THE EFFECT OF THE CIRCLE OF SECURITY PARENTING PROGRAMME ON PARENTAL SELF-EFFICACY AND INTERNALISING BEHAVIOURS IN CHILDREN

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Abstract

Early Childhood development is an important phase of development, wherein the trajectory of the child's life can potentially be determined. However, not all children experience positive outcomes, and many present with psychopathology. In particular, psychopathology in children will manifest as either externalizing behaviours or internalising behaviours. The treatment of internalising disorders becomes increasingly complex, as there isn't always outward behaviour to give evidence to the inward difficulties. Literature amplifies the importance of the role of the parent in ensuring the well-being of the child and in working towards healthy developmental outcomes. The parent-child relationship is thus one of great significance. Children that are more securely attached to their parents, who have parents who are more attuned, aware, warm and responsive, generally show greater developmental outcomes than those with insecure or disorganised attachment relationships. Attachment theory highlights the role of the parent, and the use of the relationship as a buffer against adversity. Subsequently, parenting programs have been found to be helpful in addressing difficulties in children. The Circle of Security Parenting Programme (COS-P) is an attachment-based parenting programme that looks more comprehensively at the nature of a parent's own relationships, as well as their relationship with their child, while equipping the parent with skills and guidelines for more effective parenting.

The aim of the study was to determine the effect of the COS-P on levels of parental self-efficacy and on internalising behaviours in children. The study was a mixed methods approach, incorporating predominantly quantitative results with qualitative data collected through focus groups. A systematic review was conducted to determine the relationship between parenting

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and internalising behaviours. Thereafter, a pilot study was run as a feasibility study in a rural town on the West Coast of the Western Cape in consideration of the applicability of a western-developed attachment-based parenting program, with pre- and post-test levels of parental self-efficacy also being evaluated. For the main study, the COS-P was the intervention applied to parents of children with internalising difficulties; this was run with two groups over an 8-week period. The Child Behaviour Checklist (CBCL), the Child Behaviour Checklist Teacher Rating Form (CBCL-TRF) and the Tool for Parental Self-efficacy (TOPSE) were the psychometric assessment measures that were administered at pre-test, post-test and follow-up time intervals, with focus groups being run at the post-test phase.

The ethics of the study are explored in detail. Ethics approval was granted by the University of the Western Cape's Higher Degrees and Senate Committees. Ethics requirements such as informed consent and, where possible, confidentiality and autonomy, were ensured.

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The findings of this study show that levels of internalising behaviours in children were significantly reduced after the implementation of the COS-P. These results were sustainable, showing no statistically significant difference at the follow-up assessment. Similar results were observed by the teachers, with levels of internalising behaviours reducing from pre-test to post-test. Finally, levels of parental self-efficacy showed statistically significant improvement post intervention, results that were sustained at the follow-up time frame.

The findings of the study not only contribute to the understanding of psychopathology in children and the nature of the parent-child relationship, but they also add to the critical component of early childhood development; questioning aspects such as parents acting as the active agents of change for their children; engaging in the education training system in South

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Africa, and exploring accessibility of resources and facilities for a population that has faced significant adversity and trauma.

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Keywords

Early Childhood development is an 'umbrella term that applies to the processes by which children from birth to at least 9 years, grow and thrive physically, mentally, emotionally, spiritually, morally and socially' (South Africa, Department of Education, [DoE], 1996).

The Circle of Security parenting programme (COS-P) intervention is a brief, behavioural and insight-orientated therapeutic group approach aimed at enhancing attachment and autonomy in the parent-child relationship (Ramsauer et al, 2014)

Parenting or child rearing is the process of promoting and supporting the physical, emotional, social and intellectual development of a child from infancy to adulthood.

Parenting Programme is a course that can be followed with the aim of improving a person's parenting skills. Parenting programs often focus on enhancing parenting practices and behaviours. Parenting programs are also a useful way of offering support to parents and strengthening parenting skills.

Attachment is referred to as an enduring emotional bond which has been formed between a child and another individual who is the parent or primary caregiver of the child (Bowlby, 2005)

Parental self-efficacy is considered 'an expression of the extent to which parents have developed increasing self-belief in their ability to carry out different parenting tasks and responsibilities' (Whittaker & Cowley, 2006 p 297).

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Psychopathology is a term used to describe mental illness or mental distress, or the manifestation of behaviours and experiences which may be indicative of mental illness of psychological impairment.

Internalising behaviours are a reflection of a child's internal psychological and emotional state (Miller & Jome, 2010; Liu, Chen & Lewis, 2011). They are characterised by the excessive control of emotions, thoughts and behaviours, which are covert and involve a substantial degree of distress for the individual experiencing them (Mill & Jome, 1994; Achenbach & Rescorla, 2000; Michael & Merrell, 1998). This excessive control is expressed in forms of depression, anxiety, social withdrawal or isolation, and somatic complaints (Nunes, Faraco, Viera & Rubin, 2013).

Mixed methods design is defined as a type of research in which a researcher or team of researchers combine elements of qualitative and quantitative research approaches (Johnson, Onwuegbuzie & Turner, 2007, p. 123)

Systematic review is 'a review that strives to comprehensively identify, appraise, and synthesise all the relevant studies on a given topic' (Petticrew & Roberts, 2006).

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Declaration

I hereby declare that the present work entitled *The effect of the Circle of Security Parenting Programme on parental self-efficacy and internalising behaviours* in children is my own work. It has not been submitted for any degree or examination at any other university. All the sources I have used or quoted have been indicated and acknowledged as complete references.

Jenny Rose

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Dedication

This thesis is dedicated to Kate, Hannah and Riley.

For making me a mother and opening my eyes to the importance of this work. You are the real teachers of the significance of parenting, and I hope I keep learning.

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Professor Nicolette Roman, my supervisor. Nicky, you are a powerhouse woman; driven, passionate and committed. Your expertise in early childhood development is remarkable, you are a pioneer in this field, and I am humbled to be your student, continuing to embark and learn from you in this process. May this PhD be only a small part of a long road ahead as together we fight for children and parents. Thank you for always being present and even for your almost impossibly high expectations; it all pushed me to work harder and be better.

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Chapter 1 : Introduction

1.1. Chapter Overview

In this chapter the background and context of the study, rationale of the study and problem statement will be discussed. In addition, the main research question and subsidiary questions are covered, and aims and objectives of the study are given. Finally, the thesis structure is discussed in the form of a chapter by chapter overview.

1.2. Background to the study

Studies have shown that the quality of the parent-child relationship can predict adulthood outcomes of mental and physical health. Therefore, the nature of the parent-child relationship during the early years is critical to the child's later functioning (Thompson, 2001; Zeanah, 2000). Parenting programmes are recognised as an effective way to enhance outcomes for children (Dekovic et al, 2012). Grusec (2011) states that child problem behaviour is both longitudinally and concurrently related to parenting. Research conducted by Gardner et al (2010) has concluded that a fundamental aspect of addressing child problem behaviour is through improvements in positive parenting rather than a reduction of negative parenting. Through self-reflection, education and guidance, parents are able to change the nature of their attachments to their children which, as research indicates, will reduce the child's risk for pathology (Bloomfield & Kendall 2012).

It is widely acknowledged that insecure and disorganised attachment is linked to a wide range of negative mental health outcomes, including externalizing and internalising behaviours (Kim,

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Woodhouse & Dai, 2018; Thomspon, 2018; Groh, Roisman, van IJzendoorn, Bakermans-Kranenburg, & Fearon, 2012; Fearon, Bakermans-Kranenburg, van IJzendoorn, Lapsley, & Roisman, 2010; Cassidy & Marvin, 1992; Main & Solomon, 1990; Moss, Cyr, Bureau, Tarabulsy & Dubois-Comtois, 2005; Sroufe et al, 2005). Inappropriate parent-child attachments have a significant impact on a child's development and overall well-being (Thompson, 2001; Zeanah, 2000).

Developmental psychopathology has conceptualised two broad categories of maladjustment, namely those involving difficulties of under-control and those involving difficulties of over-control. This well-known distinction is that of externalizing versus internalising disorders (Basten, Tiemeier, Althoff, van de Schoot, Jaddoe, Hofman, Hudziak, Verhulst & van der Ende, 2015; Landers, Bellamy, Danes & Hawk, 2017; Liu, Chen & Lewis, 2011; Roelofs, Meesters, Huurne, Bamelis & Muris, 2006). Externalizing behaviours are displayed outwardly and are reflected by behaviours towards the external environment. The term internalising, by contrast, indicates that these problems are largely exhibited and experienced within the individual, and are indicative of a child's internal psychological and emotional state (Miller & Jome, 2010; Liu, Chen & Lewis, 2011).

Clinically depressed children have been identified as having had disruptions in the parental relationship (Kovacs, 1992). Najam and Majeed (2012) reported that a relationship between depression and perceived rejection in children was found. Berline, Ziv, Amaya-Jackson and Greenberg (2005) state that enhancing attachment between parent and child is a powerful way of combating pathology. Research shows that disorganised attachment and pathology are strongly linked, with a great percentage of disorganised attachment relationships developing

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into some form of pathology (Cassidy & Marvin, 1992; Main & Solomon, 1990; Moss, Cyr, Bureau, Tarabulsy& Dubois-Comtois, 2005; Sroufe et al, 2005).

Bloomfield and Kendall (2012, p 365) describe parental self-efficacy as ''an individual's appraisal of his or her competence in the parenting role'. Various researchers (Teti & Gelfand, 1991; Gross & Tucker, 1994; Coleman & Karraker, 2003; Jones & Prinz, 2005) have identified parental self-efficacy as a key determinant of parenting behaviours, being closely linked to psychosocial child adjustment and child development outcomes. Parental self-efficacy has also been found to act as a buffer in the face of adverse circumstances (Lachman, Kelly, Luber, Ward, Hutchings and Gardner, 2015). It can be argued that parents in South Africa are continuously faced with adverse circumstances, which exacerbate parenting pressures.

When dealing with problematic behaviour in children, much of the intervention is focused post presentation, which means that children are treated after there has been some fall-out in functioning. Children generally present with difficulties and then various intervention specialists become involved (Howe & Fearnely, 2003). Thus inevitably, psychiatrists prescribe medication, psychologists provide psychotherapy, and several other multi-disciplinary members may be called in to treat the child. However, the child cannot be viewed in isolation. It is imperative that the broader context in which the child lives is considered and, in particular, the home environment. Therefore, all interventions should also, at some level, involve the immediate family and, in particular, the parenting unit (be that a mother and father, single parents, grandparents and so on). These factors emphasise the need to consider how parenting may be contributing to the development of a child's pathology. Programmes such as the Circle of Security Parenting Programme (COS-P) begin to make parents aware of the way in which they parent, and how the way in which they were parented may contribute to this. It also gives

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them greater understanding of the dynamics of the attachment relationship with their child, and how this can be enhanced. It shows parents practical ways in which elements like security and exploration unfold in the child's world (Marvin, Cooper, Hoffman & Powell, 2002). By enhancing the attachment relationship and equipping the parents with both knowledge of good-enough parenting and an awareness of themselves as parents, the process to alleviate symptoms of pathology can begin.

The General Household Survey (Statistics South Africa, 2018) found that 25% of children live with neither of their biological parents, with as many as 12% of children being orphaned. Although it is clear that it is the quality of the relationship that is most important, rather than which family member is fulfilling the role of primary caregiver; these statistics provide insight into the South African context, and the adverse circumstances many children are exposed to. Furthermore, only 38.4% of children between the ages of 0-4 attend early childhood development programmes. Of the children staying at home, it is reported that there is a lack of stimulation, with almost half of parents not having read a book to their children or spent time drawing or colouring in. There is very little research on the efficacy of such parenting programs within the South African context. Furthermore, there exists no research in South Africa that has addressed parental efficacy. The COS-P Programme has never been researched in South Africa. No cultural-specific measures exist, and one can argue the great discrepancies between US-based assessment measures and contextually relevant measures in South Africa. We need to determine whether parental self-efficacy can be shifted through the use of an attachment-based parenting program, and whether parents can act as the agents of change in the children's symptomology. Furthermore, in the field of psychology, the COS-P is a relatively newly developed programme and, as such, there is rather limited international research available.

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The need for the COS-P intervention is only exacerbated by these contextual needs and difficulties within South Africa, and therefore the aim of improving parent-child relationships becomes even more significant. Parents who have the skills to facilitate child behavioural problems further enhance both child behaviour and the development of the self as a parent, which ultimately increases family well-being and developmental pathways of the child.

1.3. Problem Statement

At present, a great deal of research exists on the effect of parenting programs aimed at addressing externalising behaviours (Dretzke et al, 2009, Roelofs et al, 2006, Berkien et al 2011). Identifying changes in the behaviour of a child acting out and externalizing their struggles may be simpler than trying to do so with children who internalise their difficult experiences (Michael & Merrell, 1998). A significant gap exists in the literature in the area of parenting programs and its effect on internalising disorders in children, both on an international and national level.

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Research does show that earlier interventions have better outcomes for children with difficulties (Shenderovich et al, 2019; WHO, 2007). This is applicable to both internalising and externalising behaviours in children (Sandler, Schoenfelder, Wolchik & MacKinnon, 2011). However, there is no evidence regarding the effect of a parenting programme intervention addressing internalising behaviours in early childhood. Two critical aspects of the gap in the body of literature in this area relate to using a parenting programme intervention to address problematic behaviour in children, essentially working through the parents without working with the child at all; secondly, internalising difficulties usually present themselves when the child is bigger, typically in middle childhood; as such, it would be significant to ascertain the

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effect of an intervention on children who are already presenting with difficulties in early childhood.

The COS-P programme has been shown to bring about changes in children's attachment classifications (Marvin et al, 2002). Circle of Security has been described as a 'promising intervention for the reduction of disorganised and insecure attachment in high risk toddlers and pre-schoolers' (Cooper & Powell, 2006). Circle of Security is a parenting programme that looks more comprehensively at the nature of one's own relationships, as well as the relationship with a child, while equipping the parent with skills and guidelines for more effective parenting (Ramsauer et al, 2014; Marvin, et al, 2002). Most parenting programmes are surface-level interventions, addressing behaviour change, discipline techniques, positive reinforcement etc.; the COS-P Programme, however, is embedded within an attachment framework, with its key focus being the primary attachment relationship. This programme has not been researched in South Africa and, as a result, there is a significant need to determine the effect of this programme on measurable variables. In addition, this programme is a western-developed programme and its suitability and accessibility to the South African context, and to low-income communities in particular, needs consideration. Furthermore, aiming to determine the effect of such a programme on an individual's sense of efficacy in their role as a parent would provide insight into the usefulness of the programme. The COS-P is however a recently developed program, and no substantial research has been undertaken locally or internationally (Mejia, Calam & Sanders, 2012). Turner, Richards and Sanders (2007) emphasised the need for empirically supported, culturally relevant parenting support in order to improve child outcomes. This justifies the assessment of such a programme within the South African context, and helps to determine its usefulness amongst a culturally diverse population. Keller, Spieker and Gilchrist (2005), argue that secure attachment can be considered a buffer when contextual

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risks are high. In addition, these authors argue that because low-middle-income families are faced with several risk factors which potentially makes them vulnerable to negative outcomes, attachment based interventions should be made accessible to them in order for these children to benefit from the protection of a more secure attachment relationship, and subsequently experience more improved mental health (Keller, Spieker & Gilchrist, 2005). These authors continue by highlighting the fundamental problem of the lack of widespread implementation of attachment-based interventions.

Parental self-efficacy has been found to be challenged when children present with difficulties, and, in particular, when children present with psychiatric disorders (Whittaker and Cowley, 2013). Studies have shown that parents of children with disorders experience a great deal of stress, to which parental self-efficacy can be a buffer (Bloomfield and Kendall, 2012). Few studies have addressed parental self-efficacy in South Africa.

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Furthermore, there are limited studies addressing the importance of culturally relevant parenting programs and their applicability to ensure both effectiveness and acceptability (Castro et al, 2004). Knerr, Gardner and Cluver (2018) stress the limited evidence available regarding the feasibility and effectiveness of parenting programs in low-middle-income countries. Luchman, Sherr, Cluver, Ward, Hutchings and Gardner (2016) argue that studies incorporating both quantitative and qualitative data regarding parenting programs would provide beneficial insight into the feasibility of such a program, especially when considering implementation, participant involvement and cultural acceptability. Therefore, the current study uses a mixed methodology in order to determine the effect of the COS-P programme on parental self-efficacy and internalising behaviours in children. The current study addresses the

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implementation of a western-developed programme, its application within a low-income country, and its effect on both parent and child outcomes.

1.3.1. Significance of study

The significance of this study lies in the ability to effect various systems. Firstly, the present study will provide a meaningful contribution to the development of the child. If the programme is successful in producing change in the child, then the impact of this on the child's developmental outcomes and general trajectory cannot be refuted. This study may result in decreased psychiatric symptomatology in children between the ages of three and five, laying a more solid foundation for all future interactions and experiences. A more stabilised early childhood is likely to produce more favourable outcomes further down the line. In a similar light, such shifts will be seen in the parenting unit as well. As a result of this programme, parents will take on new information and adjust both their reflective and introspective capacities as parents, as well as adjusting their behavioural interactions. The dynamics of the relationship will shift, and ideally parents will be more available, attuned and engaged with their children. The significance of this alone is noteworthy. Changing the parent's way of relating to his/her child will ultimately impact various domains in a ripple-like effect. The most notable impact of this study will probably be on the family as a whole. With the programme, family systems should operate more successfully and more in line with positive outcomes, creating an environment that fosters growth and positivity and allows individuals within the family to share and display their vulnerabilities and insecurities. Furthermore, through the implementation of the COS-P programme, it is hypothesised that parents will have increased levels of parental self-efficacy. In light of this, parents will feel more confident in their capacities as parents, which should speak to more favourable developmental outcomes for both parent and child.

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The meaningful changes that should be experienced through this study correspond to a greater memorandum and agenda that is implored by government and policy, both nationally and internationally. Strengthening relationships, promoting the well-being of woman and children, and encouraging healthy parent-child interactions are just some of the aspects put forward and discussed in Chapter Two, which are encouraged by a top-down approach. These are all considerations that can be achieved through the implementation of the COS-P programme.

In addition, this study has significance in the cultural sensitivity of the application of a western-developed parenting program, and its accessibility when considering the context of a low-middle-income country.

Finally, the significance of the study in relation to the context of the education system is an important aspect to consider. This study will use the rates of internalisation, together with the impact of the programme, to provide scrutiny to the role of the teacher. The significance of this lies in the teachers' ability to recognise psychopathology in an early childhood developmental category. The results of this study may play an important contributory role in the training of teachers in their understanding of childhood behaviours and how psychopathology manifests in a young child.

1.3.2. Research Question

What is the effect of the Circle of Security Parenting Intervention programme on parental self-efficacy and internalising behaviours in children?

1. What is the relationship between parenting and internalising behaviours in children?

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2. What is the feasibility of the Circle of Security Parenting Intervention programme in a rural, low-income community?
3. What are the levels of parental self-efficacy before the commencement of the intervention?
4. What are the levels of internalisation in children before the commencement of the intervention?
5. What is the effect of the Circle of Security Parenting Intervention programme on levels of parental self-efficacy and levels of internalising behaviours in children?
6. What is the sustainability of these effects at a 3-month follow-up period post intervention?
7. What are the perceptions and experiences of parents following the Circle of Security Parenting Intervention?

1.3.3. Aim and objectives of the study

The overall aim of this study is to determine the effect of the Circle of Security Parenting Intervention programme on parental self-efficacy and childhood internalisation disorders.

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The objectives of the study were to:

1. Conduct a systematic review of the relationship between parenting and internalising behaviours in children.
2. Conduct a pilot study to determine the feasibility of the Circle of Security Parenting Intervention programme in a rural, low-income community.
3. Assess levels of parental self-efficacy (pre-intervention).
4. Determine the levels of internalising behaviours in children (pre-intervention).

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5. Assess the effect of the Circle of Security Parenting Intervention programme on internalising behaviour in children and on parental self-efficacy (post intervention).
6. Evaluate the sustainability of the Circle of Security Parenting Intervention and the effects on the variables at a 3-month follow-up period.
7. Explore the perceptions and experiences of parents following the Circle of Security Parenting Intervention programme.

1.4. Dissemination of findings

The present thesis was completed as a full manuscript. However, two articles have been published in international peer-reviewed journals. Therefore, the findings of these sections have been disseminated in the form of journal article publications as presented in Chapters 4 and 5. In addition to disseminating the results of the present study in the form of journal articles, the results of some phases of the study were disseminated at international conferences. The references are as follows:

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- Rose, J., Roman, N. & Mwaba, K. (2016). 10th Annual International Conference on Psychology. The relationship between parenting and internalizing behaviours: A systematic review. Athens, Greece. May 2016. Oral Presentation

- Rose, J., Roman, N. & Mwaba, K. (2016). 6th International Conference on Community Psychology. Evaluating parental self-efficacy in a low-income community, pre and post a parenting intervention. Durban, South Africa. Oral Presentation.

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- Rose, J., Roman, N. & Mwaba, K. (2017). 17th ECP (European Congress of Psychology). Differences between levels of internalisation as perceived by parents and teachers: a quantitative study. Amsterdam. July 2017. Oral Presentation

- Rose, J., Roman, N & Mwaba, K. (2017). SAACAPAP (South African Association for Child and Adolescent Psychiatry and Allied professionals). Determining levels of internalisation as perceived by parents and early childcare educators. Poster presentation. September 2017. Stellenbosch

1.5. Thesis Structure

The structure of the present thesis and the chapter titles are as follows.

Chapter One: Introduction. This chapter highlights the challenges children face in terms of psychopathology. A brief exploration of psychopathology and attachment is given, and the significant role of parenting is presented; furthermore, parenting programmes are considered as an intervention option. All aspects are presented within a contextual awareness of the cultural diversity of South Africa. Most noteworthy in this chapter, is the evidence given to showcase the gaps in literature considering attachment-based parenting interventions targeting psychopathology (internalising symptoms in particular) at an early childhood developmental stage, and the sparsity of literature regarding parental self-efficacy.

Chapter Two: Conceptual Framework. Object relations theory and attachment theory are discussed in detail in this chapter. Thereafter the concept of early childhood development is explored, and consideration is given to both national and international policy relevant to this

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developmental phase. Internalising behaviours are presented, to understand aspects of the development of psychopathology in children. The construct of parenting is given, including aspects relating to parenting programs as well as parental self-efficacy.

Chapter Three: Methodology. This study is a mixed methods study, using an embedded / nested design. This chapter provides a description and rationale of the research design, methods and procedures used in relation to the aim and objectives of the study. The feasibility of the pilot study is considered, highlighting aspects that are not considered in the pilot study manuscript presented in Chapter Five.

The subsequent two chapters are articles published in international, peer-reviewed journals.

Chapter Four: Systematic Review. In order to approach the first objective of the present study, a systematic review was implemented. The systematic review process, the results and discussion are explained by means of the published manuscript.

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Chapter Five: Pilot Study. For the publication of this manuscript in particular, the levels of parental self-efficacy were explored in relation to the administration of the intervention during the pilot study.

Chapter Six: Quantitative Results. This chapter presents the quantitative component of the findings. It includes descriptive statistics of all measures at the time frames of pre-test, post-test and follow up. It looks at paired sample statistics, for all assessment measures at all three time-frames. In addition, it explores correlations between a range of variables, as well as analysis of variance (ANOVA) for all assessment measures at all time frames.

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Chapter Seven: Qualitative Results. This chapter forms the second component of the mixed methods design and looks at the qualitative findings from the present study. It provides an exploration of the parents' perceptions and experiences of the COS-P, after two focus groups were conducted following the COS-P intervention. Various aspects of the programme were explored, and the parents' subjective experiences of change were considered.

Chapter Eight: Discussion. This chapter provides an in-depth discussion of the findings of the study in relation to the literature, theoretical framework, and epistemological positioning of the study. It also provides critical engagement with the results, facilitating a nuanced understanding of the effect of the intervention on a range of variables.

Chapter Nine: Implications for Practice and Conclusion. This chapter contemplates the implications of the results for practice in various contexts. This chapter shows that the present study has brought to light significant realisations in terms of gaps on various systemic levels. The promising and important results of this study merely function to emphasise the vast gaps that continue to impact the outcomes of early childhood development. This chapter is an expansion of the recommendations stated in Chapter Eight.

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Chapter 2 : Conceptual Framework

2.1 Introduction

The production of new knowledge is fundamentally dependent on past knowledge. Put simply, working with previous literature and past research studies is an essential part of the research process (O'Leary, 2013). While positioning itself within the broad body of existing literature, the following conceptual framework will include both a theoretical frame in which the study is embedded, as well as a literature review. This section begins by exploring the complex topic of object relations theory, after which there is an in-depth discussion of attachment theory, as it is embedded within object relations theory. Early Childhood Development is presented and the policies and guidelines at the forefront of this area of development are considered, both within the global and national contexts. Thereafter, the notion of the Early Childhood Development child will be discussed, exploring pathological or deviant development and the potentially detrimental outcomes. In this regard, internalising behaviours will be explored in detail and considered in relation to risk and protective factors, along with the role of attachment in the development of such pathology. Following the child's development, the chapter moves towards discussing the role of parenting and addresses parenting as a whole, considering aspects of styles, practices, approaches and dimensions. Finally, parental self-efficacy will be explored, first expanding on the notion of self-efficacy and then its manifestation in the frame of parenting.

The culmination of information on the child, the parent, and on pathological behaviours will be presented in consideration of the use of parenting programmes as a means of addressing concerns relative to the South African context. More specifically, the COS-P will be discussed,

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providing detail on the nature of the programme and its role as both a preventative and treatment intervention.

2.2 Theoretical Framework

Attachment theory is the framework through which the study is viewed and understood. However, in order to provide an accurate representation of attachment theory, an overview of object relations theory needs to be explored; as this is the framework in which attachment theory is embedded.

2.2.1. Object Relations Theory

This study is viewed through an object relations theoretical framework lens, with a primary focus on attachment theory, a component of object relations theory (Shahar, 2015). Attachment theory was developed out of object relations theory, which justifies an exploration and understanding of object relations theory. Object relations theory stems from psychoanalytic theory that has a core notion that humans are primarily motivated by the need for contact with others (the need to form relationships), and that this desire for attachment is the main contributory component of an individual's psychic structure (Flanagan, 2011). The concepts guiding attachment theory have a significant developmental history founded in the works of more traditional psychoanalysts such as Freud and object relations theorists such as Klein, Winnicott and Fairburn (Bretherton, 1992; Lieberman & Zeanah, 1999). Therefore, it is useful to briefly review the connections between attachment theory and the broader object relations theory before an understanding as to the nature of the attachment framework, in the context of this study, can be discussed.

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2.2.1.1. A developmental perspective of the history of object relations

The concept of object relations stems from psychoanalytic instinct theory (Ainsworth, 1969), with Freud's theory of instinctual drives at the core out of which later object relations theories grew (Shahar, 2015). Freud's development of the concept 'object relation' can be seen as a means to describe, or emphasise, that bodily drives satisfy their need through a medium, an object, in fact, any object so long as the infant's need is satisfied (Lieberman & Zeanah, 1999). Although he identified the child's first love object as the mother, it was not until his later work that Freud came to a fully acknowledge the continuing significance of the infant-mother attachment on the psychic development of the infant as well as its impact on future interpersonal relationships (Ainsworth, 1969; Shahar, 2015). Freud, although clear in regard to the significance he places on the infant-mother tie, he left room for theoretical division in the development of ensuing psychoanalytic theory concerned with the origins and development of the mother-infant bond. In one tradition, theorists followed Freud's emphasis on the lability of objects and his view that the infant obtains the mother only as an object because of his dependence on her for need-gratification. This group of theorists came to be defined as ego psychologists due to their belief that the development of object relations were unequivocally linked with ego development and the gaining of cognitive structure that were absent in infanthood. The other group of theorists viewed object relations as primary rather than secondary and acquired. This tradition is what has come to be known as 'object relations theory' (Ainsworth, 1969).

Terminology and style often differ in object relations theories; however, they all share a common acknowledgement of the significant impact that early primary caregiver interactions have upon subsequent personality organization and development (Avery & Ryan, 1988). The term 'object' refers to significant others, or parts of significant others (e.g. the mother's breast)

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with whom an individual relates, and suggests that an infant's experience in relationship with the mother, or primary caregiver, becomes the primary determinant of personality formation and the development of the infantile self (Bretherton, 1992). With its particular focus on the child's early years, object relations theory suggests that through repeated interactions with the object, mental representations of these objects are internalised and come to constitute the intrapsychic world of the individual. Early recurrent patterns in the experience of the self and others are considered to be the foundations upon which subsequent intrapsychic and interpersonal modes of functioning of the individual are constructed. As such, these experiences have wide-ranging implications for understanding individual differences and psychopathology (Bretherton, 1992; Lieberman & Zeanah, 1999). An object representation is therefore a theoretical construct used to describe the cognitive and affective schemata resulting from past interpersonal interactions which organise current interpersonal perceptions, actions and aspects of emotional regulation (Avery & Ryan, 1988).

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Although a significant number of object relations theorists took a radical departure from Freud (i.e. Fairburn and Winnicott), some theorists argued that they were not departing from Freud, but simply elaborating on early developmental phenomena consistent with traditional Freudian psychoanalytic theory (i.e. Klein) (Lieberman & Zeanah, 1999). Although Klein retained the Freudian notion of the drives by highlighting normal development as involving the management of the opposing inner forces of love and hate, preservation and destruction, she focused on the role of the aggressive rather than the libidinal drives. In addition, she placed far more emphasis on the importance of interpersonal relationships, specifically the early mother-child relationship, than Freud did, highlighting the development of positions (paranoid and depressive positions) which she saw as specific configurations of object relations and resulting in certain anxieties and defences which persist throughout life. As such, it is clear that she

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delineated from Freud's drive/structure model to a more relational/structure model, thereby paving the way for the development of later object relations theorists (Greenberg, 1983).

Later object relations theorists, such as Winnicott, Fairburn and Bowlby, built on Klein's view of an infant wired for human interaction. However, they broke with her foundation of constitutional aggression deriving from the death instinct, proposing instead an infant wired for harmonious interaction and non-traumatic development, but frustrated and disillusioned by inadequate parenting (Mitchell & Black, 2016). Fairburn, in particular, questioned the earlier propositions that the fundamental motivation of the libido is pleasure seeking. He posited that infants were not seeking satisfaction/gratification of the drive and the reduction of tension, but rather seeking the satisfaction that comes from being in relation with real others (i.e. object-seeking). The infant's interaction with the human environment was seen as paramount to its healthy, or pathological, development. For Fairburn, the growing infant shapes his relationships, view of the world and view of the self and others according to the patterns internalised from its earliest significant relationships, usually that being the relationship with the mother (Greenberg, 1983; Mitchell & Black, 2008). This concept was further highlighted in the works of Winnicott who drew the connection between false-self disorders in adults and the quality of mother-infant interactions beginning in the very earliest stages of life. Winnicott saw the quality of the infant's experience of the earliest moments of life as fundamental in the development of personhood. It was the environment that the mother provided (and not the child's conflictual instinctual pressures) that facilitated integration. For Winnicott, false-self disorders were 'environmental deficiency diseases'. The term 'good-enough mothering' became synonymous with Winnicott and described the importance of the infant's external environment in facilitating the process of integration and the development of personhood and the capacity to be in relationships (Mitchell & Black, 2016).

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2.2.2. Attachment Theory

2.2.1.2. From object relations to attachment

Attachment theory continued to deepen this developing understanding of early object relationships (Schore & Schore, 2008). From its inception, attachment theory was viewed as a theory of psychopathology, as well as a theory of normal development. It is concerned with the formation and normal course of attachment relationships and also with the implications of atypical patterns of attachment. It contains clear and specific propositions regarding the way in which early attachment experiences contribute to psychological health or pathology. Within attachment theory, psychopathology is viewed as a developmental construction resulting from an ongoing transactional process, as the evolving person successively interacts with the environment (Sroufe, Carlson, Levy & Egeland, 1999); this has already been highlighted as a defining feature in other object relations theories.

Attachment is referred to as an enduring emotional bond which has been formed between a child and another individual who is the parent or primary caregiver of the child (Bowlby, 2005). Denghani, Malekpour, Abedi and Amir (2014) emphasise that 'although all children become attached to their caregivers, there are variations in the security of attachments' (p. 608). On the basis of this, parents who provide more sensitive and responsive care are more likely to have a more secure attachment to their child. More specifically, the quality of parent-child attachment has a significant effect on the child's developmental pathway (Hoffman, Marvin, Cooper & Powel, 2006).

2.2.1.3. Internal working model

Bowlby (1988) as well as Ainsworth (1989) describe attachment as a deep affectional bond, developed over time, between an infant and caregiver. As such, Bowlby (1988) formulated the

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attachment theory as a way of conceptualising the tendency of individuals to build strong affectional or emotional bonds within a parent child relationship, and as a way of understanding the varied forms of disturbance that can occur as a result of disturbances within the affectional bonds of such a relationship. This theory proposes that, within the infant, an attachment system is activated during times of distress (i.e. separation from caregiver, threat, etc.) which then causes the infant to engage in behaviours aimed at retaining closeness to the caregiver (crying, clinging, etc.). In turn, these behaviours then elicit comforting behaviour from the caregiver, which brings a state of calm to the infant thus re-establishing its sense of emotional well-being and sense of security. The cycle repeats each time the child perceives a threat and his or her attachment needs for satisfaction, safety and security are activated. Over multiple repetitions, the child builds up an internal working model of attachment relationships that is based on the way these episodes are managed by the caretaker in response to the child's needs for proximity, comfort and safety (Bowlby 1951; Bowlby 1988; Carr, 2006).

These internal working models become cognitive relationship maps, based on early attachment experiences, which serve as a template for the development of later intimate relationships and affect regulation. As a result, distortions of early dyadic regulatory processes come to serve as prototypes for later dysregulation, markers of a process that leave individuals vulnerable to normative stress and the development of pathology. These early maladaptive relationship patterns are internalised and carried forward as characteristic modes of affective regulation and associated expectations, attitudes and beliefs, often resulting in patterns of restricted regulation or emotional dysfunction (Sroufe et al., 1999). For individuals with extremely harsh or particularly chaotic caregiving contexts (disorganised attachment relationships), the process of affect regulation, the consolidation or integration of the self across behavioural states as well as the acquisition of control over the modulation of states may be disrupted. As a result, many

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disturbances of childhood may be viewed as having relational origins wherein patterns of dyadic emotion regulation are carried forward by the child and manifested in maladaptive individual styles of coping with challenge. A child's early attachment history can therefore be seen to have ongoing importance for later socio-emotional adaptation (Carr, 2006).

The specific way in which the caregiver responds to the infant is therefore an essential component in attachment theory, as children come to internalise these experiences and develop mental representations (internal working models) of others, of themselves in relation to others, and of relationships in general (Meyer & Pilkonis, 2001). Although the template of an attachment relationship is usually formed during infancy, Bowlby believed that the years of childhood and adolescence were also important in this regard (Biringen, 1994).

2.2.1.4. Attachment styles

Patterns of attachment are classified into four categories; secure, insecure-avoidant, insecure-anxious and disorganised. Secure attachment develops when the infant has felt loved and identifies the other as loving, as is characterised by optimal attachment during the infancy period (Rawatlal, Kliewer & Pillay, 2015).

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Insecure-avoidant attachment styles develop out of poor primary child-care interaction, where the reciprocal relationship was inconsistent and unreliable. Insecure attachments, as well as disorganised attachment predisposes an individual to negative psychological and behavioural outcomes in adolescence (Rawatlal, Kliewer & Pillay, 2015).

In order for children to have a secure base from which to explore the world, to be resilient to stress, and to form deep, meaningful relationships with themselves and others, they require a

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primary caregiver who cares for them in sensitive ways and who perceives, makes sense of and responds to their needs; in other words, a caregiver who is attuned to their needs. Bowlby's theory implies that an essential part of the ground plan for human beings is for an infant to become attached to a mother figure. However, he makes reference to the fact that this figure need not be the infant's biological mother, rather anyone who plays the role of principal caregiver (Ainsworth, 1979). From birth, the child is seen to be nested within a network of influences that operate on many levels, hence Bowlby's further emphasis on the role of both social networks and economic as well as health factors in the development of well-functioning mother-child relationships (Mitchell & Black, 2016). Some of these above-mentioned contextual influences impact directly on the infant, while some impact more indirectly through their influence/effect on parenting. As a result, the role of early experiences can be viewed as being dependent on a surrounding context of sustaining environmental supports, be it the biological mother or some other consistent and stable caregiving figure. The nature of the infant's early attachment to its mother/primary caregiver has been found to link with various aspects of later development. The developmental context of the child is emphasised because the child's early experiences have special significance because in framing the child's subsequent transactions within the environment (Sroufe et al., 1999).

Children are able to develop secure emotional attachments if their parents are attuned to their needs for safety, security and physical care, and if their parents are responsive to their signals that they require their needs to be met. When this occurs, the child learns that their parents are a safe base from which they can explore the environment (Biringen, 1994; Meyer & Pilkonis, 2001). Disruptions to the infant-caregiver relationship are inevitable, however, and Bowlby (1988) posited that the essence of the development of secure attachment is the ability of the caregiver to repair these disruptions by being sensitive to the child's needs and being able to

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respond effectively to these needs and/or cues. The caregiver, who sets limits and initiates repair as soon as the child indicates a desire for reconnection, strengthens the child's feeling of safety within the relationship. Unrepaired disruptions, as well as lack of continuity with regard to emotional and physical attunement, mean that the child’s necessary experiences of safety and security do not occur as they should (Marvin, Cooper, Hoffman & Powell, 2002).

2.2.1.5. Dysfunctional attachment relations and psychopathology

According to attachment theory, the early infant-caregiver relationship affects a child’s emotional functioning at all levels; and is specifically related to the choice of the child’s emotion regulation strategies. Individual differences in attachment patterns can therefore influence the development of emotional competence from infancy to adulthood, with research showing that insecurely attached children more frequently suffer from anxiety disorders and depression (Colle & Del Giudice, 2011; Muris, Meesters & Van den Berg, 2003). Aspects of cohesion, family support and communication impact the quality of family functioning, which has an influence on the attachment relationship. Studies have shown that families reporting better communication and greater levels of cohesion also reported greater levels of secure attachment, which puts them at a lower risk for development of depressive symptoms. It is clear that secure attachment is a protective factor against negative psychological outcomes like depression. Inconsistent attunement and inability to repair the disruptions to the attachment relationship can therefore create a vulnerability in the child to become anxious, fearful and insecure, possibly leading to the development of internalising disorders as the child develops. Attachment is therefore of critical importance during the developmental period (Lee & Hankin, 2009).

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The notion that the quality or organization of attachment behaviour in early infancy or childhood might have implications for later socio-emotional development and mental health is arguably one of attachment theory's most well-known predictions (Ainsworth, 1969; Ainsworth, 1979; Ainsworth, 1989; Bowlby, 1951; Byng-Hall, 1995; Cicchetti, Toth, & Lynch, 1995; Taylor, Lopez, Budescu & McGill, 2012; Fraley, Roisman, Booth-LaForce, Owen & Holland, 2013).

2.2.1.6. The significance of attachment relations

Bowlby's work emphasises the quality of early adaptation and continuity in experience, providing a framework for conceptualizing early relationship disturbances and their links to psychopathology. By using attachment theory as a framework, a conceptual understanding of how clinicians perceive and understand the nature of the infant-caregiver relationship in terms of the development of internalising disorders in children can be facilitated. An exploration of their perceptions provides insight into how pathology in children is conceptualised and how specific understandings of childhood pathology influence intervention techniques.

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2.3 Early Childhood Development (ECD)

Early Childhood Development (ECD) refers to 'a comprehensive approach to policies and programmes for children from birth to nine years of age, with the active participation of their parents and caregiver' (SA, DoE, 2001, p. 5). A comprehensive approach is considered, in order to protect the right of the child to develop their full cognitive, social, emotional and physical potential (South Africa, Department of Education [DoE], 1995). The Constitution of South Africa recognises this fundamental and universal human right to optimal development. (Act 108 of 1996).

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ECD is used as an 'umbrella term' for the 'processes by which children, from birth to nine years, grow and thrive physically, mentally, emotionally, morally and socially' (New & Cochrane, 2007; Chűrr, 2012). Broadly speaking, three phases are considered to define ECD and these are recognised by the National Integrated Plan for Early Childhood Development in South Africa (United Nations International Children‟s Emergency Fund [UNICEF] 2005, p. 3). These phases are: from birth to three years of age; three to six years; and six to nine years of age (UNICEF, 2005, p. 3).

Wittkowski, Dowling and Smith (2016) also recognise the importance of the pre-school years as the formative period for long-term physical and mental health. It is therefore considered that this period is a window for early, effective intervention.

In South Africa, the focus also includes the impact of the family, community and environment on the child's psychosocial health, well-being, nutrition and academic achievements (SA DoE, 2001). In order to understand the development of a child in context, it is important to understand the influence of the family, friends and society on the optimal development of the child, as well as those factors that could hinder the child's experience of complete psychosocial health and well-being in the early phases.

2.3.1. Policy, legislation and frameworks in the ECD context

2.3.1.1. International

Global institutions, including UNICEF, the World Bank Group, UNESCO, and the World Health Organization, have all acknowledged the importance of early childhood development and have prioritised this in the development of their programmes of work (World Health Organization; United Nations Children's Fund & World Bank Group, 2018).

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Early childhood development is receiving growing global attention and, consequently, various policies and stakeholders have contributed to the growing body of literature in this regard. For example, the 2030 Sustainable Development Goals (SDG) were developed out of the Millennium Goals, which were concluded in 2015.

The 2030 Sustainable Development Goals (UN, 2015) were adopted and implemented by all United Nations Member States in 2015, with guidelines to enhance peace and prosperity for people and the planet. In the context of this study, the third SDG, 'good health and well-being' has relevance to the ECD domain. One of the sub-goals of this SDG states 'By 2030 […] promote mental health and well-being.' (UN, 2015) The aim of this goal is to achieve universal health coverage, which includes maternal, paternal and child mental health. Furthermore, the Global Strategy for Women's, Children and Adolescents' Health (2016-2030) was developed to end preventable deaths of women, children and adolescents by 2030 and assist them in achieving their potential for and rights to health and well-being in all settings (Kuruvilla et al.,2016). The aim of the Global Strategy for Women's, Children and Adolescents' health enables individuals to not only survive (as the focus has been on increasing levels of survival), but to also encourage each individual to thrive, in order to transform to a social, just life; where access to health, education and social services without discrimination is realised.

The early childhood period is considered to be the most important developmental phase within the human lifespan. Healthy early childhood development, which encompasses physical, social/emotional, and language/cognitive domains of development, strongly impacts well-being, obesity/stunting, mental health, heart disease, competence in literacy and numeracy, criminality, and economic participation throughout life. As is evidenced, the experiences in the

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early years are thus critical for the child's developmental trajectory and life course (WHO, 2007).

Research states the significance of the primary caregivers and families on a child's long-term development (WHO, 2007). The factors which contribute to the development of a secure attachment, with strong, healthy bonds between parent and child, and the characteristics of caregiving that are the most significant in terms of the child's development, are now well understood and researched. A critical aspect for healthy early child development is a secure attachment to a trusted caregiver; where nurturance, care, protection, support and affection are given early in life. Beyond the relationship, socio-economic status can also impact children through its effects on parental stress. Lower income parents have been found to be at a greater risk for a variety of forms of psychological distress, including negative self-worth and depressive symptomatology. (WHO, 2007)

The World Health Organization (2013) has identified that, as of 2016, 43% of children in low-middle-income countries do not reach their full potential. WHO has further identified ECD as a priority area of work, as it is considered a window period of opportunity for addressing and improving equity and health. WHO (2013, p 3) reports that 'under-nutrition, environmental toxins, stress (for example as a result of maltreatment or severe maternal depression) can all influence the brain's structure and functioning, with long-term implications for a number of outcomes including health, stress reactivity and memory. At the same time, early preventive and protective interventions can mitigate these risks.'

Furthermore, WHO (2013) discusses the potential detrimental effects of inequities with regards to accessing health, education and social welfare services. These effects may have a significant

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impact on outcomes relating to the individual. These inequities often result from the quality of environment in which a young child is born, grows and lives. As a result, socio-economic status gradients emerge early and have an influence on long term trajectories for both health and human capital.

WHO (2013) further emphasised that the benefits of early intervention programmes in low- and middle-income countries have shown both short- and long-term developmental benefits. Furthermore, programmes seen to incorporate opportunities for engagement and activities between parent/caregiver-child, as well as with developing and enhancing parental skills, seem to be more effective than programmes that simply impart parenting information only. Policies are clear that in order for children to thrive, families must thrive. Therefore, in order to enhance the development of the child, the family needs to be considered and given adequate support. Maternal psychosocial well-being has been identified as being critical in the care of the child. The maternal depression rate, which is considered to be high in low- and middle-income countries, contributes to poor development and outcomes in the child. Again, it is emphasised that strategies that include support to mothers, children and families, are considered beneficial. Not only has the World Health Organization set out goals and policies for optimising early childhood development, but gaps have also been identified in research. Some of the research gaps highlighted by the WHO include the evaluation of cost, feasibility, effectiveness and sustainability of integrated early interventions delivered at scale, integration of maternal psychosocial wellbeing, reaching children at high risk of poor development and the evaluation of what makes ECD programmes effective.

According to the Nurturing Care Framework, the biggest threats to early childhood development are 'extreme poverty, insecurity, gender inequalities, violence, environmental

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toxins and poor mental health' (World Health Organization; United Nations Children's Fund & World Bank Group, 2018. p 2). Ultimately, these factors all significantly impact the caregiver and their ability to protect, support and promote the development of the child. One of the critical aspects that a child needs in order to develop optimally, is responsive parenting. This, as with other aspects, can be achieved through greater accessibility to resources, programmes and services for families and parents, (World Health Organization; United Nations Children's Fund & World Bank Group, 2018).

Nurturing care should be provided to children by their caregivers. This includes provision for safety, health, nutrition, responsive caregiving, security and opportunities for early learning. This translates to meeting the child's needs by being aware of and responding to their needs and interests, encouraging the exploration of their environment, providing good nutrition and healthy interaction with their caregivers (World Health Organization; United Nations Children's Fund & World Bank Group, 2018). By engaging with children in this manner, not only are building blocks laid in terms of optimal development, but these aspects also serve as protective factors against adverse experiences, through the development of emotional coping mechanisms as well as the lowering of stress levels and increasing tolerance capacity. Therefore, parents need to be affirmed and validated in the critical role that they have to play in their child's development. One aspect deemed important in the Nurturing Care Framework is responsive caregiver. This speaks to the attachment relationship with the child, and to promoting and enhancing secure engagement between parent and child. In order to promote responsive caregiving, the Nurturing Care Framework emphasises strengthening the quality of the parent-child relationship, as well as the importance of increasing the time the parent and child spend together. As this framework values the parent-child relationship, a key aspect of

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the vision and goal of this policy is the inclusion of families by giving families access to information, services and resources.

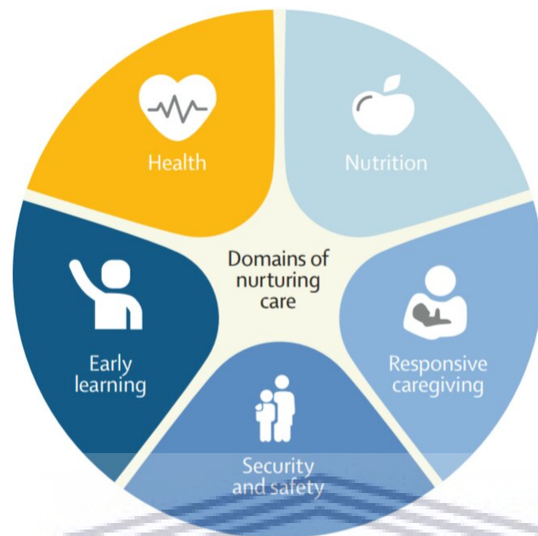

Figure 2.1. Domains of nurturing care necessary for children to reach their developmental potential

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The Lancet Series (2016) recognises that ECD interventions are able to target various risks to development. Such interventions, which include support for families in providing nurturing care as well as developing skills for problem solving, can be integrated into already existing child and maternal health care services. Ideally, such services should have two components, one that addresses the needs of the child, and the other that addresses the needs of the primary caregiver; this includes care for optimal child development as well as care for maternal and family health and well-being.

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On a national level, particularly relating to the South African context, there has also been a greater awareness of the importance of the ECD years in developing optimal health. Lancet Series (2016) calls for 'Governments [to] recognise that effective investments in the early years are a cornerstone of human development and central to the successfulness of societies.' (WHO, 2007, p 15). In order for ECD to be acknowledged for its contribution to health outcomes and ultimately that it impacts the trajectory of the individual, government policies need to be strategising with regards to addressing and optimising accessibility to resources.

2.3.1.2. National (South Africa)

The Constitution of South Africa foregrounds the rights of every human being and especially children. From the Constitution of South Africa, the Children's Act (Section 91(2) of the Children's Act of the Republic of South Africa (Act No 38 of 2005) was developed. This act states that in all instances, the child's best interests must be kept at the foreground of all decisions pertaining to the child's development within the context of early childhood development and parenting. The act explicitly states that 'in all matters concerning the care, protection, and well-being of a child, the standard that the child's best interests is of paramount importance must be applied (Children's Act, 38 of 2005, p 22). With regards to the role of parenting when considering the Children's Act, '*the parental responsibilities and rights that a person may have in respect of a child, include the responsibility and the right-*

a) to care for the child;

b) to maintain contact with the child;

c) to act as guardian of the child; and

d) to contribute to the maintenance of the child.' p 23

The Children's Act functions to achieve the following:

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e) to promote the preservation & strengthening of families

f) to give effect to the following constitutional rights of children, namely -

- *family care or parental care or appropriate alternative care when removed from the family environment*
- *social services*
- *protection from maltreatment, neglect, abuse or degradation; and*
- *that the best interests of a child are of paramount importance in every matter concerning the child*

g) to give effect to the Republic's obligations concerning the well-being of children in terms of international instruments binding on the Republic

h) to make provision for structures, services and means for promoting and monitoring the sound physical, psychological, intellectual, emotional and social development of children

i) to strengthen and develop community structures which can assist in providing care and protection for children

j) to protect children from discrimination, exploitation and any other physical, emotional or moral harm or hazards

k) to provide care and protection to children who are in need of care and protection

l) to recognise the special needs that children with disabilities may have; and

m) generally, to promote the protection, development and well-being of children.

In summation, the considerations stipulated in the Children's Act make reference to the critical role the caregiver plays in a child's life. Our responsibility lies in maintaining the protection

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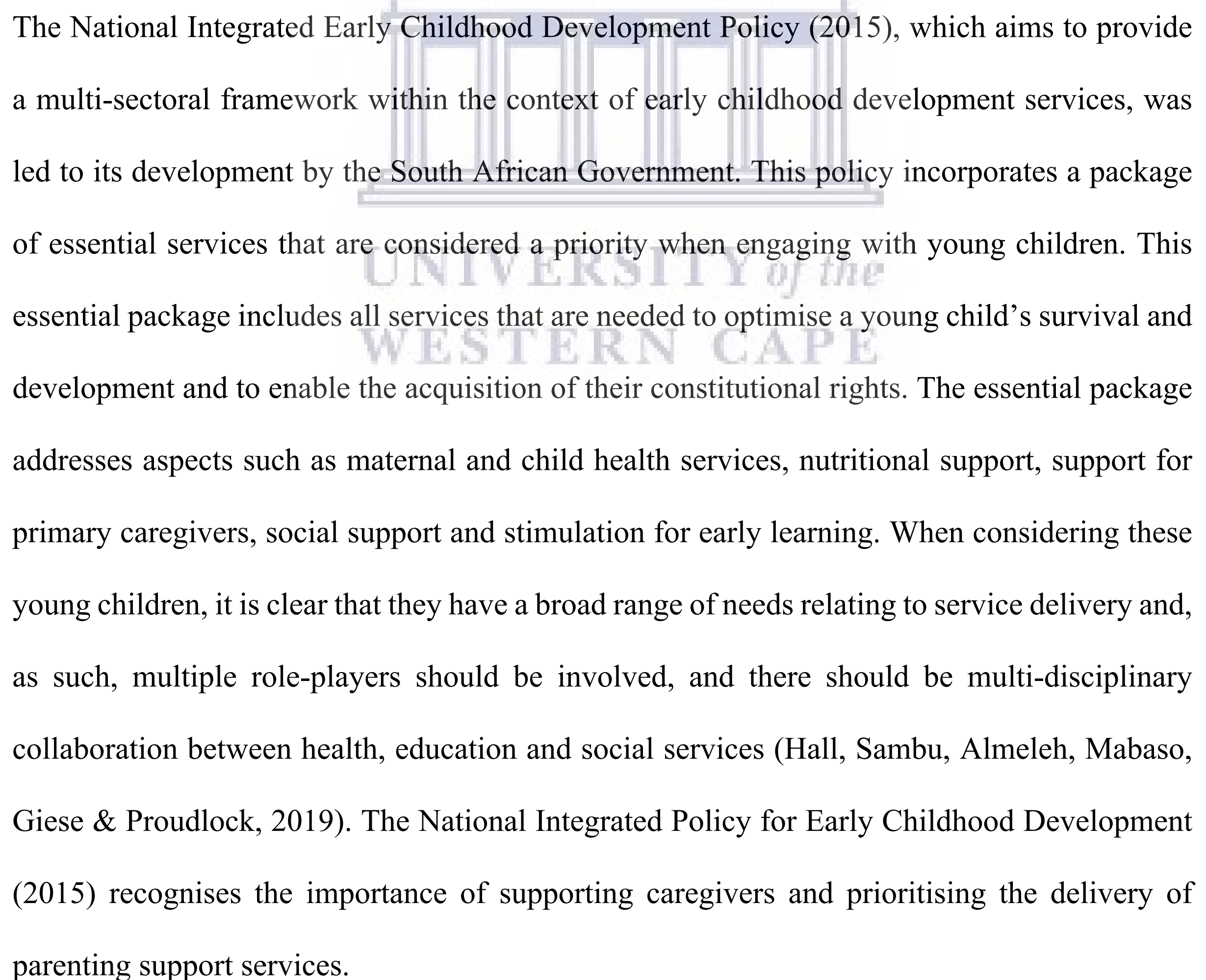
and security of the child, and in ensuring that all encounters and engagements with children promote their well-being.

Chapter 9 of the National Development Plan of 2030 (National Planning Commission, 2011) emphasises the importance of using diverse programs in the early childhood development field in order to support the overall development of young children. Furthermore, these services cannot be rigid, as they need to be responsive to the needs of all individuals involved: children, families and communities. Consistent with this flexibility is the need to address services towards children at certain times, while addressing those of the primary caregivers at other times.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The National Integrated Early Childhood Development Policy (2015), which aims to provide a multi-sectoral framework within the context of early childhood development services, was led to its development by the South African Government. This policy incorporates a package of essential services that are considered a priority when engaging with young children. This essential package includes all services that are needed to optimise a young child's survival and development and to enable the acquisition of their constitutional rights. The essential package addresses aspects such as maternal and child health services, nutritional support, support for primary caregivers, social support and stimulation for early learning. When considering these young children, it is clear that they have a broad range of needs relating to service delivery and, as such, multiple role-players should be involved, and there should be multi-disciplinary collaboration between health, education and social services (Hall, Sambu, Almeleh, Mabaso, Giese & Proudlock, 2019). The National Integrated Policy for Early Childhood Development (2015) recognises the importance of supporting caregivers and prioritising the delivery of parenting support services.

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The National Integrated Policy for ECD(2015) acknowledges that a gap remains in the accessibility of services as well as in the quality of these services, in particular to the poor, the hard to reach and the vulnerable. This policy states that more than 65% of children in South Africa are living in poverty. These gaps are considered to be a risk to the well-being of our children, and to the long-term growth of the nation as a whole. The South African Early Childhood Review (Hall, Sambu, Almeleh, Mabaso, Giese & Proudlock, 2019) draws attention to the significant gap in data regarding the provision and uptake of parenting programmes across the country, and the vital research that is required in this sphere.

An area of service that is to be implemented under the National Integrated Policy for ECD (2015) is an augmented programme of parenting support, including the preparation of pregnant women, partners and young mothers, to enable them to optimise their young children's development across all domains, especially in the area of child safety, the provision of positive parenting practices, food and nutrition, and early learning.

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The National Programme of Action for Children sets out the importance of child health, early childhood development and social welfare development (which includes family environment). The national strategies set out to incorporate mental health strategies as a key component of addressing these issues in children. Specifically, expansion of early childhood development activities is called for, including appropriate low-cost family and community-based interventions. Furthermore, families and individuals are encouraged to acquire increased knowledge, skills and values for better living.

The White Paper on Families, as set out by the Department of Social Development (DSD, 2012), raises concerns about children with behavioural and emotional problems, with regards

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to the needs of children in terms of care, support and schooling. Furthermore, this paper emphasises that divorce and separation, economic stressors, as well as both parents often entering the work force, all contribute to the redefinition of household structures in South Africa. It further explores this as a contributor to problems in functioning in families. Therefore, it seems important to be working with families, and parents in particular, in order to optimise their functioning as a family unit, in order to reduce the problems experienced with family functioning, especially when adverse or difficult circumstances are present. The White Paper further states that parenting programmes seem to be an important intervention to consider. The White Paper places a strong emphasis on the need for parenting skills to be enhanced, particularly with parents from a low socioeconomic background.

2.3.2. The ECD Child

ECD is an area considered to cover various domains of development. These domains are all critical in determining the child's overall well-being; and are considered to be both inter-connected and co-dependent (WHO, 1948). These domains are cognitive, socio-emotional, linguistic and physical. Children's behaviours have been a topic of investigation for many years. Consensus is given to the overarching goal of leading children towards the realisation of their full potential, optimising their well-being and ensuring their health and safety. A great deal has been said arguing for optimal development, and the structures that need to be in place to promote healthy development in a child. However, focus now needs to be given on the child at risk; a child whose development has not led to favourable outcomes. When children are not provided with all that is needed to foster safety and security, unfavourable behavioural outcomes are often a result. In children, behaviours can manifest as either an outward expression of this struggle or an internal one.

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2.4 Internalisation

Developmental psychopathology has conceptualised two broad categories of maladjustment, namely those involving difficulties of under-control and those involving difficulties of over-control. This well-known distinction is that of externalizing versus internalising disorders (Basten, Tiemeier, Althoff, van de Schoot, Jaddoe, Hofman, Hudziak, Verhulst & van der Ende, 2015; Landers, Bellamy, Danes & Hawk, 2017; Liu, Chen & Lewis, 2011; Roelofs, Meesters, Huurne, Bamelis & Muris, 2006). Externalizing behaviours are displayed outwardly and are reflected by behaviours towards the external environment. The term internalising, by contrast, indicates that these problems are largely exhibited and experienced within the individual, and are indicative of a child's internal psychological and emotional state (Miller & Jome, 2010; Liu, Chen & Lewis, 2011). In contrast to externalizing disorders, which are overt, under-controlled behaviours that are disruptive to others (e.g. aggressive, hyperactive, disruptive, anti-social behaviour) internalising behaviours are characterised by the excessive control of emotions, thoughts and behaviours, which are covert and involve a substantial degree of distress for the individual experiencing them (Mill & Jome, 1994; Achenbach & Rescorla, 2000; Michael & Merrell, 1998). This excessive control is expressed in forms of depression, anxiety, social withdrawal or isolation and somatic complaints (Nunes, Faraco, Viera & Rubin, 2013).

The study of externalizing difficulties in childhood has come to encompass a broader, richer empirical history than the difficulties associated with psychological over control (internalising difficulties) (Rubin & Mills, 1991). Due to the frequent difficulty in observing internalising disorders; since the behavioural manifestations of these difficulties are not clearly perceived; they often go unnoticed by parents and teachers. Internalising problems often, are much less

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salient than those of externalizing behaviours and are less likely to evoke negative affect in the receiver due to the fact that they include internal emotional states which are not easily expressed and/or perceived. In addition, quiet, over-controlled children often represent models of proper school decorum (Nunes, Faraco, Viera & Rubin, 2013). They are less likely to be disruptive and therefore their difficulties may perhaps go undetected or ignored by stressed caregivers or teachers (Rubin & Mills, 1991). The type of symptoms children generally experience lends itself towards going unnoticed. For example, common symptoms are rumination, worry and depressogenic conditions. Many internalising symptoms may be missed because they are subjective perceptions of internal distress. They are therefore not always readily identifiable. In many cases where the symptoms are not noticed, the child continues to experience these difficulties, until such time that the symptoms become severe and warrant possible admission to a psychiatric facility. This is particularly the case in the ECD child, as symptoms may seem more noticeable as children move into different developmental stages; however, overall, children experiencing internalising symptoms will show greater over-control of the affective experiences.

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Internalising problems bring consequences for the child by limiting his/her social experiences thus creating obstacles for the social and psychological adjustment in childhood. In addition, it has been found that untreated internalising disorders in childhood significantly increases an individual's risk for anxiety or depressive disorders in both adolescence and adulthood (Miller & Jome, 2010; Colle & Del Giudice, 2011; Muris, Meesters & Van den Berg, 2003).

In addition, internalising behavioural problems are those that tend to impact more negatively on the child's internal psychological world rather than on the external environment (Fite, Stoppelbein, Greening & Dhossche, 2008).

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Internalising difficulties often have both short- and long-term consequences. Internalising difficulties often increase a child's risk for suicide, as well as relating to both academic and interpersonal struggles. The difficulties experienced by the child seem to be perpetuated into adolescence and adulthood, with many children continuing to experience these symptoms in years to come (Angold & Egger, 2007). Hammen and Rudolph (2003) go so far as to state that 80% of children experiencing a Major Depressive episode will experience a relapse within 5 - 7 years. Furthermore, anxiety disorders that are first diagnosed in childhood that are left untreated may turn into chronic anxiety into adulthood (Albano, Chorpita & Barlow, 2003).

Depression emerges as one of the most common, yet most under-reported disorders. Childhood depression is mostly similar to adult depression, and generally the symptoms are the same, but there are some slight differences. The expression of symptoms as well as the symptoms themselves may vary depending on the child's age and developmental stage. Many younger children report physical or somatic complaints as a key part of their symptomology (headaches and stomach aches). Furthermore, they are generally irritable, experience social withdrawal, and have changes in their eating and sleeping patterns.

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Much of the research to date focuses on externalizing behaviours and disorders in young children. These behaviours are far more apparent, as the behaviour is externalised into the environment and generally most people are aware of the behaviours. This makes it a great deal easier to observe, record and track; and definite progress or regression is often quite simple to identify. Internalising behaviours on the other hand are far more covert and difficult to identify, and as such, little research focus has been placed in this area (Atzaba-Poria, 2011).

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2.4.1. Eitology of Psychopathology in children

More and more literature reports incidences of earlier onset of psychopathology in children (Yap & Jorm, 2015). With the increase in rates of internalisation at a younger age, some countries, such as England and Australia, have emphasised the need for early intervention and a focus on prevention especially for young people (Yap & Jorm, 2015). Parents are often included in these preventative and treatment options, as some of the key risk factors in developing internalising pathology family related, e.g. inter-parental conflict. Several studies (Green and Goldwyn, 2002, Greenberg 1999, Reliefs et al 2006) have indicated the significant relationship between attachment and psychopathology. Egger and Angold (2006) state that it is becoming an accepted notion that emotional and behavioural problems begin at a young age. Although it becomes complex when defining what emotional and behavioural problems are at a pre-school phase, as behaviours that are considered problematic are often viewed as part of normative development in early childhood. Literature highlights that impairments to the attachment relationship may have a significant impact on the developing child's mental well-being. As evidenced, those children who have experienced difficulties in the parent-child relationship are at risk for developing psychopathology. It is widely acknowledged that insecure and disorganised attachment is linked to a wide range of negative mental health outcomes, including externalizing and internalising behaviours (Kim, woodhouse & Dai, 2018; Thomspon, 2018; Groh, Roisman, van IJzendoorn, Bakermans-Kranenburg, & Fearon, 2012; Fearon, Bakermans-Kranenburg, van IJzendoorn, Lapsley, & Roisman, 2010; Cassidy & Marvin, 1992; Main & Solomon, 1990; Moss, Cyr, Bureau, Tarabulsy & Dubois-Comtois, 2005; Sroufe et al, 2005). Insecure attachment has also been associated with the development of depressive symptoms as well as anxiety disorders (Roelofs et al, 2006). Literature suggests that both internalising and externalising behaviours are linked to insecure attachment (Roelofs et al, 2006).

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There seems to be an interplay between the environment and the characteristics of the child that ultimately determine and contribute towards the development of early behaviour problems. It is further evidenced that internalising and externalising problems in toddlerhood do tend to predict later maladjustment (Campbell, Shaw & Gilliom, 2000).

Parental rearing is considered another contributory factor in the etiology of internalising and externalizing behaviours (Wenar & Kerig, 2000). Two dimensions to parental rearing have been identified and considered significant in the development and maintenance of these behaviours. The first dimension involves two sides of the continuum, both positive and negative aspects of parental rearing. On the one side, positive aspects involve warmth, acceptance and availability, whilst on the other side, the more negative aspects of parental rearing involve criticism and rejection (Roelofs et al, 2006). The second dimension to consider is that of control. This too is on a continuum, with one side reflecting promotion and autonomy, while the other is overprotection and parental control. Each dimension thus has two components to it, one positive and one negative. When parents lean more to the negative sides of the continuums, in other words, when they are more focused on overprotection, parental control and criticism and rejection, higher levels of anxiety and depression are seen (Muris, Meesters & van Brakel, 2003a). Roelofs et al (2006) found that of several parenting behaviours, parental rejection was most commonly associated with higher rates of severity of internalising and externalising symptoms. This study amplified that the most powerful predictor of internalising and externalising symptoms was both parental rejection and anxious rearing.

Jaursch, Losel, Beelmann & Stemmler (2009) also found that internalising and externalising problems were related to dissimilarity in parental emotional warmth and rejection.

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Child negative emotionality is considered a critical aspect in understanding internalisation. Child negative emotionality takes into account high levels of anger and fearfulness in a child; and has been related to both internalising and externalising problems in pre-school and school-aged children (Engle & McElwain, 2011).

2.4.2. Measuring internalisation

A noteworthy difficulty when working with internalisation is that external evaluations of symptoms and behaviour are subject to significant observer bias (Michael & Merrell, 1998). As a result of this, most clinicians are in agreement that using self-report assessments are a valuable way to elicit the information.

Basten et al (2015) describe the notion of homotypic stability when describing internalising problems. The behaviours found at ages 2-3 years old predicted the same type of problems at 10-11 years old. Homotypic stability is defined as 'the continuity of some phenomenon over time in a form that changes very little' (Basten et al, 2015, p 394).

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Several assessment measures have been developed to assess internalisation. These range from structured clinical interviews, to objective pencil-and-paper assessments. The interviews are generally used to determine if there is a formal diagnosis of psychopathology, the self-report instruments are generally used to determine the degree to which children associate clinically relevant symptomatology to a specific problem area. Self-report instruments are not used for diagnostic purposes; they do not confirm or disconfirm if psychopathology is present; however, they are able to help provide valuable information about the severity of certain symptomatology.

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2.4.3. Statistics of internalising behaviours

Leichtman (2006) reports a significant increase in the utilisation of child psychiatric facilities over the years. However, according to the American Academy of child and adolescent psychiatry, externalising disorders are the main reason for admission to a child psychiatric facility (AACAP, 1997). Significantly contrasted to this is that children presenting with internalising disorders are generally under serviced (Kendall, Flannery-Schroeder, Panichelli-mindel, Stougham-Gerow, Henin & Warman, 1997). Furthermore, patients don't often present with an isolated disorder; more often than not, there is co-morbidity, with children presenting with both internalising and externalising behaviours (Madigan et al, 2012).

Internalising behaviours are generally stable over time. Bayer, Sanson and Hemphill (2006) highlighted that almost half of children who show internalisation difficulties will retain their clinical diagnosis over several years if no intervention has taken place. Edwards and Hans (2015) found that of those children who had behaviours problems at age 2 1/2, half of those continued to experience the problems at age 5.

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In South Africa, it was found that depression was one of the most common disorders that is reported in both childhood and adolescence (Rawatlal, Kliewer, & Pillay, 2015).

2.4.4. Risk factors in internalisation

Most clinicians have consensus that the contributory factors to internalisation is multi factorial; however, once the symptoms have been established, they are generally stable for some time. The enduring nature of these behaviours thus puts the child at risk for various forms of adversity (Keiley, Bates, Dodge and Pettit, 2000).

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Risks for early behavioural problems may be present as early as infancy when considering the elements of parenting and family environment (Edwards & Hans, 2015). Following this, Edwards and Hans (2015) outline several family risk factors for the development of early behaviour problems:

Hostile parenting

Insensitive and harsh parenting practices have been linked to increased risk for behaviour problems. These parenting practices include instructive and hostile interaction, and a lack of positive engagement (Barnett & Scaramella, 2013). Barnett et al (2010) expand on this, further identifying low levels of parental sensitivity, and responsiveness, as impacting on the child's capacity and development of emotional regulation, which in turn places the child at risk for the development of internalisation problems. Young children who experience this hostile parenting may not be given the opportunity to learn to regulate their own emotional experiences, and then often withdraw socially or struggle with feelings of low efficacy and anxiety (Edwards & Hans, 2015).

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Maternal Depression and Anxiety

This is a well-known and well documented risk factors for the development of behaviour problems (Goodman, Rouse, Connell, Roth, Hall and Heyward, 2011; Bureau, Easterbrooks & Lyons-Ruth, 2009). A mother's psychopathology can have a significant influence on the interaction between parent and child. Mothers struggling with depression or anxiety may be overly intrusive or disengaged and may tend to show outward displays of negative emotion states more often.

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Family Conflict

Marital and family conflict is also considered a risk factor for the development of internalising and externalising problems in children. Poor emotional regulation has been linked to exposure to marital conflict (Edwards & Hans, 2015).

Socio-economic Status

Very young individuals coming from a low socioeconomic status are at higher risk for developing internalising and externalising behavioural problems. Families coming from these circumstances generally are exposed to a great deal of adversity that often perpetuates family stress and may impact negatively on parenting (Edwards & Hans, 2015).

When the attachment style between parent and child is considered disorganised, the double bind the child finds himself in creates huge complexity and difficulty. The very parent that should be providing safety and security is the one inducing fear. This can easily make a child vulnerable to internalising psychopathology (Madigan et al, 2012). The energy necessary to maintain the disorganised behaviour often leaves little room for learning and exploring outside of the caregiver relationship and again may make a child vulnerable to an internalisation disorder.

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When considering internalisation behaviours, risk factors occur at various levels and contexts. Risk factors can be either child-specific factors, parent-specific factors, family-level factors and macro-level contexts. Examples of child-specific factors are negative emotionality, genetics and temperament; examples of parent-specific factors are support, parent employment, childhood history and psychopathology. Examples of family level factors are marital conflict and differences in parenting practices, whilst examples of macro level contexts are

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neighbourhood, culture, socioeconomic opportunities (Brumariu & Kerns, 2010; Jenkins, Simpson, Dunn, Rasbash & O'Connor, 2005; Caspi, Taylor, Moffitt & Plomin, 2000; DeKlyen & Greenberg, 2008).

Fletcher et al (2008) state that authoritarian parenting is considered a risk factor for problematic behaviour in children, through the context of inconsistent discipline.

2.4.5. Protective factors in internalisation

Factors such as caregiver warmth, responsiveness and sensitivity serve to protect against the development of internalisation disorders. Further, a secure attachment relationship is also a protective factor. Barnett and Scaramella (2013) emphasise that sensitive / child-centred parenting is a protective factor against the development of behaviour problems.

2.4.6. Internalising disorders and attachment

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Due to the negative consequences for the child's individual mental health, the predictors and correlates of internalising behaviours in childhood are important. In this area, studies have focused on particular risk factors that predispose children to developing childhood internalising disorders that may persist into adolescence and adulthood. One particular risk factor that has been well documented in the literature, is the link between infant-caregiver attachment and internalising disorders (Bretherton, 1992; Sroufe, Carlson, Levy & Egeland, 1999, Nunes, Faraco, Vieira & Rubin, 2013; Taylor, Lopez, Budescu & McGill, 2012), with many clinicians agreeing that disruptions to early infant-caregiver attachment relationships can have far reaching consequences (Ainsworth, 1969; Ainsworth, 1979; Ainsworth, 1989; Bowlby, 1951; Bowlby, 1988; Byng-Hall, 1995; Cicchetti, Toth, & Lynch, 1995; Taylor, Lopez, Budescu & McGill, 2012; Fraley, Roisman, Booth-LaForce, Owen & Holland, 2013).

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Madigan et al (2012) conducted a meta-analysis on the association between internalisation and insecure attachment. They found that a child with an insecure attachment style is twice as likely to develop internalising behaviour in comparison to a child that is securely attached.

Bowlby (1973) hypothesised that caregiver unavailability is associated with internalisation symptoms. The nature of the parent-child relationship, and the emotion that is activated and generated between the two has an impact on the on the child's development of self-awareness and self-evaluation. When parenting practices are harsh on the infant, the child is at risk for seeing themselves as unworthy of love and comfort. Eventually, if children are continued to experience critique from their parents, they may begin to internalise these judgements, and in turn experience shame, leading to the development of depressive symptoms (Edwards & Hans, 2015).

The literature clearly depicts significant emphasis on the parent-child relationship in determining child well-being and optimising developmental outcomes. As such, parenting as an entity needs to be considered.

2.5 Parenting

Parenting plays a significant role in the establishment of socialisation and in developing an understanding of the self. Parenting is often seen as controversial as there is no specific set of guidelines or rules that govern the best way to parent. Parents often develop vastly varying perceptions on their roles as parents. Furthermore, parenting is made all the more complex by its ever-changing nature. Parents are constantly called to be flexible and adapt their approaches

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based on the changing needs of their child. As a child grows developmentally, so too do the ways of parenting need to grow and shift. Furthermore, parents often need to adapt based on the unique needs of their children, as so even children raised in the same household may be exposed to different styles or approaches in parenting. As a result, a child in early childhood will be parented quite differently to a child in middle childhood or adolescence.

Parents therefore differ vastly in the way or method they parent their children. Very often, the method of parenting is developed or adopted from the way in which the parent had been parented. In this instance, the parent models how he/she was parented, and uses similar ideas when parenting his/her children. In other instances, parents react to the way they were parented, and adopt a contradicting approach in order to combat any struggles and difficulties they had with the parenting method. In these cases, the parents would choose to parent from the extreme to which they had been exposed. For example, parents who oppose the way they were disciplined while being raised will often fall on the extreme end of the continuum in disciplining their children, opting for the almost opposite version of what they themselves were exposed to. According to Roman (2003, p39); each parent "has a unique style of parenting" which depends on various factors, such as the child's age, the structure of the family and the background of the parent. Regardless of the style of parenting chosen, parents need to realise that they are central and "primary agents" to and in the process of socialisation of the child, to realise the goal of encouraging children to become participants in a community or a wider society as responsible and prosocial adults (Bigner, 1998; Hartley-Brewer, 1996; Pervin & John, 2001; Bukatko & Daehler, 1995). Ultimately, the way in which parents' parent their children is related to child behavioural outcomes and eventual adult outcomes.

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Parenting can be considered a complex phenomenon, which encapsulates a great deal of behaviours, responses and interactions. Within the literature, there is confusion and overlapping between various elements and aspects of parenting. Characteristics are used interchangeably, without an exact definition of the sub-components that compound parenting as a whole. For example, parents can be considered to have different parenting styles, parenting approaches, parenting behaviours, parenting dimensions and parenting practices. Many of these are synonymous for one and the same thing, whilst others provide insight into the intricate role of parenting.

It is important to distinguish between categorical vs dimensional descriptions of parenting styles, as well as the difference between parenting practices and parenting styles. Fletcher et al (2008) highlight that parenting styles can either be considered as categorical descriptions or dimensional descriptions. Dimensional descriptions involve describing parent components (i.e. demandingness, parental responsiveness and warmth) as seen in figure 2.2.

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Categorical descriptions are therefore the category that the parent falls in to, based on the dimensional description that is applied (i.e. authoritarian, permissive) see figure 2.3.

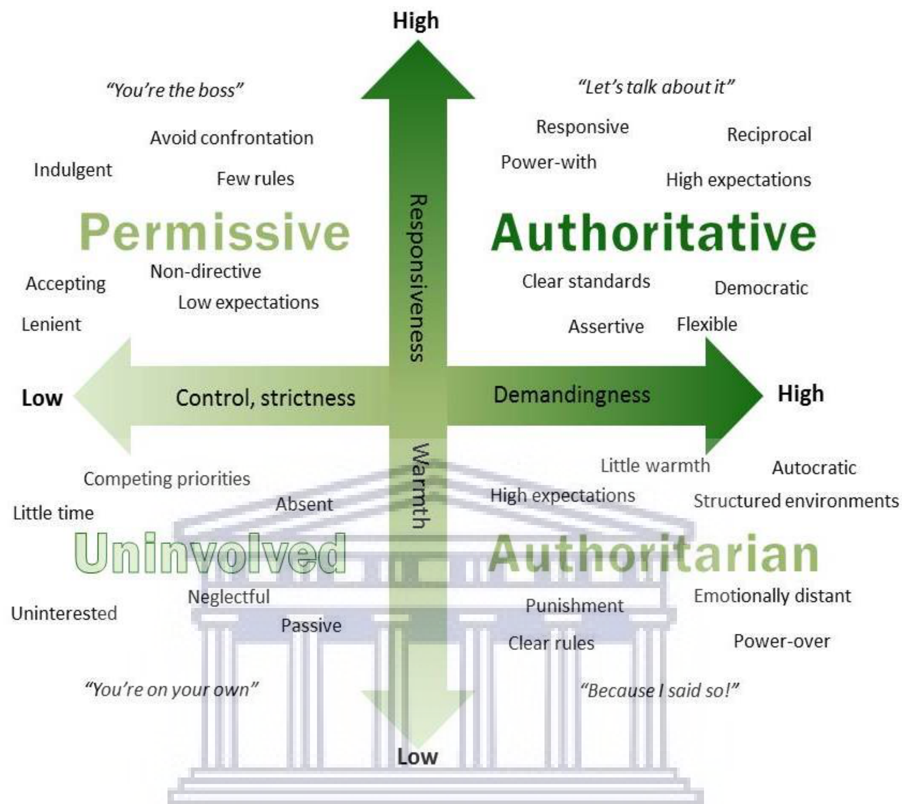

Figure 2.2. Dimensional description of parenting

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Parenting styles generally consider the emotional climate the child is provided with by the parent, (for example, an authoritative parent would use aspects of warmth and structure in the way he or she parented); whilst parenting practices are the parent's actual behaviours that are used in an attempt to achieve socialisation goals (for example, parental involvement in schooling, monitoring of a child's activities and different parental disciplinary strategies) (Darling & Steinberg, 1993). As parenting practices are often an outward expression of a parent's parenting style, the relationship between these two are often quite complex.

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2.5.1. Parenting Styles

The orientation of parenting towards the well-being and best interests of children is universal. However, there are variations across cultures with regards to the criteria and goals for well-being (Bray & Dawes, 2016). Fundamentally, this means that although parents generally have the child's best interests at heart, and generally strive for the well-being of their child; each parent may define their child's well-being differently, and this may be embedded in the various cultural contexts from which they find origin.

Baumrind (1967, 1971), a pioneer in the field of parenting research; classified parents into three distinct groups based on the styles they used when parenting. These categories or styles are authoritarian, permissive and authoritative styles of parenting.

When parents are *authoritarian* they have set standards and rules which their children have to obey. The authoritarian parent can be considered to have high limits and low love. This style of parenting is based on the assumption that the child must obey no matter what the situation; what the parent says is truth and law and cannot be questioned. The child's opinion is not asked nor accepted. The authoritarian parent is very restrictive in communicating with his/her child because the parent has a certain standard of obedience and behaviour to uphold and the child has to comply with this standard or face the consequences which are often forceful and punitive (Baumrind, 1971).

Although an authoritarian parent loves his/her child, the parent appears to be less nurturing towards his/her child and believes a child remains a child, even when an adult. Often, this results in a delay or stagnation of the child's development and a belief that growth as a person is dependent on harshness, sternness, strictness and sometimes cruelty rather than warmth and

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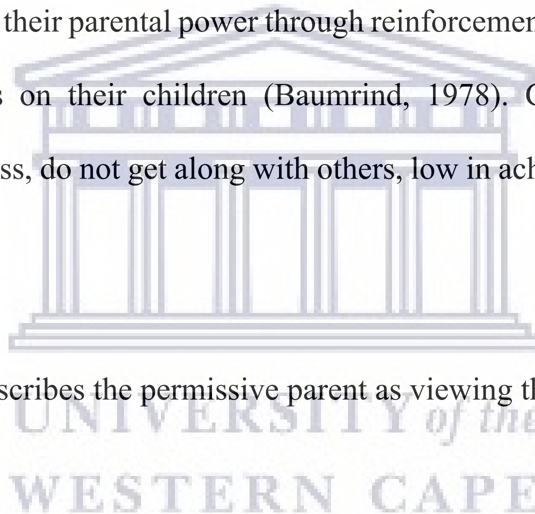
tenderness. Discipline is a major concern with the authoritarian parent because they 'value obedience as a virtue' (Baumrind, 1971, p. 255) and when obedience is not provided by their children or their children do not respond in an appropriate way, parents would retaliate in a punitive or forceful manner in order for the child to conform to what was expected. Very often, the use of physical punishment, as an external form of discipline or behavioural control, is utilised rather than encouragement of the internalisation of right or wrong behaviour. Therefore, there is no give or take in the parent-child relationship. The parent's word is final, and the child doesn't have an opportunity to respond. According to Baumrind (1978), individualism and autonomy of the child are discouraged by authoritarian parents. Essentially authoritarian parents apply their parental power through reinforcement contingencies and place uncompromising demands on their children (Baumrind, 1978). Children of authoritarian parents are unhappy, aimless, do not get along with others, low in achievement motivation and social assertion.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Baumrind (1978, p251) describes the permissive parent as viewing the child as being free:

> … the child has a natural tendency to self-actualisation – left to itself the child will learn all it needs to know and will turn to conventionally approved modes of behaviour when and if it wishes to do so…the immediate aim …is to free the child from restraint as much as is consistent with survival …

The permissive parent is accepting, assenting and has a benevolent and compassionate manner towards the child's impulses and actions. The parent becomes a resource rather than the socialisation agent to shape and change the child's continuous behaviour and therefore will not apply rules and structures when raising the child. While permissive parents encourage

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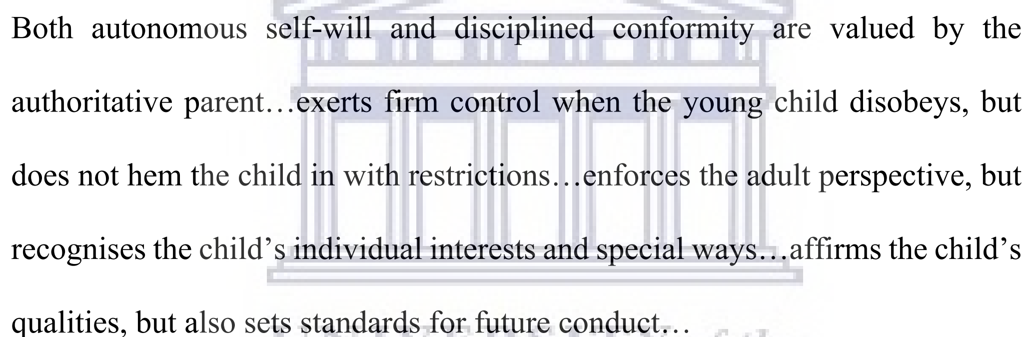
individualism and autonomy in the child, Baumrind (1978, p.255) considers permissive parents to be 'self-involved and offer freedom as a way of evading responsibility for the child's development,' although they are 'loving and protective'. The children of permissive parents lack impulse control, are self-centred and low in achievement orientation.

Authoritative parents have structures and rules in place when raising their children, but they also encourage their children to provide input in decision-making in the family and provide reasons for rules and structures. Authoritative parenting is warm, supportive, encouraging, accepting and responsive. Baumrind (1978, p.255) describes the authoritative parent as:



> Both autonomous self-will and disciplined conformity are valued by the authoritative parent…exerts firm control when the young child disobeys, but does not hem the child in with restrictions…enforces the adult perspective, but recognises the child's individual interests and special ways…affirms the child's qualities, but also sets standards for future conduct…

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The authoritative parent is rational and issue-orientated and encourages autonomy and individualism. The authoritative parent focuses on the child's behaviour rather than on the child's person. For example, when the child misbehaves, the authoritative parent focuses on the wrong-doing rather than on the child as a person, by saying 'rudeness will not be tolerated because it is disrespectful' rather than saying to the child 'you are rude.' Ultimately, the authoritative parent encourages social competence and helps to develop responsible adults. Children of authoritative parents were highly achievement motivated, energetic, socially outgoing, autonomous, friendly and socially receptive. In subsequent research, Baumrind (1991) conducted a longitudinal study within and across time periods at ages 4, 9 and 15 years.

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She found that authoritative parents who were highly demanding and highly responsive and successfully protected their adolescents from problem drug use and generating competence. Subsequently, authoritative parenting can be considered the ideal parenting style, and the way of relating that should be strived towards.

These styles of parenting were the beginning of understanding the effects of parenting on child outcomes. Baumrind (1991) further notes that there is a fourth classification which is a rejecting-neglecting parenting style, or also called the uninvolved parent. Rejecting-neglecting parents are disengaged and are neither demanding nor responsive to their children. In addition, these parents do not provide structure in the home nor do they monitor their children. They are not supportive but may be actively rejecting or else neglect their childrearing responsibilities altogether. Baumrind (1991) found the children of rejecting-neglecting parents to be the least competent.

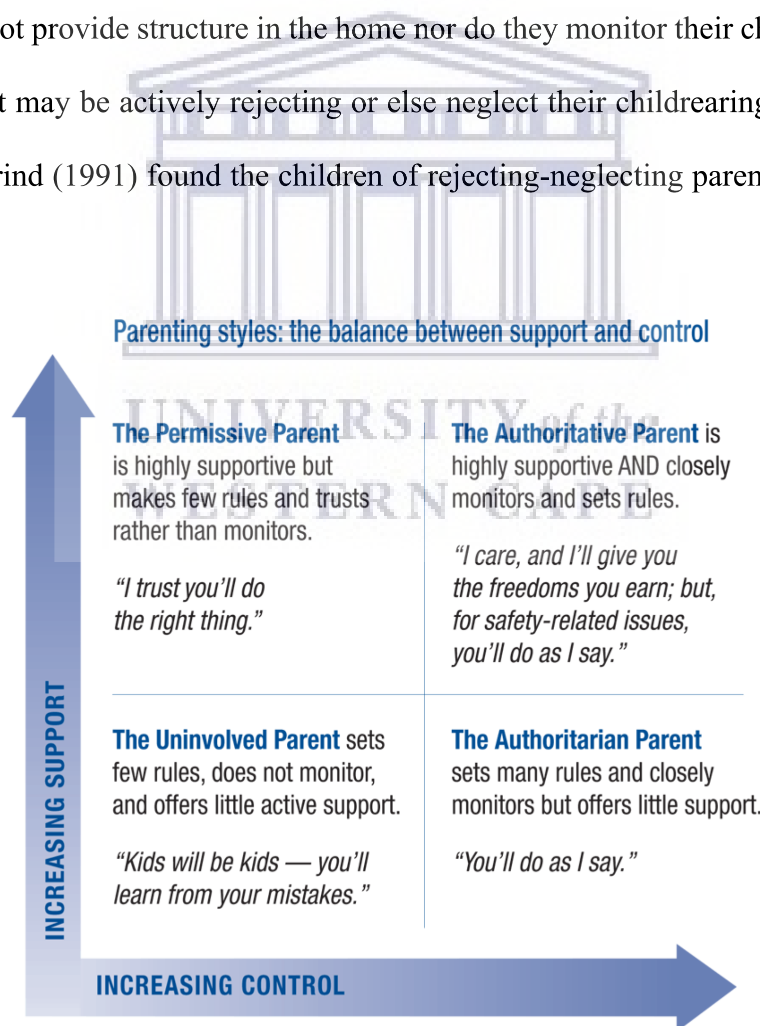

Figure 2.3. Baumrind's four parenting styles

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2.5.2. Parenting and behavioural outcomes

It is widely accepted that parents play a key role with regards to a child's psychological and behavioural well-being (Fletcher, Walls, Cook, Madison & Bridges, 2008). The behavior of parents has significant, enduring effects on a young individual's well-being, health and education (Shenderovich et al, 2019). Early parent-child relations contribute significantly in determining the development of different child behaviours (Barnett, Shanahan, Deng, Haskett & Cox, 2010). Although the literature in this field is extensive, there is a great deal of inconsistency in relation to which aspects of parenting behaviours and attitudes are at play when considering children's well-being. It is clear that the exact way parenting and a child's psychological and behavioural outcomes are linked, is indeed complex. An interplay between parenting styles and parenting practices seems to be involved (Fletcher et al, 2008).

Caron, Weiss, Harris and Catron (2006) found three dimensions of parenting that were related to internalising and externalising behaviours. These dimensions are warmth, behavioural control and psychological control, and are consistent with current findings in the literature. Both psychological and behavioural control seemed to be related to the development of internalising and externalising behaviours. It seems that when parents exert too much control on their children, the child may feel "smothered" and as a result develop internalising behaviours, or the child may feel angry and frustrated and may begin to act out (externalizing). Moore, Whaley and Sigman (2004) found that low levels of parental warmth were linked to children's anxiety symptoms.

Engle and McElwain (2011) emphasise that many early development problems are related to a child's ability or lack thereof to regulate and express their emotions. Linked to this is the way in which parents respond to the child's expressed emotions. Often, when parents respond in a

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negative manner, by punishing them, they learn to inhibit their emotions, while simultaneously becoming over-aroused. This over-arousal in turn then interferes with the child's ability to self-regulate their emotions, which often translates into in increased problem behaviour (Engle & McElwain, 2011).

Many researchers have documented the link between parenting and various components to children's behaviour (internalisation, externalization, temperament, etc). Through this, several themes have emerged regarding such links (Bayer, Sanson & Hemphill, 2006).

Several positive elements to parenting are identified that are associated with a child's emotional development. Warm-engaged practices and autonomy-encouraging practices are such examples that encourage nurturance and open communication and engagement between parent and child, and practices that help encourage a child to develop the ability to explore, reason and begin their own decision making (Bayer et al, 2006).

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Opposing this, several negative parenting practices are believed to contribute to the development of internalisation disorders (Bayer et al, 2006). Parents displaying low warmth are often considered to lack care and nurturance towards the child, often being less involved that what is needed; furthermore, this lack of warmth can also be perceived by the child as a form of rejection, leading the child to believe that he or she is inadequate. Punitive parenting also controls children in a manner that promotes yelling, hitting, screaming and places a demand for compliance. When parents are over involved or too protective, it often masks them from experiencing the challenges that occur naturally in life, and the ability to learn how to deal with these challenges and overcome them. Parents can be protective and over involved in many ways, some of which may be seen in rewarding of regressive behaviours, encouraging

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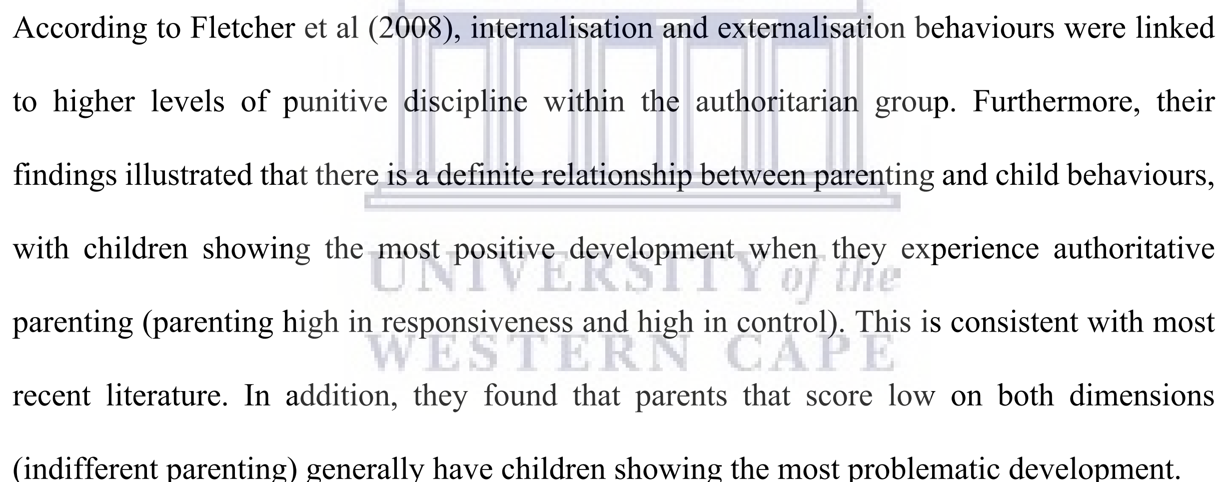
dependence and intrusion. These patterns of interaction often lead children to develop faulty perceptions about themselves and the world, or, children may learn that parents are not safe and containing and are not accessible in helping with their distress. As a result, these children learn that such primary relationships do not provide support and acceptance (Bayer et al, 2006). Coley, Kull and Carrion (2014) found that when parents spanked their children at age 4, these children had higher rates of internalisation and externalisation behaviours at age 9. This is consistent with other literature highlighting the deleterious effects of corporal punishment on children's behavioural outcomes. In addition, surveys from low- and middle-income countries report that 75% of children between the ages of two and 14 years experience harsh parenting in the home environment (UNICEF, 2010).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According to Fletcher et al (2008), internalisation and externalisation behaviours were linked to higher levels of punitive discipline within the authoritarian group. Furthermore, their findings illustrated that there is a definite relationship between parenting and child behaviours, with children showing the most positive development when they experience authoritative parenting (parenting high in responsiveness and high in control). This is consistent with most recent literature. In addition, they found that parents that score low on both dimensions (indifferent parenting) generally have children showing the most problematic development.

When considering this within the frame of attachment and emotional security, it becomes apparent that the experience of harsh parenting pushes the child to develop negative representations of the parent-child relationship, which are then applied to all other interpersonal relationships. This creates an outlook of insecurity and uncontainment, where higher levels of sadness and anxiety are experienced (Davies, Harold, Goeke-Morey & Cummings, 2002). Coley, Kull and Carrion (2014) state that this can easily become a vicious cycle, as these

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symptoms in children (sullenness, ignoring parental requests, fearfulness etc) may actually increase a parent's experience of frustration, thereby evoking even harsher disciplinary strategies from the parents.

Parents who tend to use minimising or punitive behaviours in managing their children's negative emotions tend to have children who exhibit higher levels of behavioural problems. Subsequently, parents' reactions to negative emotions in pre-school and school-aged children is associated with higher rates of internalising behaviours. For example, these children are more likely to be anxious and sad and to show internalising behaviours or develop anxiety disorders (Engle & McElwain, 2010). However, this line of thinking is not without contention; many researchers have failed to find any link between punitive parental reactions and internalising behaviours.

It is, however, critically important to note that parenting does not affect all children in the same manner or to the same degree.

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2.5.3. Negative Emotionality

High rates of negative emotionality are able to predict early childhood internalising and externalising behaviours. Negative emotionality can be regarded as a difficult temperament, where children are fussy, difficult to contain or soothe, and respond to boundaries and guidelines with intense negativity. Negative emotionality is considered to involve two aspects; fearfulness and anger and frustration. Those children that are often fearful of novel situations and show marked distress in these circumstances are likely to express behavioural inhibition and develop internalising problems throughout childhood. Negative emotionality in isolation may not be associated with these problematic behaviours, however, once coupled with poor

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parenting practices, negative emotionality is likely to lead to emotional and behavioural problems (Edwards & Hans, 2015). Therefore, when negative emotionality combines with any of the above-mentioned risk factors (maternal depression and anxiety / family conflict / low socio-economic status), the greatest risk exists for the development of problematic behaviour.

2.5.4. Parenting and internalisation

When structured, predictable, contained home environments are created for children, with high levels of warmth and control, more positive outcomes seen. Through this, children are better equipped to regulate their own behaviour, which makes them more focused, goal-directed and more disciplined. This then translates into fewer internalising and externalising problems, and better academic performances (Bynum & Brody, 2005).

Certain parenting behaviours tend to promote children's well-being and problem-solving abilities, whilst others tend to encourage maladaptive emotion-focused coping patterns. Kovacs (1985) stated that clinically depressed youth, as children, have had disruptions in their relationships with their parents. Parents often withhold emotional support and affectionate expressions as a result of a depressed child being unable or unwilling to verbalise their difficulties. This becomes a complex cycle of interaction, because if parents reject their children, this perpetuates the child's feelings of rejection.

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When children experience psychological distress, parents are the active seekers of treatment. There are quite differing approaches to the treatment and management of a child that is experiencing psychological difficulties. On the one hand, treatment focuses solely on the child, with multi-disciplinary intervention occurring in the form of psychotherapy, pharmacological intervention, and the potential for social work intervention, occupational therapy and the like.

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On the other hand, some arguments are made regarding treatment in isolation. When a child with difficulties is treated individually, he / she simply returns to the same environment that is possible perpetuating the difficulties the child is experiencing. As such, the impact of the treatments may be compromised. Therefore, some mental health care practitioners argue for a more systemic intervention, one where parents / caregivers are actively involved in the treatment. In the last few years, there has been a substantial increase in the number of parenting programmes being offered to parents, both as a form of intervention/treatment as well as for preventative measures.

2.5.5. Parental Self-efficacy

2.5.5.1. Self-efficacy

In order to understand parental self-efficacy, the concept of self-efficacy needs to first be explored and understood. Bandura (1987, 1989, 2007) defines self-efficacy as being "derived from assumptions about the agent's ability to anticipate and control personal actions and thereby act intentionally." Bandura believes people are motivated to attempt behaviour that they feel confident in performing. Those with high self-efficacy who believe they can perform well are more likely to view difficult tasks as something to be mastered rather than to be avoided. People with a strong sense of self-efficacy view problems as challenges to be overcome and they generally recover quickly from setbacks, while people with a lower sense of self-efficacy avoid difficult tasks as they believe it may be beyond their capabilities.

2.5.5.2. Parental Self-Efficacy

Parental self-efficacy can be seen as "an expression of the extent to which parents have developed increasing self-belief in their ability to carry out different parenting tasks and responsibilities" (Whittaker & Cowley, 2006 p 297). Bloomfield and Kendall (2012, p 365)

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describe parental self-efficacy as “an individual’s appraisal of his or her competence in the parenting role”. A parent’s perception of their parental self-efficacy in specific tasks will predict anticipated parenting behaviours (Whittaker & Cowley, 2006; Wittkowski, Dowling & Smith, 2016). This becomes problematic when intentions and behaviours no longer match, as a result of inadequate knowledge or understanding (Whittaker & Cowley, 2006).Various researchers (Teti & Gelfand, 1991; Gross & Tucker, 1994; Coleman & Karraker, 2003; Jones & Prinz, 2005) have identified parenting self-efficacy as a key determinant of parenting behaviours, being closely linked to psychosocial child adjustment and child development outcomes. Greater parental self-efficacy has been associated with the parent’s evaluation of a situation as less problematic and feeling more confident that the issue will be resolved (Bloomfield & Kendall, 2012). The process of developing one’s self-efficacy can be achieved through group work and sharing experiences with similar individuals (Bloomfield & Kendall, 2007). Wittkowski, Dowling and Smith (2016) emphasise the strong link between parental self-efficacy and parenting competence. Some evidence shows that higher parental self-efficacy levels are related to more effective parenting as well as more favourable child outcomes.

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Parental self-efficacy can impact various factors within the parent-child relationship, such as the quality of care provided to the child, the warmth and responsiveness from parent to child, and the quality of mother-child interactions (Sanders & Wooley, 2005). These characteristics form the foundation from which childhood and adolescent development follows a specific trajectory. High levels of parental self-efficacy are associated with higher child self-esteem, higher academic performances, better social skills and lower levels of anxiety and depression. Low levels of parental self-efficacy, particularly maternal self-efficacy, are more likely to have children who experience emotional, behavioural and developmental difficulties (Sanders & Wooley, 2005). Furthermore, high maternal self-efficacy has been associated with increased

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responsiveness and sensitivity towards the child, as well as increased maternal warmth. These qualities have further been found to reduce aggression in children.

Bandura (1977), further hypothesised that in the midst of challenges and adverse circumstances, an individual's expectations of their personal self-efficacy will influence 3 aspects; initiation of coping behaviour, expended effort, and duration that this effort will be expended for in the face of problems and adversity. For example, a parent with high levels of self-efficacy, in the midst of parenting challenges and adversity, is more likely to initiate a coping behaviour that they feel would best suit the situation and bring about a positive outcome. This parent would then also be willing to exert and deploy a large amount of their effort and resources because their perception of their ability to be able to cope as a parent with whatever adverse circumstances they are facing is high. They are also more likely to continue this problem-solving behaviour for an extended period of time because they believe that eventually it will yield a positive outcome (Bandura, 1997).

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Warren et. al., (2011), have found that parental self-efficacy comprises the following attributes: personal beliefs, personal capabilities and power as well as the ability to structure and perform actions that will have a positive result. These attributes are situation specific. For example, a parent might feel that they have a low sense of power and capability when it comes to teaching their children to deal with conflict, because of this they will then struggle to organise, initiate and structure a course of parenting activities and outcomes that will yield a positive result where conflict resolution is concerned. This parent might feel this way because they themselves feel incompetent and lacking in their ability to successfully resolve conflict. Literature shows that mothers tends to peak in their levels of self-efficacy earlier than fathers and that in general maternal parental self-efficacy tend to improve over time; this is also positively linked to

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parenting competence and reductions in levels of depression (Froman & Owen, 1990; Moran, Dykes, Burt & Shuck 2006; Reece, 1992; Troutman, 1986; Wilkins, 2006).

High self-efficacy was shown to be related to increased quality of mother-toddler interactions, sensitivity, warmth and responsiveness. These positive parental outputs have been seen to be a protector against children developing adolescent behaviour problems, as well as promoting higher self-esteem, better school performances and social competencies and lower levels of depression and anxiety (Holmbeck, Paikoff & Brooks-Gunn, 1995; Lamborn, Mounts, Steinberg, 1991; Murdock, 2013; Pettit & Bates, 1989; Stifter & Bono, 1998; Teti & Gelfrand, 1991; Tucker, Gross, Fogg, Delaney, & Lapporte, 1998; Warren et al., 2011).

Sevingy & Loutzenhiser (2009) conducted a study relating to parental self-efficacy for both mothers and fathers of children between the ages of 18-36 months. Results indicated that for fathers, two of the primary predicting factors of parental self-efficacy were parenting stress and relational functioning. For mothers, general self-efficacy and relational functioning were predictors of parental self-efficacy. Therefore, mothers with high levels of general self-efficacy and healthy overall relational functioning were more likely to have high levels of parental self-efficacy. In a study conducted by Coleman & Karraker (2000), the parental self-efficacy of 145 mothers of school-aged children was examined. It was found that mothers who were less emotional and had more sociable children had high levels of parental self-efficacy. The study also found that mothers who had high levels of parental satisfaction were also more likely to have higher levels of parental self-efficacy.

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2.5.5.3. Parental self-efficacy and parent training

Parental self-efficacy is not a fixed personality trait, and emerges as something that is dynamic, and can be changed (Bloomfield & Kendall, 2012). Wittkowski et al (2016) state that parental self-efficacy can be changed through task and situational demands, as well as unique, individual factors. Teti and Gelfand (1991), state that parenting self-efficacy can be closely linked to childhood development outcomes and psychosocial adjustment.

Sanders and Wooley (2005), found that parent training can increase parental self-efficacy by improving parent's daily activities and their relationships with their children. Furthermore, this training has been associated with improvement in children's behavior, a decrease in parental stress and depression, a decrease in the need for cohesive disciplinary methods and an overall increase in parental self-efficacy.

Wittkowski, Dowling and Smith (2016) believe that self-efficacy is key to behaviour, and as a result, parental self-efficacy should therefore be a consideration in all interventions aimed at influencing parental behaviour. Similarly, Coley, Kull and Carrano (2014), based on their findings, believe that developmental professionals should be engaging parents to encourage more positive parental responses, similar to those addressed through parenting programmes.

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2.5.5.4. Parental self-efficacy in SA

Although research on parental self-efficacy is limited, particularly in the South Africa context; Harty, Alant and Uys (2006) conducted a study assessing maternal self-efficacy beliefs within various parenting domains, with parents of children who have a communication disability. The study found that levels of self-efficacy in discipline and teaching roles were the lowest,

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indicating that these mothers perceived their behaviours around discipline and teaching as areas that could be improved.

2.5.6. Parenting Programmes

Parenting programmes have been given recognition as an effective way to enhance outcomes for children (Dekovic et al, 2012). Grusec (2011) states that child problem behaviour is both longitudinally and concurrently related to parenting. Research conducted by Gardner et al (2010) has concluded that a fundamental aspect of addressing child problem behaviour is through improvements in positive parenting rather than a reduction of negative parenting. Through self-reflection, education and guidance, parents are able to change the nature of their attachments to their children, which, as research indicates, will reduce the child's risk for pathology (Bloomfield & Kendall 2012). Parenting interventions have been shown to improve parent-child relationships, promoting positive parenting practices as well as reducing harsh parenting (Barlow & Coren, 2018).

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Parenting behaviour is a key factor that should be targeted in order to optimise child development (Wittkowsi, Dowling & Smith, 2016). Furthermore, group-based interventions for parents are considered efficient and cost-effective methods of early intervention; and have been found to improve child adjustment and behaviour.

Shenderovich et al (2019) emphasise that treatment outcomes for parenting programs could be influenced by participant attendance and engagement, and facilitator fidelity. Their study confirmed that implementation at a high quality can be achieved in a low-resource context.

With the global movement towards the implementation of parenting programmes, there have been some mixed results when considering the transportation of parenting interventions across

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countries and cultures, with several studies finding successful transportation (Gardner, Burotn & Klimes, 2006; Hutchings et al., 2007; Leung, Sanders, Leung, Mak, & Lau, 2003; Larsson et al., 2009; Scott et al., 2010), and others showing disappointing results (Gottfredson et al, 2006; Kumpfer, Alvarado, Smith and Bellany, 2002).

2.5.7. Attachment based parenting programs

Over the past several years, the number of attachment-based parenting programs has been increasing substantially (van Ijzendoorn, Juffer & Duyvesteyn, 1995). The development of these programs has further aided in the prevention of early insecure and disorganised attachments between parent-child relations (Cassidy et al., 2017). Studies on attachment theory further suggests that reducing child behavioural and emotional problems are interlinked with lower parenting stress which in turn contributes to positive parent-child attachment and developmental stage (Huber, McMahon & Sweller, 2016). Moretti and Obsuth (2009) further stipulate that attachment-based programs may promote change in how parents experience and perceive their relationship with their child as well as understanding their roles as parents. Largely, the goal of these specific attachment-based programs is to enhance and secure caregivers' sensitivity to their parent-child attachment relationship (Hoffman et al., 2006). For the purpose of this study, COS-P is the attachment-based parenting programme used.

2.5.7.1. Circle of Security Parenting Programme (COS-P)

The COS-P intervention is a brief, behavioural and insight-orientated therapeutic group approach aimed at enhancing attachment and autonomy in the parent-child relationship (Ramsauer et al, 2014) This programme was conceptualised as a 'psychodynamically oriented, psychotherapeutic and community-based parenting program' (Ramsauer et al, 2014). Key elements of the programme involve emotional regulation, reflective functioning, shared states

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of consciousness, affect and perspectives, and interactive synchrony (Blome, Bennett and Page, 2010; Marvin, Cooper, Hoffman and Powell, 2002). The aim of developing this programme was easy implementation, in order to make attachment interventions more accessible to families (Kim, Woodhouse, Dai, 2018). Programs such as the COS-P begin to make parents aware of the way in which they parent, and how they were parented may contribute to this. Encouraging the parent to take a relational perspective on the child's challenging behaviours is one of the primary goals of the program. It then also equips the parent with the fundamental principles of attachment theory in order to understand this behavior (Mcmahon, Huber, Kohlhoff & Camberis, 2017). It also gives them greater understanding into the dynamics of the attachment relationship with their child, and how this can be enhanced. It shows parents practical ways in which elements like security and exploration unfold in the child's world (Marvin, Cooper, Hoffman & Powell, 2002). The COS-P looks more complexly at the nature of a parent's own relationships, as well as the relationship with their child, while equipping the parent with skills and guidelines for more effective parenting (Ramsauer et al, 2014). During the early stages of development of the programme and research studies, Hoffman, Marvin, Cooper and Powell (2006) demonstrated that children were able to move from disorganised and insecure attachment categories to either secure or organised categories of attachment.

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Implementation of a parenting programme addresses both behaviour in children, as well as perceptions of self as a parent. Mayseless (2006) and Scher and Mayseless (2000) further suggest that changes in parenting behaviour influence upon child behaviour and lead to positive parent-child attachments. Therefore, parents' experiences and perceptions are thus a fundamental aspect to explore. Specifically, there are three broad/core goals of the Circle of Security Programme namely: 1) 'to increase [parent's] sensitivity and appropriate responsiveness to the child's signals, 2) to increase [parents'] ability to reflect on their own and

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the child's behaviour, thoughts and feelings regarding their attachment-caregiving interactions and 3) to reflect on experiences in [parent's] own histories that affect their current caregiving patterns' (Marvin et al, 2002. p 107). The COS-P is however a recently developed program, and there has not been any substantial research done locally or internationally (Mejia, Calam & Sanders, 2012). Table 2.1. represents a summary of the chapters covered each week together with the outcome aimed to be achieved, while figure 6 depicts a visual representation of the fundamentals of attachment theory, and a description of the circle as explained to parents. Figure 6 shows a circle held between two hands, one hand supporting the top half of the circle, showing the secure base of support children need for play and learning. The needs on this half of the circle are around exploration, and include the parent 'watching over me,' 'delight in me,' 'help me,' and 'enjoy with me.' The hand supporting the bottom half of the circle represents the safe haven children need when they have had enough of exploring. Their underlying needs in relation to attachment are shown in the bottom half of the circle, including 'protect me,' 'comfort me,' 'delight in me,' and 'organise my feelings.'

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Table 2.1.Summary of weekly COS-P presentations

Summary of weekly COS-P presentations		
Chapter / Content	**Week**	**Goal (linked to all chapters and are across the program)**
Chapter 1: Welcome to the Circle of Security Parenting	Week One	Increase security of attachment of the child to the parent
Chapter 2: Exploring our children's needs all the way around the circle	Week Two	Increase parent's ability to read the child's cues
Chapter 3: 'Being With' on the circle	Week Three	Increase empathy in the parent for the child
Chapter 4: 'Being With' with infants on the circle	Week Four	Decrease negative attributions of the parent regarding the child's motivations
Chapter 5: The path to security	Week Five	Increase parent's capacity to self-reflect
Chapter 6: Exploring our struggles	Week Six	Increase parent's capacity to pause, reflect, and chose security-promoting caregiving behaviours
Chapter 7: Rupture and repair in the relationship	Week Seven	Increased parent's capacity to regulate stressful emotional states, and provide comfort when child is in distress
Chapter 8: Summary and conclusion	Week Eight	Increase parent's ability to recognise ruptures in the relationship and facilitate repairs

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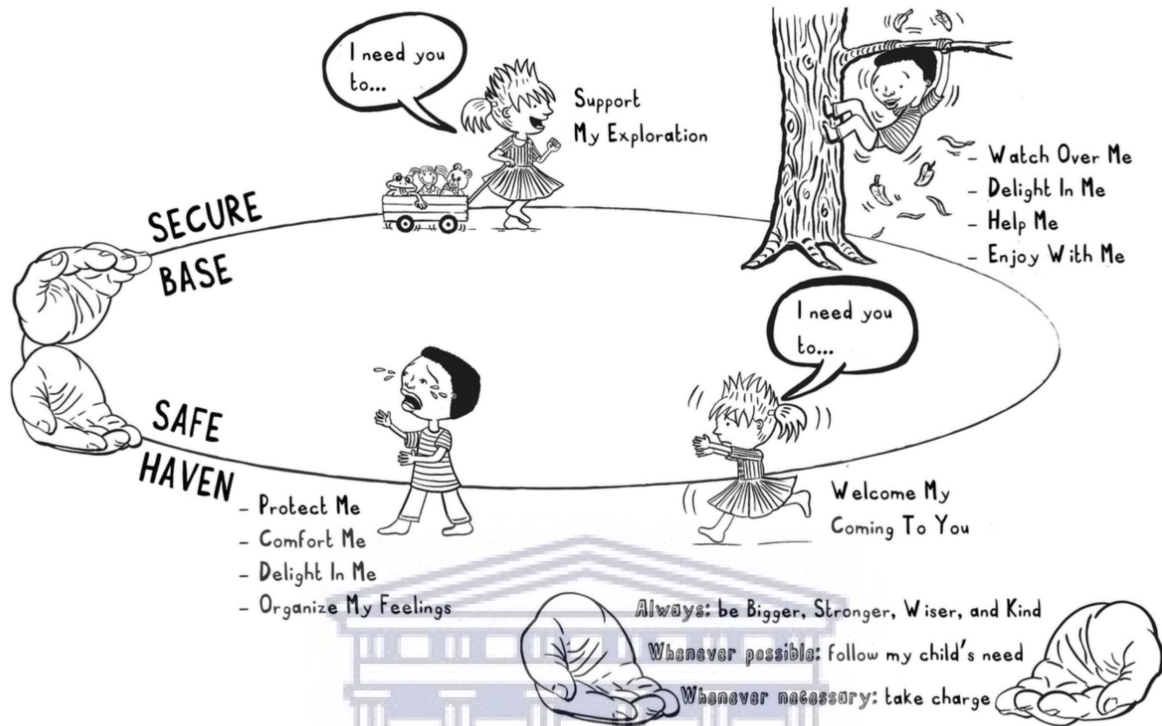

Figure 2.4. Depiction of the 'circle'

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Figure 2.4 represents the 'circle' the child moves through. Figures 2.5 and 2.6 are a visual representation of the concept of 'miscueing.' Parents often struggle with one element of the circle, either the top half of exploration, or the bottom half of being a safe haven. When parents display their discomfort, children anticipate this emotional response, and themselves respond in a way that is incongruent to their needs, leading to a miscue.

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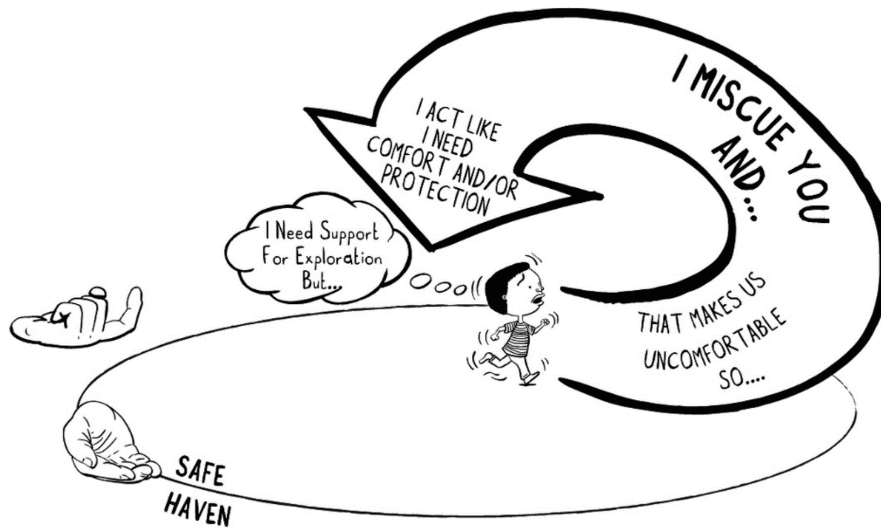

Circle of Limited Security®

Child Miscuing: Responding To Parent's Needs

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Figure 2.5. Miscue on top half of the circle

Circle of Limited Security II

Child Responding To Parent's Needs

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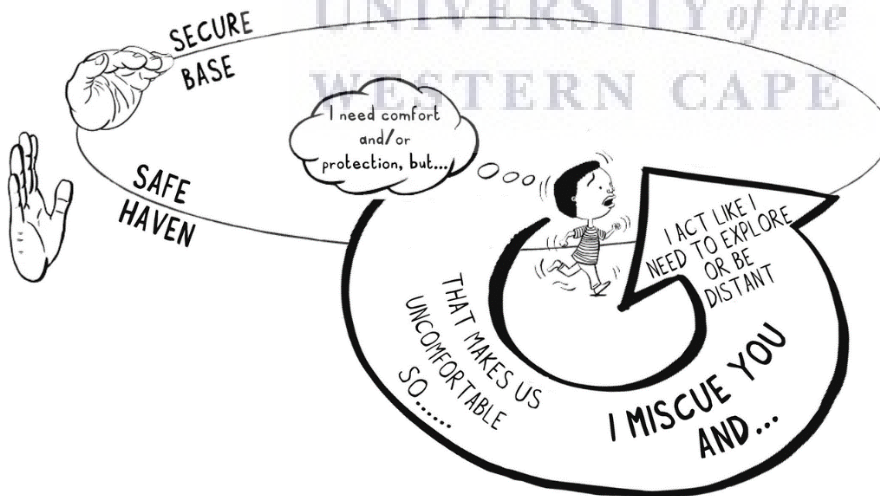

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Figure 2.6. Miscue on the bottom half of the circle

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Huber and colleagues (2016) however argued that reductions in child behaviour problems can however contribute to reductions in parenting stress. For example, a study conducted in Australia by Huber and colleagues (2016) aimed to investigate whether parents of children with behavioural and emotional difficulties showed improvement in emotional functioning after participating in the Circle of Security program. Huber and colleagues (2016) found that the programme which targeted the parent-child relationship was effective in reducing parenting stress and in turn reduced child behaviour problems. Although Huber and colleagues stipulated that the programme does not target parenting stress generally, their findings however suggest that a decrease in parenting stress has resulted in parents developing better perceptions of their child as well as of the self as a parent, which ultimately is what the programme targeted.

In addition, Huber and colleagues (2016, p. 2536) claimed that 'parents who are supported to think and feel more positively about the child and feel more capable in their role as parents, experience more pleasure in the parent-child relationships as well as having an increase in psychological well-being.' Similarly, these findings that reported reductions in parent psychological symptoms after participation in the COS-P intervention are in line to findings of Cohen et al (1988) who studied the effectiveness of the 'Watch, Wait and Wonder program' by testing the effectiveness of a new approach to Mother-infant psychotherapy. Additionally, Lieberman et al. (2006) who aimed to investigate the improvement in child and maternal symptoms after termination of child-parent psychotherapy (CPP) and Weihraunch et al. (2014) who studied the efficacy of an attachment-based parental training programme for single mothers and their children. However, these findings contrast to findings of Sadler et al (2013) and Toth et al (2006, 2008) who did not find any change in parent psychological symptoms after the COS-P intervention took place.

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Andrews (2019) conducted a case study on an individual with externalizing behaviour, using the Circle of Security Intervention, and found that a more organised relationship resulted, showing movement towards security. In addition, the child's mother felt more confident in her capabilities as a parent.

2.5.7.2. Parenting Programs in South Africa

Castro et al (2004) argue the importance of culturally relevant parenting programs in ensuring effectiveness and acceptability. However, few studies have been conducted in the South African context relating to the applicability, accessibility and efficacy of parenting programs. Whether programs are not being run at all, or they are simply not being researched, documented and disseminated, is unclear.

Evidence suggests that parenting programs have good success rates in high income countries as effective preventative strategies, however these parenting programs strategies in lower income countries such as South Africa are limited (Mejia et al, 2012). Most evidence-based parenting programs have been developed and tested with middle class, Caucasian families living in high income countries (Lae, 2006). Kumpfer et al (2002) highlight the differing social and cultural circumstances in the living contexts of people from high income countries and those from low- middle-income countries, and that the latter are mostly those involved in the parenting programmes. More specifically, enforcing parenting programs can be costly and may span over lengthy durations. Programmes may have significant programme costs, licensing fees, training requirements, and the need for highly skilled professionals; all of which may contribute to the limited running of such programs in low-middle-income countries (Mikton, 2012a, b). This may also impact on lower-income communities who may not have the financial

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resources to participate in parenting programmes that can assist them to promote parent-child attachments.

Lachman, Kelly, Luber, Ward, Hutchings and Gardner (2015) evaluated a parenting programme conducted in South Africa. Although the programme was behavioural in nature, and based on social learning theory, the authors called for further research to be conducted on the effectiveness and feasibility of parenting programs in low- and middle-income countries, as the current evidence is limited. This research was expanded on to develop a parenting programme for disadvantaged families with young children in South Africa (Lachman, Kelly, Cluver, Ward, Hutchings & Gardner, 2018). By incorporating a formative evaluation, practitioners were able to culturally adapt the programme based on distinctive contextual factors, that would hopefully lead to greater participant involvement and engagement, as well as increase the overall effectiveness of the program.

In 2009 the GM South Africa Foundation initiated a programme known as the 'Parental Skills Programme' which focused on 'positive parenting'. Positive parenting is further referred to as the warmth and consistency of parents who have good relationships with their children using non-violent forms of discipline and utilise appropriate supervision towards their children throughout their developmental stage (Gould & Ward, 2015). Wessels and Ward (2011) explored the acceptability of the 'Triple P' (Positive Parenting Program) among women living in shelters in South Africa. This specific programme focuses on a multi-level parenting and family support strategy which have been developed in Australia as a low-cost alternative to more costly programs.

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The results of a study conducted in South Africa by Koen, van Eeden and Rothmann (2013) encourage mental health practitioners to consider the multi-dimensional, two factor model of family psychosocial well-being when developing and implementing programmes that enhance family strengths and competencies. This model encourages incorporating both family functioning (relational patterns) and family feelings (linked to attachment).

Lachman, Sherr, Cluver, Ward, Hutchings and Gardner (2016) integrated evidence and context to develop a parenting programme for low-income families in South Africa. Their findings highlighted the importance of ensuring that local parenting programs are in line within existing South African cultural systems. The findings suggest that parenting programs may be more effective if factors that may limit positive relationship building are constrained. Essential elements that should be noted within the implementation of parenting programmes include cultural context. For example, lower-income local communities in South Africa greatly contrast to those of higher-income communities, such as child safety outside the home, which may be a significant factor to those living in violent communities. Lachman and colleagues (2016) further suggest that including additional helpful components that may assist in stress reductions, specifically for parents who experience poverty, illness, and violence. However, although there is a great need for parenting programmes in South Africa, there is a lack of data on the range of existing programmes in the country and services these programmes provide. Broadly, there is limited research available on parenting programmes within low- and middle-income countries (Wessels, 2012). Contrastingly larger literature is found regarding parenting programmes such as COS-P in high-income countries, such as Australia, the United States of America (USA) and the United Kingdom (Wessels, 2012). Evidence has shown that these programmes significantly enhance the attachments between parent and child as well as improving the level of stress experienced by the parent and ultimately impacting the child's

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development too. However, a meta-analysis conducted by Gardner, Montgomery and Kerr (2015) has indicated that when evidence-based parenting programmes are transported to new countries, they may be as useful as when applied in the country of development.

Cooper, Landman, Tominson, Molteno, Swartz & Murray (2002) argue that infants living in poor communities in the developing world are more vulnerable as they are exposed to parenting which is subjected to both marked socio-economic hardship and high rates of depression. Therefore, they argue that it is essential to invest in parenting programs as South Africa has high rates of violence and child maltreatment. Engles and colleagues state that "effective investments in early child development have the potential to reduce inequalities perpetuated by poverty, poor nutrition, and restricted learning opportunities" (p. 1339).

2.5.8. Parenting in the South African Context

Within South Africa, many children are raised in circumstances that have the potential to adversely affect their emotional and physical development, reduce their ability to succeed in school, and also increase the likelihood that they will develop psychopathology in later life (Goldberg, 2013; Tomlinson, Cooper & Murray, 2005). The occurrence of hardship and instability has been significantly associated with high rates of child psychological disturbance (Cooper et al., 2009). This is of particular concern in a country like South Africa where families are struggling because of political, social and economic conditions that undermine their ability to provide appropriate support for their children (Cooper et al., 2009; Evans, Matola & Nyeko, 2008; Goldberg, 2013).

Within the South African context, many families are located in communities in which conditions of poverty and instability place increased pressures on caregivers (Tomlinson,

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Cooper & Murray, 2005). Poverty has been identified as one of the most significant factors impacting the ability of caregivers to look after their children (Aspoas & Amod, 2014; Evans, Matola & Nyeko, 2008; Goldberg, 2013). When caregivers are under stress from too many responsibilities and insufficient resources, they may be unable to respond appropriately to their children (Evans, Matola & Nyeko, 2008). Caregivers located within low income, high violence communities are confronted with additional challenges that make their parenting roles more challenging, thus hampering the child-caregiver attachment relationship that needs to be developed. Communities characterised by high levels of unemployment, crime, violence and drug and alcohol abuse constitute additional risk factors that can negatively impact and further constrain what parents are able to do/provide in terms of attachment patterns, and thus make the roles of parenting and the development of secure attachment relationships more precarious.

Perhaps one of the most significant influences on family composition, structure and functioning within the South African context has been the effect of HIV/AIDS. The HIV/AIDS epidemic has shaped, and continues to shape, family life in South Africa and has far reaching effects on family structure. Due to the impact of HIV/AIDS on the parenting generation there now exists a need in many South African communities for others to take on childrearing responsibilities. Most significantly, the country has seen a rise in child- and grand-parent headed households as children are orphaned. When parents are sick or have died, older children struggle to fulfil the parenting roles, and as a result, many children have been denied their right to grow up with their parents and to experience parental love and guidance (Evans, Matola & Nyeko, 2008). In addition to this, grandmothers are increasingly becoming primary caregivers (Cluver & Gardner, 2007).

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The range of challenges facing parents in South Africa, such as poverty, HIV and lack of financial resources further impacts a parent's ability to provide their children nutrition, health care and education. This has further implications towards parents' access to the necessary resources which can aid in enhancing their parenting skills and strengths or assist with treatment intervention when necessary. Furthermore, parents living in poverty are more likely to subjected to depression and influence on their response to their children's behaviour (Wessels, Lester & Ward, 2016). Mothers in these situations may be less affectionate to their children who may seek to develop closer parent-child attachment and thus partake in risky behaviours such as substance abuse and crime activities. Parenting programmes therefore become essential to put in place as a means to support and encourage parents within the South African context (Wessels, Lester & Ward, 2016).

In addition to the socio-economic challenges that face many South African households, a number of circumstances are also prevalent which affect the specific structure and situation of families and family life. According to Statistics South Africa (2008), over the past decade there has seen a marked increase in divorce rates within the different racial groups of South Africa. These results imply that more children are being raised in a single parent family, usually by a single mother. In addition to this, high levels of non-marital fertility mean that many children grow up never residing with their father (Evans, Matola & Nyeko, 2008; Goldberg, 2013). Studies have found that single mothers are at a greater socioeconomic disadvantage resulting from low earning capacity, lack of child support, and insufficient/inadequate public benefits (Roman, 2011). These circumstances create an environment that is less conducive to the development of secure infant-caregiver attachment relationships. The quality of child care or parenting is frequently compromised due to the length of time spent working in order to support

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children in single mother families (Crockenberg, 1988; Grolnick, Benjet, Kurowski, & Apostoleris, 1997).

When considering the South African context, many of the communities experience significant struggles, and are faced with several contextual challenges. A study conducted by Ruane (2006), calls for greater access and utilisation of community psychology practices within the community. Ruane (2006) expands by highlighting the post-apartheid legacy that remains significant in the field of community psychology; which is exacerbated by issues of poverty, poor quality of education, unemployment, poor housing and power imbalances. As a result, prevention becomes critical against this contextual backdrop within South Africa, where psychologists need to focus their interventions towards liberation. The role of the psychologist in communities therefore is to test existing psychological theories within diverse cultures and contexts to determine their applicability to other cultures (Ruane, 2006). Similarly, parenting programs should be used as a way of liberating individuals with knowledge on the significance of the parent-child relationship and applying these programs within the South African context. Lazarus, Taliep, Bulbul, Philiips and Seedat (2012 p.509) share similar views by also emphasizing the importance of 'understanding and respecting the historical dynamics of the community…fostering engagement through optimal participation and community ownership throughout the process.'

As has been made evident above, one of the most important factors in a child's healthy development is the need to have at least one strong relationship (attachment) with a caring adult (Evans, Matola & Nyeko, 2008). Given the multiple disruptions to family life, there is a need to be concerned about the kind of parenting that young children receive, regardless of who has the parenting role. The importance of understanding how the infant-caregiver relationship is

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impacted under these particular conditions of adversity is essential if mental health care practitioners are to begin working with parents and families to maximise child outcomes.

Parents/caregivers from low income, high violence communities represent a vulnerable group in South Africa, and the factors mentioned above place the child-caregiver dyad in a precarious position. As a result, it is becoming increasingly important to understand the development of children growing up in conditions where the nature of parenting is taking place under conditions of pervasive adversity.

2.5.9. Conclusion

This chapter has provided an overview of the theoretical framework in which this study is embedded. A description of object relations theory was provided, and the expansion of object relations theory into attachment theory was discussed. Primary aspects of attachment theory were highlighted, and concepts useful to this study were defined. Thereafter, current literature was reviewed regarding the developing child. Current policy, on both a national and international level was discussed in the context of early childhood development. Thereafter, deviations in development in the form of pathology, and internalising pathology in particular was discussed. Finally, the concept of parenting was explored, discussing various aspects relating to parenting, as well as considering parenting programs (including the Circle of Security Parenting program) and parental self-efficacy. Finally, the elements in this literature review were considered in light of the South African context. In the next chapter, the methodology of the study will be discussed.

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Chapter 3 :Methodology

3.1. Introduction

The aim of this study was to determine the effect of the Circle of Security Parenting Programme on aspects of parental self-efficacy and internalisation behaviours in children, as described by both teachers and parents of a child. This was embedded within an object relations framework, as discussed in the previous chapter (Chapter 2). This study employed a mixed methodology with a concurrent design, using both quantitative statistics and qualitative thematic analysis. This focus of this chapter is on an explanation of the methodology employed in the execution of this study.

The methodological framework of this study had a mixed methods design and influenced the proceedings of the research (Creswell & Plano Clark, 2006). This design was used in which qualitative data are embedded within a major experimental intervention. The quantitative data was used to predict whether the Circle of Security Parenting programme (COS-P) influenced the levels of parental self-efficacy as well as internalising behaviours in their children. The qualitative data was embedded in this larger quasi-experimental pre-test post-test design, after the intervention, for the purpose of exploring accessibility and impact of the parenting program. This chapter will discuss the methodology of the study. Firstly, focusing on the design, and looking at sampling procedures and participants. Following that, data collection and data analysis methods will be discussed. Psychometric properties of the quantitative assessment measures will be considered, and detailed descriptions of the qualitative focus group assessment will be given. The chapter will aim to take the reader through a step by step journey of the process of the methodology, and how data was captured, collected and analysed.

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3.2. Mixed Methodology

Both qualitative and quantitative methods were used in order to provide a greater understanding of the problem. This would not have been achieved if a single method had been used (Tashakkori & Teddlie, 2010; Creswell and Plano Clark, 2007; Elliot, 2005). Mixed methods research is not an alternative to using a mono-method such as either using purely a quantitative or qualitative design. Neither is the choice of using a mixed methods design always superior. According to Johnson and Onwuegbuzie (2004), mixed methods research should be seen as being the mid-point between qualitative and quantitative research - the point of blending and integrating. The decision to use a specific research strategy should be founded on the basis of the research questions and the methods which would be utilised to answer the questions.

Johnson, Onwuegbuzie and Turner (2007, p. 123) define mixed methods as a type of research in which a researcher or team of researchers combine elements of qualitative and quantitative research approaches (e.g. use of qualitative and quantitative viewpoints, data collection, analysis and inference techniques) for the broad purposes of breadth and depth of understanding and corroboration.

Conclusive reports show that disciplines in health sciences and education seem to employ mixed methods in order to engage in dialogue about the different methods of viewing, hearing and understanding the social world of their clients (Creswell & Plano Clark, 2006; Evans, Coon & Ume, 2011). Furthermore, mixed methods clearly highlights the researchers' understanding of the research findings in relation to the phenomenon being studied. Johnson and

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Onwuegbuzie (2004) state five functions of mixed methods in order to provide rationale for using a mixed methods design:

- Triangulation function involves seeking convergence and corroboration of results from different methods and designs studying the same phenomenon;
- Complementarity function promotes seeking elaboration, enhancement, illustration and clarification of the results from one method with results from another method;
- Initiation function involves discovering paradoxes and contradictions that lead to a reframing of the research question;
- Development function includes using the findings of one method to help inform another method; and
- Expansion function involves seeking to expand the breadth and range of research by using different methods for different enquiry components.

Mixed methods has also been referred to as the 'third methodological movement,' following quantitative and qualitative research (Tashakkori & Teddlie, 2003, p.5). It has fast become an accessible and recognised approach to inquiry. Creswell and Plano Clark (2011, p.5) describe several core characteristics that define mixed methods:

- collects and analyses persuasively and rigorously both qualitative and quantitative data
- mixes / integrates / links the two forms of data concurrently, by combining / merging them sequentially, by having one build on the other, or embedding one within the other
- gives priority to one or both forms of data
- uses these procedures in a single study, or multiple phases of programme of study
- frames these procedures within philosophical worldview and theoretical lenses, and
- combines the procedures into specific research designs that direct the plan for conducting the study.

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Mixed methods is the methodological framework applied to this study, as it provides thorough evidence with a clear idea of the phenomenon being studied. The researcher is in the position to choose a mixed methods design that is most suitable to the study. This decision is made while taking into account which aspects of qualitative and quantitative research was used, and how they relate to each other. Although these core characteristics are critical in conducting mixed methods research, the research itself is also guided by philosophical assumptions. Creswell and Plano Clark (2011, p. 39) describe these assumptions as a 'worldview', which means a researcher generates a 'worldview' which is based on the researcher's own beliefs and assumptions and uses this to inform the study.

3.3. Philosophical Underpinning: A Pragmatic Approach

Pragmatic worldview is considered both eclectic and pluralistic in nature because it promotes the applications and solutions to solve problems by using available possible approaches (Klenk, 2008; Creswell, 2008; Sharp et al., 2011). The importance of the pragmatic approach is highlighted by Johnson and Onwuegbuzie (2014) by acknowledging that actions, situations and consequences seem to be central to the worldview rather than antecedent conditions (Creswell, 2008; Klenk, 2008; Sharp et al., 2011). Shaw, Connelly and Zecevic (2010, p.514) define pragmatism worldview as "a philosophy that attends to the practical nature of reality, finding truth in the solutions of problems and the consequences of objects and actions". Literature also shows that pragmatism is a worldview that appears to adopt diverse beliefs and knowledge (Denzin & Lincoln, 2005; Klenk, 2008; Shaw et al., 2010). Shaw et al., (2010) and Johnson, Onwuegbuzie and Turner (2007) highlight that the pragmatic approach embraces the

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existence of human beings and emphasises the importance of the natural or physical, social and psychological world.

Pragmatism is the worldview associated with mixed methods research, as the area of attention is on the significance of the research questions and the consequences of the research, rather than the actual methods (Morgan, 2007). Although each worldview has similarities across each other; such as personal experiences and culture; they assume different stances regarding these common elements (Creswell and Plano Clark, 2007). These elements are significant in that investigations in research are guided by how people perceive the world, which in turn creates their belief system. Worldview differ in nature from ontology (reality), epistemology (how to gain knowledge of what is known), axiology (the role that values play within research), methodology (the process of research) and rhetoric (the language of research) (Creswell, 2009; Cuba & Lincoln, 2005, p. 191-215). Based on these differing stances, it is important for mixed methods researchers to identify the stance that best relates to the study. In the current study, a pragmatic approach is used, based on Morgan's (2007, p. 71) evidence highlighting that pragmatism offers a reciprocal approach between quantitative and qualitative paradigms. This approach allows knowledge to be accessed through various, separate processes, which answer the research questions. In this study, two approaches were employed in order to collect data: (1) an objective approach, where participants completed questionnaires, and (2) a subjective approach, through qualitative focus groups exploring participants' understanding and meaning. In order for the researcher to ensure the best outcome of the research, and a thorough process of inquiry is completed, the pragmatist moves back and forth between qualitative and quantitative approaches.

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3.4. Mixed Methods Designs

Mixed methods can be conducted in various different ways, resulting in different mixed methods designs. These designs differ in terms of the various procedures for data collection, data analysis, and the interpretation and reporting on of the data. Hanson, Creswell, Plano Clark, Petska & Creswell, 2005) have identified six different mixed methods designs; three sequential designs, namely explanatory, exploratory and transformative; and three concurrent designs, namely triangulation, nested and transformative.

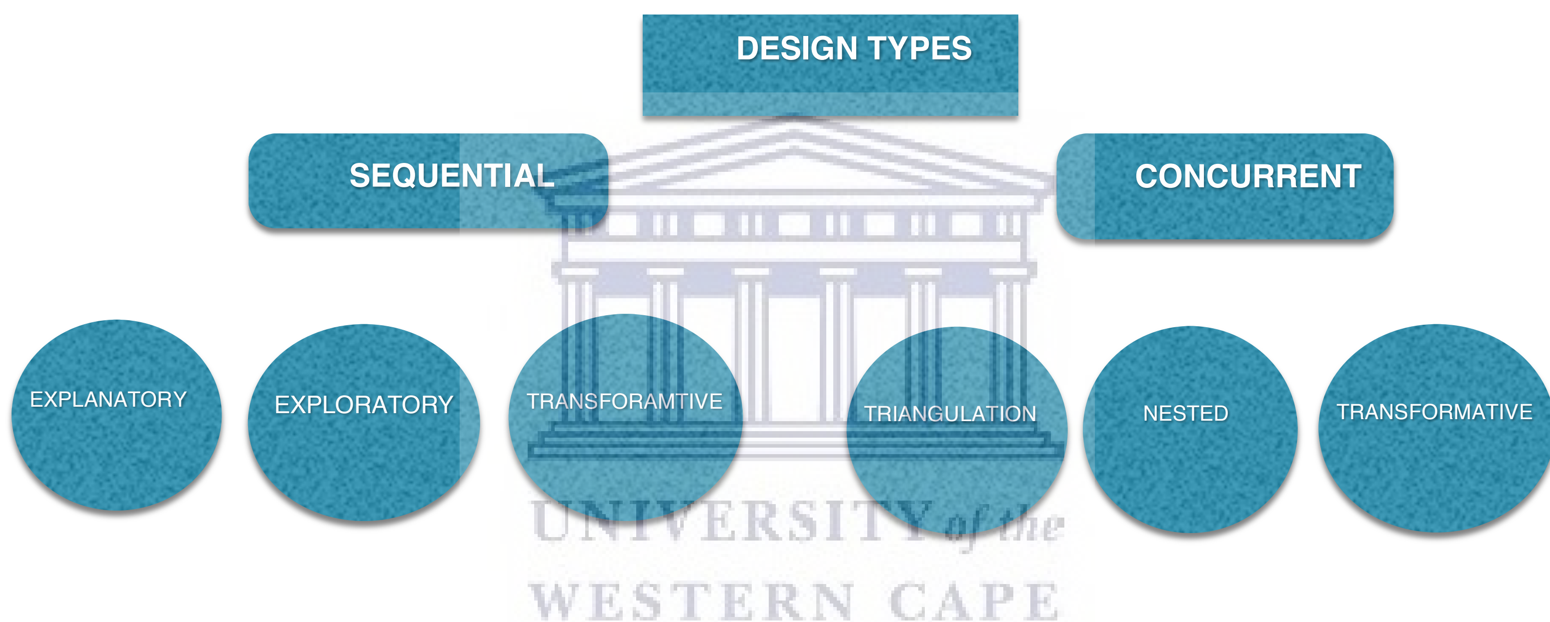

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Figure 3.1. Design Types

3.4.1. Sequential Designs

Quantitative measures have priority over qualitative measures during the *sequential explanatory design*, as the quantitative component is implemented first. Qualitative data is subsequently included as a means to enhance the quantitative data, with lesser emphasis on the qualitative component. Integration of the data takes place at the interpretation and discussion phase of the study.

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However, the sequential strand may also begin with a focus on the qualitative component, and a lesser emphasis on the quantitative, which is known as *sequential exploratory mixed method* (Creswell, 2003; Hanson, 2005). Integration occurs during the interpretation and discussion phase of the study.

Sequential transformative designs allow data collection for both qualitative and quantitative strands of the study, by proceeding concurrently, sequentially or both (Creswell et al., 2011). Hansen et al (2005) describes that sequential transformative designs use explicit advocacy from critical theory and feminist theory perspectives. These perspectives inform the research question, problem statement and implications for actions and change. Priority in this design is therefore unequal and given to either form of data; or there are times were both forms are given equal weighting. Data collection thus is generally connected.

3.4.2. Concurrent Designs

This procedure is used to converge both qualitative and quantitative data in a study (Creswell, 2003; Leavy, 2017). Hanson et al (2005) describe three types of concurrent designs, namely: concurrent triangulation, concurrent nested, concurrent transformative. In *concurrent triangulation*, both qualitative and quantitative data are collected simultaneously. The analysis of the data also occurs concurrently, with equal priority being assigned to both components (Hansen et al., 2005).

With regards to the *concurrent nested design*, both qualitative and quantitative data are collected simultaneously, however, priority is given to one method over another. The method with the greater priority also guides the study (Hansen et al., 2005).

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Finally, the *concurrent transformative design* applies a specific advocacy lens to the problem statement, research questions and implications for action and change. Data are collected simultaneously, while priority can be given equally to the two methods, or it could be unequal with one prioritised over another. Data analysis is separate, and integration occurs at the interpretation stage (Hansen et al., 2005).

Creswell and Plano Clark (2011) suggest that the decision to choose a mixed method design should be based on the following four points:

- the level of interaction between the strands
- the relative priority of the strands
- the timing of the strands
- the procedures for mixing trans and sequential explanatory design

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In the current study, the nature of the research questions directed a quantitative design, where psychometric assessment measures were able to determine psychological constructs such as internalising and parental self-efficacy. However, a purely quantitative focus left a large gap regarding the parents' perceptions of and experiences in the program. Quantitatively, the results will speak to whether or not the parenting programme changed behaviours, but the need for a more in-depth exploration of the accessibility and experience of the programme would add great value to the study. However, quantitative analysis alone was not able to meet the objective of exploring the perceptions and experiences of the circle of security parenting program. This then resulted in the inclusion of two qualitative focus groups after the intervention. Although the qualitative component of the study is an important one, it holds less priority than the

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quantitative component. The concurrent nested/embedded design gives unequal priority to the two components. The component that is nested usually has less priority (i.e. the qualitative component) and is used mainly to answer different questions or a different set of questions. In the current study, the qualitative groups are used in order to explore the perceptions and experiences of parents attending the COS-P; questions that cannot be answered through the use of the quantitative psychometric assessment measures. This concurrent design will be useful in providing a broader perspective on the topic; but asking questions in the focus group that were not part of the quantitative assessment process.

3.5. The current study framework

Research design refers to the overall strategy that researchers choose to integrate the different components of the study in a logical and coherent way; thereby ensuring that they constitute the blueprint for the study population, sampling, collection, measurement and analysis of the data (Labaree & Scimeca, 2017).

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The research design of the current study follows a concurrent embedded mixed methods design, with priority given to the quantitative component, and the qualitative component adding value to the understanding of the perceptions and experiences of participants following the COS-P. The methodology component of the study can be conceptualised as three distinct stages. The first stage consists of a review phase, where a systematic review is conducted. Following this is a quasi-experimental pre-test post-test design. This stage begins with a pilot study, and then moves to pre-testing using psychometric assessment measures. Following this, an intervention is run, and post-testing is conducted. At three months post-intervention, psychometric

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assessment measures are administered again. The third stage is a qualitative stage, where focus groups are conducted with the two parenting groups and the data is analysed.

3.6. Research setting

The pilot study took place in a rural community along the west coast of Southern Africa. It is situated 280kms north of Cape Town. It is a local fishing community, with fishing being the primary income interjected into the small town. In 2011, the total population of the town was 6120. Afrikaans is the predominant language spoken (90.9% of community) while most of the community are coloured (74.5%). The community is one of low socio-economic status. There is no economic growth within the community, and lack of employment opportunities is a grave problem. The community is characterised by significantly high rates of substance abuse (alcohol and crystal meth). There is also no high school (secondary education institution) within the town, and adolescents need to travel approximately 40 minutes to the next town to attend school. Alternatively, they are placed in boarding schools, or simply do not attend high school at all.

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The main research study was conducted in the Northern Suburbs of Cape Town. Bellville falls under the City of Cape Town Metropolitan Municipality. This is a Category A municipality and is situated in the southern peninsula of the Western Cape Province (Ref).

Bellville is considered an urbanised area and has a total population of 112 507 people. 65.5% of the population is Afrikaans speaking, while 25.2% is English speaking. 50.3% of this population is Caucasian, while 29.4% are Coloured and 15.7% are Black African. Of the population in Bellville, 37.9% of people have a higher education qualification, while 35.5%

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have a grade 12 qualification. Just more than half, 52.3%, of the population is female. 35.6% of the population has female-headed households. 48% of the population has never been married, 38% are married, and 3.9% are divorced. Children aged 0-4 constitute 6.4% of this population, and those between 5-9 constitute 5.2% of this population. The greatest number of individuals per age category is between the ages of 20-24 (Statistics South Africa, 2011).

Two schools in the Bellville area were approach to participate in the study. Parents that met the inclusion criteria were asked to join the parenting programme which was offered at the Psychology Department of the University of the Western Cape (also in Bellville). UWC was established in 1960 by the apartheid government as a higher education institution for non-white students from disadvantaged and middle-class backgrounds.

3.7. Population

De Vos, Strydom, Fouche & Delport (2009, p. 194) define a population as 'the totality of persons, events, organisation units, case records or other sampling units with which the research problem is concerned.' For the current study, the population was parents of children between the ages of one and a half, and five (1 ½ - 5). These children should also have been enrolled in early childcare education centres at the time of the study.

3.8. Stage One

3.8.1. Systematic Review

According to Uman (2011, p.57), systematic reviews "typically involve a detailed and comprehensive plan and search strategy derived prior the search, with the goal of reducing bias by identifying, appraising, and synthesising all relevant studies on a particular topic".

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Systematic reviews allow for the extraction of scientifically valid intervention studies and thus provide a rigorous method of identifying evidence-based results.

The question used for this systematic review is "What is the relationship between parenting and internalising behaviours in children?" This review aimed to meet the objective of determining the relationship between parenting and internalising behaviours in children.

3.8.1.1. Identified inclusion and exclusion criteria for the review

Articles considered for inclusion were quantitative studies which were published in English during the period 2005 – 2015. This time period ensures final outcomes are current and relevant. In order to be included for the review, the studies had to focus on internalising behaviours in children and matters relating to parenting. Articles were excluded based on the following: articles in which parent's had a pre-existing psychological disorder, articles which focused on children over the age of 12 years, and articles which had a medical focus.

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3.8.1.2. Search Strategy

Between July and August of 2015, a comprehensive search was conducted at the University of the Western Cape in the Biomed, Pubmed, ERIC, PsychArticles, Sage and Academic Search Complete databases. The keywords used in the search included: 'internalisation', 'parenting', 'children' and 'internalising behaviours'. The search was initially conducted by one researcher, and the titles, abstracts and full texts were then screened by two reviewers.

3.8.1.3. Methods of review

This systematic review employed a three-step strategy. The initial search, conducted independently by one of the researchers, was a title search. From there, abstracts were reviewed

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and articles not relating to the search criteria were disregarded. Once duplicates were removed, the full text versions of the final remaining articles were retrieved. Researchers independently reviewed and appraised the eligible articles, using an existing appraisal adapted from Roman and Franz (2013). Discrepancies were discussed until consensus were reached with the scoring of each article. Articles that scored above a 65 percent were included for the final analysis of data extraction.

3.8.1.4. The appraisal tool and the methodological appraisal process (adapted from Roman and Franz, 2013).

Table 3.1. Appraisal tool and scoring grid

1	**Was the purpose of the study clearly stated?** A. Yes B. No	 **1** **0**
2	**Was the research design clearly stated?** A. Yes B. No	 **1** **0**
3	**Was the sampling method representative of the population intended to the study?** A. Non-probability sampling (including purposive, quota, convenience and snowball sampling) B. Probability sampling (including simple random, systematic, stratified g, cluster, two-stage and multi-stage sampling)	**0** **1**
4	**Was the sample size justified?** A. Yes B. No	 **1** **0**
5	**Did the study report any response rate? (If the reported response rate is below 60%, the question should be answered "No".)** A. No B. Yes	 **0** **1**

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6	**Were the outcome measures used valid?** A. Yes B. No	 **1** **0**
7	**Were the outcome measures used reliable?** A. Yes B. No	 **1** **0**
8	**Do the authors include the definition of internalisation used for their study?** A. Yes B. No	 **1** **0**
9	**Were results reported in terms of statistical significance?** A. Yes B. No	 **1** **0**
10	**Were analysis method(s) appropriate?** A. Yes B. No	 **1** **0**
11	**Were recommendations made based on the results of the study?** A. Yes B. No	 1 0
12	**What was the source of the data?** A. Secondary source: survey not specifically designed for the purpose B. Primary source	 0 1
13	**Have ethical issues been adequately addressed?** A. Yes B. No	 1 0
14	**Were hypotheses stated**? A. Yes B. No	 1 0
Scoring method: Total score divided by total number of all applicable items		
Grading of the QACO score		

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Scoring Grid

0% -33%	35%- 64%	65% -100%
0/14 - 4/14	5/14 - 8/14	9/14 and above
Bad	Satisfactory	Good

The critical appraisal tool was developed in order to appraise the quality of the methodological rigor of the articles. The appraisal tool consisted of 14 items that specifically evaluated quantitative articles (see Table 3.1). Scoring was based on specific criteria which contributed to the overall methodological quality of the studies. These criteria were: the aim of the study, study design, validity and reliability of measuring tools used, sampling and data collection methods, reporting of findings and directions for future research. A cut-off score of 65 % was set in order to ensure that only articles that showed evidence of sound research practice and strong methodological rigor were included.

3.8.1.5. Data extraction

A data extraction sheet was developed in order to provide a summarised overview of the study and to highlight key areas. The diagram below (Fig 3.2) represents a summary of the study selection. 19 Articles were included in the analysis phase. Data extraction was completed for the 19 articles, capturing the sample characteristics, the dimension of parenting and study results pertaining specifically to internalisation in children. The data extraction sheet included the following headings: author, year of publication, method overview (including design, sample and context), parenting construct, definition of internalisation and study outcomes.

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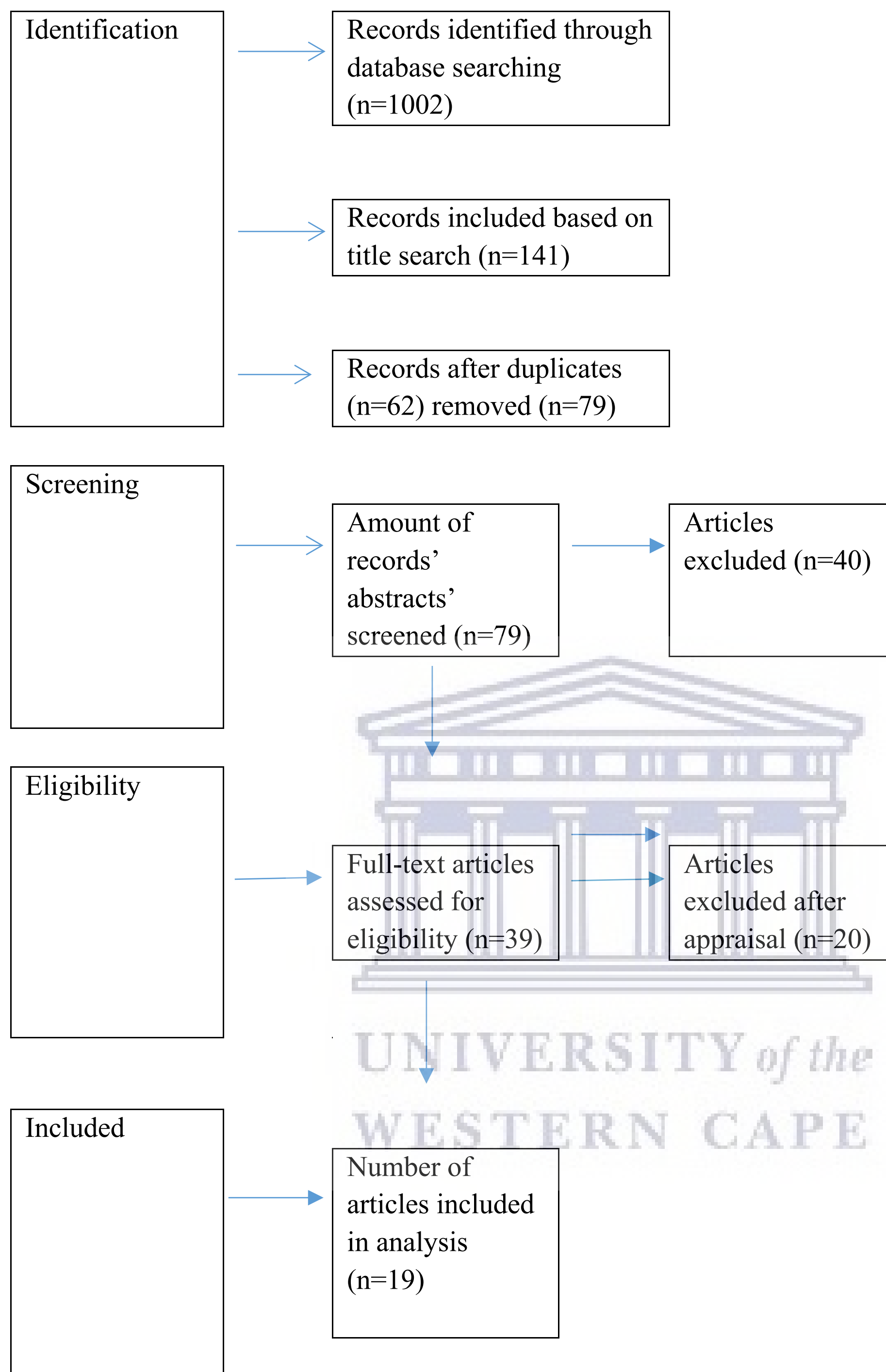

Figure 3.2. Flow chart on study selection

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3.9. Stage Two

3.9.1. A: Pilot Study

The first part of phase two is a pilot study that was conducted as a feasibility study of the Circle of Security Parenting program.

3.9.1.1. Location of Pilot Study

The pilot study took place in a rural community along the west coast of Southern Africa as described in chapter 4.

3.9.1.2. Pilot Study Design

The pilot study followed a mixed-methods, pre-test post-test design, with a three-day intervention. The pre-test was administered at the start of the first day, while the post-test was administered at the end of the third day. The intervention consisted of a parent-training programme (Circle of Security Parenting Program) intended to increase parents' awareness of their reactions to and interactions with their children; and improve parents' parenting skills. The purpose of this pilot study was a feasibility study, whereby it was important to determine the appropriateness of using a western developed programme and applying it in the South African context. This purpose was thus to assess accessibility of language, practical implementation of the programme, understanding of handouts, usefulness of the content, and relate-ability in order to visualise applying one's own family into the programme. The pilot study also aimed to determine if levels of parental self-efficacy were shifted as a result of attending the parenting programme. This is a parenting intervention offered to parents over an 8 (16 - 20 hours) week period. However, as the purpose of this pilot study was to determine the feasibility of such an intervention, the parenting programme was offered over an intense

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full three-day period, with all chapters being covered during this time (although some chapters were not covered in significant depth). As such, the full programme was not administered, and parents were not able to apply techniques that were learned and master them, before coming back for the next chapter.

Parents completed the Child Behaviour Checklist (CBCL) as well as the tool to measure Parental Self-Efficacy (TOPSE) at the beginning of the intervention. However, only the TOPSE was administered as the post-test follow up. The reason for this is that significant change in the child's behaviour was unlikely to be observed within the three days; this change was likely to come over weeks as the parents began implementing their new skills. However, it was hypothesised that changes would be seen on the TOPSE as this addresses the parents own levels of parental self-efficacy, a construct that is able to shift within a short space of time. At the end of the intervention, participants divided into two groups, and focus groups were conducted. The aim of the focus group was to address the feasibility of the intervention, and to receive feedback from the participants on what worked and what didn't. The total sample consisted of 13 parents residing in the community of Lambert's Bay. However, although all completed the pre-test, only nine of the participants completed the post-test.

3.9.1.3. Pilot Study Sample and Participants

Participation in the study was voluntary, and sampling was done opportunistically. Participants were recruited with the aid of a local NGO. As such, the study made use of convenient, non-probability sampling methods. The participants were parents of children in the local creche, where the NGO is actively involved. Parents were therefore recruited through the creche, with information on the programme being sent to all parents. Those parents who were interested were then included in the study. This process led to a final sample of 13. Seven of the 13

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participants were female, and six were male. In terms of attrition, 5 participants were not able to complete post-testing. Of the participants who completed both the pre-test and the post-test, five were female and four were male.

3.9.1.4. Pilot Study Data Collection Measures

Demographic Questionnaire

The demographic questionnaire for the present study was self-developed. The questionnaire included biographical data and socio-economic status indicators of the parents. Household income was indexed for socio-economic status.

TOPSE (Tool to measure Parenting Self-Efficacy)

The Tool to Measure Parenting Self-Efficacy (TOPSE) was administered to participants both pre- and post-test (Appendix I). The TOPSE was initially developed out of a need to reliably assess the outcomes of parent-focused parenting interventions (Kendall & Bloomfield, 2005). The TOPSE is able to tap into various aspects of parental self-efficacy; and gives a good overall indication of how parents perceive their parenting ability. This is regardless of whether the parenting programme addressed specific skills or not. One of the strengths of the TOPSE is that it is often used to assess the efficacy of a parenting programme, without it needing to be about a specific topic or set of skills. Although not validated in South Africa, the TOPSE has demonstrated good psychometric properties in a variety of studies and has proven an effective instrument for use with a diverse range of population groups in the United Kingdom. For example, in a study by Bloomfield and Kendall (2010), the TOPSE was successfully adapted for use with parents with learning disabilities. In another study (Bloomfield & Kendall, 2007), the TOPSE was used to evaluate the efficacy of 53 parenting programmes across the United Kingdom. The scale has also demonstrated good psychometric properties, with overall

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reliability being measured at an impressive .94, and reliability of the various subscales varying between .80 and .89 (Kendall & Bloomfield, 2005). Furthermore, Kendall and Bloomfield (2005) found external reliability coefficients for the scale of between .58 and .88.

The TOPSE consists of eight subscales, namely: Emotion, play, empathy, control, discipline, pressures, self-acceptance, and learning. In addition, a total score is calculated by averaging the scores on each of the subscales. Each subscale consists of six items, which take the form of statements to which participants assign a score of 0 – 10. 0 indicates complete disagreement, and 10 indicates complete agreement.

Child Behaviour Checklist (CBCL)

Levels of children's internalising behaviours were assessed using the Child Behaviour Checklist (CBCL). This is a well-validated parent report and is a commonly used assessment measure in the area of child functioning. There are two versions of this, the 1 1/2 - 5 years, and the 6 - 18 years. For the purpose of this pilot study, both questionnaires were used, as the children's ages ranged between both categories. The CBCL consists of 113 items, with items rated on a 3-point Likert scale (not true, sometimes / somewhat true, and very / often true). Higher scores indicate increased behavioural problems or difficulties. The CBCL gathers data on both internalising and externalising symptoms. For the purpose of this study, the internalisation scale was the primary focus. The internalisation sub-scale captures depression, anxiety, withdrawal and somatic complaints. The CBCL reports good internal consistency .78 - .97, test re-test reliability, r = .90, criterion-related validity and construct validity.

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Circle of Security Parenting Programme (COS-P)

COS-P is an attachment-based parenting programme that has been designed to be both theory and research driven. Key elements of the programme involve emotional regulation, reflective functioning, shared states of consciousness, affect and perspectives, and interactive synchrony (Blome, Bennett and Page, 2010; Marvin, Cooper, Hoffman and Powell, 2002). The Circle of Security intervention is a brief, behavioural and insight-orientated therapeutic group approach aimed at enhancing attachment and autonomy in the parent-child relationship (Ramsauer et al, 2014) This programme was conceptualised as a 'psychodynamically oriented, psychotherapeutic and community-based parenting program' (Ramsauer et al, 2014).

The Circle of Security incorporates basic tenets developed by Mary Ainsworth, such as the secure base and haven of safety (Marvin et al, 2002). The programme presents these theoretical ideas in an accessible and digestible manner to parents.

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The three main goals of the COS-P are:

- 'to increase [parents'] sensitivity and appropriate responsiveness to the child's signals relevant to its moving away from to explore, and its moving back for comfort and soothing
- To increase [parents'] ability to reflect on their own and the child's behaviour, thoughts and feelings regarding their attachment-caregiving interactions
- To reflect on experiences in [parent's] own histories that affect their current caregiving patterns' (Marvin et al, 2002. p 107).

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Programmes such as the Circle of Security Parenting Intervention Programme begin to make parents aware of the way in which they parent, and how the way they were parented may contribute to this. It also gives them greater understanding into the dynamics of the attachment relationship with their child, and how this can be enhanced. It shows parents practical ways in which elements like security and exploration unfold in the child's world (Marvin et al, 2002).

The Circle of Security Parenting Intervention Programme is an 8-week program; however, as this pilot study was for feasibility purposes, the programme was condensed into a three-day program. where the significant components were presented. Ideally, parents would spend a week reflecting on the chapter that has been presented, applying it to their lives, and taking time for some of the key elements to be integrated and fully understood. The purpose of the pilot study was to assess the accessibility of the intervention, and if it would be feasible to administer this within the South African context. With this in mind, the three-day intense intervention was deemed appropriate and sufficiently aligned to the aim.

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3.9.1.5. Pilot study Data Analysis

Data analysis consisted of two components. In the first phase, the TOPSE was scored and captured, and interpreted using SPSS (version 22). For the purposes of detecting changes in scores on the TOPSE between pre- and post-tests, the Wilcoxon sign-rank test was used for variables except those representing pre- and post-scores on the play sub-scale, for which the Sign test was used instead. The dependent sample t-test was discarded due to the non-normal nature of the distribution of scores, and the Sign test was used for the play sub-scale due to the non-symmetrical distribution of scores for this scale (all other scales possessed sufficiently symmetrical distributions of scores to allow for the Wilcoxon sign-rank test to be performed).

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The second phase of the pilot study analysis involved thematic analysis of focus groups conducted after the parenting program.

3.9.1.6. Results of the pilot study

3.9.1.6.1. Quantitative Analysis

Analysis was performed on the eight sub-scales of the TOPSE as well as the overall TOPSE score. Therefore, a total of nine variables (each with a pre- and a post-score) was analysed.

Motivation & test assumptions

Dependent t-tests were considered for the analysis but were discarded in favour of non-parametric techniques due to the small sample sizes. Specifically, the dependent t-test requires that the differences between the scores on the paired variables be normally distributed. Table 3.2. displays the results of the Shapiro-Wilk test for normality on the distributions of the differences between each of the paired variables.

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Table 3.2. Shapiro-Wilk test for normality

Shapiro-Wilk test for normality

	Statistic	df	Sig.
Diff_PrePost_Emotion	.946	9	.643
Diff_PrePost_Play	.823	9	.037
Diff_PrePost_Empathy	.873	9	.134
Diff_PrePost_Control	.962	9	.821

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Diff_PrePost_Discipline	.959	9	.788
Diff_PrePost_Pressures	.913	9	.338
Diff_PrePost_Self-accept	.995	9	1.000
Diff_PrePost_Learning	.961	9	.809
Diff_PrePost_Total	.929	9	.475

As can be seen from Table 3.2., the Shapiro-Wilk test only indicates significance for one of the distributions of differences between paired variables ($p < 0.05$, Diff_PrePost_Play). As such, the distribution for this variable must be assumed to be non-normal. According to the Shapiro-Wilk test, no further deviations from normality were present ($p > 0.05$). However, with small sample sizes the power of the Shapiro-Wilk test to detect deviations from normality decreases considerably. Given that the sample used in the current study is small (valid $n = 9$), and that inspection of the histograms and Q-Q plots (not pictured here) associated with the above variables suggests deviations from normality, the dependent t-test was discarded in favour of a non-parametric technique.

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The most powerful non-parametric alternative to the dependent t-test is the Wilcoxon Sign-Rank test. However, although this test does not require normality, it does require symmetry of the distributions of the differences of each paired variable. Table 3.3 displays the skewness of the differences between each paired variable, as well as the standard error.

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Table 3.3. Skewness & standard error of paired differences

	Skewness	
	Statistic	Std. Error
Diff_PrePost_Emotion	.533	.717
Diff_PrePost_Play	1.450	.717
Diff_PrePost_Empathy	1.231	.717
Diff_PrePost_Control	-.053	.717
Diff_PrePost_Discipline	-.531	.717
Diff_PrePost_Pressures	1.121	.717
Diff_PrePost_Self-accept	-.018	.717
Diff_PrePost_Learning	.637	.717
Diff_PrePost_Total	1.074	.717

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Although skewness can be used to directly inspect for symmetry, the accuracy of this technique can be influenced by sample size and standard deviation. As such, in order to determine symmetry, the following formula was used: $|skewness/standard\ error| < 1.96$. (The preceding formula is one component of a formula that can be used to calculate normality. The other component involves the kurtosis of the distribution. However, as the Wilcoxon test only requires symmetry, only the skewness calculation is relevant here). Table 3.4 presents the result of this calculation.

Table 3.4. Skewness & Symmetry

	Skewness	Symmetry
Diff_PrePost_Emotion	.533	0.743375
Diff_PrePost_Play	1.450	2.022315

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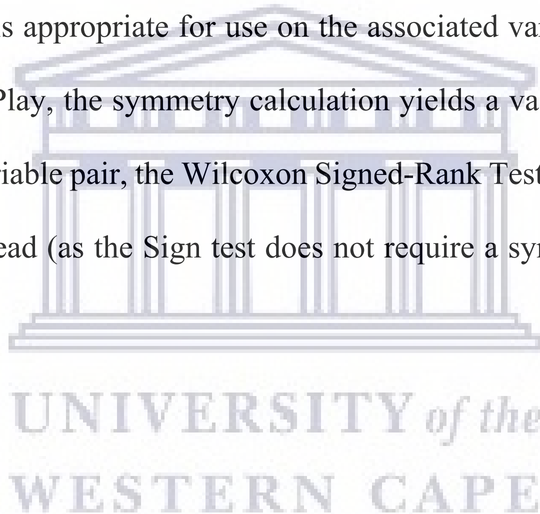
Diff_PrePost_Empathy	1.231	1.716876
Diff_PrePost_Control	-.053	0.07392
Diff_PrePost_Discipline	-.531	0.74059
Diff_PrePost_Pressures	1.121	1.563459
Diff_PrePost_Self-accept	-.018	0.0251
Diff_PrePost_Learning	.637	0.888424
Diff_PrePost_Total	1.074	1.497908

A simple inspection of Table 3.4 shows that in all cases except one (Diff_PrePost_Play), the distribution of the differences of the paired variables is sufficiently symmetrical. Therefore, the Wilcoxon Sign-Rank test is appropriate for use on the associated variable pairs. However, in the case of Diff_PrePost_Play, the symmetry calculation yields a value greater than 1.96. As such, for the associated variable pair, the Wilcoxon Signed-Rank Test will not be used, and the Sign test will be used instead (as the Sign test does not require a symmetrical distribution of differences).



Findings

Table 3.5 displays the descriptive statistics for the nine variable pairs.

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Table 3.5. Descriptive Statistics

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th	75th
Pre Emotion	13	50.38	7.932	32	59	48.50	51.00	56.50
Pre Play	13	47.62	13.407	15	60	40.00	53.00	57.00
Pre Empathy	13	48.85	7.186	33	60	44.50	50.00	54.00
Pre Control	13	36.46	12.252	9	56	27.00	38.00	45.50
Pre Discipline	13	38.69	10.331	20	50	30.00	42.00	47.00
Pre Pressures	13	35.00	12.213	11	54	26.50	35.00	46.00
Pre Self-acceptance	13	45.62	10.627	23	59	38.00	50.00	54.00
Pre Learning	13	48.38	6.850	33	59	44.00	50.00	53.00
Pre TOPSE Total	13	43.87500	8.006345	26.625	55.250	41.750	46.750	47.8750
Post Emotion	9	53.22	6.119	41	59	48.50	56.00	57.50
Post Play	9	51.56	9.153	30	60	49.00	54.00	58.50

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Post Empathy	9	51.78	6.078	38	59	49.50	53.00	55.00
Post Control	9	42.67	6.538	30	51	39.00	42.00	49.00
Post Discipline	9	45.89	11.039	30	60	33.50	49.00	55.50
Post Pressures	9	39.67	12.298	20	55	29.50	38.00	52.00
Post Self-acceptance	9	47.44	7.601	38	60	40.00	49.00	53.50
Post Learning	9	54.33	3.354	49	60	52.00	54.00	57.00
Post TOPSE Total	9	48.31944	5.265272	39.375	54.875	44.750	47.125	53.1875

As indicated in Table 3.5, for all variable pairs except self-acceptance, the median (50th percentile) increased from pre- to post-test. However, when looking at mean scores, all variable pairs showed an increase from pre- to post-test.

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Table 3.6 shows the results of the Wilcoxon Sign-Rank test on eight of the nine variable pairs (for Pre and Post Play, the Sign test is used instead).

Table 3.6. Wilcoxon Sign-Rank Test Statistics

Wilcoxon Sign-Rank Test Statistics

	Post Emotion - Pre Emotion	Post Play - Pre Play	Post Empathy - Pre Empathy	Post Control - Pre Control	Post Discipline - Pre Discipline	Post Pressures - Pre Pressures	Post Self-acceptance - Pre Self-acceptance	Post Learning - Pre Learning	Post TOPSE Total - Pre TOPSE Total
Z	-1.630b	-1.192b	-1.472b	-2.073b	-1.838b	-1.965b	-1.362b	-2.521b	-2.429b
Sig.	.103	.233	.141	.038	.066	.049	.173	.012	.015

b. Based on negative ranks.

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As evidenced by the above table, four of the variable pairs exhibit significant differences between the mean ranks of their pre- and post-scores (Control, $Z = -2.073$, $p < 0.05$; Pressures, $Z = -1.965$, $p < 0.05$; Learning, $Z = -2.521$, $p < 0.05$; TOPSE Total, $Z = -2.429$, $p < 0.05$), while the remainder do not ($p > 0.05$).

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For investigating possible differences between the Pre- and Post-Play scores, the Sign test was used. Table 3.6 presents the results of this analysis.

Table 3.7. Sign Test Statistics

	Post Play - Pre Play
Exact Sig. (2-tailed)	.289b

b. Binomial distribution used.

The results of the Sign Test indicate that there is no significant difference between the median ranks of pre- and post-scores for the variable pair associated with the Play subscale (Pre Play and Post Play).

Notes on the Analysis

Statistically significant improvements in scores on the TOPSE were found for four of the nine variable pairs. Given the small sample size in the current study, such results are very encouraging. Furthermore, the difference between scores on pre- and post-tests for the discipline sub-scale approached significance (p = .066). Although not statistically significant at the confidence interval used in the current study (95%), such a result nonetheless suggests that the improvement in scores was very unlikely to be due to chance.

Finally, the mean scores increased across all of the scales in the TOPSE, even those for which no significant improvements in scores were found. Given that a larger sample requires smaller improvements in scores for significant results to be found, this fact is promising for future studies.

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3.9.1.6.2. Qualitative Analysis

After analysis of the transcriptions of the focus groups, the following themes emerged.

1. Accessibility of the Programme

Several participants reflected that the way in which the programme was presented was helpful and maximised the learning experience. For example, one participant reflected,

> *"It was a very good programme and even the presenting of the programme was good, it used visual and practical stuff, it wasn't paperwork that you needed to read through and not understand. It's practical and you remember it more."*

Furthermore, the use of the DVD was seen as positive from the participants. They were able to resonate with the parents on the DVD and found the parent-child interactions on the DVD to be helpful in exploring their own relationships with their children.

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> *"The fact that they used children and parents, you could really see the parents' reactions well."*
>
> *"It was a real-life thing, which helps1"*
>
> *"The fact that the DVD is there makes it much easier and understandable."*

Participants reflected that the language of the programme was understandable, despite the DVD being in English, and most participants with a first language of Afrikaans. Participants also found the presenter to be knowledgeable on the field of child psychology and parenting; and enjoyed the facilitators interaction with participants.

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"The interaction was really good for me"

"She (facilitator) interacts a lot with the participants…it was a good thing."

2. Learning / Value of the Programme

Participants were able to acknowledge the impact of the programme, and the significant learning that took place over the three days. They were able to reflect on the new ways of being with their children. Parents reflected on just how important their relationship is with their child, and the significance of being emotionally attuned and able to emotionally regulate your child. They were also able to identify the magnitude of this relationship, and the ongoing process of learning and reflection.

"…how to read the different emotions of your child and how to interpret them"

"I realised I still have a lot to learn as a parent."

Participants were also able to acknowledge the important of tracking their own developmental histories, exploring their own upbringing and the impact of this on their children and the way they parent. They developed insight into the problems of maintaining past, dysfunctional behaviours within the parent-child relationship.

"You can do so much damage to your child if you are not aware…"

"It takes you back to your history, and maybe to stuff that hurt you and your upbringing….so as a parent I can be more aware and deal with my own emotions."

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"to be aware of your history and your children and how you were brought up…you must reflect about what happened to you and how you apply this to your children."

3. Applicability of the Programme

After analysis of the various focus groups, it seems clear that most participants found the programme to be accessible to almost all parents. There seems to be specific uses and needs, but also a more general idea of the benefit of the Circle of Security Parenting Program.

"It is a good program…. especially for me who is a 'fresh' parent."

"I would recommend it to other parents…specifically if I hear or see a parent struggling with the relationship between him or her and her children."

"I wouldn't just recommend it to parents…it can be for people who plan to become parents"

"If I could offer it to every parent, I would."

4. Practical Implications of the Programme

Participants were able to reflect on moving beyond the three days, and how they would take the information they had just learnt and apply it in their everyday lives. Parents seemed hopeful that this was quite doable, and that if they did experience some difficulties, they could be resolved.

"It shouldn't be too difficult, it shouldn't be really difficult, because you have your handbook that you can go to if you get stuck."

"It will take a little bit of time for you and your child (to adapt)"

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5. Future Recommendations

Participants were able to make recommendations for the programme going forward. One participant felt that the men were less involved in the discussions than the woman, and that this reflected what often happens at home. For future practice, the participants encourage the facilitator to seek out ways to involve the men in the group more actively.

> *"something you can take forward or use is to get the men more involved….to try get the men to talk more…because moms are the ones that are always there."*

3.9.2. B: Current Study

3.9.2.1. Location of the Study

The study was located in the psychology department of the University of the Western Cape, as discussed above.

3.9.2.2. Participants and Sampling

Participants need to be selected from the total population in order to participate in the research project. Sampling refers to the process that is undertaken in order to select the participants from the designated population. These participants serve as a small portion or subset of the identified population, with the intention of representing that specific population (Black, 2002; Gall, Gall & Borg, 2007). Babbie (2011, p. 178) defines two types of sampling methods:

- Probability sampling refers to samples selected in accordance with probability theory, involving some random-selected mechanism
- Non-probability sampling includes techniques in which samples are selected in a way not suggested by probability theory.

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Trochim and Donnelly (2008) describe probability sampling as any method of sampling whereby some form of random selection is utilised. Strategies need to be put in place to ensure that all participants have an equal chance of being selected to participate in the research study. These authors continue to explain non-probability sampling as a sampling method that does not involve random selection. The weakness of this form of sampling is that representation of the sample cannot be guaranteed. Trochim and Donnelly (2008) elaborate on non-probability sampling as being either accidental or purposive.

In the case of the current study, schools were sampled using convenience sampling. Schools within the Bellville area were approached as the parenting programme was to be run at the University of the Western Cape, and the researcher was mindful of potential difficulties accessing the programme (such as transport, taking time off work to get there in time if long travel time from the university etc.). Two schools that fell within a 3km radius of the university campus were then approached to participate in the study. As a result of the nature of this type of sampling, results are not generalised to the general population, but are limited to those with the same characteristics of the sample group. This is not considered to weaken the research, but rather illustrates the need to include specific inclusion criteria in the sample, and not just a random selection from the population.

Parents of children between the ages of 1 ½ and 5 completed 83 questionnaires. The teachers of these children then also completed questionnaires. Parents who met the inclusion criteria were then invited to attend the parenting programme. For those that attended, the assessment measures were repeated at the post-test and follow up stages of the study.

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3.9.2.3. Inclusion Criteria

In order to be included in the study, one parent needed to complete the Child Behaviour Checklist, and needed a score reflecting a positive result for internalisation. For the scoring of the CBCL, a scoring key was provided in the CBCL manual. The scoring sheet had questions allocated to specific sub-scales, i.e. certain questions fall under the 'depression' sub-scale. The responses of participants were counted, with regard to their responses on the scoring key, in order to determine the raw score (R/S) of participants, for both each sub-scale and an overall raw score for the internalisation scale. The R/S was then converted to a standard score (S/S) by using the instructions set out in the CBCL manual. Scaled scores above 63 are considered as positive for internalising behaviours that are severe enough to warrant clinical attention, while scores between 60-63 suggest borderline cases of internalisation warranting clinical attention. Some responses that fell on the threshold were also included in this study, as although levels of internalisation may not have been as severe as to warrant clinical attention, there were nonetheless elevated levels of internalisation. Therefore, the parents whose children showed threshold and positive levels of internalising behaviours were invited to attend the parenting programme. 83 parents completed the CBCL, of these parents, 53 showed positive scores for internalising behaviours that warrant clinical attention or fall on the cusp of this (threshold).

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3.9.2.4. Data Collection Strategy

The data collected for this study was by means of questionnaires and focus groups. Questionnaires were used to collect quantitative data, while focus groups were used to collect qualitative data. All data were collected in English (questionnaires and focus groups). Questionnaires were administered to both parents as well as teachers.

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The two schools were quite different in size. School (1) had a total of 52 children, with 3 different classes categorised according to age. School (2) was a much bigger school, with 255 children in total. This school has 37 children in the 2-3 age category, 109 in the 3-4 age category and 109 in the 4-5 age category. In total, 300 questionnaires were sent home to parents between the two schools. The researcher experienced great difficulty with regards to participation in the study, with little too few parents completing the assessment measures and showing any interest in participating in the study. Several attempts were made to increase the participation rate; for example, letters were sent home with children, the principals of both schools continued to urge parents to participate (this was done formally through email reminders, WhatsApp messages and parent-teacher meetings as well as informally at school drop off and collection of children); yet very few assessments continued to come in. The researcher then decided to attend parent meetings held at the school. Here the research project was again explained in-depth, the importance of attachment was explained, and the goals of the programme were emphasised. After several months of sampling, a cut-off date was set, so as to not disadvantage the parents who had participated early on in the sampling phase. This date was also set as the screening data identified concerning behaviours in children; if a significant amount of time elapsed between taking the assessment and the commencement of the program, then the results may no longer have been accurate. At this cut-off date, the final number of completed questionnaires was 83 and this was deemed sufficient to progress with the intervention part of the study.

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3.9.2.5. Quantitative Measurements

3.9.2.5.1. Demographic Questionnaire

The demographic questionnaire was self-developed and included biographical data and socio-economic status indicators of parents. Household income was indexed for socio-economic status. Family structure was also included in order to provide insight into the number of people

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living in the home, as it may be significant when considering important attachment relationships. Participants had to rate a single item for household income.

3.9.2.5.2. TOPSE (Tool to measure Parenting Self-Efficacy)

A detailed description of the TOPSE has been given above under section 3.10.5. Pilot Study Data Collection Measures. It is not included in this section in order to avoid repetition.

3.9.2.5.3. Child Behaviour Checklist (CBCL)

A detailed description of the Child behaviour Checklist (CBCL) has been given above under section 3.10.5. Pilot Study Data Collection Measures. It is not included in this section in order to avoid repetition.

3.9.2.5.4. Circle of Security Parenting Program

A detailed description of the COS-P has been given above under section 3.10.5. Pilot Study Data Collection Measures. It is not included in this section in order to avoid repetition.

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3.9.2.6. Qualitative Data Collection Tools

In order to reflect on the experiences of the parenting programme, focus groups were run at the conclusion of each of the parenting intervention programs (therefore two focus groups were conducted). These focus groups took place in the venue of the parenting programme on the last day of the programme, at the end of the programme. These focus groups were approximately 90 minutes in duration and were led and facilitated by an objective research assistant, who was uninvolved in any of the former interactions with the parents.

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3.9.2.7. Data Analysis

Within the design of a mixed methods approach, the data analysis process entailed both a quantitative analysis process and a qualitative analysis process. As this is a pre-test post-test design, the current study involved several phases of data collection and analysis.

3.9.2.7.1. Quantitative Data Analysis

Quantitative data was analysed using the Statistical Package for the Social Sciences (SPSS) in order to provide descriptive statistics. Factors such as central tendency, standard deviation, mean and median scores were determined. T-test results were also assessed, in order to determine changes in scores at different time intervals (pre-test with post-test, post-test with follow-up, and pre-test with follow-up). Demographic variables were also correlated with variables such as internalisation and parental- self-efficacy.

3.9.2.7.2. Qualitative Data Analysis

Qualitative research entails a broad set of procedures that assist in describing and interpreting the experiences of research participants, in a context-specific setting (Ponterotto, 2005). This research aims to assist in the understanding of phenomena by capturing and communicating the experiences of a participant in their own words (Ponterotto, 2005). Context is emphasised in understanding what influences people's actions and interactions, and the various meanings they ascribe to their experiences (Yilmaz, 2013).

In this aspect of the researcher, the researcher is not above or outside of the research, but rather, is a participant observer who engages in the activities and discerns the meanings of actions as they are expressed in specific social contexts (Henning, van Rensburg & Smit, 2004).

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Essentially, the researcher is considered the primary instrument for both data collection and analysis. Generally, open-ended interview questions form an integral part of the research process. The researcher needs to be flexible and responsive to participants contexts and circumstances, while clarifying and summarizing during the process (Creswell, 2007). Spencer, Ritchie, Lewis and Dillon (2013) state that one of the primary aspects of qualitative research is the link between both structure and flexibility. The researcher generally embarks on the research with a general sense of themes that are to be explored, and gently guides the interview to cover these areas; but there is also a need to be open to the emergence and exploration of themes that have been brought forward by the research participants themselves. The findings of the qualitative analysis will be reported using thematic content analysis in order to provide a rich thematic description of the entire data set (Braun & Clark, 2006). The intention is for the researcher to gather as much information about the given phenomenon as possible, with the intention of analysing, interpreting and theorizing, rather than simply describing what was observed (Creswell et al, 2007).

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Braun and Clark (2006) have described six phases of analysis that are used in analysing the qualitative data.

Phase One

The first phase of analysis involves the verbatim transcribing of interviews, as well as reading and re-reading of each data set in order to familiarise with the data. At this stage, ideas and possible coding schemes are considered.

Phase Two

The second phase of analysis involves generating initial codes which are used across the data sets in order to assign relevant themes / ideas to these codes. Some categories are expected or

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anticipated, while others emerge throughout the study. Therefore, the process of code generation involves the simultaneous coding of raw data, as well as the construction of categories that capture relevant characteristics of the content. Codes are then generated from content / categories that are compatible with the purpose and theoretical framework of the study.

Phase Three

Phase three involves refocusing the analysis at the broader level of themes. Codes are sorted into potential themes and all the relevant data extracts are collated and identified with a specific theme.

Phase Four

This phase involves the reviewing and refining of identified themes. Themes need to be checked in order to ensure they relate to both the coded extract as well as to the theme. This is ensured in two ways; firstly, collated data extracts for each theme are reviewed in order to examine whether they form a coherent pattern. Secondly, themes are analysed in relation to the entire data set in order to establish their validity and coherence.

Phase Five

During this phase, themes are defined and refined, with potential sub-themes emerging and being given contemplation. Data extracts for each theme are read and re-read, the essence of each them considered and a name given accordingly. This process ensures little overlap between themes.

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Phase Six

The final stage involves writing the final report in which data extracts are used as examples in order to demonstrate the prevalence of relevant and important themes. Extracts are then embedded in an analytic narrative that links themes and extracts back to the research questions, and literature within the field.

Braun and Clark (2006) highlight the importance of moving back and forth continuously between the six phases.

3.9.2.7.3. Trustworthiness

Traditional methods of ensuring credibility of the research data (validity, reliability and objectivity) are used as they are based on standardised instruments and can be assessed in a relatively straightforward manner. In contrast, due to the subjective nature of qualitative research, a study's rigor and trustworthiness is considered through reference to its credibility, transferability, dependability and confirmability (Marshall & Rossman, 2014; Morrow, 2005, Thomas and Magilvy, 2011).

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Credibility of a study refers to confidence in the 'truth' of the findings. Credibility is achieved when it presents an accurate description or interpretation of human experience so that individuals who share the same experience would be able to immediately recognise / identify with it (Thomas & Magilvy, 2011). In qualitative studies, data is produced by the participants themselves, and so credibility refers to data which is believable to those participants (Trochim, 2006). Active listening and reflective speech are ways to increase credibility. The use of clarifying questions also allows the researcher to make sure that a clear explanation of participants experiences, perceptions and thoughts are understood. Participants should be given

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sufficient time to express themselves fully, as well as the opportunity to ask the researcher questions. This ultimately facilitates their own understanding of the research process.

Transferability refers to the external validity of the study; and involves the degree to which the findings of the study can be generalised, applied or transferred to other contexts. Since the findings of qualitative projects are usually specific to a small number of participant in a particular environment, it is often difficult to demonstrate that the findings and conclusions are applicable to other situations and populations (Babbie & Mouton, 2001; Shenton, 2004) With regards to the current study, generalizability was not a primary concern, but rather, the study aimed to explore deeply and form a rich understanding of the participants' experiences and perceptions of the Circle of Security Parenting Program. However, considering the importance of the implementation of this parenting program, and the accessibility of this within the South African context, this study may provide some form of baseline understanding with which the results of subsequent work could be compared or contrasted. In order to enhance the transferability, sufficient information should be provided on the research context, process, participants, and research-participant relationship (Morrow, 2005).

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Dependability of a study is ensured when another researcher can easily follow the path or decision trail that the research has undertaken. Essentially, the way the research study is conducted should be consistent across time, researchers and analysis technique (Morrow, 2005). Due to the subjective nature of qualitative research, as well as the dynamic nature of the phenomenon being studied, exact replication of a study is rarely achieved (Babbie & Mouton, 2001). However, process within the study should be reported in detail. Clear documentation also permits the extent to which proper research practices have been followed. Dependability was further ensured through carefully tracking the emerging research design (Morrow, 2005).

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Confirmability is based on the acknowledgement that research is never objective. It therefore involves the active awareness of the researcher's involvement in meaning making throughout the research process (Marshall & Rossman, 2014; Willig, 2001). The researcher should provide evidence of how interpretations, conclusions and recommendations are made, in order to monitor any possible subjective interpretations or biases that could impact on the findings and interpretation.

In order to ensure these elements, in both the qualitative and quantitative analysis, triangulation is a strategy employed. This involves collecting and confirming data through the use of different methods, seeking different sources, different events and the asking of different questions. Triangulation / comparison of data sets after data is collected and analysed separately for both quantitative and qualitative components and then combined at the point of integration. Here, findings are examined in order to check for agreement and disagreement regarding the same phenomena studied (Bazeley, 2009a; Creswell et al, 2011; Fetters, Curry and Creswell, 2013).

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3.10. Ethics

Ethical research requires the protection of all participants in the study. This study was conducted in accordance with all ethical guidelines and principals set out by the University of the Western Cape. Appropriate ethical clearance was obtained from relevant ethical committees, including The University of the Western Cape's Faculty Higher Degrees, Research and Study Leave, Senate, with the ethics clearance number of 14/6/22.

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After ethical approval was obtained, meetings were arranged with the principals of the identified schools. The proposal was presented to the various stakeholders and schools had to decide if they wanted to be part of the study. The researcher provided information sheets that outlined the purpose, nature and objectives of the study (Appendix A). The principals of the schools introduced the study to their staff (teachers), as they would be completing some of the assessment measures.

Parents were given all relevant information at a parent meeting conference held at the schools; here, parents were provided with information sheets that outlined the purpose, nature and objectives of the study. They were also given consent forms (Appendix B) to complete if they decided to participate in the study. The consent forms included contact details of the researcher, in case any further questions or concerns arose.

Participants were made aware of their participant rights throughout the research process. All information was collected anonymously, and confidentiality was maintained at all times. All participants were informed of their rights in the study as well as the purpose of the study. All participants were informed that they could withdraw from the study at any point, and were under no obligation to complete the study, with no adverse consequences.

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- Informed Consent

In any research study, the participants have the right to know exactly what the research entails and what is required of them. Potential risks and benefits of the study need to be given, as well as information on the possibility of withdrawing from the research, should they choose to do so. This information was discussed with all participants and covered in the information sheet

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and informed consent form. Written informed consent was thus obtained from each participant (parents and teachers alike).

- Confidentiality

The research assured all participants that all information collected during the study would remain confidential. All documentation has been kept in a locked cabinet, accessed by the researcher only. The various stakeholders and participants received the necessary feedback of the results of the study after the analysis phase of this study.

- Anonymity

The anonymity of participants was assured throughout the research process. Quantitative assessment measures were assigned codes in order to prevent personal information and names from being included. All capturing, analysis and interpretation was done through the use of the assigned code to each participant. During the qualitative assessment, names were not disclosed.

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- Risk of potential harm to subjects

The participants in this study were made aware of and encouraged to access counselling services, through the research, if the need arose. Dealing with personal subject matter about one's own personal development and childhood, as well as one's current parenting practices, could potentially stir up a great deal of traumatic or unprocessed emotional content for the participants. If a participant felt that the researcher was unable to contain and assist in these instances, participants were made aware of the possibility of counselling services.

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3.11. Self-reflexivity

The current study includes a qualitative component of data collection and, as such, it is imperative to reflect upon the subjective experience of the research component. The importance of this is highlighted as a means of identifying and working with possible assumptions or biases on the part of the researcher that may influence or impact on the interpretation and analysis of the collected data. By articulating and clarifying the researcher's own experiences, worldview and assumptions, the researcher is able to develop a more holistic understanding as to how the data was interpreted and specific conclusions reached (Merriam, 2009). As a means of reducing any bias on the qualitative data collection, as well as to allow participants to freely voice their perceptions and experiences, a research assistant ran the focus groups. However, the data analysis and interpretation performed by the primary researcher. As a result, it was necessary to keep subjective experiences and responses in check, particularly reactive, unconscious ones.

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Two factors become significant with regards to the function of self-reflexivity. Firstly, self-reflexivity functions to protect the research participants from any biases or prejudices that might be brought into the research context and, secondly, it functions to separate the researcher from the research process, thus allowing an opportunity for introspection. Two further aspects come to the fore in consideration of self-reflexivity. In the first instance, I considered my dual role as a clinical psychologist and researcher. In the context of this study, I had to be particularly mindful of boundaries and issues around the scope of practice. In particular, the COS-P is an intervention that is embedded in a psychological framework; and was developed by clinicians in clinical practice. Adding to the complexity of this, is that the COS-P intervention needs to be run by a mental health care practitioner or a clinician. This meant that

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there were aspects of this research process where I used the hat of 'clinical psychologist', providing a therapeutic holding space within the context of the intervention, while at other times I employed 'the hat of 'researcher.' There was a very fine line between offering therapeutic support within the context of the intervention, being mindful of when to refer a participant for additional counselling in the case of activation of difficult content, and requiring a counselling space beyond the scope of the study. Maintaining appropriate boundaries within this process was a complex experience, and one that required both supervision and mentoring to keep any ethical concerns in check.

The second component of this research process that evoked reflection was my role as a parent. My three children all fall within the early childhood developmental phase and, as such, the research was rather 'close to home.' In addition, the programme specifically spoke to my own role as a parent and the importance of my relationship with my children. Being mindful of this and checking in with supervisors was a critical aspect to the intervention process. The inclusion of aspects around my own parenting and examples of my own struggles was an element of the facilitation that made the programme more accessible to parents, encouraged them to be more vulnerable and to share their own stories. However, I needed to ensure that I created an appropriate boundary by providing a safe and shared experience environment without over-sharing inappropriately. This was ensured through the close supervision of both supervisors, as well as the mentorship of a clinical psychologist on campus. Reflection on the process allowed me to see the various components of my role and ensuring that the boundaries were respected in all cases.

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3.12. Conclusion

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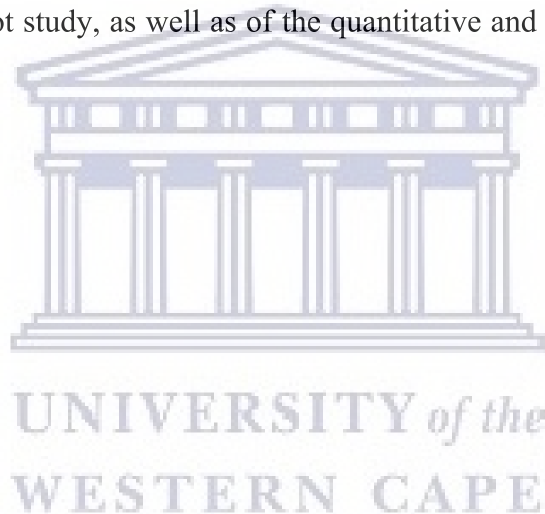
This chapter provided the methodological design of the study. A mixed methods design was utilised in order to provide a rich representation of the effect of the COS-P on both parental self-efficacy and internalising behaviours in children, as well as exploring the experiences of parents attending this programme. More specifically, the design is a concurrent nested design prioritising the quantitative phase followed by the qualitative phase. The chapter provides information with regards to the various stages of the research process such as sampling, data collection and data analysis. The results of the pilot study revealed the significant impact that the parenting programme was able to have on parental self-efficacy in a low-income community, even with a small sample. The following chapters provides the manuscripts of the systematic review and pilot study, as well as of the quantitative and qualitative data analyses respectively.



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Reporting of Results

The results are reported in the following four chapters. Firstly, the results of the systematic review will be provided. Secondly, the pilot study will be reported on. Following this will be a discussion of the quantitative results of the study, and the final results chapter will cover the qualitative results of the study.

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Chapter 4 : Systematic Review

CITATION: Jenny Rose, Nicolette Roman, Kelvin Mwaba & Kulthum Ismail (2018) The relationship between parenting and internalizing behaviours of children: a systematic review, Early Child Development and Care, 188:10, 1468-1486, DOI: 10.1080/03004430.2016.1269762

4.1. Introduction

The previous chapter discusses the methodological process that was followed in this study. Beginning this process, it was important to consider the current literature and research results relating to the primary variables being considered in this study. A vast research focus is given to externalizing behaviours in children and their link to parenting, but it became evident that consideration needed to be given to the relationship between internalising behaviours and parenting. As a result, a systematic review was conducted; the results of which are presented in this chapter. Articles relating to internalising behaviours and parenting where considered in this review and were then critically appraised to consider their methodological rigour. Several databases were consulted in order to ensure that the results have covered the important psychological research bases, and the findings of the review are presented in narrative format. The results provided significant contribution to understand the complex phenomenon of internalising behaviours, and the critical role that parenting has to play in both its development and maintenance.

4.2. Publication details

Title The relationship between parenting and internalising behaviours of children: A systematic review.

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Authors	Rose, J.L., Roman, N.V., Mwaba, K. & Ismail, K.
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The Journal of Early Child Development and Care is a multidisciplinary publication that serves psychologists, paediatricians, psychiatrists, social workers, educators and other professionals engaging in research, planning, education or care of infants and young children. It focuses on research considering preventative medical programs for young children, critical reviews and summary articles, and experimental and observational studies. All articles in the journal undergo rigorous peer review, based on initial editor screening and the refereeing of at least two anonymous referees.

4.4. Publication record

This article was published as part the candidate’s PhD research. The article was submitted for publication on 1 August 2016 and was accepted for publication on 05 December 2017 and was published online on the 12 January 2017.

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The relationship between parenting and internalising behaviours of children: A systematic review

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Introduction

There has been a substantial increase in the number of children presenting with severe psychiatric pathology over the last ten years. Over 65% of children with disorganised attachment go on to develop psychopathology (Cassidy & Marvin, 1992; Main & Solomon, 1990; Moss, Cyr, Bureau, Tarabulsy & Dubois-Comtois, 2005; Sroufe et al, 2005). These children often require multi-disciplinary treatment at tertiary institutions. There is a strong link between disorganised attachment and pathology, with a great percentage of disorganised attachment relationships developing into some form of pathology (Cassidy & Marvin, 1992; Main & Solomon, 1990; Moss et al., 2005; Sroufe et al, 2005).

A substantial number of children have presented with severe psychiatric pathology in recent years. A clear link between infant attachment strategies and psychopathology exist (Lyons-Ruth, 2003), mostly emerging after disorganised forms of attachment behaviour were described by Main and Solomon (1990). The relation between early disorganised attachment in children and associated behaviours has been extensively examined in early research (Cassidy & Marvin,

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1992; Moss, Cyr, Bureau, Tarabulsy & Dubois-Comtois, 2005; Sroufe et al, 2005) and remains a focal point in current research on children's behaviour. A vast amount of this research has found a clear link between disorganised attachment and pathology (Archer et al., 2015; Groh et al., 2012; Kochanska & Kim, 2013), indicating the importance of contributing to the understanding of this complex phenomenon.

Psychopathology in children can be divided into two broad categories, namely externalization and internalisation. Externalizing behaviours are those that involve more acting out behaviour, and often reflect disruptive, antisocial or aggressive behaviour; while internalising behaviours are not always overtly seen. Internalising behaviours include anxiety, depression, somatic complaints and withdrawal (Roelofs, Meesters, ter Huurne, Bamelis & Muris 2006). In addition, internalising behavioural problems are those that tend to impact more negatively on the child's internal psychological world rather than on the external environment (Fite, Stoppelbein, Greening & Dhossche, 2008). Internalising difficulties are often missed by those involved in a child's life (parents, teachers etc.). The type of symptoms children generally experience lends itself towards going unnoticed. For example, common symptoms are rumination, worry, depressogenic conditions. Many internalising symptoms may be missed because they are subjective perceptions of internal distress. They are therefore not always readily identifiable. In many cases where the symptoms are not noticed, the child continues to experience these difficulties, until such time that the symptoms become severe and warrant possible admission to a psychiatric facility.

Internalising difficulties often increase a child's risk for suicide, as well as relating to both academic and interpersonal struggles. The difficulties experienced by the child seem to be perpetuated into adolescence and adulthood, with many children continuing to experience these

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symptoms in years to come (Angold & Egger, 2007; Beeney et al., 2016). Hammen and Rudolph (2003) state that 80% of children experiencing a Major Depressive episode will experience a relapse within 5 - 7 years. Furthermore, anxiety disorders that are first diagnosed in childhood that are left untreated may turn into chronic anxiety into adolescence and adulthood (Albano, Chorpita & Barlow, 2003; Benjamin, Harrison, Settipani, Brodman & Kendall, 2013). Clinically depressed children have been identified as having had disruptions in the parental relationship (Kovacs, 1992). Najam and Majeed (2012) reported that a relationship between depression and perceived rejection in children was found. Furthermore, inappropriate parent-child attachments have a significant impact on a child's development and overall well-being (Thompson, 2001; Zeanah, 2000). More recently, it has also been found that secure attachment with at least one parent is important for the mental health of the child, although secure attachment with two parents does not seem to add a protective effect beyond security with one (Kochanska & Kim, 2013).

Bynum and Brody (2005, p. 61) found that 'parent-child relationship quality has indirect links to mothers' perceptions of children's internalising and externalizing behaviour through its relationship with children's self-regulatory behaviours. Fite et al, (2008) acknowledges that children with internalising behaviours, in contrast to those with externalizing behaviours, are significantly under-serviced at child psychiatric services.

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Parenting can become quite complex when considering the various aspects of it. However, it is important to distinguish between categorical vs dimensional descriptions of parenting styles, as well as the difference between parenting practices and parenting styles. Fletcher, Walls, Cook, Madison & Bridges (2008) highlight that parenting styles can either be considered as categorical descriptions or dimensional descriptions. Dimensional descriptions involve

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describing parent components (i.e. demandingness, parental responsiveness and warmth). For example, Parker, Tupling and Brown (1979) developed a two-faceted parenting measure. This measure taps into the degree to which parents are overprotective and the extent of a parent's responsiveness. Different subtypes are then classified based on the extent to which parents range in their levels of responsiveness and overprotection. For example, affectionless control represents parents that are high on overprotection and low on responsiveness. Whilst parents with weak bonding are both low on overprotectiveness and responsiveness. According to Baumrind, these two main aspects of parenting, either overprotection or excessive restriction, and responsiveness, nurture or care; all load onto four different types of parenting styles. Categorical descriptions are therefore the category that the parent falls in to, based on the dimensional description that is applied (i.e. authoritarian, permissive). The four parenting styles described by Baumrind (1966, 1967, 1978, 1991) are authoritative, authoritarian, permissive and neglectful. Authoritative parenting is considered the ideal parenting style, the one parents are encouraged to adopt. This parenting style encompasses both warmth and responsiveness, as well as encouraging compliance with rules and directives. Parents are open to discussion and encourage independence and autonomy. Parents are sensitive to the needs of their child. Authoritarian parenting on the other hand, is high in structure and restrictiveness but low on nurturance and responsiveness. These parents expect compliance to high standards and strict rules. They discourage interactive dialogue between parent and child and are often rigid and inflexible. Authoritarian parents are not responsive to their children's needs. Permissive parents are high on nurturance and responsiveness but low on restrictiveness. This means these parents are not demanding at all and do not expect compliance with rules or standards. They are, however, extremely warm and nurturing, and usually quite attuned to their child's needs. Neglectful parenting is neither restrictive nor responsive. They are often disengaged from the lives of their children.

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Parenting styles generally considers the emotional climate the child is provided with by the parent, (for example, an authoritative parent would use aspects of warmth and structure in the way he or she parented); whilst parenting practices are the parent's actual behaviours that are used in an attempt to achieve socialisation goals (for example, parental involvement in schooling, monitoring of a child's activities and different parental disciplinary strategies) (Darling & Steinberg, 1993).

It is widely accepted that parents play a key role with regards to a child's psychological and behavioural well-being (Fletcher et al., 2008; Festen et al., 2013). Although the literature in this field is extensive, there is a great deal of inconsistency in relation to which aspects of parenting behaviours and attitudes are at play when considering children's well-being. It is clear that the exact way parenting and a child's psychological and behavioural outcomes are linked, is indeed complex. At present, a great deal of research exists on the effect of parenting and externalizing behaviours (Dretzke et al, 2009, Roelofs et al, 2006; Berkien, Louwerse, Verhulst & van der Ende, 2012). Identifying changes in the behaviour of a child acting out and externalizing their struggles may be simpler than trying to do so with children who internalise their difficult experiences (Michael & Merrell, 1998). However, this relationship remains just as important, and gaining clarity with regards to this relationship seems necessary. Therefore, this study reviews previous research of the relationship between parenting and internalisation behaviour of children.

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Methods

Criteria for the review

Articles considered for inclusion were quantitative studies which were published in English during the period 2005 – 2015. This time period ensures final outcomes are current and relevant. In order to be included for the review, the studies had to focus on internalising behaviours in children and matters relating to parenting. Articles were excluded based on the following: articles in which parent's had a pre-existing psychological disorder, articles which focused on children over the age of 12 years, and articles which had a medical focus.

Search Strategy

Between July and August of 2015, a comprehensive search was conducted at the University of the Western Cape in the Biomed, Pubmed, ERIC, PsychArticles, Sage and Academic Search Complete databases. The keywords used in the search included: 'internalisation', 'parenting', 'children' and 'internalising behaviours'. The search was initially conducted by one researcher, and the titles, abstracts and full texts were then screened by two reviewers.

Table 4.1. Initial search results

	Biomed Central	Psych Articles	Academic Search Complete	ERIC	SAGE	Soc Index	Pubmed	**Total**
'Parenting' AND 'internalising behaviours' AND 'children'	121	24	189	80	172	81	335	**1002**

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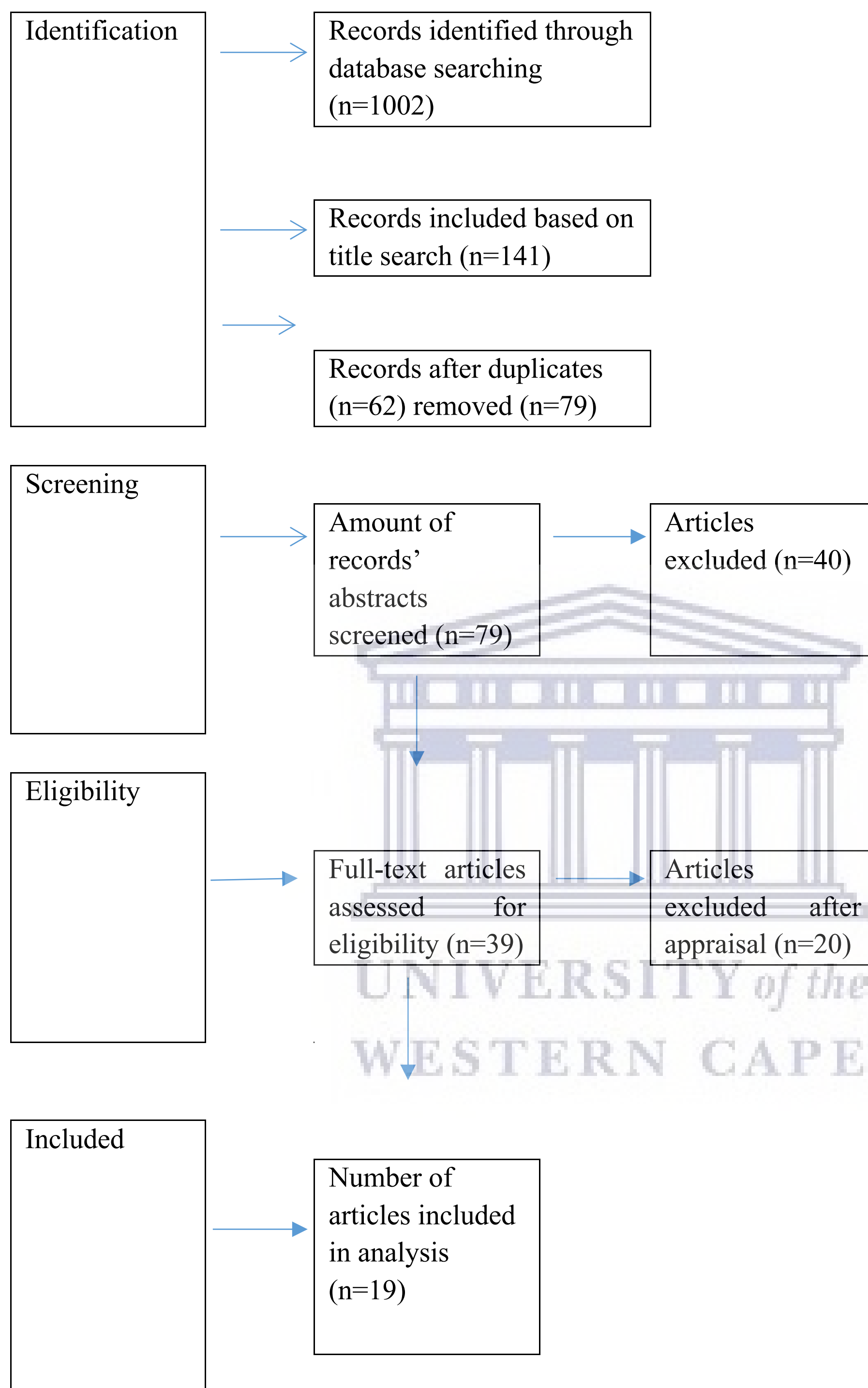

Figure 4.1. Flow chart of study selection

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Methods of review

This systematic review employed a three-step strategy. The initial search, conducted independently by one of the researchers, yielded a total of 1002 articles searching in all fields across all databases. These articles were screened by both researchers during the title search where a total of 79 were deemed eligible for inclusion at this point, after duplicates were removed. The second step was an abstract screening by both reviewers and 39 full-text articles remained based on the inclusion criteria. The full texts of eligible articles were retrieved. These researchers then independently reviewed and appraised the eligible articles. The researchers then compared the scoring of the appraised articles. Discrepancies were discussed until there was complete consensus with the scoring of each article. Following this, 19 articles were included for the final analysis of the data extraction.

The appraisal tool and the methodological appraisal process

The critical appraisal tool was developed to suit the unique needs of the research question. The appraisal tool consisted of 14 items that specifically evaluated quantitative articles (see Figure 4.2). Scoring was based on specific criteria which contributed to the overall methodological quality of the studies. These criteria were: the aim of the study, study design, validity and reliability of measuring tools used, sampling and data collection methods, reporting of findings and directions for future research. A cut-off score of 65 % was set and of the 39 articles appraised, 19 met the cut off score and were then included for data extraction.

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1	**Was the purpose of the study clearly stated?** A. Yes B. No	 **1** **0**
2	**Was the research design clearly stated?** A. Yes B. No	 **1** **0**
3	**Was the sampling method representative of the population intended to the study?** A. Non-probability sampling (including: purposive, quota, convenience and snowball sampling) B. Probability sampling (including: simple random, systematic, stratified g, cluster, two-stage and multi-stage sampling)	 **0** **1**
4	**Was the sample size justified?** A. Yes B. No	 **1** **0**
5	**Did the study report any response rate? (If the reported response rate is below 60%, the question should be answered "No".)** A. No B. Yes	 **0** **1**
6	**Were the outcome measures used valid?** A. Yes B. No	 **1** **0**
7	**Were the outcome measures used reliable?** A. Yes A. No	 **1** **0**

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8	**Do the authors include the definition of internalisation used for their study?** A. Yes B. No	 **1** **0**
9	**Were results reported in terms of statistical significance?** A. Yes B. No	 **1** **0**
10	**Were analysis method(s) appropriate?** A. Yes B. No	 **1** **0**
11	**Were recommendations made based on the results of the study?** A. Yes B. No	 **1** **0**
12	**What was the source of the data?** A. Secondary source: survey not specifically designed for the purpose B. Primary source	 **0** **1**
13	**Have ethical issues been adequately addressed?** A. Yes B. No	 **1** **0**
14	**Were hypotheses stated?** A. Yes B. No	 **1** **0**
Scoring method: Total score divided by total number of all applicable items		
Grading of the QACO score		

Figure 4.2. Appraisal tool

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Table 4.3. Scoring grid

0% -33%	35%- 64%	65% -100%
0/14 - 4/14	5/14 - 8/14	9/14 and above
Bad	Satisfactory	Good

Data extraction

A data extraction sheet was developed in order to provide a summarised overview of the study and to highlight key areas. Data extraction was completed for the 19 articles, capturing the sample characteristics, the dimension of parenting and study results pertaining specifically to internalisation in children. The data extraction sheet included the following headings: author, year of publication, method overview (including design, sample and context), parenting construct, definition of internalisation and study outcomes (please see Table 4.4).

Findings

Of the 19 articles included in the final analysis, 11 of these studies were conducted in the USA (58%, i.e. more than half the articles); the remaining studies took place in the Netherlands (3), Australia (2), China (2) and Canada (1). All 19 articles were from a non-clinical sample. Of the 19 articles, 7 were longitudinal studies, 6 were secondary data from a larger longitudinal study, and 4 were correlational studies.

Psychometric Instruments

When looking at the instrument used to assess levels of internalisation; 74% of articles (14 articles) used the Child Behaviour Checklist (CBCL) as the psychometric assessment measuring the construct of internalisation. Four studies used the Child Behaviour Questionnaire and two used the Strange Situation Procedure. The majority of the studies chose

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the CBCL as the measure to determine levels of internalisation. However, when determining the aspect of parenting to be measured, the results are not as clear. Three articles used the Alabama Parenting Questionnaire (APQ), 3 used the Home Observation for Measurement of the Environment Inventory (HOME), 2 used the Parenting Styles and Dimensions Questionnaire (PSDQ) and 2 used the Coping with Toddlers' Negative Emotions Scale (CTNES).

Internalisation behaviours and parenting

Of the 19 articles included in this review, 14 very clearly displayed a positive association between poor parenting practices and levels of internalisation. In other words, 74% of articles appraised found an association between some aspect of poor parenting and internalisation symptoms in children. That is, the higher the levels of poor parenting practices, the higher the levels of internalisation symptoms in children. For example, Engle and McElwain (2011) found that when parents responded punitively to toddler's negative affective experiences, levels of internalisation were higher. That is to say that when parenting practices are not considered appropriate or healthy and may even be classified as destructive; it could result in increased levels of internalisation behaviours, as it did in this study.

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Parenting

Various aspects of parenting were included in each of the articles. Five articles (26%) used parenting practices, whilst 5 articles (26%) used parenting styles. Further parenting constructs that were considered were quality of parenting (3 articles), Spanking / Punitive / Hostile parenting (2 articles), parenting stress (2 articles), Parent Reactions (1 article) and attachment (1 article).

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Parenting Styles

Five of the articles focused specifically on parenting styles and it's relation to internalisation. All of these five studies (Luckyx etc al, 2011; Williams et al, 2009; Eisenberg, Chang, Ma & Huang, 2009; Rinaldi & Howe, 2012; Pauluseen-Hoogeboom et al., 2008) found that the lowest levels of internalisation was found in children with parents who adopt an authoritative parenting style, illustrating that this parenting style is best suited for optimal development in children. Parents who are warm and responsive tend to have children who display fewer internalising symptoms.

Parenting styles were also identified in the role they may play in the development of such symptoms. Eisenberg et al. (2009) identified authoritative parenting as a parenting style associated with decreased levels of internalising problems. Pauluseen-Hoogeboom et al. (2008) reported similar findings. These authors found that as levels of maternal authoritative parenting increased, levels of children's internalising symptoms decreased. Luckyx et al. (2011) found that authoritative parenting was the only style that showed decreased in internalising symptoms with age. These authors also identified children of the uninvolved parenting style as showing the highest level of internalising symptoms. Guajardo, Snyder and Petersen (2009) identified lax and over-reactive parenting as being positively associated with internalising behaviours. Roelofs et al. (2006) reported similar findings in that parental rejection, over protection and anxious rearing styles were positively related to internalising symptoms. In addition, fathers with an authoritarian style had a positive association with children's internalising behaviours (Rinaldi & Howe, 2012). Williams et al. (2009) found that greater permissive parenting was found to be related to greater preschool internalising problems. Interestingly, Razza, Martin and Brooks-Gunn (2012) was the only article to find that maternal warmth was not associated with internalising behaviour.

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Bayer, Sanson and Hemphill (2006) found that higher levels of parental warmth was associated with lower levels of internalisation. In similar findings to Bayer et al. (2006); Roelofs et al. (2006) also found that higher levels of over involved or protective parenting was associated with higher levels of internalisation. They too identified increases in emotional warmth of both parents as a factor decreasing levels of internalisation. One article however (Razza et al., 2012), found that maternal warmth did not have an effect on levels of internalisation.

Parenting practices

Several articles looked at specific behaviours and factors that either may exert strain or pressure onto parenting and may ultimately contribute to poor parenting practices. These factors included parenting stress, child-rearing stress and marriage. For example, two of the articles (Schacht, Cummings & Davies 2009; Guarjardo et al, 2009) considered marriage as a variable and looked at how it affects parenting practices. Both articles showed that stressors that occur in marriage could negatively impact parenting practices which in turn, can affect children's levels of internalisation. Two articles (Roelofs et al., 2006 and NICHD 2006) examined how attachment is linked to internalisation and parenting. One article (NICHD, 2006) found that parenting acts as a mediator between children's attachment and internalisation while the other (Roelofs, 2006) found that secure attachment can act as a buffer in the association between parenting and internalisation.

Several articles found that harsher, hostile or punitive parenting was associated with higher levels of internalisation. Coley, Kull and Carrion (2014) identified mothers' endorsement of spanking in later childhood as an association with higher internalising behaviours. Engle and McElwain (2010) found that when parents respond to children negative affective states with

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punitive reactions, higher levels of internalising behaviours were observed. Furthermore, Edwards and Hans (2015) identified hostile parenting as a risk factor for infants developing internalising problems. Eisenberg et al. (2009) also identified corporal punishment as associated with increased levels of internalisation.

Attachment and internalisation

When comparing securely and insecurely attached children, those with insecure attachment styles reported higher rates of internalisation. Furthermore, when children felt secure, it was a mediating factor against the development of internalising symptoms, despite decreased positive paternal parenting practices (Tharner et al.,2012).

Discussion

The aim of this review was to determine the relationship between parenting and internalisation behaviours in children. This review included 19 articles in total. This systematic review gives clear evidence to consider a relationship between parenting factors and internalisation behaviours in children. Attachment theory has long emphasised the significance of the parent-child relationship; and it stands steadfast in the belief that the nature of this relationship, and the behaviours that accompany it, have significant implications for outcomes in both children, and later in adulthood too.

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This review indicates that there are positive parenting practices that contribute to the reduction of internalisation symptoms, while there are negative parenting practices that exacerbate or increase levels of internalisation symptoms in children.

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Positive parenting practices are those such as warmth, being engaged and responsiveness, which are considered factors that may decrease levels of internalisation. However, one article found that maternal warmth did not contribute towards lower levels of internalisation. Razza et al. (2011) acknowledge that the measure of self-regulation was unidimensional; admitting that it may in fact have limited the ability to detect associations with warmth. Furthermore, maternal warmth was measured during a once off home visit, assessing various observed behaviours. This too may be limiting in that a child's stressful experience was not elicited and therefore the mother's reactions were not directly observed. It is possible, therefore, that the measures used in this study may have limited the accessibility of maternal warmth, and its impact on various child behaviours.

This review has shed light on the implications of poor parenting practices. When parents are not attuned, unavailable, unresponsive, rejecting, hostile or punitive, poor outcomes are often the result for their children. This study was able to identify several components of poor parenting that were identified as contributing towards this.

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Hostile parenting was identified as a risk factor to internalisation in several studies, together with corporal punishment and endorsement of spanking. This echoes much of the current literature which states that punitive styles of discipline are not associated with positive outcomes in children. Parenting stress and child-rearing stress was also considered a contributory factor to internalising behaviours in children. When parents are stressed, they are unable to fully engage with their children, and their children may either become anxious, withdrawn or even defensive and aggressive. When parents are under pressure and experiencing stress, they often become emotionally unavailable to their children, not as able to

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regulate their child's emotional experiences, and provide consistent, predictable interactions. When this happens, it may lead to detrimental outcomes in the child.

Overall, authoritative parenting style was associated with a decrease in levels of internalisation. As parents exhibited behaviours in line with this parenting styles, children's internalising behaviours were not as evident. Such behaviours exhibited by authoritative parents are warmth and acceptance, while providing structure, limits and control when necessary. They have firm standards but also employ a flexible approach, taking the child's needs into account. It is well documented that this parenting style is the optimal one, with children thriving in such environments. Of significance too is that the review illustrated that authoritarian parenting style was associated with higher levels of internalisation in children. Other parenting styles too, for example permissive or over-involved parenting was also associated with higher levels of internalisation. Some articles found the link between gender-specific authoritarian parenting styles, for example, internalising behaviours correlated with fathers' authoritarian parenting styles.

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Parenting encompasses so many varying aspects, ranging from dimensions and categories, to parenting practices, behaviours and styles. The implications are such that the great diversity amongst the way parents parent, results in significant complexity when addressing the topic of parenting. It is not possible to identify only one aspect that compounds a particular problem, but rather it seems pertinent to identify various aspects within this range of behaviour.

When comparing securely and insecurely attached children, those with insecure attachment styles reported higher rates of internalisation. Furthermore, when children felt secure, it was a mediating factor against the development of internalising symptoms, despite decreased positive

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paternal parenting practices. The significance of this is that children who are securely attached, and feel safe within the relationship with their parents, are likely to have more positive outcomes.

Studies have shown that the quality of the parent-child relationship is able to predict adulthood outcomes of mental and physical health. Therefore, the nature of the parent-child relationship during the early years is critical to the child's later functioning (Thompson, 2001; Zeanah, 2000). Research conducted by Gardner, Hutchings, Bywater and Whitaker (2010) has concluded that a fundamental aspect of addressing child problem behaviour is through improvements in positive parenting rather than a reduction of negative parenting. Through self-reflection, education and guidance, parents are able to change the nature of their attachments to their children, which, as research indicates, will reduce the child's risk for pathology (Bloomfield & Kendall, 2012). Therefore, enhancing attachment between parent and child is a powerful way of combating pathology (Berlin, Ziv, Amaya-Jackson & Greenberg, 2005).

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Limitations

As a result of the varying aspects of parenting that were reviewed, the studies selected reflected significant heterogeneity across them, and as a result, the synthesis of the data was a challenge. As parenting is such a broad construct, it allowed for several aspects and dimensions and categories of parenting to be included. This made analysis difficult, in that some studies focused on parenting styles, others on parenting dimensions, and others on the quality of the parenting. Although this in itself was challenging, it also added a richness to the results, reflecting various components of parenting that may be linked to internalisation.

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Conclusion

A systematic review, as a research method, holds a unique place in healthcare, as it contributes to the foundation of the development of practice guidelines, and informs future research challenges. This form of research allows access to empirical, published and peer-reviewed evidence of a specific topic, allowing for a more comprehensive search than a literature review, and eliciting outcomes with greater methodological rigour. The information gathered should be used to inform a further step in the research process; in this case, the relationship between internalisation behaviours in children and parenting can be better understood for the context of the delivery of an attachment-based parenting programme to this subgroup of individuals. The review has highlighted the significant relationship between dysfunctional or inappropriate parenting practices or styles, and internalising behaviours. As a result, the knowledge of this relationship can significantly contribute to treatment intervention and case management. In the instance when a child presents with internalising symptoms, it would be important to consider parenting factors as a contributory aspect to the maintenance of these behaviours. Multi-disciplinary mental health care specialists can utilise this information to inform treatment, and to encourage parenting interventions as part of a child treatment protocol. Parents should be mindful of their role in their child's behaviour, and understand the importance of providing warm, responsive and attuned engagement with their child.

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Table 4.2. Included article information

	Author	Year	Title	Country	Research design	Evidence based?	Sample	Context
1	Bayer, Sanson & Hemphill	2006	Parent influences on early childhood internalising difficulties	Australia	Longitudinal, cross-sectional design	Yes	Non-clinical community	Community
2	Coley, Kull & Carrano	2014	Parental endorsement of spanking and children's internalizing and externalizing problems in African American and Hispanic families	USA	Secondary analysis from larger longitudinal study	Yes	Non-clinical	Community – low income urban families
3	Coln, Jordan and Mercer	2013	A unified model exploring parenting practices as mediators of marital conflict and children's adjustment	USA	Quantitative – unclear	Yes	Non-clinical	Community
4	Engle & McElwain	2010	Parental reactions to toddler's negative emotionality as correlates of problem behaviour at the age of 3	USA	Short term longitudinal	Yes	Non-clinical	Community
5	Edwards & Hans	2015	Infant risk factors associated with internalizing, externalizing and co-occurring behavior problems in young children	USA	Secondary analysis from larger longitudinal study	Yes	Non-clinical	Community

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6	Eisenberg, Spinrad, Eggum, Silva, Reiser, Hofer, Smith, Gaertner, Kupfer, Popp & Michalik	2010	Relations among maternal socialisation, effortful control, and maladjustment in early childhood	USA	Longitudinal	Yes	Non-clinical	Clinical - procedures and questionnaires completed in a laboratory
7	Eisenberg, Chang, Ma & Huang	2009	Relations of parenting style to Chinese children's effortful control, ego resilience, and maladjustment	China	Not given	Yes	Non-clinical	Community (Urban and rural)
8	Guajardo, Snyder & Petersen	2009	Relationships among parenting practices, parental stress, child behaviour and children's social-cognitive development	USA	Correlational	Yes	Non-clinical	Community
9	Liu & Wang	2015	Parenting stress and children's problem behaviour in China: The mediating role of parental psychological aggression	China	Longitudinal	Yes	Non-clinical	Community
10	Luckyx, Tildesley, Soenens, Andrews, Hampson, Peterson & Duriez	2011	Parenting trajectories of children's maladaptive behaviours: A 12-year prospective community study	USA	Longitudinal	Yes	Non-clinical	Community

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11	Pauluseen-Hoogeboom, Stams, Hermanns, Peetsma & Van den Wittenboer	2008	Parenting style as a mediator between children's negative emotionality and problematic behaviour in early childhood	Netherlands	Correlational	Yes	Non-clinical	Community
12	Razza, Martin & Brooks-Gunn	2012	Anger and children's socioemotional development: can parenting elicit a positive side to a negative emotion	USA	Secondary analysis from larger longitudinal study	Yes	Non-clinical	Community
13	Rinaldi & Howe	2012	Mothers' and fathers' parenting styles and associations with toddlers' externalizing, internalising and adaptive behaviours	Canada	Correlational	Yes	Non-clinical	Community
14	Roelofs, Meesters, ter Huurne, Bamelis & Muris	2006	On the links between attachment style, parental rearing behaviours, and internalising and externalizing problems in non-clinical children	Netherlands	Correlational	Yes	Non-clinical	Community
15	Schacht, Cummings & Davies	2009	Fathering in family context and child adjustment: A longitudinal analysis	USA	Longitudinal	Yes	Non-clinical	Community

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16	Tharner, Luijk, van IJzendoorn, Bakermans-Kranenburg, Jaddoe, Hofman, Verhulst & Tiemeier	2012	Infant attachment, parenting stress, and child emotional and behavioural problems at age 3	Netherlands	Secondary analysis from a larger prospective study	Yes	Non-clinical	Research Centre
17	Williams, Degnan, Perez-Edgar, Henderson, Rubin, Pine, Steinberg & Fox	2009	Impact of behavioural inhibition and parenting style on internalizing and externalizing problems from early childhood through adolescence.	USA	Secondary analysis from larger longitudinal study	Yes	Non-clinical	Clinical (Laboratory)
18	Letcher, Smart, Sanson & Toumbourou	2009	Psychosocial precursors and correlates of differing internalising trajectories from 3-15 years	Australia	Secondary analysis from large-scale prospective longitudinal study	Yes	Non-clinical	Community
19	NICHD Early Child Care Research Network	2006	Infant-mother attachment classification: Risk and protection in relation to changing maternal caregiving quality	USA	Longitudinal	Yes	Non-clinical	Community

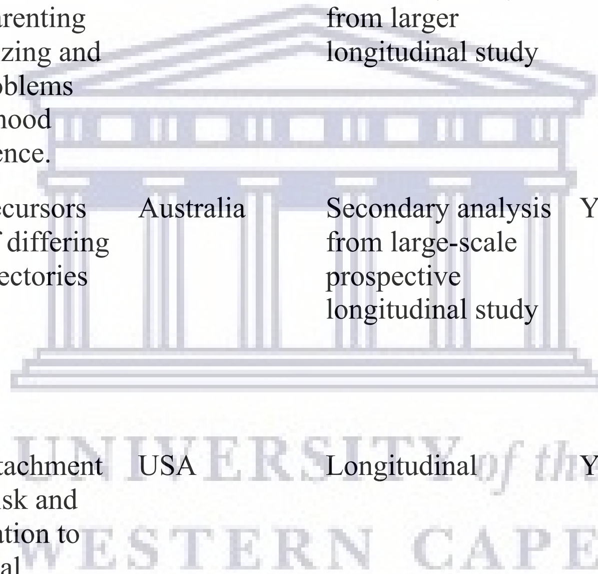
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Table 4.3. Data extraction

	Author	Year	Journal	Title	Parenting construct being measured	Instrument measuring parenting	Instrument measuring internalisation	Outcomes
1	Bayer, Sanson & Hemphill	2006	Journal of applied developmental psychology	Parent influences on early childhood internalising difficulties	Parenting practices (low warmth, low autonomy-encouraging, high power-assertive/punitive, high over-involved/protectiv e) Parental depression-anxiety	Child Rearing Questionnaire (CRQ) An additional 50 items consistent with CRQ developed to assess protective parenting and ways of encouraging autonomy	Observed behaviour during playroom visits Children's Moods, Fears and Worries Questionnaire	Higher levels of parental warmth were associated with lower levels of internalisation while higher levels of over-involved/protective parenting was associated with higher levels of internalisation.
2	Coley, Kull & Carrano	2014	Journal of family psychology	Parental endorsement of spanking and children's internalizing and externalizing problems in African American and	Mother's endorsement of spanking.	2 items from Parent Styles Scale	Child Behaviour Checklist (CBCL)	Mother's endorsement of spanking earlier (age 3) was associated with short-term declines in internalizing symptoms however, spanking endorsement at later ages was associated with higher internalizing symptoms.

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				Hispanic families				
3	Coln, Jordan and Mercer	2013	Child psychiatry and human development	A unified model exploring parenting practices as mediators of marital conflict and children's adjustment	Marital conflict Parenting practices (positive parenting, involvement, inconsistent discipline, poor monitoring/ supervision and corporal punishment) Psychological control	The Conflict and Problem-Solving Scale (CPS) The Alabama Parenting Questionnaire (APQ) The Psychological Control Questionnaire (PCQ)	The Child Behaviour Checklist (CBCL)	Destructive marital conflict was found to be associated with negative parenting practices which resulted in higher levels of internalizing behaviours. Parental psychological control was also associated with higher levels of internalizing behaviours.
4	Engle & McElwain	2010	Social development	Parental reactions to toddler's negative emotionality as correlates of problem behaviour at the age of 3	Parental reactions to toddlers' negative emotions	Coping with Toddlers' Negative Emotions Scale (CTNES)	Toddler Behaviour Assessment Questionnaire (TBAQ) Child Behaviour Checklist (CBCL)	Parental punitive reactions to toddler's negative emotions was associated with higher levels of internalizing behaviour.

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5	Edwards & Hans	2015	Developmental psychology	Infant risk factors associated with internalizing, externalizing and co-occurring behavior problems in young children	Hostile Parenting	Home Observation for Measurement of the Environment (HOME)	Kagan Mobile Task Child Behaviour Checklist (CBCL)	Hostile parenting was identified as a risk for infants developing internalizing problems.
6	Eisenberg, Spinrad, Eggum, Silva, Reiser, Hofer, Smith, Gaertner, Kupfer, Popp & Michalik	2010	Developmental psychopathology	Relations among maternal socialisation, effortful control, and maladjustment in early childhood	Quality of parenting (mother's responses to negative emotion and maternal observed sensitivity and warmth)	Coping with Toddlers' Negative Emotions Scale Observations of mother-child interactions	Early Childhood Behavioural Questionnaire (ECBQ) Child Behaviour Questionnaire (CBQ)	Article assesses relations among parenting, effortful control (EC) and maladjustment. 18-month unsupportive parenting negatively predicted EC at 30 months. EC was negatively related to internalising problems.

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7	Eisenberg, Chang, Ma & Huang	2009	Developmental psychopathology	Relations of parenting style to Chinese children's effortful control, ego resilience, and maladjustment	Authoritative parenting Punitive parenting	Parenting Styles and Dimensions (PSD)	Child Behaviour Questionnaire (CBQ) Child Behaviour Checklist (CBCL) 13 items from Teachers Rating Index of Depression 6 items from adaption of CBCL	Authoritative parenting was associated with decreased levels of internalizing problems while parental corporal punishment was associated with increased levels of internalisation
8	Guajardo, Snyder & Petersen	2009	Infant and child development	Relationships among parenting practices, parental stress, child behaviour and children's social-cognitive development	Parenting – lax and over-reactive Parenting stress	Parenting Scale (PS) Parenting Stress Index	Child Behaviour Checklist (CBCL)	Lax and over-reactive parenting were positively associated with internalizing behaviours. Parent-related stress was associated with both laxness and overreactivity, and also predicted child internalizing behaviours.
9	Liu & Wang	2015	Journal of family psychology	Parenting stress and children's problem behaviour in China: The mediating role	Parenting stress	Stress Index – Short form Parent-Child Conflict Tactics Scale	Child Behaviour Checklist (CBCL)	Parenting stress was found to have a direct effect on children's internalizing problem behaviour.

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				of parental psychological aggression				
10	Luckyx, Tildesley, Soenens, Andrews, Hampson, Peterson & Duriez	2011	Journal of clinical child and adolescent psychology	Parenting trajectories of children's maladaptive behaviours: A 12-year prospective community study	Parenting classes (indulgent, authoritative, authoritarian, uninvolved)	Alabama Parenting Questionnaire (APQ)	(Abbreviated) Child Behaviour Checklist (CBCL)	Initially, children of the uninvolved (parenting) class showed the highest level of internalizing symptoms. Authoritative parenting was the only style that showed decreases in internalizing symptoms with age.
11	Pauluseen-Hoogeboom, Stams, Hermanns, Peetsma & Van den Wittenboer	2008	The journal of genetic psychology	Parenting style as a mediator between children's negative emotionality and problematic behaviour in early childhood	Parenting style (authoritative, authoritarian	Scores derived from 6 different scales: Responsiveness Scale Consistency Scale Acceptance Scale Induction Scale Power Assertion Scale	Child's Behaviour Questionnaire (CBQ) Child Behaviour Checklist (CBCL)	As levels of maternal authoritative parenting increased, levels of children's internalizing symptoms decreased.

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						Love Withdrawal Scale Induction, power assertion and love withdrawal were measured by items from the Parenting Dimensions Inventory		
12	Razza, Martin & Brooks-Gunn	2012	Journal of child and family studies	Anger and children's socioemotional development: can parenting elicit a positive side to a negative emotion	Maternal warmth (and it's interaction with anger).	Home Observation for Measurement of the Environment (HOME) Inventory	Child Behaviour Checklist (CBCL)	Unexpectedly, maternal warmth was not associated with internalizing behaviour.
13	Rinaldi & Howe	2012	Early childhood research quarterly	Mothers' and fathers' parenting styles and associations with toddlers' externalizing, internalizing and	Parenting styles – authoritative, authoritarian and permissive	(Abbreviated) Parenting Styles and Dimensions Questionnaire (PSDQ)	Behaviour Assessment Scale for Children (BASC-2)	Father's authoritarian parenting style was positively associated with children's internalizing behaviours.

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				adaptive behaviours				
14	Roelofs, Meesters, ter Huurne, Bamelis & Muris	2006	Journal of child and family studies	On the links between attachment style, parental rearing behaviours, and internalizing and externalizing problems in non-clinical children	Parental rearing behaviours (rejection, overprotection, lack of emotional warmth and anxious rearing) Attachment style (secure and insecure)	EMBU-C The Relationship Questionnaire for Children (RQC)	The Revised Child Anxiety and Depression Scale (RCADS)	Parental rejection, overprotection, and anxious rearing style were positively related to internalizing behaviours. Increases in emotional warmth of both parents was associated with decreases in internalizing symptoms.
15	Schacht, Cummings & Davies	2009	Journal of family psychology	Fathering in family context and child adjustment: A longitudinal analysis	Marital conflict Parenting (Focus on fathers)	The Conflict and Problem-Solving Scale (CPS) Alabama Parenting Questionnaire (APQ) Parental Acceptance-Rejection Questionnaire (PARQ)	The Security in the Interparental Subsystems Scale Child Behaviour Checklist (CBCL)	Paternal marital conflict was related to negative parenting practices which are in turn related to emotional security which predicts internalizing problems in children.

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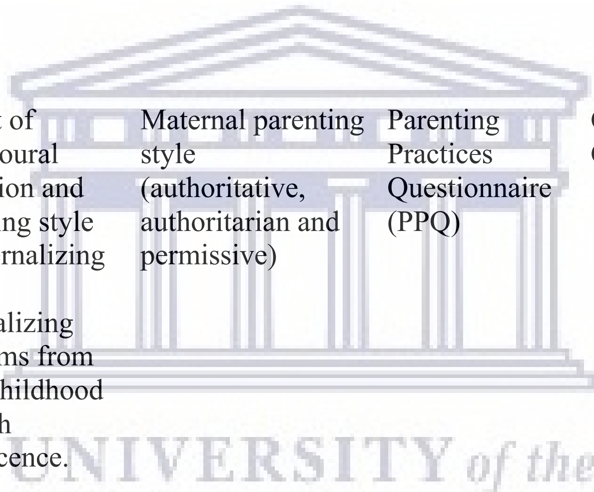
16	Tharner, Luijk, van IJzendoorn, Bakermans-Kranenburg, Jaddoe, Hofman, Verhulst & Tiemeier	2012	Parenting: Science and Practice	Infant attachment, parenting stress, and child emotional and behavioural problems at age 3	Parenting stress Attachment (secure, insecure-avoidant, insecure-resistant and disorganised)	Parenting Stress Index – Short form (PSI-SF)	Strange Situation Procedure (SSP) Child Behaviour Checklist (CBCL)	Childrearing-related parenting stress predicts more internalizing behaviour problems. Secure attachment buffers the negative effects of parental stress – stress only predicted internalizing problems in insecurely attached children.
17	Williams, Degnan, Perez-Edgar, Henderson, Rubin, Pine, Steinberg & Fox	2009	Journal of abnormal child psychology	Impact of behavioural inhibition and parenting style on internalizing and externalizing problems from early childhood through adolescence.	Maternal parenting style (authoritative, authoritarian and permissive)	Parenting Practices Questionnaire (PPQ)	Child Behaviour Checklist (CBCL)	Greater permissive parenting was found to be related to greater preschool internalizing problems.
18	Letcher, Smart, Sanson & Toumbourou	2009	Social Development	Psychosocial precursors and correlates of differing internalizing trajectories from 3-15 years	Parent-child relationship quality		Pre-school Behaviour Questionnaire (PBQ) Child Behaviour Questionnaire (CBQ)	Higher levels of infant and toddler temperamental shyness, irritability and low co-operation and mother-baby relationship difficulties were found among children with high



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								and increasing internalizing problems.
19	NICHD Early Child Care Research Network	2006	Developmental Psychology	Infant-mother attachment classification: Risk and protection in relation to changing maternal caregiving quality	(Quality of) Maternal caregiving	Home Observation for Measurement of the Environment (HOME) Inventory Observations in different tasks	Strange Situation Procedure (SSP) Child Behaviour Checklist	Children who were classified as avoidant or disorganised were found to exhibit more internalizing behaviours than other children. This relationship was found to be mediated by parenting.

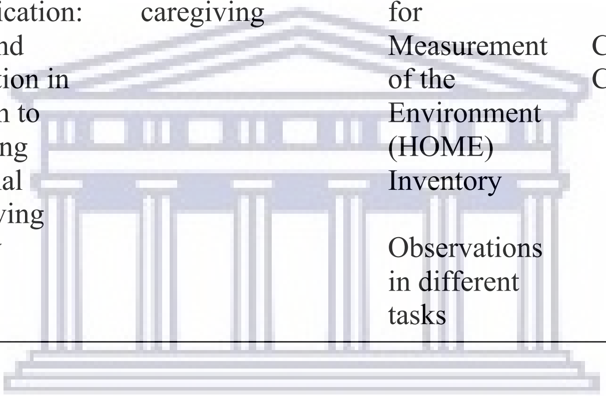
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Table 4.4. Scoring sheet for full-text reading

Item Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total	%
ARTICLES																

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Atzaba-Poria (2011)	1	0	0	0	0	1	1	0	1	1	1	1	1	1	**9**	**64%**
Barnet & Scaramella (2013)	1	0	1	0	1	0	1	0	1	1	1	0	1	0	**8**	**57%**
Barnett et al (2010)	1	0	1	0	1	0	1	0	1	1	1	0	0	1	**8**	**57%**
Bayer, Sanson & Hemphill (2006)	1	0	0	1	1	1	1	1	1	1	1	1	1	1	**12**	**85%**
Berkien et al (2012)	**EXCLUDE**															
Caron et al (2006)	1	0	0	0	0	0	1	0	1	1	1	0	1	1	**7**	**50%**

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Coley, Kull & Carrano (2014)	1	0	1	1	1	1	1	0	1	1	1	0	1	1	**11**	**78%**
Coln, Jordan & Mercer (2013)	1	0	0	1	0	1	1	0	1	1	1	1	1	1	**10**	**71%**
Engle & McElwain (2010)	1	1	1	0	0	1	1	0	1	1	1	1	0	1	**10**	**71%**
Edwards & Hans (2015)	1	1	0	0	1	1	1	1	1	1	1	0	0	1	**10**	**71%**
Eisenberg et al (2010)	1	1	1	0	1	0	1	0	1	1	1	1	1	1	**11**	**78%**

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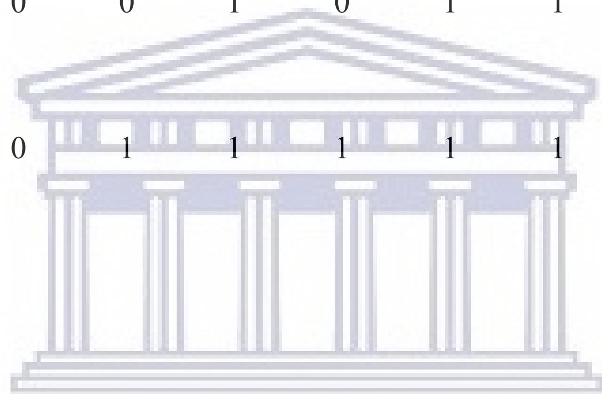
Eisenberg, Chang & Huang (2009)	1	0	1	0	1	1	1	0	1	1	1	1	1	1	**11**	**78%**
Fletcher et al (2008)	1	0	0	0	0	0	1	0	1	1	1	1	1	1	**8**	**54%**
Guajardo, Snyder & Petersen (2009)	1	0	1	0	0	1	1	1	1	1	1	1	0	1	**10**	**71%**
Han & Grogan-Kaylor (2012)	**EXCLUDE**															
Kaczynski et al (2006)	1	0	1	0	0	1	1	0	1	1	1	0	1	1	**9**	**64%**



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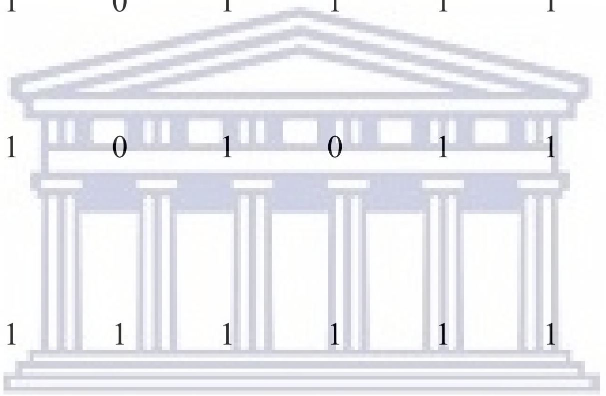
Khafi, Yakes & Sher-Censor (2015)	1	0	1	0	1	0	1	0	1	1	1	0	1	1	**9**	**64%**
Letcher et al (2009)	1	0	1	0	1	0	1	1	1	1	0	0	1	1	**9**	**64%**
Leve, Kim & Pears (2005)	1	1	1	0	1	0	1	0	1	1	1	0	0	1	**9**	**64%**
Liu & Wang (2015)	1	1	1	0	1	1	1	1	1	1	1	0	1	1	**12**	**85%**
Luckyx et al (2011)	1	1	1	0	0	0	1	0	1	1	1	1	1	1	**10**	**71%**
Maguire-Jack et al (2012)	1	0	0	0	0	0	1	1	1	1	1	0	0	1	**7**	**50%**



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McShane & Hastings (2009)	1	0	1	0	0	0	1	0	1	1	1	0	0	1	**7**	**50%**
Mullineaux et al (2009)	**EXCLUDE**															
NICHD (2006)	1	0	1	0	0	1	1	0	1	1	1	1	0	1	**9**	**64%**
O'Leary & Vidoir (2005)	1	0	1	0	1	1	1	0	1	1	0	0	1	1	**9**	**64%**
Paulussen-Hoogeboom et al (2008)	1	0	1	0	0	1	1	1	1	1	1	1	1	1	**11**	**78%**

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Razza, Martin & Brooks-Gunn (2012)	1	1	1	0	1	0	1	1	1	1	1	0	0	1	**10**	**71%**
Reidler & Swenson (2012)	1	0	1	0	1	0	1	0	1	1	1	0	1	1	**9**	**64%**
Rinaldi & Howe (2012)	1	0	1	0	1	0	1	0	1	1	1	1	1	1	**10**	**71%**
Roelofs et al (2005)	1	0	1	0	1	1	1	1	1	1	1	1	1	0	**11**	**78%**
Schacht et al (2009)	1	1	1	0	1	0	1	0	1	1	1	1	1	1	**11**	**78%**
Spratt (2012)	1	1	0	0	1	0		0	0	1	1	1	1	1	**9**	**64%**

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Stevens et al (2007)	1	0	1	0	1	0	1	0	1	1	1	0	1	1	**9**	**64%**
Suzuki & Tomoda (2015)	0	0	1	0	0	1	1	1	1	1	1	0	1	1	**9**	**64%**
Tharner et al (2012)	1	1	1	0	1	1	1	0	1	1	1	0	1	1	**11**	**78%**
Trentacosta et al (2008)	1	1	0	0	1	0	1	0	1	1	1	0	1	1	**9**	**64%**
Williams et al (2009)	1	0	1	0	1	0	1	1	1	1	1	0	1	1	**10**	**71%**
Yildirim & Roopnarine (2015)	1	0	1	0	0	0	1	1	1	1	1	0	1	1	**9**	**64%**

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Chapter 5 : Pilot Study

CITATION: Jenny Rose, Nicolette Roman & Kelvin Mwaba (2018). Circle of Security parenting programme efficacy for improving parental self-efficacy in a South African setting: Preliminary evidence. Journal of Psychology in Africa. 28 (6) 518-521. DOI: 10.1080/14330237.2018.1523308

5.1. Introduction

Chapter Four was the first of the results chapters, beginning with a systematic review of literature on the relationship between internalising behaviours and parenting. This chapter shows the commencement of the primary data collection phase, with a pilot study on the Circle of Security Parenting programme (COS-P) being implemented in a low socio-economic status community along the west coast of South Africa. This pilot study looked at the accessibility of COS-P, and its impact on levels of parental self-efficacy amongst parents in adverse circumstances. Although aspects of the pilot study were discussed in the Methodology chapter (Chapter 3), the focus of this article explores parental self-efficacy pre- and post- intervention, whilst the full pilot study details are provided in Chapter 3, giving an in-depth account of the feasibility of such a programme in the South African context.

5.2. Publication details

Title	**Circle of Security parenting programme efficacy for improving parental self-efficacy in a South African setting: Preliminary evidence.**
Authors	Rose, J.L., Roman, N.V. & Mwaba, K.
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Pages	518-521
Journal Details	Internationally accredited
	Peer reviewed
Impact Factor	0.513
Status	Published

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5.3. Journal of Psychology in Africa

The Journal of Psychology in Africa is used as an inter-disciplinary forum for psychology research in Africa and related regions in order to ensure broad-based dissemination of results and utilization in the context of development. At its core, its mission is to advance psychological research for the social-cultural and health development in African settings. Publications include original empirical research articles, conceptual development articles, thematic issues and research reviews. All manuscripts published should show awareness of the cultural context of the research questions asked, the measures used, and the results obtained.

5.4. Publication record

This article was published as part the candidate's PhD research. The article was published online on the 12 December 2018.

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Circle of Security parenting programme efficacy for improving parental self-efficacy in a South African setting: Preliminary evidence

Jenny Rose[*1]

Nicolette Roman[2]

Kelvin Mwaba[3]

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Abstract

This pilot study examined the cross-cultural transportability of a western 'Circle of Security' parenting programme (COS-P) to improve on levels of parental self-efficacy in a South African setting. Participants (n=9) were sampled from a fishing community on the West Coast of South Africa. The participants completed COS-P with pre-test and post-test measures of their parenting self-efficacy. They also completed an open-ended measure of their satisfaction with the parenting program. The data was analysed using the Wilcoxon sign-rank test and the Sign test to determine the significance in differences between pre-to-post-test change scores. In addition, a thematic analysis was conducted on participant's satisfaction with the parenting program. Results indicated significant and possible change scores for the efficacy scores: ability to handle parenting pressures, control and learning. The participants considered the COS-P appropriate to their context and situation. These preliminary findings support the need for further study of the COS-P within the broader context of South Africa.

Keywords: self-efficacy, parental self-efficacy, parenting program, circle of security parenting program, attachment, feasibility, mixed methods, TOPSE.

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Introduction

Successful parenting demands efficacy in child-care roles and related "tasks and responsibilities" (Whittaker & Cowley, 2006 p 297). Various researchers (Teti & Gelfand, 1991; Coleman & Karraker, 2003; Jones & Prinz, 2005) have identified parenting self-efficacy as a key determinant of parenting behaviours, being closely linked to psychosocial child adjustment and child development outcomes. Parenting self-efficacy is a trainable skill (Wittkowski, Dowling & Smith, 2016), however, few parenting programs implemented in South Africa have explored this aspect. One study conducted in South Africa found that levels of self-efficacy in discipline and teaching roles were the lowest (Harty, Alant & Uys, 2006) and parents with a high self-efficacy may be better at childcare tasks, although this may vary by domain.

Circle of Security Parenting Program (COS-P)

COS-P (Cooper, Hoffman, Marvin, & Powell, 2000, see Table 5.1) is an American programme with a focus on parent self-perceptions in the parenting roles important for a quality parent – child relationships. It is focused on the attachment relationship and enhances secure attachment between a parent and their child (Powell, Cooper, Hoffman & Marvin, 2009).

Table 5.1. COS-P schedule

Chapter / Content	**Day**	**Goal (linked to all chapters and are across the program)**	**Parental self-efficacy domain**
Chapter 1: Welcome to the Circle of Security Parenting	Day One	Increase security of attachment of the child to the parent	Emotion and Empathy
Chapter 2: Exploring our children's needs all the way around the circle	Day One	Increase parent's ability to read the child's cues	Empathy and Learning
Chapter 3: 'Being With' on the circle	Day Two	Increase empathy in the parent for the child	Empathy and Learning
Chapter 4: 'Being With' with infants on the circle	Not covered	Decrease negative attributions of the parent regarding the child's motivations	Pressures and Learning
Chapter 5: The path to security	Day Two	Increase parent's capacity to self-reflect	Self-acceptance, Learning, Emotion

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Chapter / Content	Day	Goal (linked to all chapters and are across the program)	Parental self-efficacy domain
Chapter 6: Exploring our struggles	Day Two	Increase parent's capacity to pause, reflect, and chose security-promoting caregiving behaviours	Emotion, Learning, Control
Chapter 7: Rupture and repair in the relationship	Day Three	Increased parent's capacity to regulate stressful emotional states, and provide comfort when child is in distress	Control, Discipline, Pressures
Chapter 8: Summary and conclusion	Day Three	Increase parent's ability to recognise ruptures in the relationship and facilitate repairs	Emotion, Self-acceptance

Each chapter was presented to participants, using both a manual and DVD with videos and scenarios providing examples to parents. Participants received handouts that they are able to refer back to, which includes activities for them to engage with. Each chapter also includes sections that facilitates interaction and discussions amongst the group, with an opportunity for participants to ask questions about the content of the chapter. Additionally, there are designated places to stop and engage parents in reflective dialogue regarding the programme content. A series of reflective questions are suggested in the manual in order to facilitate and guide the discussion. Pre-testing was done on the beginning of day 1 and post-testing and focus group discussions were run on the final day, at the end of the parenting program.

The various chapters across the three days correspond to different domains relating to parental self-efficacy. During the three days, parents were mostly exposed to the following domains: emotion, empathy, self-acceptance, control and learning. .

The COS-P aims to encourage parents to reflect on their family structures and through introspection, their own attachment patterns as well. The specific questions that guided the programme are as follows:

a. What are the levels of parental self-efficacy prior to the intervention?

b. What are the levels of parental self-efficacy following the intervention?

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c. Is the intervention accessible to parents in a low resource, low-income community?

Method

Research design

The study used a pre-test post-test design to study changes in parental efficacy beliefs over the three-day intervention period. The pre-test was administered at the start of the first day, while the post-test was administered at the end of the third day. Parents completed a parenting self-efficacy measure at the beginning of the intervention and at the end of the intervention. At the end of the programme trial, participants completed a focus group discussion on their experience with the programme covering aspects of what they found useful to them and aspects that did not seem beneficial.

Participants and Setting

Participants (n=9) included parents of children who attended a crèche in a rural fishing community along the West Coast of South Africa. Of the parents that participated, 5 (56%) were female and 4 (44%) were male; 8 (89%) participants were mixed-race ('Coloured'), while 1 participant was Caucasian (11%). The participants were between the ages of 28-51.

Procedure and Instruments

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The University of the Western Cape's Higher Degrees Committee and Senate Higher Degrees Committee provided ethics approval for the study. Participants consented to participate in the study.

The participants completed the Tool to Measure Parenting Self-Efficacy (TOPSE: Kendall & Bloomfield, 2005) both pre- and post-test. The TOPSE consists of 48 items and 8 sub-scales, namely: emotion, play, empathy, control, discipline, pressures, self-acceptance, and learning. Items are scored on an 11-point Likert scale from 0 (Strongly disagree) to 10 (Strongly agree). Scores from the TOPSE achieved impressive reliability indices of between .80 and .94 in a previous study (Kendall & Bloomfield, 2005).

For the focus group discussion, the participants responded to questions regarding the parenting interventions. In particular, areas covered related to the accessibility of the program, considering aspects such as language, cultural relevance, handouts, and the use of audio-visual aids. Participants were asked to reflect on the usefulness of the program, the extent to which they were able to identify with the

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scenarios provided, the extent to which they were able to apply what they had learned to their own circumstances, and the applicability of the intervention within a diverse context.

Data Analysis

Pre- and post-tests change scores were tested for significance utilising the Wilcoxon sign-rank test and Sign test. Thematic analysis of the data from the focus group discussion was primarily descriptive of the participants' satisfaction with and experience of the COS-P.

Results and Discussion

Table 2 and 3 present the descriptive statistics for the nine parenting self-efficacy variable pairs.

Table 5.2. Descriptive Statistics for TOPSE Pre-test Scores (N=9)

Pre-test	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
					25th	50th	75th
Emotion	50.38	7.93	32	59	48.50	51.00	56.50
Play	47.62	13.41	15	60	40.00	53.00	57.00
Empathy	48.85	7.19	33	60	44.50	50.00	54.00
Control	36.46	12.25	9	56	27.00	38.00	45.50
Discipline	38.69	10.33	20	50	30.00	42.00	47.00
Pressures	35.00	12.21	11	54	26.50	35.00	46.00
Self-acceptance	45.62	10.63	23	59	38.00	50.00	54.00
Learning	48.38	6.85	33	59	44.00	50.00	53.00
TOPSE Total	43.88500	8.0045	26.635	55.25	41.75	46.75	47.8750

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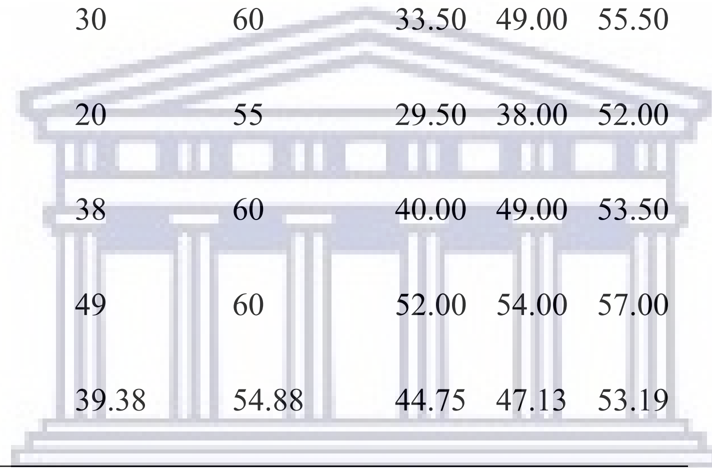
Table 5.3. Descriptive Statistics for TOPSE Post-test Scores (N=9)

Post-test	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
Emotion	53.22	6.12	41	59	25th	50th	75th
Play	51.56	9.15	30	60	49.00	54.00	58.50
Empathy	51.78	6.08	38	59	49.50	53.00	55.00
Control	42.67	6.54	30	51	39.00	42.00	49.00
Discipline	45.89	11.04	30	60	33.50	49.00	55.50
Pressures	39.67	12.30	20	55	29.50	38.00	52.00
Self-acceptance	47.44	7.60	38	60	40.00	49.00	53.50
Learning	54.33	3.35	49	60	52.00	54.00	57.00
TOPSE Total	48.31	5.265	39.38	54.88	44.75	47.13	53.19



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As can be observed from Tables 5.2 and 5.3, all variable pairs increased from pre- to post-test, except for the item on self-acceptance. Table 5.4 indicates the results of the Wilcoxon Sign-Rank test on eight of the nine variable pairs (for Pre and Post Play, the Sign test is used instead).

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Table 5.4. Wilcoxon Sign-Rank Test Statistics

Wilcoxon Sign-Rank Test Statistics

	Post Emotion - Pre Emotion	**Post Play - Pre Play**	**Post Empathy - Pre Empathy**	**Post Control - Pre Control**	**Post Discipline - Pre Discipline**	**Post Pressures - Pre Pressures**	**Post Self-acceptance - Pre Self-acceptance**	**Post Learning - Pre Learning**	**Post TOPSE Total - Pre TOPSE Total**
Z	-1.630b	-1.192b	-1.472b	-2.073b	-1.838b	-1.965b	-1.362b	-2.521b	-2.429b
Sig.	.103	.233	.141	.038	.066	.049	.173	.012	.015

b. Based on negative ranks.

As evidenced in Table 5.4, change scores were significant for: Control, $Z = -2.073$, $p < 0.05$; Pressures, $Z = -1.965$, $p < 0.05$; Learning, $Z = -2.521$, $p < 0.05$; and the TOPSE Total, $Z = -2.429$, $p < 0.05$).

Moreover, the results of the Sign Test indicate that there is no significant change scores for the Play sub-scale. When considering the various domains of parental self-efficacy, tapped into during the three days, it seems that the domains that took precedence were those that linked to aspects of attachment and understanding of the parent's role as a safe haven and as a secure base. Consequently, the domain least effective during the programme trialling was related to play, as evidenced by no difference in scores post intervention. This could result from a lack of focused time on this domain. However, it could also speak to a wider issue relating to the subject of play within the parent-child relationship. Parents are often overwhelmed by the physical and financial demands of parenting, that often the emotional demands become secondary. Beyond this, an aspect like play is placed at the bottom of the list of priorities, as there seems to be so many other components that take overwhelming precedence. For reasons not apparent, some appear to lack in child play skills or awareness of the importance of play with their child.

Furthermore, many of the parents voiced that they often become parents quite suddenly, often unprepared and unplanned, with a verbalised notion of not knowing what should be done and a general state of feeling overwhelmed. Subsequently, unplanned parenting

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might harm parenting self-efficacy (Martins & Gafan, 2000; Atkinson, Paglia, Coolbear, Niccols, Parker & Guger, 2000; Campbell, Brownell, Hungerford, Speiker, Mohan & Blessing, 2004). In communities with high poverty rates, parents tend to be at an elevated risk for maternal depression (Patel, Rodrigues & DeSouza, 2002), which further exacerbates the impact on their parenting self-efficacy. For example, research in a rural settlement in Cape Town, showed marked impairments in mother-child interactions as a result of maternal postpartum depression. (Cooper, Tomlinson, Swartz, Woolgar, Murray, Molteno, 1999).

Subjective experience of the COS-P

Participants reported satisfaction with the programme and its utility in enhancing their understanding of their parental role. For example, they made the following observations:

> *"it was a very good programme…. It's practical and you remember it more." (Participant #3, 51 years of age, female)*
>
> *"[use] of the DVD …makes it much easier and understandable." (Participant #2, 38 years of age and male)*
>
> *"I realised I still have a lot to learn as a parent." (Participant #8, 29 years of age and male)*
>
> *"I would recommend it to other parents…specifically if I hear or see a parent struggling with the relationship between him or her and her children." (Participant #6, 31 years of age and female)*

The programme utilises conversational style language which is accessible to ordinary parents. For instance, each aspect speaks to different parts of the parent-child relationship, with parents learning to apply each aspect to their own scenarios.

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Limitations of the study and suggestions for further research

Significant limitations of this study include the small sample size and short duration of the parenting programme than is proposed in the original manual. For these reasons, the results of this study need to be interpreted with caution. Nonetheless, the preliminary evidence for the COS-P programme is encouraging and worthy of further study in similar developing contexts.

Conclusion

The COS-P programme showed positive outcomes relating to parental self-efficacy. This preliminary study gives evidence to the accessibility and usefulness of this western developed attachment-based programme in the context of a culturally diverse country.

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Chapter 6 : Quantitative Results

6.1. Introduction

This chapter reports on the quantitative findings of the study. It should provide clarity on the effect of the Circle of Security Parenting programme (COS-P) on both childhood internalising behaviours and parental self-efficacy. This chapter covers descriptive statistics of all measures at the time frames of pre-test, post-test and follow up. Furthermore, it looks at paired sample statistics, for all assessment measures at all three timeframes. In addition, it explores correlations between various variables, as well as analysis of variance (ANOVA) for all assessment measures at all time frames. This chapter provides a summary of those results.

6.2. Demographics of participants

Table 1 (below) gives a description of the demographic characteristics of the participants. In total, 23 adults participated in COS-P of which 13 were female and ten were male. Of the female participants, 12 were mothers, and one was a grandmother, of the male participants, all ten were fathers. The participants ranged between the age of 25 and 57 and were divided into four categories, namely 20-29 (n=6), 30-39 (n=9), 40-49 (n=6) and, 50-59 (n=2). The majority of participants spoke English (n=13), while some (n=8) identified as bilingual (Afrikaans and English), the least spoken language amongst the participants were Afrikaans (n=2). 15 of the participants were married, two were single and six lived with their partner, 16 participants identified their family structure as "two parents", while three identified as "two parents living with others", and four identified only as "living with others".

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20 of the participants were currently employed and the total household income was sub-divided into five categories R0 – R8 000 (n=2), R8 000 – R16 000 (n=9), R16 000 – R24 000 (n=8), R24 000 – R32 000 (n=2) and, R32 000+ (n=2). Nine participants lived with two adults in one house, five lived with three, seven lived with four, and two lived with five or more adults in one house. Ten participants lived with one child in the house, four with two, seven with three, and two lived with five or more children in one house.

In terms of exposure to adverse circumstances and trauma, 12 participants experienced the death of a loved one, eight experienced sickness of a loved one, eight were unemployed, and 14 experienced financial instability, while none of the participants had divorced from their spouses in the past three years. Table 6.1 is a summary of the demographic details of the participants.

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Table 6.1. Demographic details of participants

Demographic details of participants

Valid		Frequency	Valid Percent
Gender	Male	10	43.5
	Female	13	56.5
	Total	23	100.0
Position in Family	Mother	12	52.2
	Father	10	43.5
	Grandmother	1	4.3
	Total	23	100.0
Age	20-29 Years	6	26.1
	30-39 Years	9	39.1
	40-49 Years	6	26.1
	50-59 Years	2	8.7
	Total	23	100.0
Language	English	13	56.5
	Afrikaans	2	8.7
	English and Afrikaans	8	34.8
	Total	23	100.0
Marital Status	Single	2	8.7
	Married	15	65.2
	Living with Partner	6	26.1
	Total	23	100.0
Family Structure	Two Parents	16	69.6
	Living with others	4	17.4
	Two Parents and Living with others	3	13.0
	Total	23	100.0

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Currently Employed	Yes	20	87.0
	No	3	13.0
	Total	23	100.0
Household Income	R0-R800	2	8.7
	R8000-R16000	9	39.1
	R16000-R24000	8	34.8
	R24000-R32000	2	8.7
	R32000+	2	8.7
	Total	23	100.0
Number of Adults	2	9	39.1
	3	5	21.7
	4	7	30.4
	5+	2	8.7
	Total	23	100.0
Number of Children	1	10	43.5
	2	4	17.4
	3	7	30.4
	5+	2	8.7
	Total	23	100.0
Death of a loved one	Yes	12	52.2
	No	11	47.8
	Total	23	100.0
Unemployment	Yes	8	34.8
	No	15	65.2
	Total	23	100.0
Divorce	No	23	100.0
Sickness of loved one	Yes	8	34.8
	No	15	65.2
	Total	23	100.0

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Financial Instability	Yes	14	60.9
	No	9	39.1
	Total	23	100.0

6.3. Reliability Statistics

Table 6.2. Reliability statistics

	Cronbach's Alpha	Cronbach's Alpha Based on Standardised Items	N of Items
TOPSE	.911	.927	48
Parents CBCL	.944	.946	100
Teachers CBCL	.966	.965	96

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Table 2 displays the reliability statistics for the Tool to measure Parenting Self-Efficacy (TOPSE), as well as the Child Behaviour Checklist (CBCL) and the Child Behaviour Checklist - Teacher-Rating Form (CBCL-TRF). The TOPSE consisted of 8 sub-scales with a total of 48 items ($\alpha = .911$), the parent CBCL consisted of 7 sub-scales with a total of 100 items ($\alpha = .944$), and the teacher CBCL consisted 6 sub-scales with a total of 96 items.

6.4. Descriptive statistics

Table 6.3. Descriptive statistics for TOPSE Pre-test

N	Valid	23
	Missing	0
Mean		346.17
Std. Deviation		43.429

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Skewness	.262
Std. Error of Skewness	.481
Kurtosis	-.471
Std. Error of Kurtosis	.935
Minimum	263
Maximum	437

Table 6.4. Descriptive statistics for TOPSE Post-test

N	Valid	23
	Missing	0
Mean		401.00
Std. Deviation		40.620
Skewness		.201
Std. Error of Skewness		.481
Kurtosis		-1.213
Std. Error of Kurtosis		.935
Minimum		340
Maximum		470

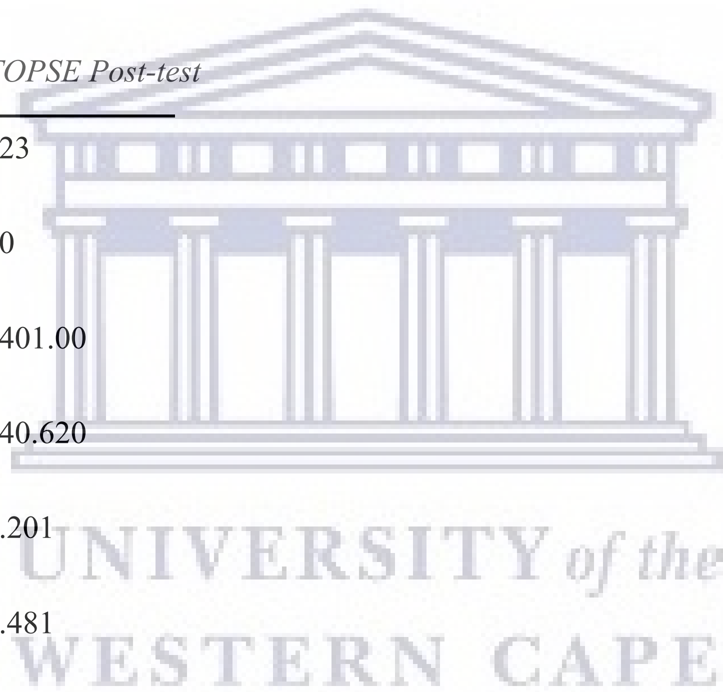
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Table 6.5. Descriptive statistics for TOPSE Follow-up

N	Valid	23
	Missing	0
Mean		401.04
Std. Deviation		40.789
Skewness		-.229
Std. Error of Skewness		.481
Kurtosis		-.629
Std. Error of Kurtosis		.935
Minimum		321
Maximum		468

Tables 6.3-6.5 show that parental self-efficacy during pre-test (M = 346.17, SD = 43.43) was lower than parental self-efficacy during the post-test (M = 401.00, SD = 40.62). The mean for parental self-efficacy remained the same from post-test to the follow-up test (M = 401.04, SD = 40.79). Skewness ranged from -.23 to .26 across pre-test, post-test and follow-up and Kurtosis ranged from -1.21 to -.63 across pre-test, post-test and follow-up, which are all considered to be in the normal range.

Table 6.6.Descriptive statistics for Parents CBCL Pre-test

N	Valid	23
	Missing	0
Mean		60.65
Std. Deviation		9.490

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Skewness		.261
Std. Error of Skewness		.481
Kurtosis		-.372
Std. Error of Kurtosis		.935
Minimum		45
Maximum		79

Table 6.7. Descriptive statistics for Parents CBCL Post-test

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N	Valid	23
	Missing	0
Mean		54.70
Std. Deviation		9.017
Skewness		-.082
Std. Error of Skewness		.481
Kurtosis		-.702
Std. Error of Kurtosis		.935
Minimum		37
Maximum		70

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Table 6.8. Descriptive statistics for Parents CBCL Follow-up

N	Valid	23
	Missing	0
Mean		53.43
Std. Deviation		9.385
Skewness		-.572
Std. Error of Skewness		.481
Kurtosis		-.828
Std. Error of Kurtosis		.935
Minimum		37
Maximum		67

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Table 6.6 – 6.8 reported on child internalisation as scored by the parents using the Child Behaviour Checklist (CBCL). For the pre-test, child internalisation (M = 60.65, SD = 9.49) was greater than the child internalisation response for the post-test (M = 54.70, SD = 9.02) which decreased slightly during the follow-up test (M = 53.43, SD = 9.39). Skewness ranged from -.57 to .26 across pre-test, post-test and follow-up and Kurtosis ranged from -.83 to -.37 across pre-test, post-test and follow-up. The results for skewness and kurtosis fall within the normal range.

Table 6.9. Descriptive statistics for Teachers CBCL pre-test

N	Valid	15
	Missing	0
Mean		49.60
Std. Deviation		10.357

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Skewness		-.257
Std. Error of Skewness		.580
Kurtosis		-1.013
Std. Error of Kurtosis		1.121
Minimum		34
Maximum		65

Table 6.10. Descriptive statistics for Teachers CBCL post-test

N	Valid	15
	Missing	0
Mean		42.87
Std. Deviation		9.395
Skewness		.274
Std. Error of Skewness		.580
Kurtosis		-1.868
Std. Error of Kurtosis		1.121
Minimum		34
Maximum		57

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Table 6.11. Descriptive statistics for Teachers CBCL follow-up

N	Valid	15
	Missing	0
Mean		46.33
Std. Deviation		8.295
Skewness		-.303
Std. Error of Skewness		.580
Kurtosis		-1.156
Std. Error of Kurtosis		1.121
Minimum		34
Maximum		59

Tables 6.9 – 6.11 indicate that child internalisation as scored by the teachers using the Child Behaviour Checklist Teacher Rating Form (CBCL-TRF) decreased from pre-test (M = 49.60, SD = 10.36) to post-test (M = 42.87, SD = 9.40) but increased in the follow-up test (M = 46.33, SD = 8.30). Skewness ranged from -.57 to .26 across pre-test, post-test and follow-up and Kurtosis ranged from -.83 to -.37 across pre-test, post-test and follow-up. Skewness and kurtosis fell within the normal range.

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Table 6.12. Descriptive statistics for TOPSE sub-scales pre-test

		Emotion and Affection	Play and Enjoyment	Empathy and Understanding	Control	Discipline and setting Boundaries	Pressure	Self-acceptance	Learning and Knowledge
N	**Valid**	23	23	23	23	23	23	23	23
	Missing	0	0	0	0	0	0	0	0
Mean		47.91	48.87	44.57	32.74	38.26	41.74	45.26	46.83
Std. Deviation		9.351	7.979	8.474	7.788	8.389	10.818	7.238	7.987
Skewness		-.635	-.128	-.865	-1.664	-.007	.134	.279	-.099

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Std. Error of Skewness	.481	.481	.481	.481	.481	.481	.481	.481
Kurtosis	-.492	-.959	2.189	4.503	.609	-.333	-.661	-.570
Std. Error of Kurtosis	.935	.935	.935	.935	.935	.935	.935	.935
Minimum	29	34	20	7	21	19	34	31
Maximum	60	60	60	44	57	60	60	60

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Table 6.13. Descriptive statistics for TOPSE sub-scales post-test

		Emotion and Affection	Play and Enjoyment	Empathy and Understanding	Control	Discipline and setting Boundaries	Pressure	Self-acceptance	Learning and Knowledge
N	**Valid**	23	23	23	23	23	23	23	23
	Missing	0	0	0	0	0	0	0	0
Mean		53.09	53.30	51.22	44.83	48.61	46.35	51.13	52.48
Std. Deviation		5.688	6.526	6.007	6.603	8.167	8.526	6.167	7.141
Skewness		-.608	-.837	-.060	-.002	-.572	-.953	.257	-.589
Std. Error of Skewness		.481	.481	.481	.481	.481	.481	.481	.481
Kurtosis		-.031	.205	-.640	-1.229	-.352	.532	-1.597	-.649
Std. Error of Kurtosis		.935	.935	.935	.935	.935	.935	.935	.935
Minimum		39	37	39	34	29	24	42	36
Maximum		60	60	60	55	60	57	60	60

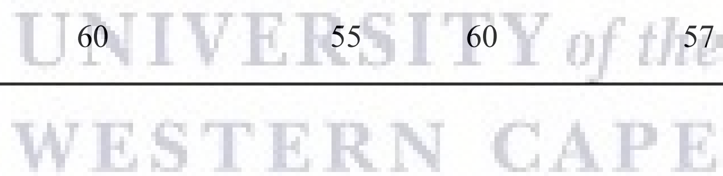

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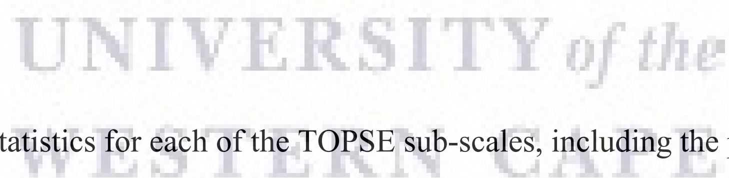
Table 6.14. Descriptive statistics for TOPSE subscales follow-up

		Emotion and Affection	Play and Enjoyment	Empathy and Understanding	Control	Discipline and setting Boundaries	Pressure	Self-acceptance	Learning and Knowledge
N	**Valid**	23	23	23	23	23	23	23	23
	Missing	0	0	0	0	0	0	0	0
Mean		52.78	53.83	52.17	43.52	47.48	46.61	52.48	52.17
Std. Deviation		7.354	6.813	7.152	7.198	9.390	9.953	7.317	6.624
Skewness		-1.012	-.688	-1.152	-.210	-1.173	-.728	-.870	-.545
Std. Error of Skewness		.481	.481	.481	.481	.481	.481	.481	.481
Kurtosis		.276	-1.119	1.170	-.431	2.163	-.378	-.178	-.335
Std. Error of Kurtosis		.935	.935	.935	.935	.935	.935	.935	.935
Minimum		35	41	35	29	20	25	37	38
Maximum		60	60	60	55	60	60	60	60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Tables 6.12 – 6.14 presents descriptive statistics for each of the TOPSE sub-scales, including the pre-, post-, and follow-up test results. In the pre-test, mean scores for the sub-scales ranged from 32.74 (SD = 7.79) for the Control sub-scale to 48.87 (SD = 7.98) for the Play and Enjoyment sub-scale. Post-test mean scores for the sub-scales ranged from 44.83 (SD = 6.60) for the Control sub-scale to 53.30 (SD = 6.53) for the Play and Enjoyment sub-scale. The follow-up test showed mean scores that ranged between 43.53 (SD = 7.20) for the Control sub-scale and 53.83 (SD = 6.81) for the Play and enjoyment sub-scales. Across all three of the time frames, mean scores did increase from pre-test to follow-up. Of note, mean scores from post-test to follow-up did not show much change. Skewness for the pre-test ranged from -1.66 to .28, for post-test skewness ranged from .95 to .26 and for the follow-up ranged from -1.17 to -.21. Kurtosis for the pre-test ranged from .96 to 4.50, for post-test kurtosis ranged from -1.16 to .53 and for the follow-up ranged from -1.12 to 2.163.

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Table 6.15 is a summary of the pre-test, post-test and follow-up results, for all three assessment measures. Increases in TOPSE scores reflect an increase in levels of parental self-efficacy, while decreases in scores on the CBCL and CBCL-TRF reflect a decrease in levels of internalisation.

Table 6.15. Summary of pre-test, post-test and follow-up results

	Pre-test	SD	Post-test	SD	Follow-up	SD
TOPSE	346.7	43.4	401	40.6	401.04	40.07
CBCL	60.65	9.4	54.7	9	53.43	9.3
CBCL-TRF	49.60	10.3	42.87	9.3	46.3	8.2

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6.4.1. Dependent sample t-test (paired sample t-test)

Table 6.16. Paired Samples Statistics

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	TOPSE Pre-test	346.17	23	43.429	9.056
	TOPSE Post-test	401.00	23	40.620	8.470
Pair 2	TOPSE Pre-test	346.17	23	43.429	9.056
	TOPSE Follow-up	401.04	23	40.789	8.505
Pair 3	TOPSE Post-test	401.00	23	40.620	8.470
	TOPSE Follow-up	401.04	23	40.789	8.505
Pair 4	CBCL Parents Pre-test	60.65	23	9.490	1.979

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	CBCL Parents Post-test	54.70	23	9.017	1.880
Pair 5	CBCL Parents Pre-test	60.65	23	9.490	1.979
	CBCL Parents Follow-up	53.43	23	9.385	1.957
Pair 6	CBCL Parents Post-test	54.70	23	9.017	1.880
	CBCL Parents Follow-up	53.43	23	9.385	1.957
Pair 7	CBCL Teachers Pre-test	49.60	15	10.357	2.674
	CBCL Teachers Post-test	42.87	15	9.395	2.426
Pair 8	CBCL Teachers Pre-test	49.60	15	10.357	2.674
	CBCL Teachers Follow-up	46.33	15	8.295	2.142
Pair 9	CBCL Teachers Post-test	42.87	15	9.395	2.426
	CBCL Teachers Follow-up	46.33	15	8.295	2.142
Pair 10	CBCL Parents Pre-test	62.00	15	10.440	2.696
	CBCL Teachers Pre-test	49.60	15	10.357	2.674
Pair 11	CBCL Parents Post-test	57.27	15	7.769	2.006
	CBCL Teachers Post-test	42.87	15	9.395	2.426
Pair 12	CBCL Parents Follow-up	54.00	15	10.050	2.595
	CBCL Teachers Follow-up	46.33	15	8.295	2.142

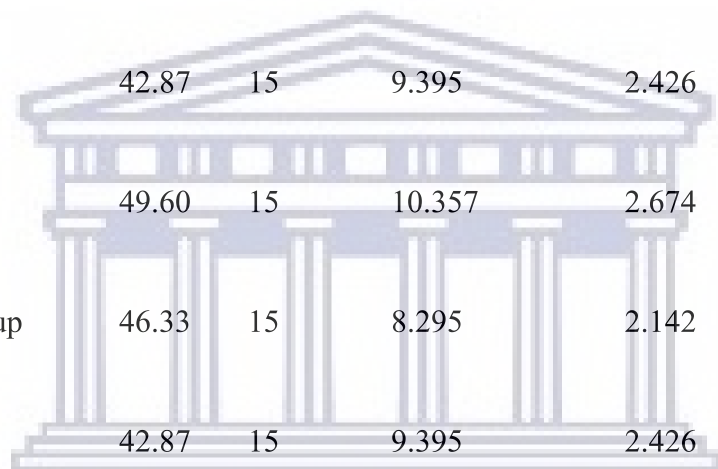
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Table 6.15 shows the TOPSE (Pair 1-3) responses for the three timeframes. Mean scores increased from pre-test ($M = 346.17$, $SD = 43.43$) to post-test ($M = 401$, $SD = 40.62$) as well as for the follow-up test ($M = 401.04$, $SD = 40.79$). The mean score for post-test indicated a slight increase ($< .05$) in the follow-up assessment.

For the CBCL completed by the parents (Pair 4-6), mean scores decreased from pre-test ($M = 60.65$, $SD = 9.49$) to post-test ($M = 54.70$, $SD = 9.02$) as well as for follow-up ($M = 53.43$, $SD = 9.39$). Pre-test indicated a decrease in mean scores to follow-up. Considering the CBCL-TRF, as completed by the teachers, (Pair 7-9), mean scores decreased from pre-test ($M = 49.60$, $SD = 10.36$) to post-test ($M = 42.87$, $SD = 9.40$) as well as for follow-up ($M = 46.33$, $SD = 8.30$). Post-test mean scores increased slightly in comparison to follow-up mean scores. When considering the scores of parents on the CBCL and scores of teachers on the CBCL-TRF, the means scores at each assessment time frame (Pair 10-12) indicate that on average, teachers scored children lower than parents.

As shown in Table 6.16, pair 1 indicates that on average, parents experienced significantly greater self-efficacy in the post-test ($M = 401$, $SE = 8.47$) compared to the pre-test ($M = 346.17$, $SE = 9.06$), $t(22) = -4.90$, $p < .001$, $r = .72$). Similarly, pair 2 indicated that on average, parents experienced significantly greater self-efficacy in the follow-up ($M = 401.04$, $SE = 8.51$) compared to the pre-test ($M = 346.17$, $SE = 9.06$), $t(22) = -5.65$, $p < .001$, $r = .77$. Pair 3 reveals that no significant differences were found between post ($M = 401.00$, $SE = 8.47$) and follow-up ($M = 401.04$, $SE = 8.51$). Results indicate that statistically significant improvements of parental self-efficacy are shown after the intervention. Furthermore, these results seem to be consistent, and show little change at the follow up assessment.

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Pair 4 shows that on average, parents indicated a significant decrease in child internalisation in the post-test ($M = 54.70$, $SE = 1.88$) compared to the pre-test ($M = 60.65$, $SE = 1.98$), $t(22) = 3.63$, $p < .001$, $r = .61$. Pair 5 indicates that on average, parents reported a significant decrease in child internalisation in the follow-up ($M = 53.43$, $SE = 1.96$) compared to the pre-test ($M = 60.65$, $SE = 1.98$), $t(22) = 3.82$, $r = .63$. Pair 6 highlighted no significant differences between post-test and follow-up. These results indicate that a statistically significant decrease in internalisation rates occurred after the implementation of the intervention, as reported by parents using the CBCL. Furthermore, this change was maintained at the follow-up assessment phase.

Pair 7 shows that on average, teachers indicated a significant decrease in child internalisation in the post test ($M = 42.87$, $SE = 2.43$) in comparison to the pre-test ($M = 49.60$, $SE = 2.67$), $t(14) = 2.91$, $p < .001$, $r = .61$. No significant differences were found between pre-test and follow-up ($M = 53.43$, $SE = 1.96$), $t(14) = .67$, $p = ns$, $r = .18$, including between post-test and follow-up. These results indicate

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a statistically significant decrease in rates of internalisation as reported by the teachers using the CBCL-TRF following the implementation of the intervention.

Pair 10 indicates that on average, teachers scored children significantly lower during pre-test (M = 49.60, SE = 2.67) compared to the parent scoring of children's internalisation (CBCL) (M = 60.00, SE = 2.70), $t(14) = 4.17$, $p < .001$, $r = 0.66$. Pair 11 indicates that on average, teachers similarly scored children's internalisation significantly lower in the post-test (M = 42.87, SE = 2.43) compared to parental scoring of child internalisation (M = 57.27, SE = 2.01), $t(14) = 2.59$, $p < .001$, $r = 0.60$. Pair 12 showed no significant difference between parental and teacher scoring during the follow-up for child internalisation.

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Table 6.17. Paired Samples Test

		Paired Differences							
					95% Confidence Interval of the Difference				
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	Sig. (2-tailed)
Pair 1	TOPSE Pre-test - TOPSE Post-test	-54.826	53.690	11.195	-78.043	-31.609	-4.897	22	.000
Pair 2	TOPSE Pre-test - TOPSE Follow-up	-54.870	46.552	9.707	-75.000	-34.739	-5.653	22	.000
Pair 3	TOPSE Post-test - TOPSE Follow-up	-.043	34.891	7.275	-15.132	15.045	-.006	22	.995
Pair 4	CBCL Parents Pre-test - CBCL Parents Post-test	5.957	7.865	1.640	2.555	9.358	3.632	22	.001
Pair 5	CBCL Parents Pre-test - CBCL Parents Follow-up	7.217	9.060	1.889	3.299	11.135	3.820	22	.001
Pair 6	CBCL Parents Post-test - CBCL Parents Follow-up	1.261	9.067	1.890	-2.660	5.182	.667	22	.512
Pair 7	CBCL Teachers Pre-test - CBCL Teachers Post-test	6.733	8.948	2.310	1.778	11.689	2.914	14	.011

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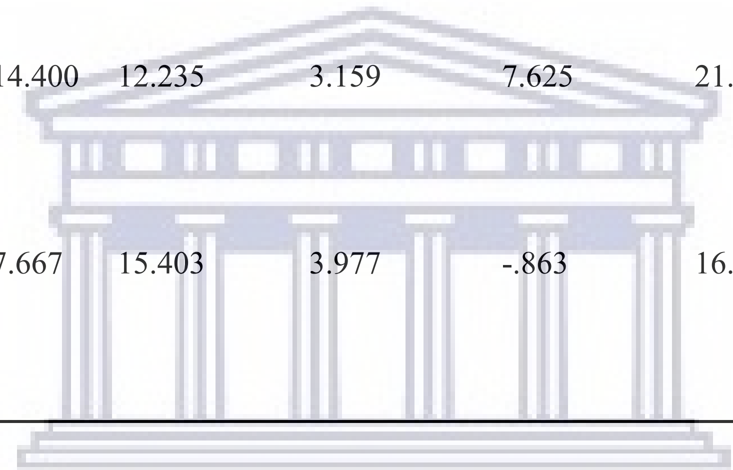
Pair 8	CBCL Teachers Pre-test - CBCL Teachers Follow-up	3.267	9.801	2.531	-2.161	8.694	1.291	14	.218
Pair 9	CBCL Teachers Post-test - CBCL Teachers Follow-up	-3.467	9.463	2.443	-8.707	1.774	-1.419	14	.178
Pair 10	CBCL Parents Pre-test - CBCL Teachers Pre-test	12.400	11.519	2.974	6.021	18.779	4.169	14	.001
Pair 11	CBCL Parents Post-test - CBCL Teachers Post-test	14.400	12.235	3.159	7.625	21.175	4.558	14	.000
Pair 12	CBCL Parents Follow-up - CBCL Teachers Follow-up	7.667	15.403	3.977	-.863	16.196	1.928	14	.074



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6.5. Correlation

Table 6.18. Pre-test Correlations

Pre-test Correlations			
		TOPSE	**CBCL**
TOPSE	Pearson Correlation	1	.031
	Sig. (2-tailed)		.888
	N	23	23
CBCL	Pearson Correlation	.031	1
	Sig. (2-tailed)	.888	
	N	23	23

A Pearson product-moment correlation was run (see Table 17) to determine the relationship between parental self-efficacy and child internalisation during the pre-test. There was no significant relationship found between the pre-test of parental self-efficacy and child internalisation ($r = .31$, $n = 23$, $p = ns$).

Table 6.19. Post-test Correlations

Post-test Correlations			
		TOPSE	**CBCL**
TOPSE	Pearson Correlation	1	-.391
	Sig. (2-tailed)		.065
	N	23	23
CBCL	Pearson Correlation	-.391	1

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	Sig. (2-tailed)	.065	
	N	23	23

A Pearson product-moment correlation was run (see Table 18) to determine the relationship between parental self-efficacy and child internalisation during the post-test. There was no significant relationship found between post-test of parental self-efficacy and child internalisation (r = -.39, n = 23, p = n.s.).

Table 6.20. Follow-up Correlations

Follow-up Correlations			
		TOPSE	**CBCL**
TOPSE	Pearson Correlation	1	.388
	Sig. (2-tailed)		.067
	N	23	23
CBCL	Pearson Correlation	.388	1
	Sig. (2-tailed)	.067	
	N	23	23

A Pearson product-moment correlation was run (see Table 19) to determine the relationship between parental self-efficacy and child internalisation during the follow-up test. There was no significant relationship found between the follow-up test of parental self-efficacy and child internalisation (r = -.38, n = 23, p = ns).

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6.6. One-way analysis of variance

Table 6.21. ANOVA: Parental self-efficacy and age

ANOVA: Parental self-efficacy and age					
	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Between Groups	3070.915	3	1023.638	.506	.683
Within Groups	38422.389	19	2022.231		
Total	41493.304	22			

A one-way between subjects analysis of variance was conducted to compare the effect of age on parental self-efficacy within age conditions 20-29, 30-39, 40-49, and 50-59, as represented in table 20. There was no significant effect of age on parental self-efficacy at the $p < .05$ for the four conditions [$F(3, 19) = 0.51$, $p = 0.683$].

Table 6.22. ANOVA: Parental self-efficacy and Household income

ANOVA: Parental self-efficacy and Household income					
	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Between Groups	16030.804	4	4007.701	2.833	.055
Within Groups	25462.500	18	1414.583		
Total	41493.304	22			

A one-way between subjects analysis of variance was conducted to compare the effect of household income on parental self-efficacy within income conditions of R0 – 8 000, R8 000 – R16 000, R16 000 – R24 000, R24 000 – R32 000, and R32 000 as indicated in table 21. There

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was no significant effect of age on parental self-efficacy at the $p < .05$ for the four conditions [$F(4, 18) = 0.06$, $p = 0.055$].

Table 6.23. ANOVA: Parental self-efficacy and marital status

ANOVA: Parental self-efficacy and marital status					
	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Between Groups	5321.038	2	2660.519	1.471	.253
Within Groups	36172.267	20	1808.613		
Total	41493.304	22			

A one-way between subjects analysis of variance was conducted to compare the effect of marital state on parental self-efficacy within conditions of single, married, and living with partner. These results are represented in table 22. There was no significant effect of marital state on parental self-efficacy at the $p < .05$ for the three conditions [$F(2, 20) = 1.47$, $p = 0.253$].

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Table 6.24. ANOVA: Parental self-efficacy and number of adults per household

ANOVA: Parental self-efficacy and number of adults per household					
	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Between Groups	5938.758	3	1979.586	1.058	.390
Within Groups	35554.546	19	1871.292		
Total	41493.304	22			

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Table 23 presents a one-way between subjects analysis of variance; conducted to compare the effect of number of adults per household on parental self-efficacy within income conditions of 1 adult, 2 adults, 3 adults, 4 adults or 5 or more adults per household. There was no significant effect of number of adults per household on parental self-efficacy at the $p < .05$ for the three conditions [$F(3, 19) = 1.06$, $p = 0.390$].

Table 6.25. ANOVA: Parental self-efficacy and number of children per household

ANOVA: Parental self-efficacy and number of children per household

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	18472.097	3	6157.366	5.082	.009
Within Groups	23021.207	19	1211.642		
Total	41493.304	22			

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A one-way between analysis of variance was conducted to compare the effect of the number of children on parental self-efficacy in 1, 2, 3, 4, and 5 or more children conditions, as seen in table 24. There was a significant effect of number of children on parental self-efficacy at the $p < .05$ level for the 5 conditions [$F(3, 19) = 5.08$, $p = 0.009$]. Post hoc comparisons using the Tukey HSD test indicated that the mean score for the 3 children condition ($M = 304.14$, $SD = 20.43$) was significantly different than the 1 child condition ($M = 362$, $SD = 36.52$), the 2 children condition ($M = 375.25$, $SD = 46.86$), and the 5 or more children condition ($M = 355.00$, $SD = 43.841$).

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Table 6.26. ANOVA: Child internalisation and age

ANOVA: Child internalisation and age					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	202.829	3	67.610	.722	.551
Within Groups	1778.389	19	93.599		
Total	1981.217	22			

A one-way between subjects analysis of variance was conducted to compare the effect of age on child internalisation within age conditions 20-29, 30-39, 40-49, and 50-59, as shown in table 25. There was no significant effect of age on child internalisation at the $p < .05$ for the four conditions [$F(3, 19) = 0.72$, $p = 0.551$]

Table 6.27. ANOVA: Child internalisation and household income

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ANOVA: Child internalisation and household income					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	683.954	4	170.988	2.373	.091
Within Groups	1297.264	18	72.070		
Total	1981.217	22			

Table 26 presents a one-way between subjects analysis of variance conducted to compare the effect of household income on child internalisation within income conditions of R0 – 8 000, R8 000 – R16 000, R16 000 – R24 000, R24 000 – R32 000, and R32 000. There was no

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significant effect of age on child internalisation at the p < .05 for the four conditions [F(4, 18) = 2.373, p = 0.091].

Table 6.28. ANOVA: Child internalisation and marital state

ANOVA: Child internalisation and marital state					
	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Between Groups	748.284	2	374.142	6.069	.009
Within Groups	1232.933	20	61.647		
Total	1981.217	22			

Table 27 presents a one-way between analysis of variance; conducted to compare the effect of marital state on internalisation within the conditions of being single, married, and living with a partner. There was a significant effect of marital state on parental self-efficacy at the p < .05 level for the 3 conditions [F(2, 20) = 6.07, p = 0.009]. Post hoc comparisons using the Tukey HSD test indicated that the mean score for the single marital state condition (M = 78.50, SD = .71) was significantly different than the married condition (M = 59.93, SD = 7.156), and the living with partner condition (M = 56.50, SD = 10.154).

Table 6.29. ANOVA: Internalisation scoring and number of adults per household

ANOVA: Internalisation scoring and number of adults per household					
	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Between Groups	424.660	3	141.553	1.728	.195

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Within Groups	1556.557	19	81.924		
Total	1981.217	22			

Table 28 presents a one-way between subjects analysis of variance; conducted to compare the effect of number of adults per household on child internalisation within income conditions of 1 adult, 2 adults, 3 adults, 4 adults or 5 or more adults per household. There was no significant effect of number of adults per household on child internalisation at the $p < .05$ for the three conditions [$F(3, 19) = 1.73$, $p = 0.195$].

Table 6.30. ANOVA: Internalisation scoring and number of children per household

ANOVA: Internalisation scoring and number of children per household					
	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Between Groups	274.960	3	91.653	1.021	.406
Within Groups	1706.257	19	89.803		
Total	1981.217	22			

A one-way between subjects analysis of variance was conducted to compare the effect of number of children per household on child internalisation within income conditions of 1 child, 2 children, 3 children, 4 children or 5 or more children per household, as evidenced in Table 6.30. There was no significant effect of number of children per household on child internalisation at the $p < .05$ for the five conditions [$F(3, 19) = 1.02$, $p = 0.406$].

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6.7. Conclusion

This chapter provided the quantitative analysis of the pre-test, post-test and follow-up assessments of the various assessment measures. The main findings of this chapter show statistical significance between pre- and post-test results, when considering parental self-efficacy. Parental self-efficacy was seen to show a statistically significant increase after the implementation of the intervention. Furthermore, this result was maintained at the follow up assessment phase. Another important finding was that of internalisation behaviours as reported by the parents using the CBCL. The results showed a statistically significant decrease in internalising symptoms from pre-test to post-test, after the implementation of the intervention. These results were also maintained at the follow up assessment phase. And finally, internalising behaviours as reported by the teachers, using the CBCL-TRF, also showed a statistically significant decrease from pre-test to post-test, following the implementation of the intervention. Interestingly, teachers reported much lower levels of internalisation to begin with (at the pre-testing stage) than did the parents. These scores did show a decrease from pre-test to final follow-up, indicating that levels of child internalising behaviours did decrease. There was no significant difference between how teachers rated children's behaviours from pre-testing to post-testing.

The following chapter presents the results of the qualitative component of the study. The results of these three chapters are integrated and discussed in Chapter 8.

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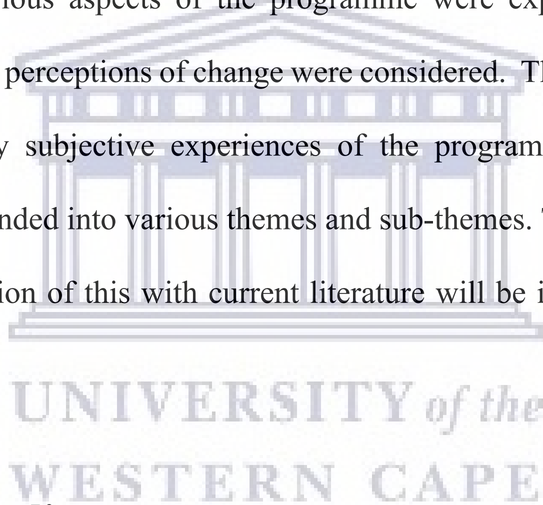
Chapter 7 : Qualitative Results

7.1. Introduction

This chapter reports on the qualitative findings of the study. The current chapter is the second phase to the mixed methods design of the study. The previous chapter provided an examination of children's internalising behaviours, as reported by both parents and teachers, as well as levels of parental self-efficacy; all at a pre-test, post-test and follow up phase. The current chapter provides an exploration of the parents' experiences and perceptions of the Circle of Security Parenting programme (COS-P), after two focus groups were conducted following the COS-P intervention. Various aspects of the programme were explored, and the parents' subjective experiences and perceptions of change were considered. This chapter identifies two overall categories, namely subjective experiences of the programme; and change. These categories are further expanded into various themes and sub-themes. This chapter presents the findings only; the integration of this with current literature will be in the discussion chapter (chapter eight).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7.2. Summary of findings

Table 7.1. Focus group categories, themes and sub-themes: Subjective perceptions of the programme and changes

Category	Theme	Sub-themes
Subjective Perceptions and experiences of the programme	Experience of the programme Experience with facilitator Accessibility and sensitivity of the programme Recommendations for application of the COS-P	

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Changes	Shift in parents	• Confidence • Calm • Insight • Self-regulation • Parenting approach • As observed by parents • Change observed by others
	Shift in child	
	Family growth/cohesiveness	

7.3. Category one: Subjective perceptions and experiences of the programme

The first category centres on themes that emerged that reflect participant's subjective perceptions and experiences of the Circle of Security Programme (COS-P), and their experience with more practical components of the programme. Four main themes emerged from the data set of which two reflected participants' experiences relating to the programme, and to the facilitator, these were themed:

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1. *Experience of the programme, and*
2. *Experience with facilitator.*

The remaining two themes related to practical components of the programme and included useful guidelines on implementation. These themes are:

3. *Accessibility and sensitivity of the programme, and*
4. *Recommendations.*

7.3.1. Experience of the programme

This theme relates to the overall experience of the program, and the significance of attending the programme and the impact it has had on them. Participants were asked to reflect on their

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experience within the programme, considering various factors that contributed to their perceptions. Participants expressed hope in the possibility of a dramatic shift in outcomes, ultimately impacting the overall development of the child. They were able to acknowledge the gratitude in seeing things from a different and new perspective; being able to access other aspects to their roles as parents, as well as in understanding their children. The overall experience of the programme was considered to be extremely positive by the participants. Reflections reported by the participants indicated no varying levels of satisfaction, with participants agreeing that the programme was excellent. They described their involvement with the programme as being helpful in -, and beneficial to their lives. Participants were able to reflect on the significance of attending the programme, and the benefit it would have in their lives. They were able to pull important aspects from the programme that would dramatically assist in managing their daily struggles as a family. Participants were able to experience a different side to themselves as parents, seeing new possibilities for their roles as a mother or father. Participants shared an overwhelming feeling of emotion in response to the programme and the gratitude to be a part of it.

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"…it has been a life changing experience, literally…it really has been an amazing programme." (Participant 1, Transcript 1)

"…this (experience) has really impact my life to a great deal…" (Participant 2, Transcript 1)

"The programme has just really been phenomenal." (Participant 3, Transcript 1)

"This programme genuine, definitely has taught me, it has showed me to be a father that I never actually would've thought was possible." (Participant 1, Transcript 1)

"…joyful tears really because it is amazing. But ja, thanks for this parenting programme." (Participant 8, Transcript 1)

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"Gives a good foundation to work from cause…kids are kids, adult are adults, you handle this differently." (Participant 1, Transcript 1)

"The things that he is doing actually, the programme actually opens my eyes." (Participant 2, Transcript 1)

"…now we are aware…so, it was very helpful." (Participant 3, Transcript 2)

"After the second and third week I was actually excited to come." (Participant 5, Transcript 2)

7.3.2. Experience with facilitator

This theme relates to individual participants experience of the role of the facilitator, and the relationship the facilitator developed with the participants. It also includes aspects of the facilitators role that may have contributed or impacted the internalisation of the programme and its content. As the intervention is one run over an eight-week period, the relationship between facilitator and participant is critical. Furthermore, due to the sensitive nature of the content covered, and the vulnerabilities of the participants, the facilitator needs to ensure that participants feel safe and secure in the intervention program, in order to ensure that participants feel contained while covering difficult content. As can be seen, the role of the facilitator is thus an important one, which may impact the way in which information is internalised and held on to. Overall, participants reported high levels of satisfaction with the facilitator of the programme. Aside from creating a safe environment for the participants to share their thoughts freely, participants indicated their appreciation for the encouragement, openness, and the amount of work the facilitator invested in the group. Creating a safe enough space for participants to engage with their vulnerabilities and struggles, coupled with the facilitator's transparency around her own parenting role, allowed participants to engage without feeling

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judged or exposed. Parents felt able to engage with their insecurities and vulnerabilities, which speaks to the safeness and containment experienced in the facilitator-participant relationship.

> *"She is brilliant." (Participant 1, Transcript 1)*
>
> *"Excellent." (Participant…, Transcript 1)*
>
> *"Really. Wow" (Participant 6, Transcript 1)*
>
> *"It's like you hear her voice." (Participant 6, Transcript 1)*
>
> *"She is like printing it in your mind, you cannot forget what she is talking about and the stuff on the TV." (Participant 6, Transcript 1)*
>
> *"… and ja, Jenny literally had put light upon my path." (Participant 1, Transcript 1)*
>
> *"I think that Jenny really succeeded in creating that safe space..." (Participant 2, Transcript 2)*
>
> *"…I think her constant encouragement towards us uhm, and her sharing of herself and where she is also at in her own parenting role and phase and so on has been immensely encouraging..." (Participant 2, Transcript 2)*
>
> *"…because she has done and exceptional job to us and I've seen many nights she sat here…" (Participant 1, Transcript 2)*
>
> *"…I mean, just the effort into what she brings in her sessions that we have." (Participant 3, Transcript 2)*

7.3.3. Accessibility and sensitivity of the programme

Accessibility and sensitivity of the programme relates to the participants experience with the content of the programme, and their level of difficulty they had in applying it to their daily lives. This also alludes to the cultural appropriateness of the programme, and whether participants experienced any barriers in the content of the program, including the manual,

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visual representations in both handouts and on dvd recordings, and engagement with content. Participants felt safe enough to engage with the facilitator even when unsure about certain aspects. This illustrates that participants felt they were able to clarify content when unsure. In addition, participants felt like complex concepts were simplified in a way that they were able to digest and understand. Participants also felt that the programme was accessible in a variety of contexts, not just for their roles as parents; but many of them were able to reflect on its use in other roles, such as teaching. Participants also emphasised that the programme could be used for many different children, even those that many people consider to be 'problem' children. As a programme that has been developed in a western culture, it was important to consider the perceptions of the participants regarding its use within the South African context. Participants reported positive feedback in this regard; however, it is worth considering the role the facilitator played in ensuring the accessibility and sensitivity of the programme. Whenever participants expressed difficulty in understanding concepts, they felt reassured with the facilitator's responses. However, this raises the question of whether it was the facilitator that ensured the programme was accessible and sensitive or rather whether the content of the programme itself was accessible and sensitive.

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"And if you don't understand something so frequently, she would explain it to you in simple terms in the way that she makes you understand." (Participant 2, Transcript 1)

"I would totally agree too with that, having in it schools because I myself is a teacher, and I have learned a lot and I always take it back to my classroom..." (Participant 3, Transcript 2)

"I tried this on another boy who was really problematic, he was like totally problematic, everybody wanted to hit him, everybody want to shout at him but then I tried this on him and there was a total change because I could've handled him because previously I couldn't handle that boy." (Participant 1, Transcript 2)

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"I think that Jenny really succeeded in creating that safe space..." (Participant 2, Transcript 2)

"…where she would compare something for us, ok not myself, but I mean just the effort into what she brings in her sessions that we have." (Participant 3, Transcript 2)

"So I feel you would be excited as a parent to come in 4 weeks' time and say I'm coming, I'm going to meet with these people and I'm gonna share the changes that I have seen in my child. I would want to know how these kids have changed" (Participant 1, Transcript 1)

7.3.4. Recommendations for application of the COS-P

This theme considers what participants felt important when considering the use of the Circle of Security Parenting Program. Participants were asked to consider the use of this program, and where they felt it could be used with great benefit. Participants were able to access the helpful parts of the program; and apply them to other contexts. Participants felt that the programme was extremely helpful for parents, but that it was not bound to this domain only; but could be implemented in various contexts such as schools and communities. The participants had similar views regarding the potential of the programme; and advised the need for implementing the COS-P at primary, secondary, and tertiary education institutions. All participants emphasised the value in the programme, and the benefit they found, and suggested it be implemented in a variety of contexts in order to maximise the exposure to the programme. In particular, participants felt that the programme would be particularly useful if educators were trained in it, allowing them greater insight into children's behaviours at school. One participant thought it would be helpful even to those people without children, just to work on their relationships with others. Several participants felt a strong need to involve the communities in this kind of parenting training. They felt that this programme could

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significantly impact the communities of South Africa that experience great adversity and struggle. One participant also suggested a more comprehensive manual, in order to have more information available to them at home, when the need arises.

"I think schools need this" (Participant 3, Transcript 1)

"The teachers need to get this really…" (Participant 8, Transcript 1)

"It is definitely a must for teachers." (Participant 12, Transcript 1)

"a programme like this in every school" (Participant 5,Transcript 2)

"I think that this parenting programme course should be offered at all schools and all levels, that is number one. Number two, I also think teachers at school should have this course build into their study curriculum. Teacher training centres or colleges as well as academic institutions." (Participant 2, Transcript 2)

"Should be established here at UWC perhaps something similar to our uhm, law legal aid clinic that offers services free of charge to the surrounding communities, families and their neighbourhoods and I think hospitals, gynaecologists, midwifes uhm, those of us who are privileged to be at private or give birth at private care uhm, hospitals with our medical aids and so on." (Participant 2, Transcript 2)

"…I summarised it all in a phrase, at the end it is not a programme it is a need for all parents and non-parents because this is not just for children or parent or child but for a person to a person to interact as where they say in the beginning of the programme to be bigger, stronger, wiser and kinder." (Participant 5, Transcript 2)

"…I know this will greatly help within our communities." (Participant 1, Transcript 2)

"We spoke to parents, we spoke to sisters, we spoke to colleagues, we spoke to within our youth specifically…so we have recommended it to a lot of people. A lot a lot of

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people. I think more people need exposure especially within our communities." (Participant 1, Transcript 2)

"…what I perhaps want to see in the future is that a bit more content within the book because sometimes you forget sometimes all of these stuff you go home you really liked to look at this stuff again, and sometimes all the notes you make is not sufficient enough… Uhm, just a bit of more content within the handbook would really assist us as parents." (Participant 1, Transcript 2)

7.4. Category two: Changes within child, parent and family

The second category centres on the change in behaviour experienced and observed by the participants. The three themes that emerged prominently reflected the changes in relation to the parent, the child, and within the family. These are the identified themes:

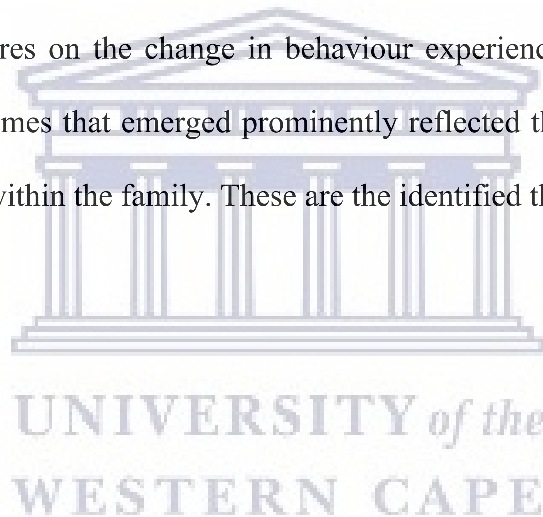
Shift in parents,

- Confidence
- Calmness
- Insight
- Self-Control / Self-regulation
- Parenting approach

Shift in child,

- As observed by parents
- Objectively observable change

Family growth/cohesiveness.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7.4.1. Shift in parents

7.4.1.1. Confidence

This sub-theme considers the levels of confidence in parents, and any shifts that may have occurred in this regard. Following the intervention, participants showed a significant increase in their perception of their own confidence, feeling more certain about their role as parents, as well as about themselves as individuals. Participants became more confident in their abilities to parent, and feeling empowered as a parent, knowing they are better, and are doing better. It was clear that parents generally felt that they were more capable than they were entering the program, and that the increase in their parental confidence often also resulted in a general increase in their self-esteem.

"…I found myself being a lot more confident, being a lot more sure." (Participant 1, Transcript 1)

"But the fact that you stand up and be that parent again that makes you a strong parent." (Participant 2, Transcript 1)

"So uhm, I feel good about myself, I feel great about myself. This also uplifted my, my uhm, self-esteem." (Participant 8, Transcript 1)

"..but now I feel even more much bigger stronger and wiser…" (Participant 8, Transcript 1)

"… cause I'm more confident." (Participant 1, Transcript 1)

"Much better with the kids. Much better." (Participant 5, Transcript 1)

"It's really just understand that the way I've been parenting is not necessarily been the best way of parenting." (Participant 7, Transcript 1)

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7.4.1.2. Calmness

This sub-theme reflects on the parents' ability to remain calm when situations become stressful, or during times where they would have previously become distressed or dysregulated themselves. It reflects on the parent's ability to remain composed; and ensure that their calmness is used a tool in the relationship to calm the child. Participants reflected a distinct difference in their emotional state. They were able to identify a greater calmness within themselves, and an ability to calm their emotions and experiences when things become difficult. One participant was able to acknowledge that understanding her child's behaviour, and why he was acting out, was able to create a sense of calmness within her. Participants found that learning new ways to manage their children and understand their children's behaviour enabled them to relax as parents, and not engage a dysfunctional way (like screaming and shouting) anymore.

> *"This programme really calms me down." (Participant 2, Transcript 1)*
>
> *"…how can I say, certain blocks in the programme that calmed me down, showed me, showed me to do things differently." (Participant 11, Transcript 1)*
>
> *"…so for me it was like a calm and I don't stress a lot and I don't sit in front and watch them and stuff like that" (Participant 6, Transcript 1)*
>
> *"I would say in a nutshell, it is complete calmness for yourself…so it takes away that shouting that nervousness when you have to deal with things now you have the tools you just have to make yourself happy." (Participant…, Transcript 1)*
>
> *"I am more relaxed now." (Participant 8, Transcript 1)*
>
> *"…I used to be very loud you know, shouting at the kids and you know and I think the course helped me to calm down quite a bit." (Participant 2, Transcript 2)*

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"…he (husband) is more calm and I am also trying to mimic because of this course, to be calm in my approach in terms of dealing with the kids, counting until five first." (Participant 2, Transcript 2)

"I have learned a lot of things especially what stands out was the fact that now you can actually calmly uhm, how can I say, settle your child down knowing that he is not just seeking for attention but actually there is a reason why he is acting out like that…" (Participant 3, Transcript 2)

7.4.1.3. Insight

Probably one of the most significant aspects reflected on by parents relates to their levels of insight, and how this was increased. This sub-theme reflects on the parents' ability to take new information, use it in application to themselves and their own histories and experiences, and to integrate this in a way that creates a new sense of self-awareness and understanding. Participants were able to consider and reflect on their understanding of their own relationships and of their children's behaviours. This allowed them to develop insight into their perceptions and experiences, and with greater insight, they were able to reflect and then make shifts and changes. Participants were able to engage with this, although it was at times difficult. They reflected that uncovering the mistakes that were being made, and the 'bad' things about themselves was a difficult task but it opened up great awareness. In particular, participants were able to reflect on the way they were raised and put the puzzle pieces together as to how the way they were parented impacts the way they parent. This insight into the patterns that are created allows significant shifts to take place. Participants developed the capacity to see beyond the surface and identify their child's needs, as well as developing the ability to identify when something is a result of a parent's need, when it is a result of the child's need, and when parents and children miscue each other with regards to their needs.

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"I realised you know I was too much…that was real life." (Participant 4, Transcript 1)

"But yes, it uhm, uncover all of the nasty thing that you don't want to know about yourself and of your children." (Participant 7, Transcript 1)

"I don't fear dying but seeing that face I got scared of that and I was like hey what I am just saying is that if I can see my two year old son look at me like that when I shout at him when I get angry I know how I look. He sees me as this monster when I'm shouting at him so that put a lot if things into perspective and change ja, literally changed a lot of things in my life, that moment when I see it on his face and how my little ones boy and girl see it and looks." (Participant 1, Transcript 1)

"I think one of the programmes that stood out for me was the way we were raised as children following on as parents their role and us latching on that. Now we have to change all of that and become our own parent, parents for our children you know. Learning, she has given us all the tools we just need to use it." (Participant…, Transcript 1)

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"It's really just understand that the way I've been parenting is not necessarily been the best way of parenting." (Participant 7, Transcript 1)

"But yes it uhm taught me to uncover all of the nasty thing that you don't want to know about yourself and of your children…" (Participant 7, Transcript 1)

"…literally changed a lot of things in my life, that moment when I see it on his face and how my little ones boy and girl see it and looks." (Participant 1, Transcript 1)

"As a parent now you are more aware that for us as mothers and fathers to be there for our kids." (Participant 4, Transcript 2)

"The programme showed me uh my flaws and how I can improve on myself." (Participant 5, Transcript 2)

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"The programme also showed the things that I didn't see that my child was doing and how I can improve on it as I has been here". (Participant 5, Transcript 2)

"Just from there's been a ton of reflection on my part uhm, really digging deeper then yourself and see why you were dealing with your child previously and now seeing that if you just change things this is the outcome can be different." (Participant 6, Transcript 2)

"It's like being aware of everything, the surrounding of the child, the situation and what was like for me what was very difficult is allowing my son to explore and now I feel more confident to let him explore, knowing he will come back in again if he gets hurt or/hold of something he will come back to me." (Participant 9, Transcript 2)

"…so now I am more aware of making things explicit, explaining things…" (Participant 2, Transcript 2)

"…but I think the whole idea of looking beyond the surface to our children's needs not my needs…" (Participant 2, Transcript 2)

"I think what I have learned from this programme uhm, everything starts with you as a parent." (Participant 8, Transcript 2)

"…to I think many time we miscue the need of our child because we look to our need." (Participant 1, Transcript 2)

"…I found quite surprising to realising and find out you know where am I in this, in terms of missing uh you know miscuing my children really shame the poor things." (Participant 2, Transcript 2)

"…if you have something inborn or something in the past that have happen with you, you get irritated immediately whereas now I recognised that this is why I am getting so upset or whatever or someone told me, get myself down just deal with the task and not

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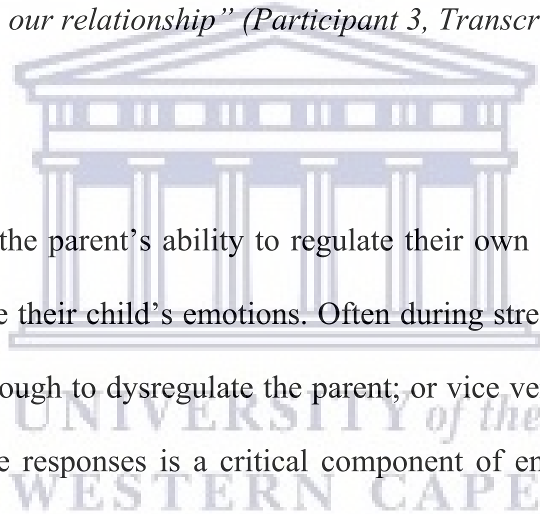
putting any emotion into the workplace because you sometimes tend to lose it when you get worked up." (Participant 6, Transcript 2)

"It really strengthens the relationship between me and my children especially all three of them." (Participant 1, Transcript 2)

"It strengthens us so we deal with this programme a lot within our household." (Participant 1, Transcript 2)

"I have to agree with him the same as us at home we can recognise and say you see w Just so we are growing and it helps us a lot e can recognise and we actually tell each other." (Participant 5, Transcript 2)

"We practice it a lot in our relationship" (Participant 3, Transcript 2)



7.4.1.4. Self-regulation

This sub-theme relates to the parent's ability to regulate their own emotional processing, in order to be able to regulate their child's emotions. Often during stressful or difficult times, a child's dysregulation is enough to dysregulate the parent; or vice versa. Teaching parents to control their own affective responses is a critical component of ensuring the child doesn't experience heightened dysregulation due to the parent's emotional struggles. This theme reflects on the participants ability to contain their own emotional experiences; and use themselves as a tool in calming the child and ensuring the child is able to regulate his / her emotions. Participants were also able to identify a new ability to control and regulate their emotional experiences and affective responses. Often, just being able to 'be with' and 'stay' in a moment with their child, prevents feelings of anger, irritability or frustration from taking over. One participant also described being able to reflect on her own emotions, taking a step back from the situation, and allowing a greater sense of control and regulation. Being able to manage the anger, hurt or anxiety is a significant step to shift oneself as a parent. One

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participant also acknowledged that being able to regulate their own emotional state allowed a changed emotional state in the child, and not negativity being met with negativity as it had been in the past.

"I think for me it was staying in the moment." (Participant 7, Transcript 1)

"…and for me also to step back and reflect on myself and my own emotions basically." (Participant 4, Transcript 2)

"…and the ability to calm them down and not act out the way they do because before this they were a ball of fire and we were a ball of fire two fires they don't it doesn't put uhm, out the flames so in order to calm my child I need to calm myself." (Participant 6, Transcript 2) "I would say in a nutshell, it is complete calmness for yourself…so it takes away that shouting that nervousness when you have to deal with things now you have the tools you just have to make yourself happy." (Participant…, Transcript 1)

"…I used to be very loud you know, shouting at the kids and you know and I think the course helped me to calm down quite a bit." (Participant 2, Transcript 2)

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7.4.1.5. Parenting approach

This theme reflects on the way in which the parent parents his/her child. It concerns the manner in which they interact with their child, the way they discipline their child, the way they understand their child etc. This identified theme is probably the theme where the most change was experienced by the participants. Participants were encouraged to consider different ways of engaging and being with their children; and as a result, the entire approach that parents had with their children seemed to shift. Parents were able to move from a harder, more authoritarian stance, to a position that includes more warmth, nurturance and understanding, such as those seen in authoritative styles. These shifts were profound in that many parents entered the

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parenting programme assuming that they were there to change behaviours in their child; however, many parents walked away from the intervention with the realization that much change needed to occur on an individual level, with them as parents, first.

This theme is a broad area, encompassing various aspects of the parenting approach. Participants were able to access various components to the parenting, for example, the ability to recognise needs, individual development, understanding their child's behaviour, containing both their and their child's emotional experiences etc. The vast majority of participants were able to acknowledge and reflect on some sort of shift in terms of their parenting approach.

Participants reflected a variety of shifts. For example, some parents acknowledged changes in the way they disciplined their children. Others realised the significance of organising their child's feelings, as well as understanding the importance of stabilising a child's emotional experience. The necessity of developing an emotional vocabulary in children was also reflected on. Participants were able to work with their child's needs, and how to identify different needs in different contexts, one participant expanded that even once being able to identify the need of the child, understanding why it is relevant to put the child's need ahead of their own need as a parent.

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Some of the shifts were more straightforward and simpler; for example, one participant reflected on the significance of being an 'ear' and being able to finally listen to her child, while another participant expressed the importance of just interacting with her child. Participants also reflected on the simplicity of just enjoying their child again, spending time in the moment, and finding the fun in interacting with their child.

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In summation, this theme reflects the significant change in the way in which parents engage and approach their children. Vast differences can be reflected on when considering the ways of engaging prior to the intervention and then following the intervention.

"And I'm more observant of their behaviour where I may have in the past overlooked certain things so I'm more cautious uhm, regarding their behaviour and the way they are acting out." (Participant 9, Transcript 1)

"…he (husband) would just give the hiding when the child throws a tantrum he would just give a hiding but I've seen form his side he would just standing back and attend to the child's needs he is not just giving out he hidings anymore but he's attending to their needs..." (Participant 8, Transcript 2)

"This is one thing that I've learned that is why the being with them is so important irrespective of what type of feelings it is made me scared, made me shameful that you try to organise it and help the child through it because it makes the child's emotions more stable and as the child grows up you will know exact, the child will know I'm feeling sad this is how I handle it from a small age onwards so it's more about, like I said specifically for me organising a child's feelings is very important for him to grow up stable, uhm, emotionally stable..." (Participant 1, Transcript 2)

"I saw a change in me..." (Participant 3, Transcript 2)

"…understanding what the child's needs is but also to be open to observe my kids and learn from them…" (Participant 2, Transcript 2)

"…kind of just again try to access and read what's happening to the kid first rather than putting my need first." (Participant 2, Transcript 2)

"One afternoon just I came from work he was like he is all happy and out of the blue "mommy how was your day?" and I was like okay "my day was fine how was yours?"

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then he said no it was fine. So it's just expanding that emotional vocabulary and that's what I've learned, ja." (Participant 3, Transcript 2)

"And I'm more observant of their behaviour where I may have in the past overlooked certain things so I'm more cautious uhm, regarding their behaviour and the way they are acting out." (Participant 9, Transcript 1)

"So that is something that I've learned from that, that I can be the ear and listen." (Participant 2, Transcript 1)

"…I can say, uhm, interact and interact my kids much better." (Participant 11, Transcript 1)

"For me it was really that staying in the moment. You know instead of trying to shut this thing, hold him love him hug him." (Participant 7, Transcript 1)

"Spend a lot of time with your child. It is becoming more pleasurable and they are demanding more and more of our time and outing together so I'm beginning to enjoy it. I'm looking forward to enjoy it at least." (Participant 7, Transcript 1)

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7.4.2. Shift in child

7.4.2.1. As observed by parents

This programme focuses a great deal on parents and creating shifts within themselves. However, as a by-product, a shifted parent often results in a child with different behaviour. This theme was thus an important theme to cover, as participants reflected the changes that had seen in their children, due to their shifts as parents. By working on themselves as individuals, parents are able to use themselves as tools in the relationship in order to bring about change in the child.

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Almost all parents were able to recognise a significant difference in their child's behaviour. Parents are noticing that their children are more open, more transparent, and are coming to them with their struggles and difficulties. It seems like as the relationship strengthened, children felt safer to make themselves vulnerable to their parents. Participants also noticed that their children were more affectionate towards them, were less disruptive and also more able to understand one another. Ultimately, the nature of the relationship was enhanced, and parent-child interactions were improved. This all forms the foundation and building blocks towards creating a secure attachment, and better outcomes for the child.

"Yes, yes definitely yes you can see it." (Participant…, Transcript 1)

"I could, Hallelujah for that." (Participant 8, Transcript 1)

"For me I see the changes in all three of them." (Participant 2, Transcript 1)

"He was like hectic and but while on this programme I started just cuddling him, show him affection etcetera and he every time now he's coming to me…I just showed him affection and things we've done in this programme and I could've seen change with him specifically." (Participant 1, Transcript 2)

"…I tried this on a other boy who was really problematic he was like totally problematic everybody wanted to hit him, everybody want to shout at him but then I tried this on him and there was a total change because I could've handled him because previously I couldn't handle that boy." (Participant 1, Transcript 2)

"I think as I said I can see it in him and it would be very interesting to find out from him whether he can see any change in me…" (Participant 2, Transcript 2)

"I take time before I burst out or do something irrational and I can see the behaviour is also changing and I can see his response to me is also is getting much better and better." (Participant 5, Transcript 2)

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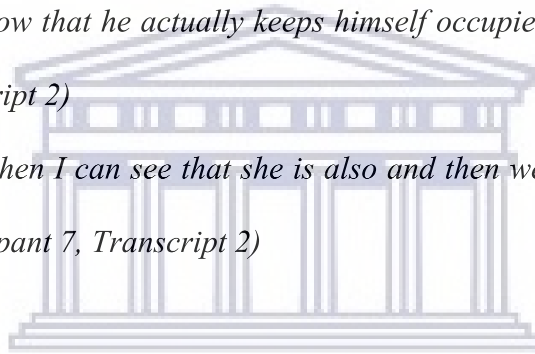
"…they come now more to me and tell me how they feel and what's wrong even it's right or wrong they come to me and they express themselves." (Participant 2, Transcript 1)

"More open…and attending to his needs he would come lay by me and talk he is more open with me now, ja, I see a big change in him…" (Participant 10, Transcript 1)

"My son has been a little bit more affectionate towards me. Previously I didn't I think I didn't comfort and I needed to comfort him but now I comfort him." (Participant 11, Transcript 2)

"You know but I can see also that he has become a lot more contented and calm…There are a lot more times now that he actually keeps himself occupied, is less disruptive." (Participant 2, Transcript 2)

"I can stay calm and then I can see that she is also and then we actually understand each other…" (Participant 7, Transcript 2)



7.4.2.2. Objectively observable change

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This sub-theme reflects on the changes that were noticed in the child by external or objective individuals. Essentially, this theme speaks to the impact of the programme on the child's behavior as seen by outsiders, who did not have any part in the program. This theme allows a more 'objective' way of thinking about the child's behaviour; and reflects changes that are sufficient for someone external to notice. An emerging theme was observable changes in the child, but those that are observed by an objective party. In the previous theme, parents were able to identify shifts in their child's behaviour, however in this theme, parents were asked to reflect on whether anyone else in the child's life was able to see any differences after the parents had attended this parenting programme. Several participants acknowledged receiving some sort of positive feedback from outsiders, some children were more manageable, some were more

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verbal and some were calmer. Generally, parents were able to acknowledge that other people in the child's life were able to identify shifts in the child's behaviour.

"I also received positive feedback. My son is receiving physical therapy but he didn't go during the holidays so he went again last week for the first time again and Chanelle just said that she is so shocked because he is so verbal." (Participant 6, Transcript 2)

"She commended me on Lyam's behaviour." (Participant 7, Transcript 1)

"So he was having full length conversations with her and she was very surprised like a different child overnight." (Participant 6, Transcript 2)

"People are quick to see the change." (Participant..., Transcript 1)

"...and she said you know what? This child is very calm he is relaxed at what he is doing." (Participant 8, Transcript 1)

7.4.3. Family Cohesiveness

This theme speaks to the experience within the family, as a more collective reflection rather than a personal one. It is a theme of change relating to shifts within the family as a result of attending the programme. There is often a ripple effect of change; even if change occurs in one area, the impact of this change is often significant enough to cause shifts and changes elsewhere in the system. The previous themes reflected on individual changes within the parent-child relationship, but this theme deals with changes in the family as a whole. Participants identified greater strength within the family, openness in communication, and general growth in the family. Ultimately, the family as whole showed benefit from one or two parents attending the program, indicates that there is the potential for growth within the family.

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"It strengthens us so we deal with this programme a lot within our household." (Participant 1, Transcript 2)

"I have to agree with him the same as us at home we can recognise and say you say we can recognise and we actually tell each other." (Participant 5, Transcript 2)

"It really strengthens the relationship between me and my children especially all three of them." (Participant 1, Transcript 2)

"We practice it a lot in our relationship." (Participant 3, Transcript 2)

"Just so we are growing and it helps us a lot." (Participant 9, Transcript 2)

7.5. Conclusion

This chapter has provided the themes that emerged from the post-intervention focus groups. The qualitative analysis explored aspects such as subjective perceptions and experiences of the programme, experience with the facilitator, recommendations, changes experienced within the parents, and changes within their children. In particular, the qualitative analysis found that parents experienced COS-P as highly beneficial, finding it useful for their roles as parents, but also in other contexts too. They were able to identify aspects within themselves that were hindering their ability to parent optimally. Parents also provided helpful recommendations for future administration of the programme, including encouraging more diversity who the programme is offered to. In particular, parents felt strongly that teachers would benefit from attending the program. Parents were also able to see significant shifts in their children, they noticed fewer incidences of poor behaviour or acting out behaviour and were more attuned to their children's needs. Parents felt that not only were they themselves able to see changes in their child / children, but other people began noticing improvements and shifts within the child. Finally, parents felt more of a sense of family cohesiveness.

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The following chapter integrates the results from both the qualitative and quantitative results, and the systematic review; and provides a detailed discussion on the findings.

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Chapter 8 : Discussion

8.1. Introduction

In the previous four chapters, the results of the study have been presented. The current chapter will provide an in-depth discussion of the findings of the study in relation to the literature, theoretical framework, and epistemological positioning of the study. This chapter will allow critical engagement with the results, facilitating a nuanced understanding of the effect of the intervention on various variables. This chapter is presented as different sections. The first considers the effect of the Circle of Security Parenting program, looking at the changes brought about as a result of the intervention. A summative evaluation of the intervention follows. Finally, concluding remarks with specific focus on limitations of the study and recommendations are provided.

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The overall aim of the study was to determine the effect of the Circle of Security Parenting Programme (COS-P) on internalising behaviours in children and on parental self-efficacy. The objectives of the study were to:

1. Conduct a systematic review of the relationship between parenting and internalising behaviours in children.
2. Conduct a pilot study to determine the feasibility of the COS-P in a rural, low-income community.
3. Assess levels of parental self-efficacy (pre-intervention).
4. Determine the levels of internalising behaviours in children (pre-intervention).
5. Assess the effect of the Circle of Security parenting programme on internalising behaviour in children and on parental self-efficacy (post intervention).

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6. Evaluate the sustainability of the COS-P and the effects on the variables at a 3-month follow-up period.
7. Explore the perceptions and experiences of parents following the COS-P.

8.2. Discussion of findings

8.2.1. Systematic Review Summary

The systematic review aimed to determine the relationship between parenting and internalising behaviour in children. 19 articles were included in the final data extraction process of the Systematic Review. Of those 19 articles, 14 articles used the CBCL as the assessment measure used to assess levels of internalisation; while many different parenting assessment measures were used to assess constructs relating to parenting. It seems that the CBCL is a generally accepted and well-used measure when considering aspects of internalisation in children.

The results showed that 74% of the articles included in the analysis showed a positive association between poor parenting practices and high levels of internalisation. This shows a relationship between parenting factors and internalisation behaviours in children. Attachment theory has long emphasised the significance of the parent-child relationship; and it stands steadfast in the belief that the nature of this relationship, and the behaviours that accompany it, have significant implications for outcomes in both children, and later in adulthood too. The review found that there are positive parenting practices that contribute to the reduction of internalisation symptoms, while there are negative parenting practices that exacerbate or increase levels of internalisation symptoms in children. The systematic review shed light on the implications of poor parenting practices. When parents are not attuned, unavailable, unresponsive, rejecting, hostile or punitive, poor outcomes are often the result for their children.

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8.2.2. Child

Considering the main aim of this study, which was to determine the effect of COS-P on internalising behaviours in children and parental self-efficacy; the quantitative results, as reported in Chapter 6, show a statistically significant decrease in levels of internalisation behaviours in children. The reduction of internalising symptoms was reported by both parents and teachers. The results showed a clear drop in symptoms between pre-test and post-test phase, indicating that the Circle of Security intervention is most likely attributed to have brought about this change. These decreased levels of internalisation were maintained at the follow-up phase, indicating that the changes brought about seem to have been sustainable.

More and more research is showing incidences of earlier onset of psychopathology in children (Yap & Yorm, 2015). With this increase, several countries have emphasised the need for early intervention as well as a focus on prevention. Literature also states the widely accepted notion that disorganised and insecure attachment leads to poor mental health outcomes, including internalising behaviours (Kim, Woodhouse & Dai, 2018; Thompson, 2018; Groh, Roisman, van Ijzendoorn, Bakermans-kranenburg & Fearon, 2012; Fearon, Bakermans-Kranenburg, van Ijzendoorn, Lapsley, & Roisman, 2010; Cassidy & Marvin, 1992; Sroufe et al, 2005). An insecurely attached child is twice as likely to develop internalising behaviours than a child that is securely attached (Madigan et al, 2012). Internalising behaviours are also considered to have homotypic stability, meaning that the continuity of the phenomenon is in a form that changes very little (Basten et al, 2015). Essentially, if internalising behaviours are not addressed and treated, they are unlikely to simply disappear, or show improvements. The COS-P seems to have been a worthy intervention in targeting these issues in young children, and has shown that

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in this study, internalising behaviours in young children were reduced, through the use of the parent-child attachment relationship as the vessel through which change occurs.

The results do show a clear decrease in internalising symptoms; however, this reduction alone is not sufficient in aiding understanding and enhancing knowledge in this area. Beyond this decrease in symptomotology, it is important to consider why these behaviours changed, or what brought about this change in their child. In consideration of this, it seems that there are two plausible options. The first, is that through the COS-P intervention, parents may have become more tolerant of their child's difficult behaviours. As their own emotional capacity was strengthened and increased through the intervention, they may have felt a greater confidence in holding and containing the difficult behaviours of their child. Although this is an important consideration, it seems the unlikely cause of the change in symptoms; as if this was the case, it would be expected to see a decrease in the symptoms as reported by the parents, but those reported by the teachers would be expected to remain the same, as the teachers had not had the exposure to the COS-P intervention. It is clear, that in this study, both the parents and teachers reported significant decreases in children's internalising behaviours. It seems more likely then, that the changes brought about in levels of internalising behaviours in children, are a result of the parents participation in the COS-P intervention which taught parents to take greater ownership of the parent-child relationship, becoming more mindful of the importance of this relationship, and its impact on all other behaviours and contexts. Perhaps parents became more attuned to their children, acting as co-regulators of their emotional experiences, functioning as solid containers in holding their emotional ambivalences and complex affective reactions. Research states that sensitive parenting during infancy and early childhood supports the growth of self-regulation skills (Carr & Pike, 2012). Advanced emotional regulation and greater capacity for self-control has also been linked to attachment security (Bauminger & Kimhi-

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Kind, 2008; Srouge, Egeland, Carlson & Collins, 2005). It can be considered that parents were more able to assist their children in processing their experiences, by merely being more available, attuned, and present in their children's lives. Through self-reflection, education and guidance, parents are able to change the nature of their attachments to their children, which, as research indicates, will reduce the child's risk for pathology (Bloomfield & Kendall, 2012). Therefore, enhancing attachment between parent and child is a powerful way of combating pathology (Berlin, Ziv, Amaya-Jackson & Greenberg, 2005). All these things could contribute to the child experiencing greater safety within the home environment, and in the parent-child relationship in particular; allowing the child to be more able to process and work with complex emotional experiences, rather than internalising them. All these aspects form the foundation of secure attachment relations. Tharner et al (2012) compared securely and insecurely attached children and found that those with insecure attachment styles reported higher rates of internalisation. Furthermore, when children felt secure, it was a mediating factor against the development of internalising symptoms, despite decreased positive paternal parenting practices.

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Furthermore, when considering the qualitative results, parents and others (teachers, family members etc), were able to notice an observable shift in their children's behaviours. Parents reported children to be more transparent and open, and found that they were able to approach their parents with their difficulties and struggles. This already denotes a shift from the previous way of managing difficulties, where children would turn inwards, avoid interaction and manifest internalising behaviours. These reports show that children are now more able to engage in the relationship as a tool for problem-solving. Furthermore, more parents found their children to show increased affection towards them, often engaging in less disruptive behaviours and more able to express themselves. All these aspects contribute to the strengthening of the

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relationship, all laying the building blocks for developing a secure attachment. In attempting to consider how internalising behaviours were reduced, these factors could be considered as contributory in this regard.

The qualitative results indicated observable changes in the child not only as seen by the parents, but those also observed by others. Many parents reported receiving positive feedback from people outside of the family regarding the child's behaviours. We can deduce that because this programme addresses relational issues, its impact is seen not only in certain contexts (like at home, considering the parent-child relationship is what is being addressed), but rather, the spill over effect can be seen in varying context that the child engages is. Because the programme is working at a much deeper level, focusing on internal attachment representations within the child's life, this blue-print manifests in all contexts and all relationships, and is not going to only show improvement in one isolated area.

The programme has shown in both methodologies that significant changes within the child were observed and experienced. Using both quantitative and qualitative results, together with the results of the systematic review, it is evident that the nature of the parent-child relationship has significant bearing on the outcomes of the child. The COS-P seemed to cause important shifts in the child's behaviour, as measured objectively as well as experienced subjectively by parents and others. The results of the systematic review show that the quality of the parent-child relationship is able to predict adulthood outcomes of mental and physical health. Therefore, the nature of the parent-child relationship during the early years is critical to the child's later functioning (Thompson, 2001; Zeanah, 2000). Through self-reflection, education and guidance, parents are able to change the nature of their attachments to their children, which, as research indicates, will reduce the child's risk for pathology (Bloomfield & Kendall, 2012).

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Therefore, enhancing attachment between parent and child is a powerful way of combating pathology (Berlin, Ziv, Amaya-Jackson & Greenberg, 2005).

8.2.3. Parents

Early intervention and prevention of poor behavioural and social-emotional development, through the application of parenting programmes, has taken a dominant global trend. The key in addressing these areas of concern is through targeting the parent as the active agent of change (Barlow, Bergman, Kornor, Wei, & Bennett, 2016; Furlong, McGilloway, Bywater, Hutchings, Smith, & Donnelly, 2012). Mouton, Loop, Stievenart and Roskam (2018) support this notion, expanding on the justification for parents as agents of change as they are generally closest to the child, and spend day to day interactions together.

As reported in Chapter 6; parents showed a statistically significant increase in their levels of parental self-efficacy pre-test to post-test. It is evident, that after attending the Circle of Security parenting program, parents have a greater sense of confidence in their own abilities and capacities as parents. Furthermore, these results showed sustainability at the follow-up assessment phase. Bloomfield and Kendall (2012) confirm that through self-reflection, education and guidance, parents are able to change the nature of their attachments to their children, which, as research indicates, will reduce the child's risk for pathology.

When considering these results, it seems easy to contemplate that that levels of parental self-efficacy would increase, as one could argue that by merely attending the programme, and utilizing the resources and support available, parents may feel more confident and capable. The programme allowed parents to engage with a parent-child trained facilitator on a weekly basis, where they were shown support, were encouraged and motivated in their roles as parents. This

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alone may have contributed to their increased levels of parental self-efficacy. However, when one considers that this level of increased parental self-efficacy was maintained at the follow-up period, where there had been no contact with or motivation from the facilitator, it seems clear that it was indeed the intervention that brought about the change, and not just the interaction with the facilitator. Parents having a greater sense of their roles as parents, and their capacities to parent is significant asset, and the potential for sustainability is indeed a hopeful and promising one. Shenderovich et al (2019) acknowledge the impact of participant involvement as crucial to better intervention outcomes. Attendance alone does not seem sufficient to improve outcomes, however attendance together with engagement in sessions seemed to result in better outcomes. The parenting programme run in the present study had both aspects, good attendance as well as active engagement from the participants. This could be a contributory factor to the good outcomes achieved in this study. The COS-P generally has high rates of retention and participation rate, which developers attribute to the qualities of the intervention (Hoffman et al, 2006). Specifically, the COS-P is able to engage families with complex difficulties, that have not had success with many other interventions. A possible contributory factor to the success of the COS-P may be the relationship participants develop with both the facilitator as well as with other parents in the group (Andrews, 2019).

Bloomfield and Kendall (2007) state that the process of developing parental self-efficacy can be achieved through group work and sharing experiences with similar individuals. It is unclear whether parents experienced greater levels of parental self-efficacy as a result of the COS-P, or because of the shared experience with other parents, and the group engagement process. It seems likely that it could be a combination of the two. Regardless of the reason, literature does show that higher parental self-efficacy levels are related to a more effective parenting approach as well as more favourable child outcomes (Wittkowski, Dowling & Smith, 2016). While

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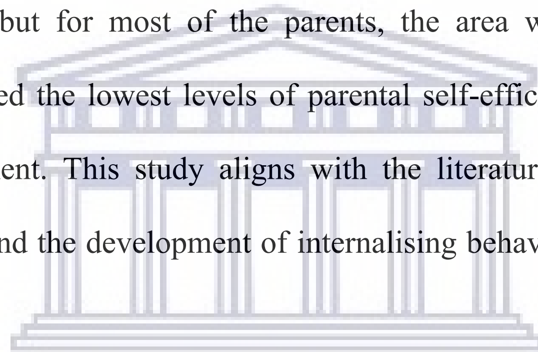
parents with low levels of parental self-efficacy are more likely to have children who experience emotional, behavioural and developmental difficulties (Sanders & Wooley, 20015). This study also supports the concept of fluidity of parental self-efficacy. It is a construct that is dynamic, and can change over time, and is not a fixed or stable trait (Bloomfield & Kendall, 2012).

Interestingly, literature shows that psychological and behavioural control seem to be related to the development of internalising and externalizing behaviours (Caron, Weiss, Harris and Catron, 2006). The results of this study showed that not only did these children present with internalising behaviours, but for most of the parents, the area where they felt the least competent, and experienced the lowest levels of parental self-efficacy, were on the control dimension of the instrument. This study aligns with the literature regarding the parent's difficulties with control, and the development of internalising behaviours in the child (Caron et al, 2006).



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The change seen in parental self-efficacy on the quantitative results echoes the shifts seen during the qualitative phase of assessment. Parents were able to give verbal accounts of the change in their levels of confidence as parents. They reported a greater tolerance and capacity for holding their children's struggles, increased levels of calmness and more surety in their role as a parent. There was a definite sense of empowerment, and with this, came the insight into the benefit of self-reflection. Parents were able to recognise different sides of themselves, without feeling judged or ashamed, which ultimately allowed them a space to process their own emotional experiences and reactions first, teaching them the process of emotional regulation, so that they feel equipped and confident in doing that for their children. It was as if the parents themselves first needed a space to regulate their own emotions, for them to be able

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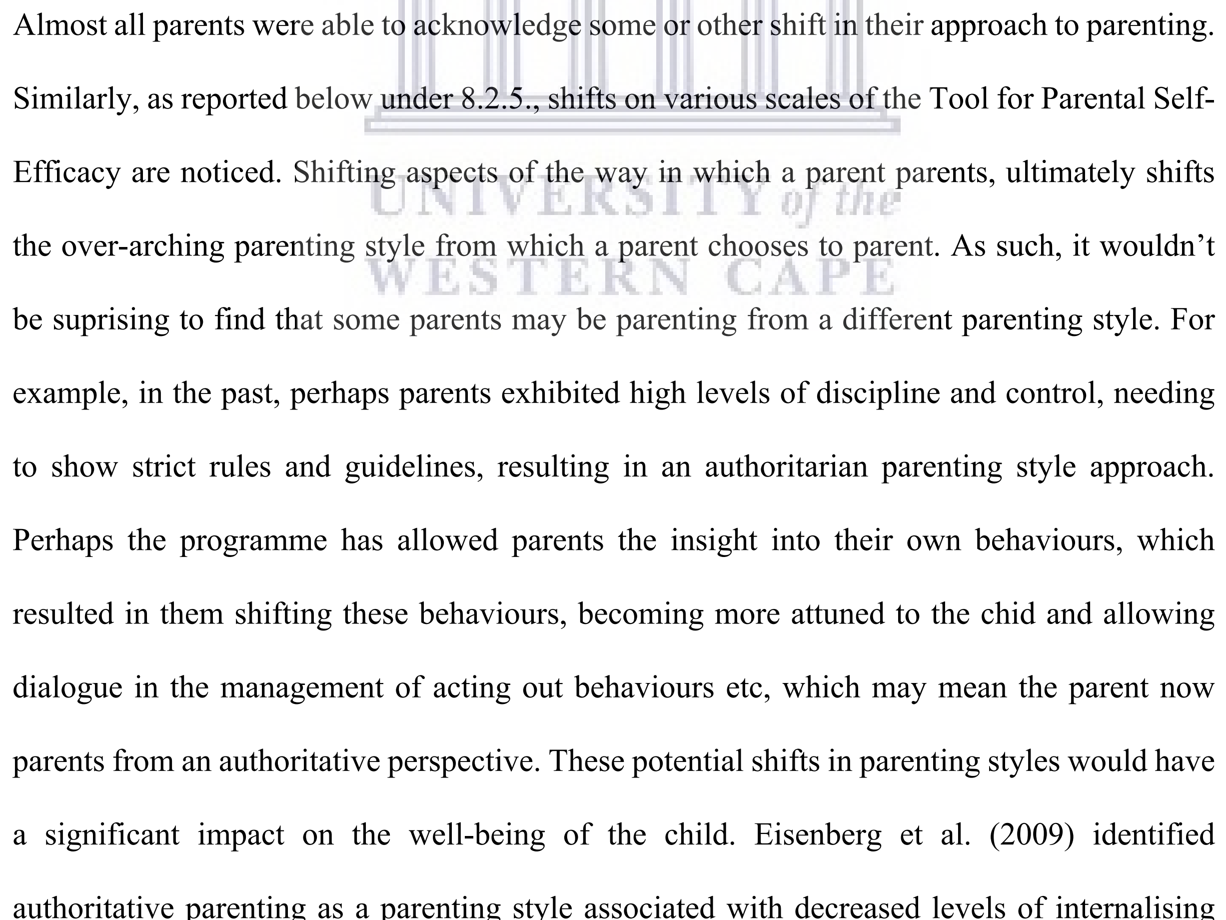
to regulate their children's emotions. In this way, the intervention not only provided important learning, but was also able to provide an element of containment and emotional processing, and in a way, perhaps even mimicked elements of a safe, therapeutic space. Many parents were able to acknowledge that they developed an increased capacity to hold their own difficult emotions, and remain calm, even if the face of their child's dysregulation. Being equipped with insight into the relationship took this a step further, and parents could see that simply by understanding the child's behaviour, they could approach the situation with greater calmness that they had done previously. This aligns with research conducted by Moretti and Obsuth (2009) stating that attachment-based parenting programme may promote change in how parents experience and perceive their relationship with their child as well as understanding their own roles as parents.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Almost all parents were able to acknowledge some or other shift in their approach to parenting. Similarly, as reported below under 8.2.5., shifts on various scales of the Tool for Parental Self-Efficacy are noticed. Shifting aspects of the way in which a parent parents, ultimately shifts the over-arching parenting style from which a parent chooses to parent. As such, it wouldn't be suprising to find that some parents may be parenting from a different parenting style. For example, in the past, perhaps parents exhibited high levels of discipline and control, needing to show strict rules and guidelines, resulting in an authoritarian parenting style approach. Perhaps the programme has allowed parents the insight into their own behaviours, which resulted in them shifting these behaviours, becoming more attuned to the chid and allowing dialogue in the management of acting out behaviours etc, which may mean the parent now parents from an authoritative perspective. These potential shifts in parenting styles would have a significant impact on the well-being of the child. Eisenberg et al. (2009) identified authoritative parenting as a parenting style associated with decreased levels of internalising

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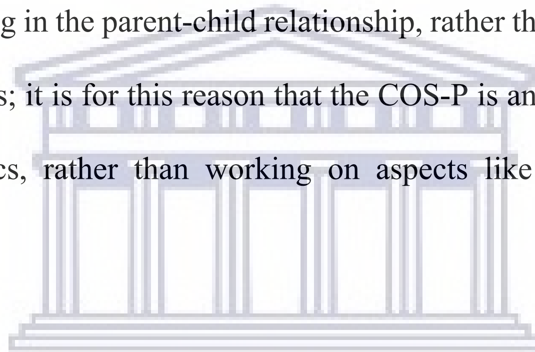
problems, while Pauluseen-Hoogeboom et al. (2008) reported similar findings. These authors found that as levels of maternal authoritative parenting increased, levels of children's internalising symptoms decreased. Luckyx et al. (2011) found that authoritative parenting was the only style that showed decreased in internalising symptoms with age. Therefore, the link between parenting style and behavioural outcomes is an important one, and one that seems to have been targeted through the COS-P intervention. As evidenced in the systematic review, research conducted by Gardner, Hutchings, Bywater and Whitaker (2010) concludes that a fundamental aspect of addressing child problem behaviour is through improvements in positive parenting rather than a reduction of negative parenting. The COS-P aims to enhance the positive aspects of engaging in the parent-child relationship, rather than aiming to find ways to reduce negative behaviours; it is for this reason that the COS-P is an intervention focusing on the depth of the dynamics, rather than working on aspects like discipline or behaviour modification.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Finally, participants reported an experience of 'hearing the facilitator's voice' and the 'taking in' of the content. It becomes a noteworthy part of the process to acknowledge the impact of the parent's ability to internalise the facilitator role in order to continue applying the features of the programme. Parents seemed able to hold the content in their mind, even after the weekly sessions had ended; although some parents did request more detail in the take home manual. This internalisation of the facilitator, to a certain degree, may account for some of the sustainability of the changes. The role of facilitator was continued as an internal dialogue for the parents.

Analysis of data from both methodologies shows changes that occurred in parents. The quantitative measures were able to show shifts on specific domains or areas within parenting

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that were developed through the COS-P; while the qualitative assessment highlighted the personal and unique journey for each parent. The COS-P had an impact on each individual on a personal level, with signs of much growth and intrinsic development occurring for the parents. Therefore, it seems that parents experienced change in both areas of structure around specific practices of parenting, as well as change on a dynamic and interpersonal level.

8.2.4. Teachers

As evidenced in Chapter 6, teachers were shown to report significantly lower scores of levels of internalisation against the scores of parents for the same child. This occurrence did not only occur at the pre-testing phase but was evident at all three time intervals. Therefore, teachers scored a child much lower for levels of internalisation than the scores a parent ascribing to the same child. Various interpretations can be considered in understanding this. Firstly, children may feel less able to show their struggles or difficulties in a class setting and may feel like the home is a safer place for them to process their struggles. Subsequently, more of the difficult behaviour may then be seen in the home environment, rather than at school. This perspective has merit, but, it seems a more likely possibility to consider the presence of externalizing behaviours; behaviours that are overt and involve acting out. When a child is internalising their behaviours, these behaviours are often 'hidden' and so are generally more difficult to see regardless of the context in which they are displayed. Nunes, Faraco, Viera and Rubin (2013) state that behaviours of such a nature, those that are more controlled, hidden and quiet, could often be interpreted as behaviours representing proper school decorum. It could be argued that as a result of these behaviours being more hidden or covert, only those who are more closely attuned to the child and more aware of their experiences would be able to provide a more accurate reflection. This could be a consideration as to why the teachers have scored much lower than the parents. Parents may have more insight into their own children and may have

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more opportunity to witness and engage with their children's behaviours. However, untreated internalising disorders in childhood can significantly increase an individual's risk for anxiety and depression in both adolescence and adulthood (Miller & Jome, 2010; Colle & Del Giudice, 2011; Muris, Meesters & Van den Berg, 2003). This highlights the importance of accurately identifying these behaviours. Lastly, teachers may have scored lower than parents as a function of the system. The reality of most government school systems in South Africa means that children are one of very many children in a class, where a teacher needs to single-handedly manage all these children. In a class of young children, it can be even more difficult. Children falling in these age categories (between the ages of 3-5), often struggle with structure, impulsivity, acting out, and so on; and although developmentally appropriate, it makes for a complex task having to manage these children. Very often, the children who present with externalizing difficulties are the ones the teachers are greatly aware of and have facilitated an intervention process with. These children are often disruptive, loud, aggressive, impulsive and behave in a way the ensures the teacher needs to respond and react. However, a child who internalises, is often considered the 'missed child', and the child that very easily 'falls through the cracks.' Very often, these children withdraw themselves and quieten themselves while internally they are facing massive struggles and trying to manage complex emotions. And all the while this child is experiencing their struggles, the picture shown to the world is one of quiet and retreat, and often no indication or glimpse is given of the difficulties being experienced. In this way, teachers often do not see the child struggling with internalising behaviours. Teachers scoring a child lower for internalising symptoms resonates well then, as the behaviours that load on to internalising disorders might not only be missed by teachers but may even be viewed in a positive light or even rewarded.

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8.2.5. Instruments

Although parental self-efficacy as a whole was shown to increase with statistical significance, it seems valuable to consider each of the scales and how they shifted. Interestingly, the scale shown to have the lowest score both pre- and post-test was that of control. Despite increasing substantially from pre-test to post-test, the control subscale was still the scale that parents felt the least confident about. The control scale asks questions about the parent's ability to remain calm in the face of the child's struggle, a sense of feeling in control as a parent, a child's ability to respond to the boundaries put in place, getting a child to behave well and stopping a child from behaving badly. These areas are similar to the experiences parents shared in the qualitative reflections. It is clear that parents had most difficulty and felt least confident in their capabilities as parents in the areas that involve a great deal of structure, particularly those of control and discipline. By virtue of being part of the COS-P programme, the participants had to have a child experiencing internalising difficulties. As such, parents often view themselves as 'bad' or in a negative light, because their child is experiencing difficulties. In this way, a child's behaviour and a parent's levels of self-efficacy are often complexly intertwined. Post-intervention, parents showed an improvement in this area, feeling more competent in their roles. However, it remained the scale with the lowest score post-intervention. These two scales, control and discipline, can often be closely related to the aspects of Baumrind's parenting styles. Parents often make the assumption that trying to get a child to behave well means enforcing greater discipline and exerting greater control. At times, this leaves the parent adopting a parenting style that is not optimal, such as authoritarian parenting style, or parents believe they have no control and so do not attempt to introduce any control or structure into the home environment, resulting in a permissive parenting style. These scales help to provide an indication of where parents are in terms of aspects within their parenting and may help to provide a more balanced outcome.

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The scale that parents scored the highest on, both pre-test and post-test was that of play and enjoyment. This scale involves questions around spending time with your child and engaging with your child. It could be hypothesised that parents scored highest on this scale, as this is a scale that doesn't seem to reflect any 'skill' per se. Many parents think that they are getting aspects of parenting wrong, for example, discipline, learning and knowledge, emotion and affection etc, and that they in some way do not 'know' what to do in these areas or are doing the incorrect thing. The area of play and enjoyment seems to be an area that cannot be learnt or taught necessarily and should be one that comes more easily. Parents will probably tend to feel more competent in this area because there isn't really a right or wrong way of playing with and enjoying your child.

On each of the scales, there was little change in scores from post-test to follow-up, indicating that with no statistically significant change, there was little to no change in the levels of parental self-efficacy. This is a promising result, indicating that the shifts that occurred on these scales seem to have lasted, even without any interaction with the programme or the facilitator between the two time periods.

Considering the one-way between analysis of variance of child internalisation and marital status, the results showed a significant effect of marital status on internalising behaviours. In particular, the condition of single marital status was shown to have an effect on internalising behaviours. This result does show the impact of the parenting relationship on the manifestation of children's symptoms, as a single parent is often faced with increased stressors and responsibilities. The single parent is having to fulfil the role of two parents, which can often leave the parent feeling overwhelmed. The second significant one-way between analysis of

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variance was the effect of the number of children per household on parental self-efficacy. It showed that having three children had an effect on levels of parental self-efficacy (with these scores being lower). This could be attributed to the level of input that may be felt with three children, having to offer a greater deal of personal and psychological resources for the child's development, which may in turn impact parental self-efficacy.

8.3. Summative assessment of the Circle of Security Programme

8.3.1. Cultural sensitivity

COS-P was developed in America and is framed within a westernised view of parenting and psychology, as such, the sensitivity of the Circle of Security intervention to the South African population needs consideration. Despite running the pilot study; which aimed to fulfil a needs assessment of suitability of this programme in a culturally diverse context. The question remains: how useful is the programme within a diverse South African context? The results have generally shown positive effects brought about by the programme, and parents were able to verbalise themselves as to the significant effects the programme had on their lives. However, it remains an important process to unpack the cultural sensitivity of a western-based programme in a low-income country, like South Africa.

COS-P had a clear positive impact on both children and parents, and it seems suitable to consider it a culturally relevant intervention. It seems that one of the significant contributors to this, is the program's foundation in attachment-based parenting. Many of the parenting programmes that are offered, speak to addressing behaviour change and introducing various structures or techniques into the home and the relationship. In these types of programmes, it becomes a complex task, as working with behaviours and tools can be applied differently in all homes, and particularly when cultural diversity comes into play. Cultures may disagree

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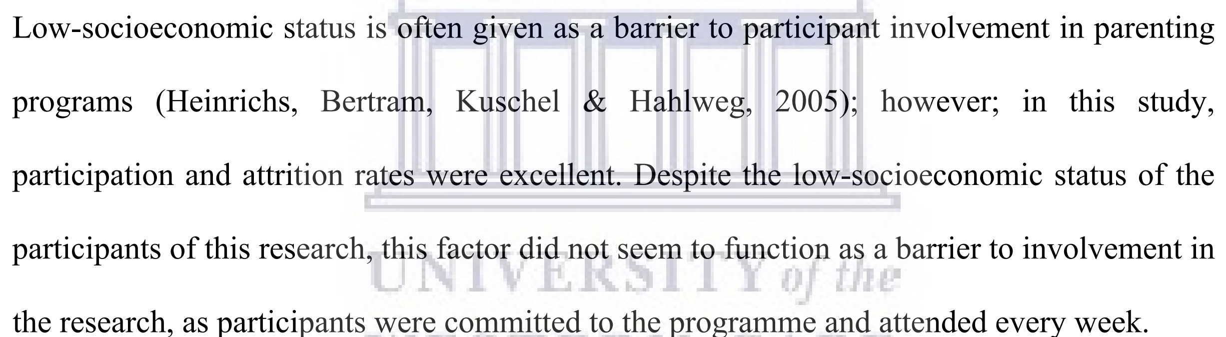
regarding many of the recommendations, and disputes can easily arise. However, COS-P is one of very few programmes that do not address specific behaviours in the child, nor does it teach any specific techniques to parents. Rather, the programme aims to focus on the attachment relationship between a parent and child; a universal language so to speak. Regardless of culture, socio-economic status, age or gender, and the like, the relationship is at the forefront of the programme, fostering connection, engagement and attunement. These practices form an integral component of any and all relationships, and so cultural disparities are almost excluded from the outset. It would be naïve to consider that culture and context does not have any role to play, but it does seem that despite some contextual concerns, the overall aim of the programme was successful and be considered to have cultural sensitivity.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Low-socioeconomic status is often given as a barrier to participant involvement in parenting programs (Heinrichs, Bertram, Kuschel & Hahlweg, 2005); however; in this study, participation and attrition rates were excellent. Despite the low-socioeconomic status of the participants of this research, this factor did not seem to function as a barrier to involvement in the research, as participants were committed to the programme and attended every week.

The results of a study conducted in South Africa by Koen, van Eeden and Rothmann (2013) encourage mental health practitioners to consider the multi-dimensional, two factor model of family psychosocial well-being when developing and implementing programmes that enhance family strengths and competencies. This model encourages incorporating both family functioning (relational patterns) and family feelings (linked to attachment). COS-P is able to engage both aspects of these, encouraging parents to reflect on their family structures as well as looking introspectively at their own attachment patterns, and the affective response to these.

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In this way, the COS-P was able to engage with more depth on the notion of family psychosocial well-being.

Many of the participants shared similar views about the strong connection formed with the facilitator, and the impact of this on their willingness to share, particularly around vulnerable and difficult content. It must be considered then that part of the efficacy of the programme, and the ability to transcend cultural, religious and race bounds may have also been due to the relationship established between participants and facilitator. Participants have shared that they felt safe enough to clarify and query content when they felt unsure or felt like they didn't understand what was being presented. It is not ironic that the relationship between participants and facilitator mimics that of parent-child, where a safe environment was created in order to allow the participants to air their own complex struggles, emotional difficulties and experiences of failure. The nature of the participant-facilitator relationship was such that it formed the foundation from which the programme was presented, it allowed the content of the programme to be presented in a way that participants felt they could access it and take it on. Similarly, participants were being encouraged to do the same thing in their parenting role; providing a safe enough space with their children in order to allow the relationship to form the foundation of all the content / everyday activities that infiltrates it; when the connection is strong / secure, there is safety to show vulnerability.

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8.3.2. Transformation of Roles – parenting and beyond

This programme is an intervention designed to assist parents in the enhancing of the parent-child relationship. However, it came to the fore that its use and durability in the context of other roles was an importance consideration. Most parents felt that this programme could be applied in other contexts, with effective results. Many parents had begun to apply the principles of the

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Circle of Security intervention in their own intimate relationships with their partners. Many parents found it helpful in this context, that it provided greater insight into understanding their partners, considering the way they, as well as the way their partners had been raised, and the attachment relationship that formed the blue-print or foundation of each of their individual ways of relating. In this way, the content of the programme was found to be useful not only in the participants roles as parents, but in their roles as husbands, wives, girlfriends and boyfriends. Furthermore, participants felt that the use of this programme in a school context would be highly beneficial in aiding to teachers to understand children's behaviours and manage their emotional experiences. Parents felt that teachers should be equipped in a similar way to what they were, and that there would be great value in teachers being trained in the COS-P to enhance their insight into children's behaviours. One participant was not only a parent but was also a foundation phase teacher (teaching children 4-5 years old). She was able to reflect on her experience with the programme and found continued benefit in applying the programme within her classroom context. She took the programme, as it was presented to her as a parent, and used the same principles in helping to understand the behaviours of the children in her class. She was able to reflect on her own role as a teacher, and enhance the experience she was providing them with, increasing her capacity for an engaged and attuned relationship with these children. A study completed by Austin, Holcomb and Shore (2005) showed that with increased attunement, educators felt more invested in the child, both in and outside the classroom, they felt better able to communicate with both students and teachers, and also felt an internal shift, with greater attunement not only impacting the students positively but also their own development.

The results have shown that this programme had several positive effects on the participants, not only as parents, but in other roles too. It further highlights the need to engage more critically

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with the COS-P programme and its applicability to various contexts, extending the depth of those impacted by stretching its target audience. Participants reflected on the use of the COS-P principles in other settings and professions, which encourages consideration of an adaptation of the COS-P for various other contexts and settings, and not limited to parenting only.

8.3.3. Expectations of the participants of the programme

Interestingly, most parents enter the parenting programme with the frame of reference that their child's behaviour will be addressed and improved. Parents arrive wanting and hoping for a 'solution' to their child's difficult behaviour and trying to find tools and information in how to 'make them better'. Very often, this relates to concepts around discipline, punishment, and control. Many of the parents were able to reflect on the shift in the expectations at the outset to their realizations post-intervention. At some point during the intervention, most parents had a 'light bulb moment' where there is a great level of introspection and reflection, and the realization is reached that much of what is needed in addressing the child's difficult behaviour lies within the shifting of the parent. Parents are able to see their contribution to their child's difficult behaviours, and the role the relationship plays and the function it serves in holding the child in a secure attachment. As a result, change occurred for both the parent and child; the parents often anticipate that the child will be the primary source of change, and the greatest source of change lies within the child. It is only after the programme that most parents can acknowledge that first and foremost a change took place within themselves, and as a result of this, change took place in the child.

8.3.4. Relationship with facilitator

All participants reported a connected relationship with the facilitator. It was expanded on to say that the experience of the facilitator, and her transparency and explanation of concepts was

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a critical component of the participants' understanding and overall experience of the intervention. This does create a need to assess the relationship between facilitator and participants, and the contributory role to the overall success of the programme. Had the relationship not been experienced as it was, would the participants have engaged with the content to the depth that they did? Would the parents have made themselves vulnerable, creating an opportunity for shared experiences? Beyond this, the training of the facilitator seems to be a central factor to consider. It seems that a great deal of what is accessed through the programme is based on the efficacy of the facilitator, and the nature of the relationship between facilitator and participants. As part of the implementation of the intervention, it seems critical that the facilitator needs to consider her role in the programme, and the impact of the relationship on the accessibility of the content.

Participants reported an experience of 'hearing the facilitator's voice' and the 'taking in' of the content. This internalisation of the facilitator as an internal dialogue for parents needs to be considered as a potential contributory factor to the effects noticed.

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As such, one aspect of the COS-P that can be critiqued relates to the role of the facilitator. It seems that the role of the facilitator contributed to the overall effects seen in the various variables, and that the safe and secure space that was created allowed parents to express vulnerabilities and explore their own struggles around parenting. However, upon reflection, the intention to create this space was done so intuitively from the facilitator, identifying the need in order for parents to access the content more deeply. However, this is not something that is stipulated in the programme and encouraged as part of the COS-P facilitator training. This response of ensuring a containing space was likely linked to the facilitator's dual role as a clinical psychologist, however, the COS-P does not require the facilitator to be a trained

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psychologist. Any mental health care practitioner could complete the training and run the COS-P. This does evoke some need for reflection around whether outcomes identified were due exclusively to the program, to the relationship or due to a combination of the two. With this in mind, the COS-P should aim to incorporate aspects of the role of the facilitator and identify implementation strategies that ensure the promotion of safe and secure environment. The role of the facilitator seems to be undervalued in the training of the COS-P; when the role seems to in fact influence outcomes from implementation to sustainability. When considering the positive findings from this study, and the parent's reflections around internalising aspects of the program, it is unclear whether specific content was internalised, or rather that aspects of the facilitator were internalised. Some of the participants responses speak to the internalising of the facilitator's voice. This again reinforces the valuable role of facilitator, and the need to train facilitators with the awareness and insight into the significance of this role.

Shenderovich et al (2019) emphasise three aspects related to facilitator behaviour: fidelity, quality of delivery and adaption. Fidelity is often considered the adherence aspect, quality relates to the competence of the facilitator, while adaptation relates the modification of the intervention by the facilitator. Several studies (Alvarez, Rodrigo & Byrne, 2016; Eames et al, 2009; Forgath and DeGarmo, 2011) found that increased facilitator fidelity and quality was related to greater outcomes of the parenting interventions as well as in child behaviours. This research highlights the significance of the facilitator role in parenting interventions.

8.3.5. Logistics regarding implementation of the program

Reflecting on the implementation of the programme, it becomes important to consider some of the logistical factors involved in the intervention, and what could be enhanced or adapted. Firstly, some participants felt that more content should be provided for reference at home. This

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is a fair point to consider, as part of what often causes parenting struggles is the increased pressures felt by parents in their everyday lives. When the demands continue to increase, parents often feel overwhelmed, and may, in this case, resort back to the status quo of how they previously operated. With a more comprehensive guide, they may be able to consult the manual in times they are struggling, long after the programme has ended. In a way, a manual could be created which provides an almost concrete facilitator role; the manual continues the role the facilitator played and allows the parents to engage with the content. Parents spoke of a need to have content that could refresh their memories about what they should be doing in the relationship with their child. Despite the intervention being based very much on interaction between facilitator and participant, and a shared group experience engaging in videos and presentations, it would be helpful to provide a resource that parents can use in order to ensure sustainability of the programme and prevent parents from moving back to their familiar ways of relating to their child. Perhaps the difference in transportation from one country to another, particularly from a high-income country to a low- to middle-income country may lie in this aspect. It appears that parents feel unable to engage resources post intervention, and fear that this intervention is their 'one opportunity' to develop this aspect of their parenting. Perhaps it is for this reason that they feel they need something more comprehensive at home, to function as a resource to consult when things become difficult. In high-income countries, it is likely that when things become difficult that parents will consult external resources, perhaps even the same mental health practitioner in order to address the behaviours.

Researchers have shown that group parenting interventions can be both effective and cost-effective for children younger than five (Barlow, Bergman, Kornor, Wei, & Bennett, 2016; Furlong, McGilloway, Bywater, Hutchings, Smith, & Donnelly, 2012; O'Neil McGilloway, Donnelly, Bywater, & Kelly, 2013). The programme was run in the evenings, for a period of

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8 weeks. This was done in order to allow parents the greatest chance of consistent attendance, as they would not need to take off of work in order to attend the programme. This goal was achieved, with all parents attending every single session for the duration of the 8 weeks. An 8-week intervention experiencing no attrition seems to be significant, as this is not usually the case in research; and although running the programme in the evenings has difficulties associated with it, it seemed to ensure parents participation. The reach of the programme is thus meaningful, as it was able to work with several families in a more cost-effective manner, than conducting individual treatment. However, running a parenting intervention till 9 or 10p.m. at night is not necessarily something feasible, or something that can be continued regularly. Ensuring the safety of participants and facilitators was a consideration, as well as the use of facilities that are willing to allow sessions continuing late into the night. As the sessions were held on campus, a campus security guard would need to be stationed at the building, as it meant the building was open for longer periods than it is usually. This is an added resource and cost that is then involved. Furthermore, parents are often exhausted, and may run the risk of low energy late into the evening after a full day's work. In addition, some parents needed to employ a babysitter to look after their children while attending the programme, as in many instances both parents attended the intervention. This is again an added expense for the family to ensure participation.

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An 8-week intervention could be considered a rather lengthy intervention, when considering rates of attrition. Despite zero attrition in this study, it is always a risk factor. Different options are contemplated when considering frequency of sessions, and duration of the programme. It appears that a great benefit of the intervention is the ability to teach one chapter, and have parents take that home and attempt to implement the ideas in the week to come. When the parent returns the next week, they are able to share and reflect on their experience of applying

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what they learnt from the previous week. If sessions were increased in frequency, it would prevent the learning through ‘trial and error’ and through application. The risk is that it could become a ‘theoretical’ intervention then, where parents are taught the content but not given ample opportunity to apply the principles. Increasing the length of the sessions to perhaps cover two chapters a week is also difficult, as it again may prohibit the in-depth exploration of each area, and the applicability of the chapter at home. Also, parents may struggle to engage in a 5-hour session, and some of the content may not be taken in. These are all considerations that need to be given in the context of adaptability of the programme.

8.4. Limitations of the study

The most significant limitation of the study was the small number of participants that participated. Initially, this study was begun as a randomised control trial. However, with the limited number of participants, there was not sufficient power in order to elicit statistically significant results. As such, the methodology was adjusted early in the process. However, the limited number of participants still remains a limitation in this study. These numbers are however, interesting when considering the process of recruitment and the lack of willingness to participate. COS-P was offered to parents, at no cost, for the first time in South Africa. Parents were made aware of the benefit of the programme; however, they showed a reluctance to commit themselves. This is a broader discussion around accessing resources, availability, accessibility, and sacrificing time. The impact of not running an RCT is that we cannot state with surety that the results are exclusively due to the impact of the intervention. It is a phenomenon in psychology that a child sometimes improves just because of time. Over the period that the testing was run, children may have developed greater coping skills or developed resilience as a result of simple growing up and developing in maturity. The methodology thus only allows a probable cause for the change in behaviours.

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In terms of the systematic review, databases were selected based on UWC's access to and scope of databases. This may have created a limitation in terms of accurately reflecting the available literature, but rather was based on the literature that was accessed.

In consideration of the sampling methods employed. Purposive and convenient sampling was implemented in finding the schools. As a result, the children that were assessed and rated on levels of internalisation may not be representative of the South African population.

8.5. Recommendations

An expansion of these recommendations is given in Chapter nine.

8.5.1. Research

As this study initially began as an RCT, but limited participants resulted in a methodological adjustment, it seems valuable to conduct an RCT relating to COS-P. Although the results of this study are promising, an RCT would ensure that the changes brought about in the child are due to the intervention and eliminates the possibility of external factors that may have contributed to the change.

COS-P was run with children presenting with internalising behaviours. The promising results encourage further research to establish if the parent-child relationship has a similar impact on externalizing symptoms.

Research on parental self-efficacy is sparse, in South Africa in particular. This aspect of parenting needs to be considered on a more in-depth level. Consideration of each aspect of

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parental self-efficacy should be assessed and base line levels of parental self-efficacy in South Africa should be developed.

Different post-testing can be conducted in order to look at sustainability and impact of the programme on various variables. Furthermore, testing can be done across various developmental domains, and not only limited to early childhood development. Determining the efficacy of the programme on other developmental stages would provide valuable information for implementation of the program.

8.5.2. Practice

Although the COS-P was run with considerable success, its cultural sensitivity and applicability in the South African context still needs to be considered. Future research could focus on adapting the Circle of Security. The results of this study have indicated the dire need for interventions such as this, but it has also highlighted the variety of contexts in which such an intervention is needed. The merit in the Circle of Security alone is not sufficient, it seems that this programme should be adapted to fulfil the gaps in various contexts. For example, participants felt strongly that this type of intervention should be made accessible in the school environment, and that teachers should be exposed to this training in order to enhance their understanding of children. However, it does seem that although the programme as it is would be helpful, it does not solely meet the needs of a teacher. There are however fundamental principles in the programme that can be taken and applied to the classroom setting. In that way, it calls for an adaption of the COS-P in an education setting, focusing on equipping teachers with insight into understanding children's needs, and exploring how to manage children in the teacher-child relationship. Similarly, parents felt that this could be a useful tool to be implemented in community settings. Again, while there is a strong need for this, and there are

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helpful fundamental principles that can be extrapolated from the COS-P and applied within community settings, it cannot exclusively address the needs of the community. Rather, an adaption of the COS-P should be made, looking more at collectivist cultures, living in low-income settings, low-socio-economic status, exposure to trauma and the like, and how these aspects manifest in various relationships with others. Furthermore, future research should address the role of facilitator, looking at the therapeutic alliance and facilitator fidelity.

As part of the adaption, a more comprehensive take home manual of COS-P should be developed. Parents need an 'at-home' facilitator, in the form of a more comprehensive manual, that they can consult in times of struggle. This further encourages parents to stick with the principles learnt in the programme, and probably increases the likelihood of parents continuing to work on the relationship. It seems that this area is one that highlights the difference in implementation between higher income countries versus low income countries; where in the former access of resources may be a realistic consideration in follow up difficulties. As such, in countries such as South Africa, where post intervention follow-up may have practical constraints, a more detailed manual may assist in acting as a form of consultation when things become difficult and parents are tempted to return to old ways of engaging with their children. The revised manual could include a 'trouble-shooting' section, a section to approach when experiencing difficulties with your child and ways to assist parents in regaining the stance they took during the intervention.

Following the programme, the results of the assessment indicated that despite an increase in discipline and control, parents still felt least confident in this area. Perhaps the programme could spend more time focusing on these areas, to ensure parents feel empowered and

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competent. In light of this adaption, it would be important to document and research the use and efficacy of these adaptations of the Circle of Security (research recommendation).

It is clear that parents are overwhelmed, often carrying great responsibilities amongst juggling parenting. This study has highlighted the significant need to for parents to be more supported. In general, parents need to be shown more support in their roles, and more structures should be put in place in achieving this need. More specifically, programmes such as COS-P should be more widely available for parents to participate in, not only as a means of enhancing their role as parent, but also as a form of support. Becoming a facilitator in Circle of Security requires training from the United States of America; this is both a costly and timely exercise. Perhaps consideration needs to be given about using an adapted form of the COS-P in South Africa and encouraging the training of many facilitators at grassroots that are able to implement the intervention. This encourages more training of trainers, rather than more facilitators running programmes, as it will allow the community trainers to run programmes, thus reaching more individuals.

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The data has given evidence to the fact that teachers are often unaware of warning signs of psychopathology and may struggle to identify when behaviour is problematic and needs intervention. In particular, it has been seen that internalising symptoms, where a child may present as quiet and withdrawn, are often missed. The knock-on effect of this is substantial, a child that falls through the cracks with pathology will continue to manifest pathology, and its severity is likely to worsen. This may result in an older child or adolescent requiring in-patient treatment or presenting with suicidality and self-injurious behaviours. The education training system needs to reconsider an element of mental health and ensure that teachers are equipped at identifying children at risk.

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8.6. Conclusion

This chapter aimed to merge the existing literature and the findings of the current study in a way that provides meaning to data. The results of the study were given in a way of application and considering against the backdrop of contextual awareness and insight. In addition, limitations of the study were discussed and recommendations for future research were considered. In summation, this programme has shown that on various levels, significant effects were observed in shifting both parents and children. In the chapter to follow, critical thought is given to the implications for practice based on the results of this study and as an expansion of the recommendations.

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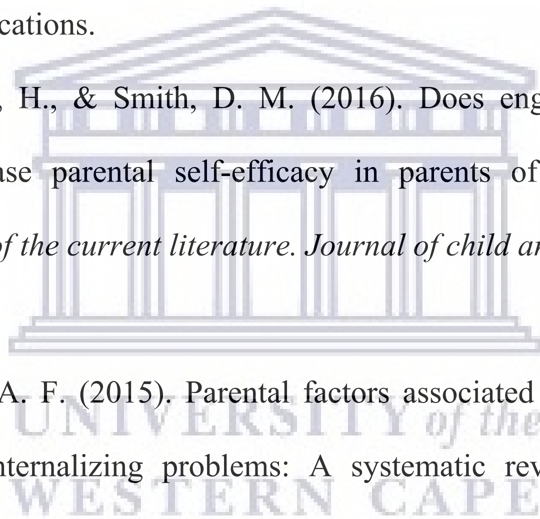

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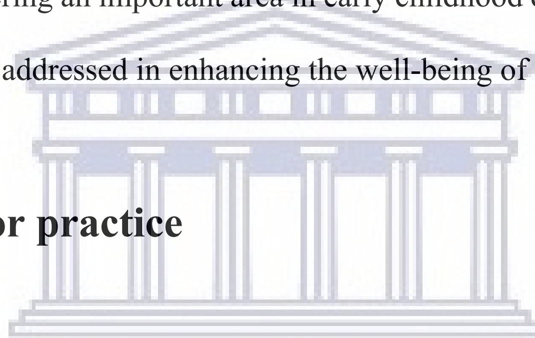
Chapter 9 : Conclusion: Implications for practice

9.1. Introduction

Chapter eight provided an in-depth discussion of the findings, linking these to current literature and theory, and exploring the significance of these results. This chapter aims to add more depth to the discussion by expanding on the recommendations and through engaging in a nuanced and critical way with this study, contemplating implications of the results for practice in various contexts. The aim of this chapter is to leave the reader with thought-provoking ideas, showing that despite this study covering an important area in early childhood development, there is still a vastness that needs to be addressed in enhancing the well-being of children.



9.2. Implications for practice

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9.2.1. High rates of presentation of internalisation

A further consideration to arise from this study relates to the number of children presenting with internalising difficulties. In this study, two public schools were approached. These schools can be considered your 'run of the mill' schools, reflecting a good representation of the South African population. These schools are not necessarily affiliated with any treatment facilities, nor are they in areas with extreme trauma or poverty. After the initial assessments were run, it was surprising to see that so many individuals presented with internalising difficulties. Several of which warranted clinical attention. This calls into question a greater concern about the development of children in general. What is happening that more children are presenting with pathology issues? This study only assessed one component of pathology, if one was to sit and reflect on the various other possible pathological behaviours, it would

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indeed be a worrying find. A larger question relates to this issue of psychopathology, why are more and more of our children presenting with psychopathology, and why does the severity of the presentation seem to be worsening?

9.2.2. Prevention or Treatment

These findings suggest that the nature of psychopathology may be more complex than expected and is partly embedded within the attachment relationship. The implications of this are that when considering psychopathology, and its treatment in young children, the attachment relationship should not be excluded from the management of the case. Furthermore, this probability suggests the importance of working on the attachment relationship. But working on the relationship, even if done so to try and reduce the pathology, may be too late in the process (although in the case of attachment, it's never too late to improve the relationship). Ideally, strengthening and enhancing the attachment relationship is something that should be done as early as possible, and can be seen as a strengthening or protective factor in terms of a child's capacity to tolerate difficult circumstances as well as their levels of resilience. Thinking in this way, it would make sense that working on the parent-child relationship, and enhancing and promoting secure attachment, could be used as both a treatment as well as a prevention tool. In the case of this study, one could almost consider the intervention as a treatment for the internalising behaviours in the child, as these levels were already of a high and concerning level. However, the programme may have acted as a preventative tool for the siblings of those children who presented with the internalising struggles and whose parents attended the programme. These may have been at risk children, possibly predisposed to developing psychopathology symptoms, and COS-P may have acted in a way to buffer against a potentially negative trajectory for the child.

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9.2.3. Resources

In consideration of an argument for a parenting intervention to be used as both a preventative tool as well as a treatment tool, it calls for a reflection on resources. At present, South Africa is considered extremely under-resourced when it comes to the treatment of psychopathology, for both adults and children alike. Specialist treatment is something a small minority of the population has access to. Insufficient facilities are available for the needs of the communities. Even when a possibility for treatment exists, it is often clouded in such complexity, such as long waiting times, inappropriate referrals, loss of income while receiving treatment, leave of absence from work in order to receive treatment, lengthy periods spent renewing medical scripts and receiving medication etc. All these are common issues facing the everyday South African in the face of psychopathology. The ratio of psychologist to patient is an impossible one (1.4 : 100 000), there are quite simply not enough specialist mental health care practitioners in order to treat the needs of the individuals in our country. By implication, there will always be patients being missed, and patients not receiving treatment when they should. At present, we are under-servicing individuals as a result of limited resource availability. Practitioners are overworked and over-extended, yet the needs and demands of the patient population are unable to be met. It's a simple supply / demand dilemma.

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Exacerbating the matter is the context to consider in South Africa. Individuals in South Africa have been and continue to be exposed to a great deal of trauma, both historical and current. As a result, many individuals have raw, unprocessed and unresolved trauma issues, that manifest in several different ways. These individuals are at risk for psychopathology and are likely to experience fall out in some or other area in their lives. These individuals often also fall through the cracks, continuing without receiving any treatment. Trauma is something faced quite regularly in the communities of South Africa, to the extent that trauma struggles have been so

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normalised because they are experienced by so many individuals. A larger concern is the desensitization to trauma, resulting in many people not even realizing they have experienced trauma in the first place.

Using a group-based parenting programme as an intervention to treat mental health care issues, as well as to help prevent them, could be considered a resource-friendly option. Although it still requires a facilitator; and a great deal of input from the facilitator; target populations would be treated in a group context, allowing more people to be reached than with individual assessments and treatments. Ultimately, more people will receive support in their struggles with mental health than before. When considering children in particular, allowing for parents to be the agents of change, within a group context, has far-reaching implications in terms of resources and accessibility. Children seeking treatment often poses a difficult problem, as they are unable to attend sessions or come for treatment due to school commitments. Very often, a child being treated is done so at the expense of school time, or engagement with extra murals. In conjunction, parents bringing the children to treatment are often required to take off from their own work, in order to facilitate the transport process etc. Ultimately, parents and families sacrifice a great deal in order to allow the child to be treated. By using the parents as the agent of change, children will not be required to miss school, yet can still receive the benefit as experienced vicariously through the parents.

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9.2.4. Parents as agents for change of children with psychopathology

One of the most significant aspects emerging from this study relates to the concept of agents of change. The results of this study show quite clearly that internalising behaviours in children were increased as a result of the parents attending COS-P. The levels of internalisation were recorded by use of a well-used, reliable assessment measure, which reflects levels of

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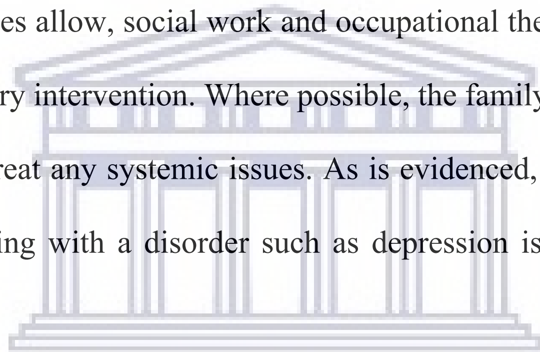
internalisation which could potentially warrant clinical attention. By implication, this means that symptoms being experienced by the child could be severe enough to warrant multi-disciplinary treatment or intervention. Usually, if a child is deemed to be at risk for the development of a severe psychiatric disorder; or is showing symptoms of psychopathology; the child will be referred for specialist treatment. Very often, for most individuals in South Africa, this entails state or government treatment. The process would usually begin with a referral to a specialist tertiary hospital, where patients may be expected to wait anything from 1 month to 6 months for an appointment. Following this, a full assessment will be conducted, and based on the results, the child is likely to be treated pharmacologically as well as psychologically. If resources allow, social work and occupational therapy may be called in as part of the multi-disciplinary intervention. Where possible, the family may also be included in the treatment in order to treat any systemic issues. As is evidenced, the process of treatment for a young child presenting with a disorder such as depression is both a long one, and a resource-heavy one.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This study has shown that symptoms of internalising behaviours, severe enough to warrant clinical attention, were reduced significantly, despite the child not having any contact with anyone in a treatment capacity in any aspect of the research. This means that the child's behaviours improved, although the child was never treated directly. The implications of this are immeasurable. In this instance of this study, the parents were the agents of change for the child's behaviour. And despite a small sample used in this study, the results are promising enough to warrant further investigation into this area, and potentially a trial-based intervention incorporating these notions and exploring changes in symptomatology.

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Through working indirectly with the child; but focusing on the parents and their relationship with the child, significant improvements were noticed in the child's behaviour, by both parents and outsiders, as well as on formal assessment measures. The changes noted by the teachers in particular is promising, as the change cannot be attributed to social bias. In other words, as a result of developing a strong relationship with the researcher / facilitator, parents may have felt a social bias while taking their assessment measures; and recorded their child's behaviour more favourably. However, teachers also reflected the reduction in symptoms, which does suggest that there were actually changes in the behaviour of the child rather than the parents merely reporting a more favourable outcome.

9.2.5. The education system and the role of the teacher

What this study further brought to light is that there exist significant gaps in the education system. It was a great revelation that parents scored children higher than teachers on all instances, and at all three time periods. Teachers are often the first line of contact with the child. A teacher being proactive and attentive to a child, picking up on his/her needs can have far-reaching implications, such as early interventions. This can result in less severe development of psychopathology symptoms and can even prevent more serious outcomes later in development. The role of a teacher cannot be emphasised enough, the importance they carry in so many contexts. What became clear in this study, is that teachers are more likely to acknowledge concerns of difficult behaviours in children who make those behaviours known. Therefore, those children that are acting out, aggressive, impulsive, inattentive etc., are the ones that are likely to yield a response from a teacher. In those cases, teachers are likely to call the parents in, chat to the principal, recruit and refer to appropriate professionals and the like. However, for a child presenting with internalising difficulties, teachers are seemingly not familiar with warning signs and when there should be cause for concern. Internalising

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behaviours have the potential of developing into severe psychiatric disorders, with possible risk of suicide or self-injurious behaviours down the line. Ensuring teachers are aware of internalising symptoms and accurately identifying the need for referral is an integral part of the education system. This calls in to question aspects of the curriculum for teachers in training. Teachers should be exposed to some element of mental health awareness in children, how to accurately identify symptoms and when appropriate referrals should be made. Addressing this issue alone could prevent fall out at a later period and could assist in shaping a different trajectory of children and adolescents who were ultimately headed for severe psychiatric difficulties. Early intervention could prevent later in-patient treatments, more serious and risky behaviours, could reduce the resources used to treat the individual, and help to encourage a more integrated sense of self developed in the child.

These elements are important when considering a broader systemic level of impact. The COS-P has shown promising effects, and an argument can be made for its location in both government and educational systems. The Department of Social Development (DSD) aims to support the vulnerable child, in the attempt to promote and enhance childhood developmental outcomes. The COS-P is a programme that could be implemented through DSD in order to target at risk families; and offer support through enhancing parent-child relations. Furthermore, the COS-P can be used to target a wider range of individuals through the implementation of an integrated training approach across various sectors. Those individuals trained in the implementation of the COS-P could become involved in training of lay counsellors and practitioners, with the hope that these individuals develop a more skilled eye in terms of identifying concerning behaviours, making appropriate and early referrals and encouraging the enhancement of the parent-child relationship.

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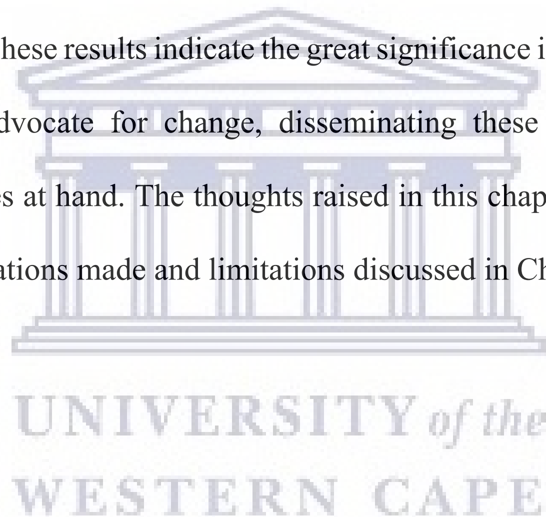
9.3. Conclusion

In conclusion, this chapter aimed at evoking critical thinking from the reader, regarding the development and well-being of children, as has been elicited through this research. This study, although a useful one, has brought to light several other concerns emanating from greater problems in our larger systems. At present, there is a great focus on treating individuals and families, and occasionally looking beyond to the broader school and even community context. However, there seems to be a lack of engagement on a larger systemic level. Firstly, with the allocation of resources and the treatment of psychopathology at tertiary level care, and secondly, within the education system, both within the classroom and relating to the curriculum of the teacher in training. These results indicate the great significance in continuing the research in this field, being an advocate for change, disseminating these results, and ultimately, addressing the larger issues at hand. The thoughts raised in this chapter should be considered in light of the recommendations made and limitations discussed in Chapter 8.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Appendix A

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2841

E-mail: jrose@uwc.ac.za

INFORMATION SHEET

Project Title: The effect of the Circle of Security Parenting Programme on parental self-efficacy and internalising behaviours.

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What is this study about?

This is a research project being conducted by Jenny Rose at the University of the Western Cape. We are inviting you to participate in the pilot study of this research project. The purpose of this research project is to assist in the treatment of behavioural difficulties in children, by including the parenting unit.

What will I be asked to do if I agree to participate?

You will be asked to complete psychological assessment measures at the beginning and at the end of the program. Assessments will take approximately one hour to administer.

Would my participation in this study be kept confidential?

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Your personal information will be kept confidential. To help protect your confidentiality, all data will be locked away and password protected. Your name will not appear on any of the assessments – but rather a number coding system will be used to identify your protocols. Through the use of an identification key, the researcher will be able to link your survey to your identity, and only the researcher will have access to this access key. If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

What are the risks of this research?

If any risks arise during the course of the study, appropriate steps will be taken to alleviate this. If any difficult emotions arise during the parenting program, you will be offered individual counselling in order to debrief and contain your emotions.

What are the benefits of this research?

The benefits to you include the work and knowledge obtained through the parenting program. This programme is designed to assist you as a parent and help manage your child in a more positive manner. You should also experience your own personal development and growth through this program.

Do I have to be in this research, and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised or lose any benefits to which you otherwise qualify.

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Is any assistance available if I am negatively affected by participating in this study?

If you feel you have been negatively affected by participating in this study, counselling will be made available for you, in order to debrief and work through your experience.

What if I have questions?

This research is being conducted by Jenny Rose, Department of Psychology at the University of the Western Cape. If you have any questions about the research study itself, please contact Jenny Rose at: 021 319 2841 or jrose@uwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department: Michelle Andipatin

Department of Psychology

University of the Western Cape

mandipatin@uwc.ac.za

021 319 2453

Dean of the Faculty of Community and Health Sciences:

University of the Western Cape

Private Bag X17

Bellville 7535

jfrantz@uwc.ac.za

021 319 2631

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This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

Kind regards

Jenny

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Appendix B

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2841

E-mail:jrose@uwc.ac.za

CONSENT FORM

Title of Research Project: The effect of the Circle of Security Parenting Programme on parental self-efficacy and internalising behaviours

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name……………………………………

Participant's signature………………………………..

Date…………………………………………………….

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name:

Mrs Jenny Rose

University of the Western Cape

UNIVERSITY of the WESTERN CAPE
http://etd.uwc.ac.za/

Private Bag X17, Belville 7535

Telephone: (021)959-2841

Cell: 072560 8537

Fax: (021) 959 3515

Email: jrose@uwc.ac.za

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Appendix C

Demographic information: Pilot Study

Geslag	Manlik	Vroulik		
Ouderdom				
Ras	'Kleurling'	'Swart'	'Wit'	'Indiër'/ 'Asiër'
Huistaal	Afrikaans	Engels	IsiXhosa	Ander
Is jy werksaam?	Ja	Nee		
Opvoedkundige vlak	Primêr	Sekondêr	Tersiêr	
Posisie in die gesin (ma/pa/ouma/oupa/tannie/oom/broer/suster)				
Maandelikse huishoudelike inkomste				
Hoeveel kinders het jy?	1	2	3	4+
Wat is die ouderdom van jou kinders?				

Hoe is jul gesin saamgestel (kies een van die volgende)?

Twee getroude ouers	
Twee ongetroude ouers	
Enkel moeder	
Enkel vader	
Woon met ander familie (soos ouma/oupa etc.)	

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Uit die opvolgende lys, dui asseblief aan wat u ervaar het, binne die afgelope 5 jaar?

Afsterwe van n geliefde	
Werkloosheid	
Egskeiding	
Siekte van 'n geliefde	
Finansiële onsekerheid	
Ander	Verduidelik asseblief:

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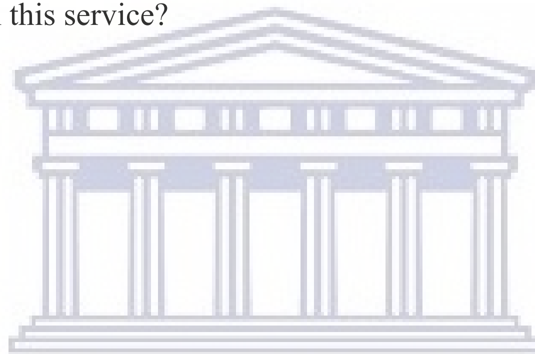
Appendix D

Pilot Study Evaluation

Gender		Programme/Service enrolled for
Male	Female	
Age		Duration of participation

How satisfied are you with this service?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Very satisfied

Satisfied

Unsatisfied

Very unsatisfied

Why?

……………………………………………………………………………………………

……………………………………………………………………………………………

………………………………………………………………………

How would you rate the quality of the programme?

Excellent

Good

Average

Bad

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Terrible

What skills did you learn in this programme that you can use? How would you apply it?

……………………………………………………………………………………………………

……………………………………………………………………………………………………

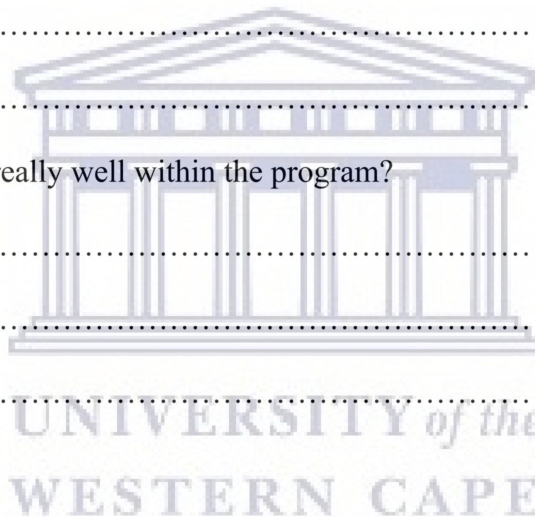
…………………………………………………………………………………………………..

Does this programme meet your needs? Why or why not?

……………………………………………………………………………………………………

……………………………………………………………………………………………………

…………………………………………………………………………………………………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What do you think works really well within the program?

……………………………………………………………………………………………………

……………………………………………………………………………………………………

…………………………………………………………………………………………………….

Where/how do you think the service could improve?

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

Would you recommend this programme to another individual, and why?

Yes / No

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…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Additional notes/comments: Is there anything else you'd like to bring to our attention?

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Appendix E

Focus Group Questions: Pilot Study

How useful did you find the Circle of Security parenting program?

Tell me about your experience of the program.

How interactive and user-friendly was the program?

Would you recommend this programme to other parents? Why?

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How easily do you think you can implement this programme when you go home?

What do you think the benefits of this programme are? ("what was good about the program?")

What do you think the disadvantages of this programme are? ("what was bad about the program?")

Are there any other factors or aspects that you would like to share regarding this program?

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Appendix F

Record of Attendance

	NAME	23/06	30/06	07/07	14/07	21/07	28/07	04/08	11/08
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

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11									
12									
13									
14									

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Appendix G

Demographic Questionnaire

Gender: Male ☐ Female ☐

Age:

What is your home language?

English	Afrikaans	isiXhosa	isiZulu	Other

If other, please specify: ____________________

What is your marital status?

Single	Married	Divorced	Living with Partner	Other

If other, please specify: ____________________

Are you currently employed?

Yes	No
1	2

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What is your position in the family?

Mother	Father	Step Mother	Step Father	Grandmother	Grandfather	Other

If other, please specify: ____________________

What is your monthly household income?

R0 – R8000	R8000 – R16000	R16000 – R24000	R24000 – R32000	R32000 and above

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How many adults live in your home?

1	2	3	4	5 or more

How many children live in your home?

1	2	3	4	5 or more

What are the ages of these children?

____

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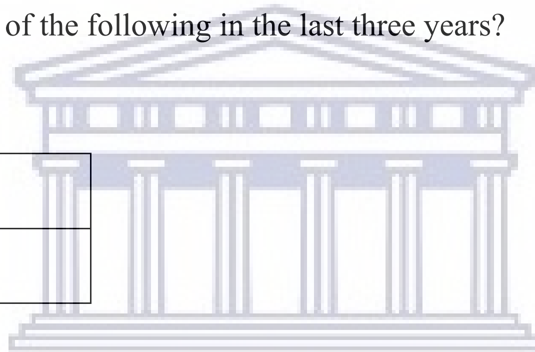
What is the structure of your family?

Two parents	Single mother	Single father	Living with others

If living with others, please specify the relationship. ___________________________________

Have you experienced any of the following in the last three years?

Death of a loved one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Yes	No

Unemployment

Yes	No

Divorce

Yes	No

Sickness of a loved one

Yes	No

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Financial instability

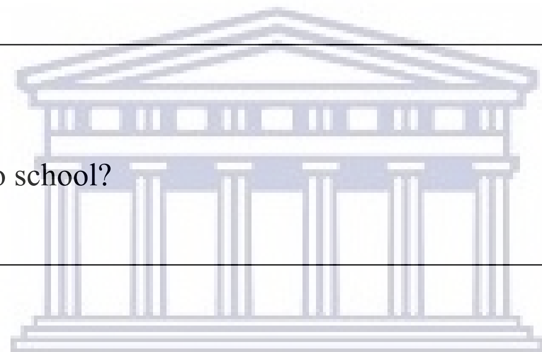
Yes	No

Who takes care of your child during the day (after school)?

____

Does your child attend aftercare? If so, until what time?

____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How does your child get to school?

____

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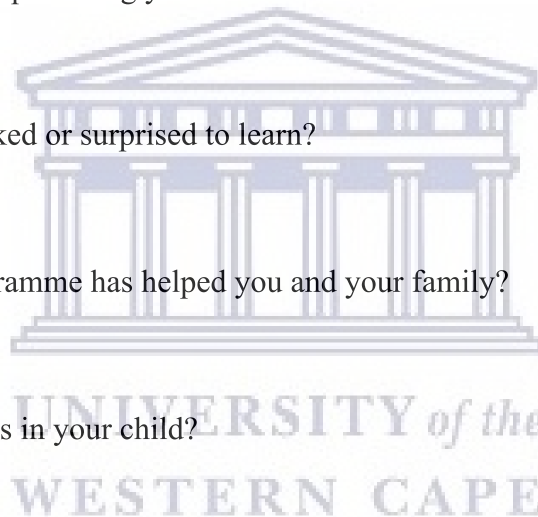
Appendix H

Focus group questions

What has it been like to be part of the Circle of Security Parenting programme for the last 8 weeks?

What have you learnt in this program?

What has been the most helpful thing you learnt?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What were you most shocked or surprised to learn?

How do you feel this programme has helped you and your family?

Have you seen any changes in your child?

Have you seen any changes in your child's behaviour or attitude?

Have you seen any changes in yourself as a parent?

Have others noticed a change in your child's behaviour?

Have others noticed a change in you?

Has your spouse noticed changes in you?

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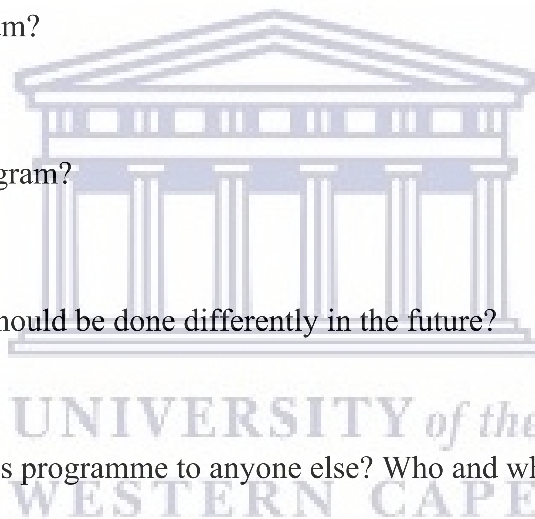
How has the programme impacted your other relationships (not just being a parent)?

What would you suggest for the programme going forward?

What changes should be implemented to the program?

How accessible was the program?

How useful was the program?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How practical was the program?

What would you suggest should be done differently in the future?

Would you recommend this programme to anyone else? Who and why?

Was there anything you didn't feel was helpful?

How has this programme changed the way you feel as a parent?

How has this programme changed the way you look at your child?

What was the one thing from this programme that has had the biggest impact on you?

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Appendix I

Tool for Parental Self-Efficacy (TOPSE)

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University of Hertfordshire UH

TOPSE

Tool to measure Parenting Self-Efficacy

parentingevaluation

cripacc Centre for Research in Primary and Community Care

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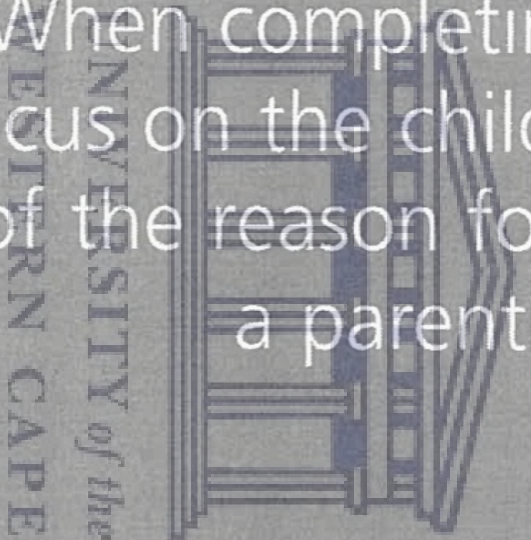
When completing this booklet,
please focus on the child that has been
part of the reason for you to attend
a parenting programme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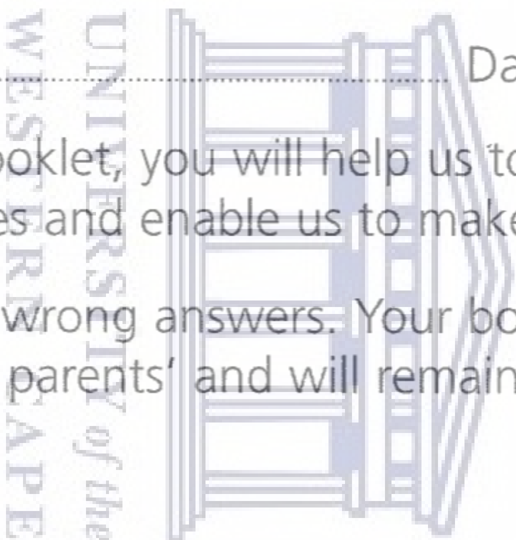
Name:.. Date:....................................

By completing this booklet, you will help us to evaluate our parenting programmes and enable us to make improvements.

There are no right or wrong answers. Your booklet will not be compared with other parents' and will remain confidential.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The following section is about emotion and affection.
Using the scale below, please enter in the boxes how much you agree with each statement.
The scale ranges from 0 (completely disagree) to 10 (completely agree).
You may use any number between 0 and 10. Please answer all statements.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree				Moderately agree					Completely agree	

- I am able to show affection towards my child. ☐
- I can recognise when my child is happy or sad. ☐
- I am confident my child can come to me if they're unhappy. ☐
- When my child is sad I understand why. ☐
- I have a good relationship with my child. ☐
- I find it hard to cuddle my child. ☐

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The following section is about play and enjoyment.

Using the scale below, please enter in the boxes how much you agree with each statement.
The scale ranges from 0 (completely disagree) to 10 (completely agree).
You may use any number between 0 and 10. Please answer all statements.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree				Moderately agree				Completely agree		

- I am able to have fun with my child. ☐
- I am able to enjoy each stage of my child's development. ☐
- I am able to have nice days with my child. ☐
- I can plan activities that my child will enjoy. ☐
- Playing with my child comes easily to me. ☐
- I am able to help my child reach their full potential. ☐

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The following section is about empathy and understanding.

Using the scale below, please enter in the boxes how much you agree with each statement.
The scale ranges from 0 (completely disagree) to 10 (completely agree).
You may use any number between 0 and 10. Please answer all statements.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree				Moderately agree					Completely agree	

- I am able to explain things patiently to my child. ☐
- I can get my child to listen to me. ☐
- I am able to comfort my child. ☐
- I am able to listen to my child. ☐
- I am able to put myself in my child's shoes. ☐
- I understand my child's needs. ☐

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The following section is about control.

Using the scale below, please enter in the boxes how much you agree with each statement.
The scale ranges from 0 (completely disagree) to 10 (completely agree).
You may use any number between 0 and 10. Please answer all statements.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree					Moderately agree					Completely agree

- As a parent I feel I am in control. ☐
- My child will respond to the boundaries I put in place. ☐
- I can get my child to behave well without a battle. ☐
- I can remain calm when facing difficulties. ☐
- I can't stop my child behaving badly. ☐
- I am able to stay calm when my child is behaving badly. ☐

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The following section is about discipline and setting boundaries.
Using the scale below, please enter in the boxes how much you agree with each statement.
The scale ranges from 0 (completely disagree) to 10 (completely agree).
You may use any number between 0 and 10. Please answer all statements.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree				Moderately agree					Completely agree	

- Setting limits and boundaries is easy for me. ☐
- I am able to stick to the rules I set for my child. ☐
- I am able to reason with my child. ☐
- I can find ways to avoid conflict. ☐
- I am consistent in the way I use discipline. ☐
- I am able to discipline my child without feeling guilty. ☐

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The following section is about pressures.

Using the scale below, please enter in the boxes how much you agree with each statement.
The scale ranges from 0 (completely disagree) to 10 (completely agree).
You may use any number between 0 and 10. Please answer all statements.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree				Moderately agree					Completely agree	

- It is difficult to cope with other people's expectations of me as a parent. ☐
- I am not able to assert myself when other people tell me what to do with my child. ☐
- Listening to other people's advice makes it hard for me to decide what to do. ☐
- I can say 'no' to other people if I don't agree with them. ☐
- I can ignore pressure from other people to do things their way. ☐
- I do not feel a need to compare myself to other parents. ☐

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The following section is about self-acceptance.

Using the scale below, please enter in the boxes how much you agree with each statement.
The scale ranges from 0 (completely disagree) to 10 (completely agree).
You may use any number between 0 and 10. Please answer all statements.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree					Moderately agree					Completely agree

- I know I am a good enough parent. ☐
- I manage the pressures of parenting as well as other parents do. ☐
- I am not doing that well as a parent. ☐
- As a parent I can take most things in my stride. ☐
- I can be strong for my child. ☐
- My child feels safe around me. ☐

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The following section is about learning and knowledge.
Using the scale below, please enter in the boxes how much you agree with each statement.
The scale ranges from 0 (completely disagree) to 10 (completely agree).
You may use any number between 0 and 10. Please answer all statements.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree				Moderately agree					Completely agree	

- I am able to recognise developmental changes in my child. ☐
- I can share ideas with other parents. ☐
- I am able to learn and use new ways of dealing with my child. ☐
- I am able to make the changes needed to improve my child's behaviour. ☐
- I can overcome most problems with a bit of advice. ☐
- Knowing that other people have similar difficulties with their children makes it easier for me. ☐

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Appendix J

Handouts / Take home manual

CIRCLE OF SECURITY PARENTING PROGRAM

PARENT HANDOUTS

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JENNY ROSE

UNIVERSITY OF THE WESTERN CAPE

CLINICAL PSYCHOLOGIST

jrose@uwc.ac.za

021 959 2841

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The Difference that Makes a Difference

After 50 years of research we know that the more secure children are, the more they are able to:

✓ Enjoy more happiness with their parents

✓ Feel less anger at their parents

✓ Turn to their parents for help when in trouble

✓ Solve problems on their own

✓ Get along better with friends

✓ Have lasting friendships

✓ Solve problems with friends

✓ Have better relationships with brothers and sisters

✓ Have higher self-esteem

✓ Know that most problems will have an answer

✓ Trust that good things will come their way

✓ Trust the people they love

✓ Know how to be kind to those around them

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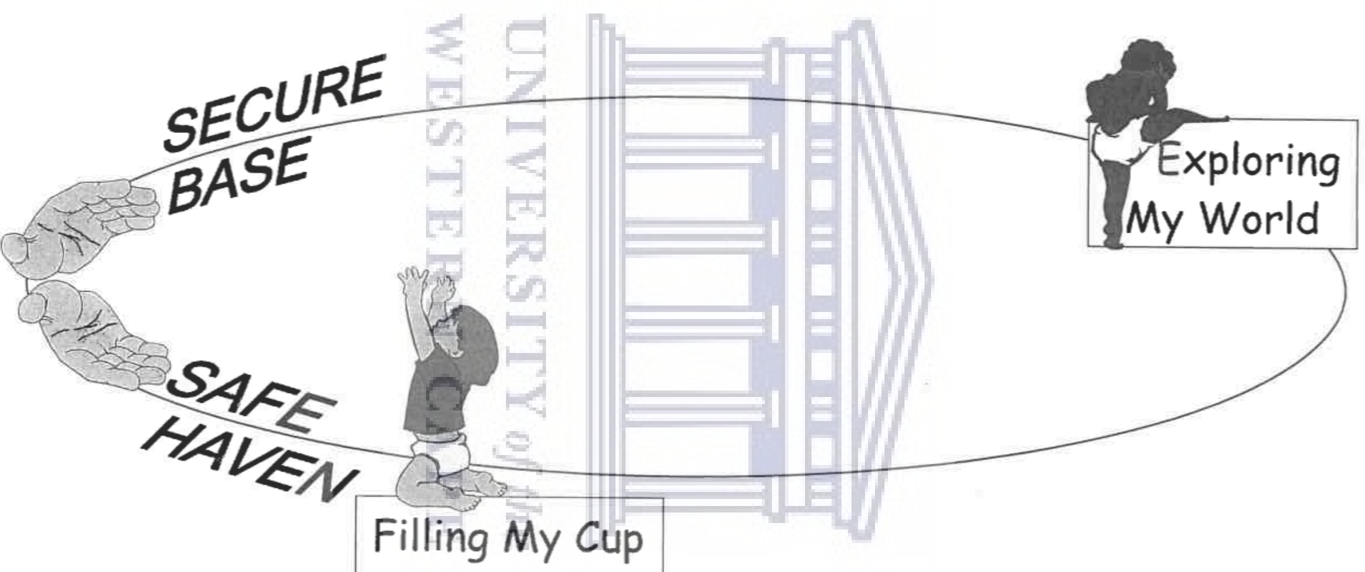
PARENT ATTENDING TO THE CHILD'S NEEDS



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(Almost)

Everything I Need to Know About Supporting Security

in

25 Words or less

Always: be BIGGER, STRONGER, WISER, and KIND.

Whenever possible: follow my child's need.

Whenever necessary: take charge.

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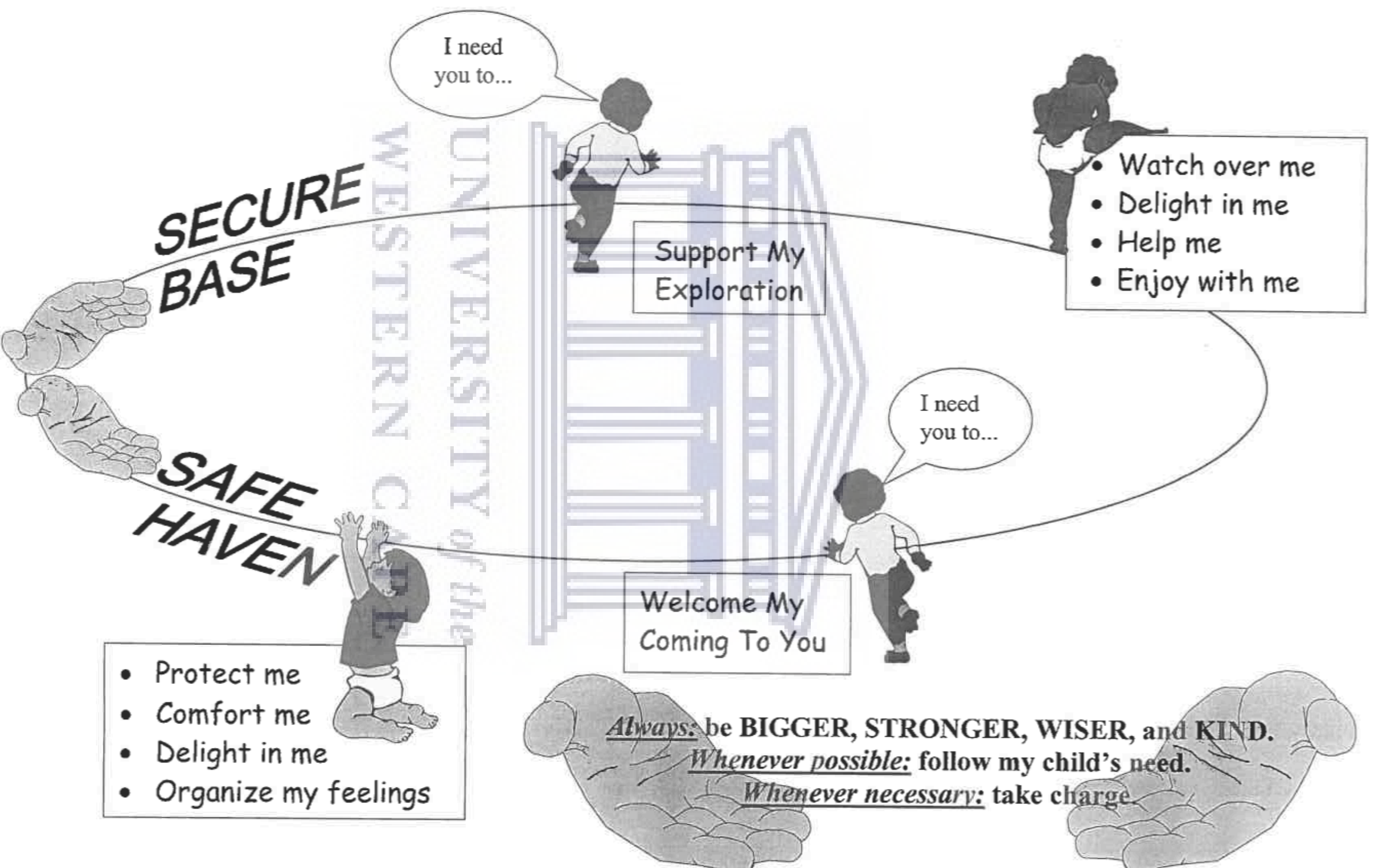

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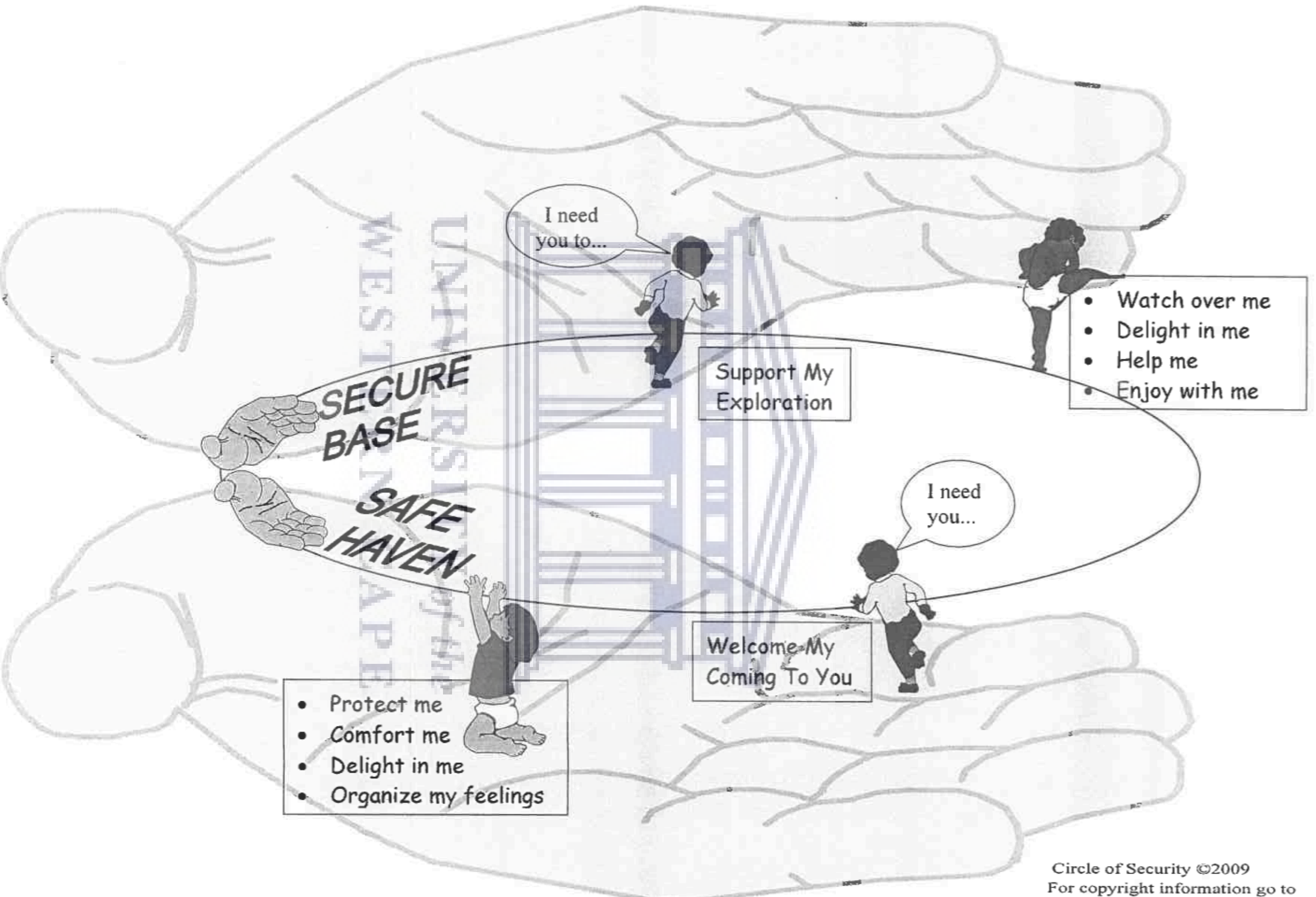
PARENT BEING HELD WHILE HOLDING THE CHILD



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Name That Need

Central to providing secure parenting is the ability to identify the needs of your child. Often, parents feel they have to guess what their child needs. The *Circle of Security* is designed to help you identify both the specific need that your child is experiencing in a particular moment and whether you need to follow your child or take charge.

Using the *Circle of Security* as a map, identify the specific need being shown in each video example.

Video Examples	*1*	*2*	*3*	*4*	*5*	*6*
Support My Exploration by…	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge
Watch Over Me by…	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge
Enjoy With Me by…	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge
Help Me by…	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge
Comfort Me by…	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge
Protect Me by…	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge
Organize My Feeling by…	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge
Delight in Me by….	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge	Following Taking Charge

- *Always*: be BIGGER, STRONGER, WISER, and KIND.
  - *Whenever possible*: follow my child's need.
    - *Whenever necessary*: take charge.

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Being With

For each of the core emotions (**curiosity, joy, sadness, fear, anger, and shame**) draw a circle. Place each circle either inside, outside, or partially in/outside the Circle of Security based upon:

In your experience as a child, how much your primary caregiver was able to "Be With" and help organize these six key feelings.

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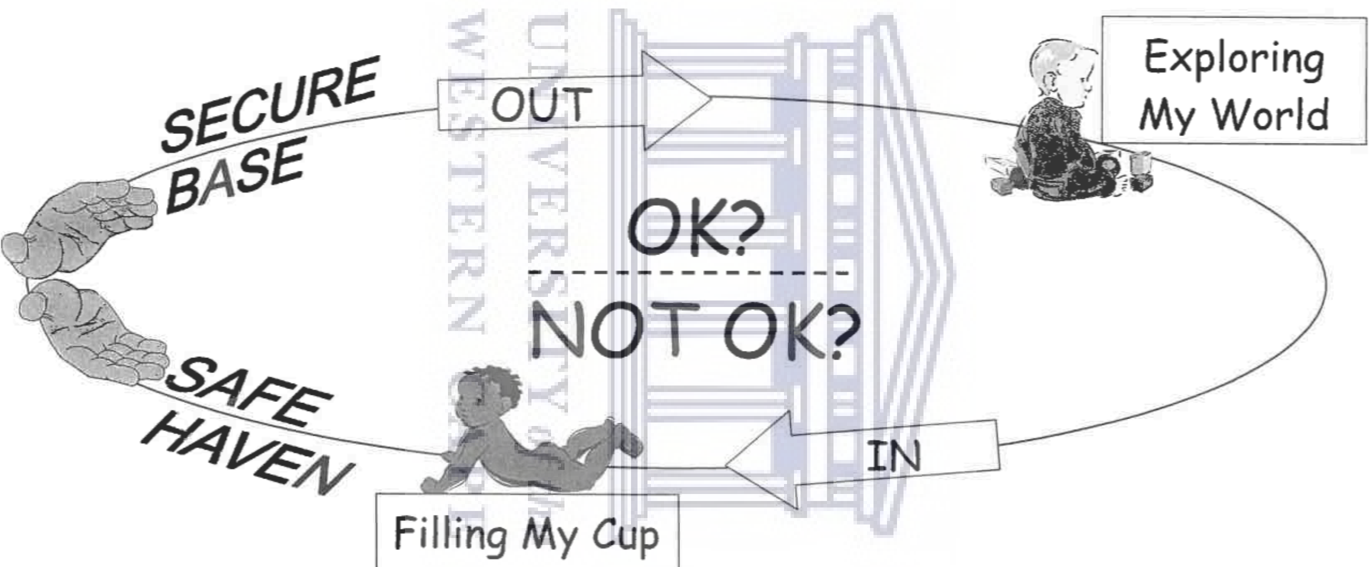
PARENT ATTENDING TO THE CHILD'S NEEDS



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IN → OK

IN → NOT OK

OUT → OK

OUT → NOT OK

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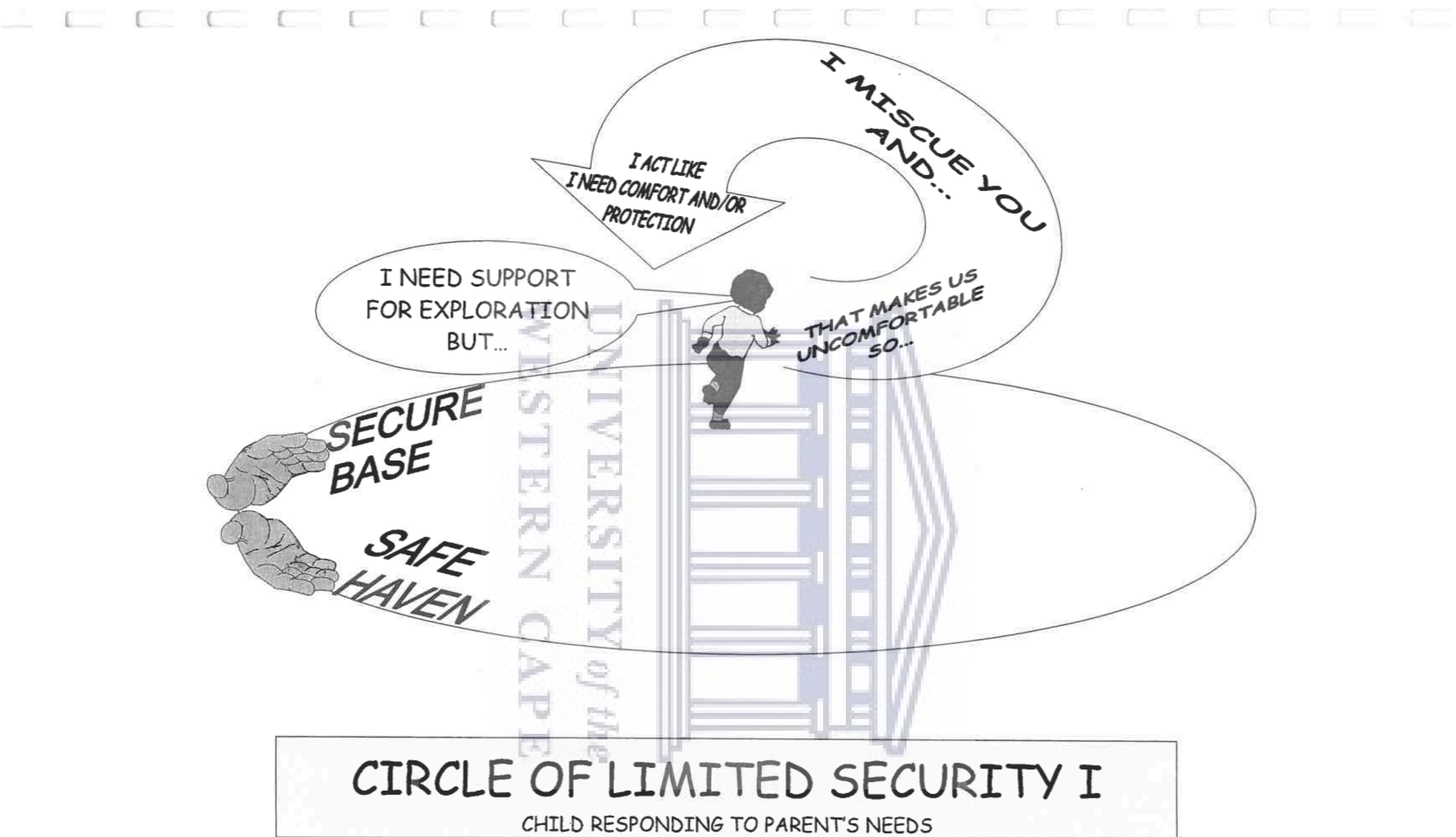

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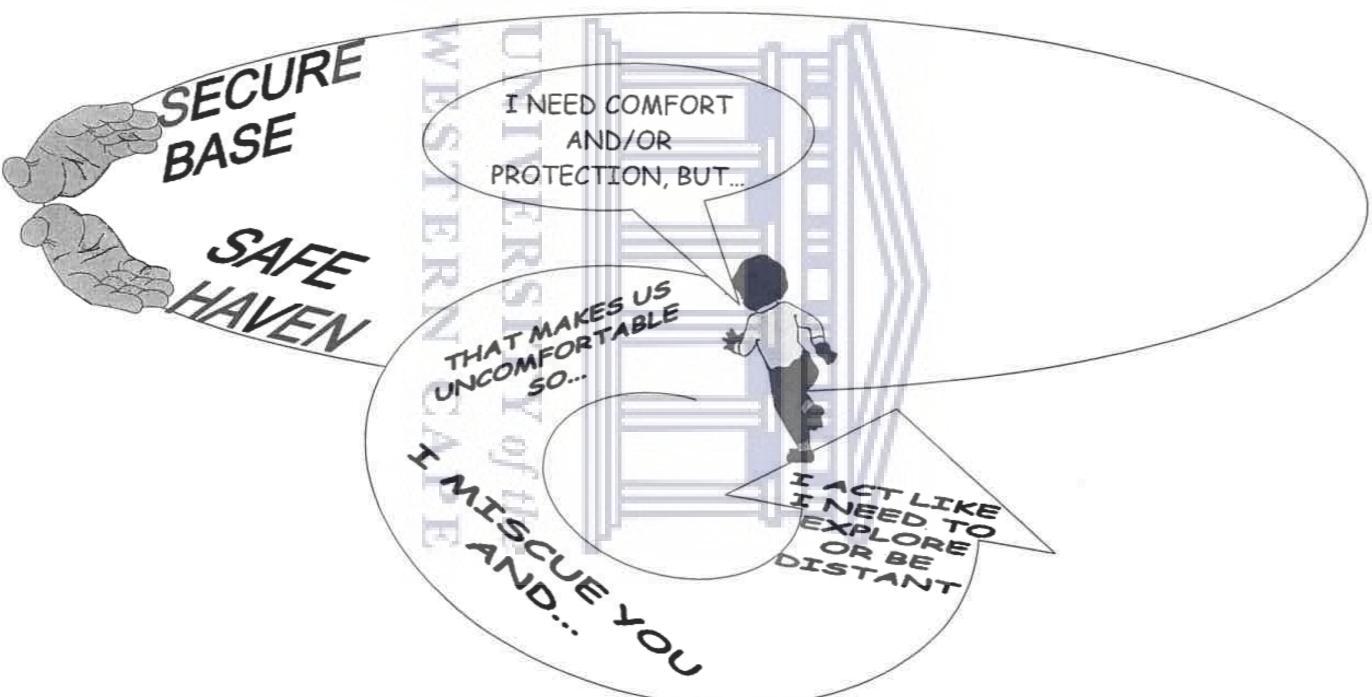
CIRCLE OF LIMITED SECURITY II

CHILD RESPONDING TO PARENT'S NEEDS



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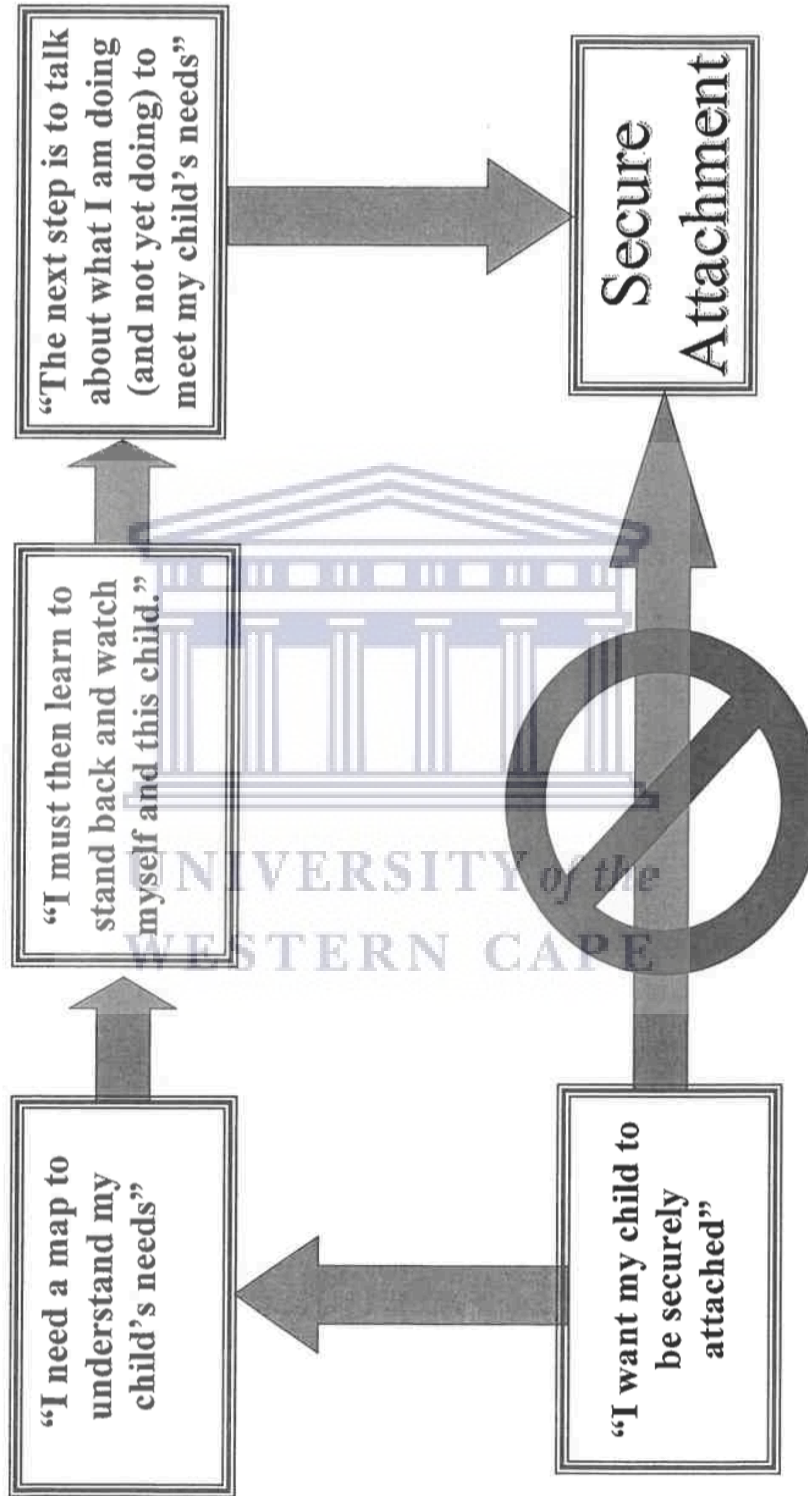
The Path to Secure Attachment



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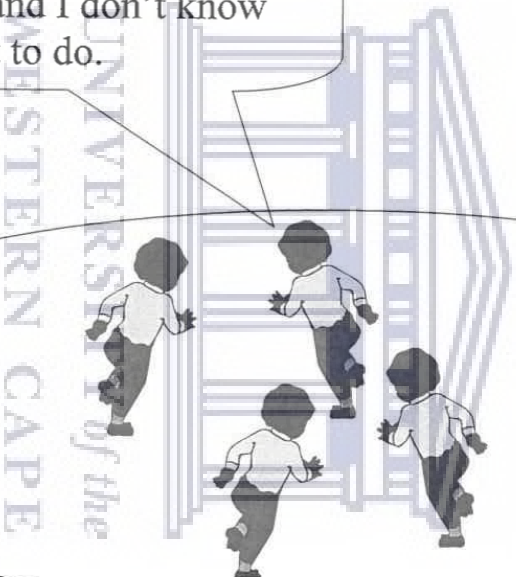
Limited Hands

I need you, but when you are Mean, Weak, or Gone so I have no one to turn to and I don't know what to do.



When we are "Mean, Weak, or Gone" our children feel afraid of the person they most need to turn to. When this happens repeatedly, our children learn to not turn to us, teachers, and other safe adults for help.

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Limited Hands

Losing the Wisdom to Stay in Balance

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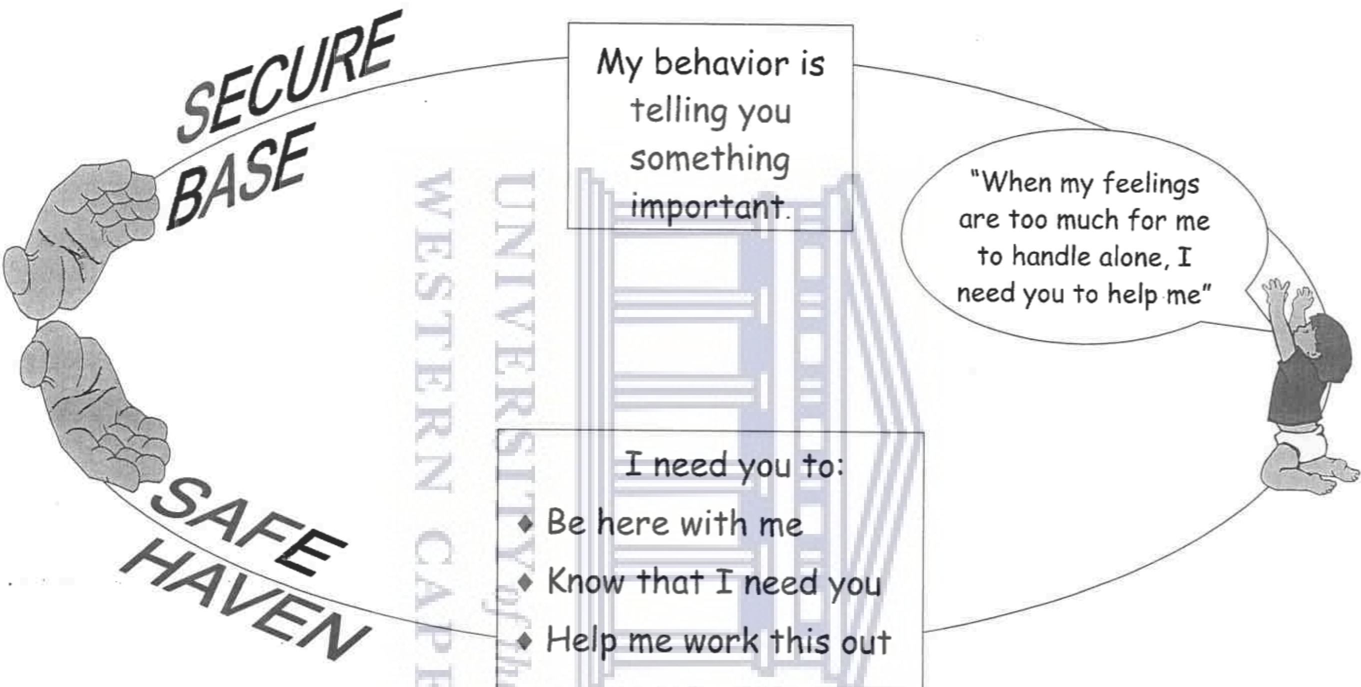
When I get upset
(frustrated, withdrawn, whiny, demanding, out of control):



"When Good Kids do Bad Things"

Seeing our child rather than our Shark Music

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Repairing Relationships with a Time-In

(This is a guideline. It is, of course, harder than this page makes it sound.)

I'm Upset and My Child Is Upset

When necessary, I start with a "*Time-Out*"* (for me, for my child, or for both of us) until:

- I know that I am bigger, stronger, wiser, and kind, and
- I remind myself that no matter how I feel, my child needs me.

* A "*Time-Out*" can be helpful as a first step, but not as a punishment.

I'm Calm (enough) and My Child is Upset

We can build a safe "repair routine" together (remember: the first 1,000 times are the hardest!).

- I take charge so my child is not too out of control.
- We can change location. Go to a neutral place that is our "*Time-in*" spot, where we sit together and let feelings begin to change.
- I maintain a calm tone of voice (firm, reassuring, and kind).
- We can do something different (for several minutes): read, or look out the window, or attend to a chore together.
- I help my child bring words to her/his feelings. ("It looks like this is hard for you." "Are you mad/sad/afraid?")
- I talk about my feelings about what just happened. ("When you did that, I felt...")
- I stay with my child until s/he is calm *enough*. (It may take a while for a child to calm down from overwhelming and unorganized feelings. Rule of thumb: Stay in charge and stay sympathetic.)

I'm Calm (enough) and My Child is Calm (enough)

I use the following to support our repair and to make repair easier in the future.

- I help my child use words for the needs and feelings that s/he is struggling with by listening and talking together. (Remember KISS—Keep It Short And Sweet)
- I help my child take responsibility for her/his part and I can take responsibility for my part. (Rule of thumb: No blaming allowed.)
- We talk about new ways of dealing with the problem in the future. (Even for very young children, talking out loud about new options will establish a pattern and a feeling that can repeated through the years.)

Bottom line: It's the relationship (and only the relationship) that will build my child's capacity to organize her/his feelings. My child's problem may look like something that is being done on purpose. But at its root, it's an issue of needing to reconnect and learning to handle difficult feelings in a safe and secure way. By taking an "*I can/we can*" perspective ("*Together, we're going to figure out what you need*") my child will realize that I'm in charge as someone who is bigger, stronger, wiser, and kind. This will reassure her/him that feelings will settle and organize, and the relationship will be repaired.

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Choosing Security

Your Child's Need:

When your child's *need* requires a response that is not comfortable for you…

Shark Music:

You suddenly *feel* uncomfortable…(e.g. lonely, unsafe, rejected, abandoned, angry, controlled etc.)

Choice Point:

- You can *respond* to your child's need (in spite of the discomfort it causes you),

OR

- **You can *protect* yourself from further pain by overriding your child's need (limiting or avoiding a response). If you protect yourself from uncomfortable feelings, your child's need will go unmet. Over time s/he will begin to express that need indirectly, causing both of you difficulty.**

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All parents hear Shark Music with some of their child's needs. The parents of secure children *recognize* their Shark Music. Often (not always) they *choose* to find a way to meet their child's need, in spite of the temporary pain it causes them.

Steps to Security:

1. Recognize the discomfort ("Here's my Shark Music again."),
2. Honor the discomfort ("I hurt now because this particular need triggers my Shark Music."),
3. Respond to your child's need.

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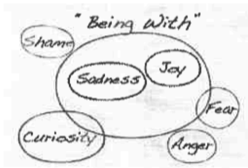

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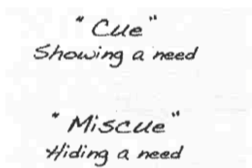

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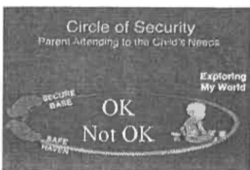

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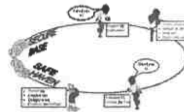

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Appendix K

Brenda Burgess, Editor.

Searching for just the right words – writing what is upright and true.

Brenda Burgess Durbanville South Africa 082 7799389 bjburgess7@gmail.com
www.brendaburgesseditor.com

16/12/2019

I confirm that I, Brenda Burgess, am a professional editor with twelve years' experience in the field of editing.

During the period 29 November to 13 December 2019, I edited Jenny Lee Rose's Thesis entitled The Effect of the Circle Of Security Parenting Programme on Parental Self-efficacy and Internalising Behaviours in Children, which was presented for the degree of Doctor of Philosophy in the Department of Psychology at the University of the Western Cape in December 2019.

Although this thesis has been edited to improve formatting, grammar and typographical errors, it remains the work of Jenny Lee Rose and she has approved of the changes.

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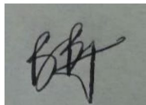
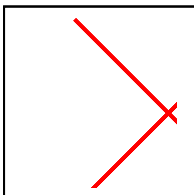
Kind regards

Brenda Burgess Editor





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