are likely to include earlier identification and effective intervention for children at risk of developing serious behaviour and emotional problems, the formation or strengthening of links with local community agencies if schools collaborate in running the program, and improvement in home-school relationships. Communities also stand to benefit through the reduced prevalence of children at risk of developing more serious emotional or behavioural problems.

Recent initiatives have focused on involving schools to assist in the prevention and treatment of childhood emotional and behavioural problems (Cowling, Costin, Davidson-Tuck et al., 2005; Webster-Stratton & Reid, 2003; Weist, Lever & Stephan, 2004). Schools are seen as an ideal setting to provide intervention programs to families, in collaboration with community health professionals, as children and parents may feel more comfortable attending a program at a school rather than a mental health agency. The

Together Parenting Program has been conducted in school settings and some of the trained leaders who facilitate the program are teachers. *Together Parenting Program* leaders who work in schools have commented on the many benefits that came from running the programs in schools. These include the development of positive relationships between parents and the school, being able to provide parents with effective support that they can easily access, and a reduction in the school's resources used for dealing with untreated problematic behaviour.

In conclusion, this evaluation of the *Together Parenting Program* provides some evidence to suggest that this program assists parents to reduce their children's emotional and behavioural difficulties, while improving parenting practices and parental satisfaction. Schools are increasingly becoming more involved in the provision of mental health programs to children and their families. *Together Parenting* has been trialed in schools and has the potential to be an effective program that schools can easily utilise to offer support to families.

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