

A pilot study of the Incredible Years BASIC parenting programme with bereaved families



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Abstract

Purpose – Bereaved parents often face the complex situation of managing their own grief while parenting bereaved children who are at increased risk of social, emotional and behavioural difficulties. The current evaluation was a pilot study aimed at determining the feasibility of the Incredible Years (IY) BASIC parenting programme as an intervention for bereaved families.

Design/methodology/approach – A total of seven parents of children (aged four to 12) participated in a 12-week IY BASIC parenting programme. Participants completed a range of pre-intervention, post-intervention, six month follow-up measures and semi-structured interviews.

Findings – The results showed statistically significant reductions in parental stress, parental wellbeing, child behaviour problems, and grief.

Originality/value – There is strong evidence for the effectiveness of IY with diverse parenting populations but this is the first known study of the programme with bereaved families. The findings support its use with such families where child behaviour is a concern.

Keywords Bereavement, Child behaviour, Incredible Years programme, Adaptation, Behaviour

Paper type Research paper

Introduction

Barnardo's was established in 1867 and today it is one of the UK's leading children's charities, supporting over 110,000 children and their families through 394 projects in the UK. It has been working in Northern Ireland for over 108 years, where today within 44 services it reaches out to more than 5,000 children and families each year. Recently, the Child Bereavement Service (CBS), along with many Barnardo's services in Northern Ireland, embarked on training in the Incredible Years (IY) programme. The central aspect of CBS is providing individual therapeutic support to children and young people who have experienced a significant bereavement at some point in their development. The CBS also provides the families of bereaved children with parenting and behaviour management advice. There is strong evidence for the effectiveness of the IY programme in diverse parenting populations but, to the best of the research team's knowledge, it has not been evaluated with bereaved families. This led the CBS to question its feasibility in their work. This paper examines the implementation of a proven model with a novel population in a practice based setting.

Parenting support

There is a catalogue of factors which interact with a parent's ability to carry out their parenting role effectively and ensure the social, emotional and behavioural wellbeing of their children. Parenting Support Guidance (2006) highlights how 75 percent of parents noted that there are times in their lives when they would appreciate more parenting support. The national policy document Every Child Matters (Department for Education and Skills (DfES), 2004) aims to ensure that both universal and targeted support for parents become routine, particularly at key points in a child's life. This support reflects the principle that many aspects of parenting can be considered fluid and modifiable. Parents who are parenting in the

context of a significant family bereavement may experience an increased level of need for parenting support and guidance.

Children and grief

Bereaved children are at risk of a variety of negative psychological and social outcomes in both childhood (Gutierrez, 1999) and later life (Weller *et al.*, 1991). Reviews by Lutzke *et al.* (1997) and Tremblay and Israel (1998) have found elevated levels of mental health difficulties among bereaved children. Kranzler *et al.* (1989) found that children who experienced the death of a loved one showed more depressed, anxious and disruptive behaviour than their non-bereaved counterparts. Behavioural changes not only impact upon family but can also affect a child's school life, as children may experience reduced concentration and motivation.

Not all bereaved children experience negative consequences and many bereaved children do not experience significant social, emotional and behavioural difficulties (Worden and Silverman, 1996). The variability in outcomes indicates the existence of certain protective and risk factors, which if identified, can have a significant role in preventative intervention.

A child's reaction to the death of a loved one is dependent upon the interaction of a multitude of factors (Gutierrez, 1999) including age, developmental stage, relationship to the deceased and the support available to them within the family (and wider) system. According to Worden (1996), the functioning of a bereaved family contributes to the likelihood of negative outcomes, most specifically the functioning of a remaining parent. A parent's ability to provide positive parenting has been identified as one of the most commonly discussed modifiable protective resources a bereaved child can have (Weisz and Weersing, 1999).

Parenting in the context of grief

Gass-Sternas (1995) reports that bereaved parents often experience "role overload" in the aftermath of a family death. Remaining primary care givers may have to face a multitude of additional stressors around financial, employment and housing concerns (Wolchik *et al.*, 2006). Dealing with these additional stressors takes place in the context of the parent's own emotional and psychological reactions to the death. Further, they often have to simultaneously support other family members, most often a child through their respective grief and mourning reactions.

Parents own grief reactions, coupled with the multitude of practical stressors, may impact their ability to provide emotional care and stability for remaining children (Worden, 1996). Pfeffer *et al.* (2000) stressed that parents can become so overwhelmed and consumed by their own loss that they become less aware of their children's emotional state. Alternatively, a parent's own grief may prevent them from being able to cope with their child's emotional and psychological needs. A parent's level of physical and emotional exhaustion following the death of a spouse or significant family member may leave them with few internal resources to handle the new challenges of parenting (Saldinger *et al.*, 2004).

Subsequently, a bereaved child can often experience a double jeopardy. First, they have to deal with their own grief. Second, they have to cope with parental grief and all of the changes, both practical and emotional, that this may bring (Kastenbaum, 1977). These tasks present a complicated picture due to their bidirectional nature: a simultaneous decrease in care giver emotional availability and increase in child need. Saldinger *et al.* (2004) highlighted the lack of systematic investigation of the aforementioned challenges of parenting in the context of grief.

Existing research often focuses upon positive parenting. Positive parenting centres on a parent's ability to create a supportive, stable and structured environment (Kwok *et al.*, 2005). It refers to positive and warm caregiver-child relationships (Tein *et al.*, 2006), strong family communication and effective, consistent and fair discipline (Raveis *et al.*, 1999). Positive parenting appears similar to authoritative parenting where consistency, positive regard and responsiveness are key features (Maccoby and Martin, 1983). Parenting that endorses these aspects is considered an interpersonal resource, which constitutes a protective factor against the risk of future mental health difficulties for bereaved children (Raveis *et al.*, 1999).

However, these qualities may be considerably harder for parents to employ in the context of a significant bereavement (Kwok *et al.*, 2005).

Parenting programmes

Parenting programmes can be broadly defined as formal interventions designed to facilitate appropriate parent-child relationships (Department for Education and Skills (DfES, 2006)) and equip parents with the necessary skills to carry out their parenting role. Many parenting programmes exist but research evidence is still emerging regarding their efficacy (Wolpert *et al.*, 2006). The National Institute for Health and Clinical Excellence (NICE) (2006) published guidelines on the necessary elements of parenting programmes aimed at reducing conduct-related difficulties. The guidelines include the need for programmes to be grounded in the principles of social learning theory and to involve eight to 12 sessions, throughout which parents identify their own objectives. Delivery of a manualised approach by suitably trained and skilled professionals was recommended. The NICE (2006) guidelines do not make specific reference to bereavement related parenting programmes. Nevertheless, given the high risk of social, emotional and behavioural outcomes of bereavement for many children the NICE (2006) criteria may be considered relevant.

Parenting programmes for bereaved families

There are several parenting programmes available to bereaved families. However, these tend to be locally developed programmes. For example, Sandler *et al.* (1992) investigated the impact of a family based bereavement programme for parentally bereaved children. Results indicated that it improved relationship warmth, social support and family discussion of grief-related issues, and that it reduced conduct problems and depressive symptoms for older (ages 12–17) but not younger (8–11) children. These findings lack evaluation of maintenance effects over time. This programme was not manualised, making replication difficult and rendering standardised delivery impossible. There are similar problems with the Evergreen Parenting Group as trialled by Glazer and Clark (1997). This group involved a five week intervention with nine parents. The curriculum reflected an audit of parental concerns. While the aims of the programme were commendable, as this programme was not manualised, accurate replication is challenging.

The IY programme

The IY BASIC parenting programme is part of a series of parent, teacher and child training programmes, delivered by trained group leaders and evaluated using recommended tools. The key aim of IY is to strengthen families by increasing positive parenting, parent-child attachment and parental confidence. IY is one of only two parenting programmes that meet all of the NICE (2006) guidelines. Moreover, IY is considered an exemplary Blueprint programme by the United States Office of Juvenile Justice and Delinquency Prevention. It is highly acclaimed throughout academic literature as the most carefully evaluated group-based parenting programme (Taylor *et al.*, 1998) and while it has not been investigated with bereaved families, it has a substantial research base including several large randomised controlled trials (Webster-Stratton, 1982, 1984, 1990, 1992, 1994; Webster-Stratton and Hammond, 1997; Webster-Stratton *et al.*, 1988, 1989, 2004; Reid *et al.*, 2007).

Recently an emergent body of literature has provided support for the use of IY with diverse populations with different risk factors and needs. For example, McIntyre (2008) implemented IY with parents of pre-school children who have developmental concerns/delay or intellectual disability. Research has also investigated the effectiveness of IY with foster carers (Nilsen, 2007) and Lees and Ronan (2008) provided evidence of IY having positive outcomes for single parents of children with Attention Deficit Hyperactivity disorder. This indicates that IY is based upon a common set of principles, which are applied sensitively.

Results of the aforementioned research have indicated that participation in IY significantly reduces child behaviour difficulties and parental stress. Research evaluations also provide evidence of the long-term efficacy of IY, as maintenance effects have been observed at one (Webster-Stratton, 1982, 1984, 1985), two (Reid *et al.*, 2007) and three year follow-ups

(Webster-Stratton, 1990). Recently, an investigation of maintenance effects eight to 12 years post IY has highlighted the long term gains for families (Webster-Stratton *et al.*, 2009).

Methodology

Design and hypotheses

A mixed method approach was adopted, with two key phases. Phase one followed a quantitative experimental design. Participants completed pre- and post-tests and six-month follow-up tests. It was hypothesised that parents who took part in the IY would report:

- H1.* A statistically significant decrease in parental symptoms associated with grief.
- H2.* A statistically significant decrease in parental stress.
- H3.* A statistically significant increase in parental emotional wellbeing.
- H4.* A statistically significant decrease in the intensity of child problem behaviours.
- H5.* A statistically significant decrease in the extent to which parents view child behaviours as problematic.

Phase two followed a qualitative in-depth contextual analysis of implementing IY with bereaved families.

Participants

Eight parents, who had previously been engaged with the CBS attended IY (one male, seven female). Parents had suffered a range of bereavements, including suicide, and were selected based on their readiness for intervention. Readiness was decided based upon clinical consensus. Seven members of the group provided data.

The intervention and procedure

The intervention consisted of the 12-week IY basic parenting (Webster-Stratton, 1981) programme aimed at parents of children aged six to 12 years. The programme was delivered with a high degree of fidelity by two trained IY leaders. Transport, childcare, food and additional costs were provided. Two initial information sessions were held, during which consent forms and pre-intervention data were gathered. The IY intervention then lasted for 12 weeks. Post-intervention data were collected in an additional session and four weeks later home visits were made by the author to collect qualitative data. A final meeting was held to debrief participants and obtain six-month follow-up data.

Ethics

The study was subject to the Queen's University, School of Psychology Ethics Committee, which follows the standards of ethical conduct by the British Psychological Society.

Instruments

All measures used were self-report. The 36-item Eyberg Child Behaviour Inventory (ECBI; Eyberg and Ross, 1978) was employed. The ECBI measures the degree to which children aged two to 16 years exhibit behaviour management problems and provides scores on frequency of behaviour and a problem score. The 36-item Parenting Stress Index Short Form (PSI-SF; Abidin, 1990) was also used, yielding scores for parental distress, difficult child characteristics, dysfunctional parent-child interaction and total stress. The Inventory of Complicated Grief (ICG; Prigerson *et al.*, 1995) was administered. The ICG is a 19-item self-report measure of symptoms of grief. Parents also completed the 14-item Warwick-Edinburgh Mental Well-being Scale (WEMWBS) and the IY Parental Satisfaction Questionnaire.

Results

Descriptive statistics

Table I provides information on the means, standard deviations and ranges for each of the outcome measures.

Table 1 Descriptive statistics

Measure	n	Pre-IY mean (range)	SD	Post-IY mean (range)	SD	Follow-up mean (range)	SD
Parenting stress index	7	108 (89-127)	12.884	80.42 (56-108)	19.15	66.86 (41-90)	16.18
Eyberg intensity score	7	143.57 (119-188)	23.6	98.143 (69-132)	20.48	106.42 (78-134)	21.03
Eyberg problem score	7	20.86 (10-26)	6.28	8.57 (0-16)	6.95	6.57 (0-18)	6.88
WEMWBS	7	41.71 (29-53)	8.52	51.0 (35-60)	8.96	51.57 (44-65)	7.48
Inventory of complicated grief	7	43.43 (25-76)	17.203	36.71 (21-69)	15.81	34.29 (25-61)	14.04

Inferential statistics

Owing to the small sample size a series of Friedman tests were performed. Results relating to child outcomes are presented first, followed by those relating to parents.

Friedman tests were carried out on data obtained from the ECBI. Results indicate a statistically significant main effect of time on Eyberg child behaviour intensity scores, $\chi^2(2, n = 7) = 11.14$, $p < 0.05$. Descriptive statistics indicate that parents reported a decrease in the intensity of child behaviour problems from pre-intervention (median = 137, $M = 143.57$, $SD = 23.60$) to post-intervention (median = 94, $M = 98.14$, $SD = 20.48$), with a further increase at follow-up (median = 105, $M = 106.43$, $SD = 21.03$). Wilcoxon signed ranks tests indicated that the reduction in the intensity of child behaviour problems from pre- to post-test was statistically significant $z = -2.366$, $p < 0.05$, with a large effect size (0.63). Analysis indicated that this statistically significant finding was maintained at follow-up ($z = 2.371$, $p < 0.05$).

Similarly, a statistically significant main effect of time on ECBI problem scores was found, $\chi^2(2, n = 7) = 10.57$, $p < 0.05$. Results show that parents perceived child behaviour to be most problematic at pre-test (median = 24, $M = 20.86$, $SD = 6.28$). This decreased at post-test (median = 9; $M = 8.57$; $SD = 6.95$) and again at follow-up (median = 5, $M = 6.57$, $SD = 6.88$). Wilcoxon signed ranks indicated that the reduction between pre- and post-intervention scores was statistically significant $z = -2.371$, $p < 0.05$, with a large effect size (0.63). Analysis indicated that this statistically significant finding was maintained at follow-up ($z = -2.366$, $p < 0.05$).

With reference to parental stress, as measured by the PSI-SF, results from Friedman tests revealed a significant main effect of time on stress score $\chi^2(2, n = 7) = 8.857$, $p < 0.05$, with the median and mean stress scores reported highest at pre-intervention test (median = 104, $M = 108$, $SD = 12.88$) decreasing to post-test (median = 80, $M = 80.43$, $SD = 19.15$) and demonstrating the lowest mean score at follow-up test (median = 64, $M = 66.86$, $SD = 16.18$). Wilcoxon signed ranks tests were used to determine if statistically significant differences in pre-, post- and follow-up intervention scores existed. Effect size statistics were subsequently calculated, using Cohen's (1988) guidelines for interpretation. Results indicated that parents experienced a statistically significant reduction in parenting stress following participation in IY, $z = -2.197$, $p < 0.05$, with a large effect size (0.59). This effect remained statistically significant at follow-up ($z = -2.366$, $p < 0.05$).

With reference to parental wellbeing, as measured by the WEMWBS, a further Friedman test revealed a significant main effect of time on wellbeing $\chi^2(2, n = 7) = 8.074$, $p < 0.05$. Descriptive statistics indicate that parents experienced an increase in mean wellbeing from pre-intervention (median = 46, $M = 41.71$, $SD = 8.52$) to post-intervention (median = 55, $M = 51.00$, $SD = 8.96$), with a further increase at follow-up (median = 51; $M = 51.57$, $SD = 7.48$). Wilcoxon signed ranks tests indicated that the increase in wellbeing from pre- to post-test was statistically significant $z = -2.371$, $p < 0.05$, with a large effect size (0.63). This effect remained statistically significant at follow-up $z = -2.201$, $p < 0.05$.

Finally, Friedman tests indicated a statistically significant main effect of time on grief scores $\chi^2(2, n = 7) = 9.92$, $p < 0.05$. Grief was the greatest at pre-intervention testing (median = 42, $M = 43.43$, $SD = 17.20$) and reduced at post-test (median = 32, $M = 36.71$, $SD = 15.81$) and again at follow-up (median = 26, $M = 34.28$, $SD = 14.04$). Wilcoxon signed ranks indicate that the difference between pre- and post-tests was

significant ($z = -2.37, p < 0.05$), with a large effect size (0.63). Analysis indicated that this statistically significant finding was maintained at follow-up ($z = -2.21, p < 0.05$). Figure 1 shows average pre-, post- and follow-up scores across all measures.

Clinical significance

Raw intensity scores above 131 on the ECBI are considered clinically significant (Eyberg and Ross, 1978). Figure 2 shows a shift in behaviour whereby behaviour no longer reaches the clinical thresholds after participation in IY. Chi-square analyses indicate that there is a significant difference in the number of parents who reported behaviour within the clinical range at pre- (5 parents) and post-test (2 parents), $\chi^2 = 4.667, p < 0.05$. When the follow-up data were incorporated descriptive statistics indicate that 2 parents fell within the clinical range. Chi-square investigations between pre-test and follow-up indicate that a significant difference was not maintained.

ECBI problem scale results indicate that pre-intervention 5 parents reported scores within the clinical range (i.e. 15+: Eyberg and Ross, 1978). This decreased to 5 parents after participation in IY. χ^2 analyses indicate that this was not a significant difference. At six months follow-up the percentage of parents within the clinical range had reduced further to 1 parent. Chi-square analyses indicate that this difference was statistically significant ($\chi^2 = 4.667, p < 0.05$).

Similarly, raw scores above 90 on the PSI-SF are considered to be clinically significant (Abidin, 1990). Figure 2 shows that 6 parents' pre-scores on the PSI-SF would be considered clinically significant. At post-test 2 parents did not reach the threshold for clinical

Figure 1 Average pre-, post- and follow-up scores

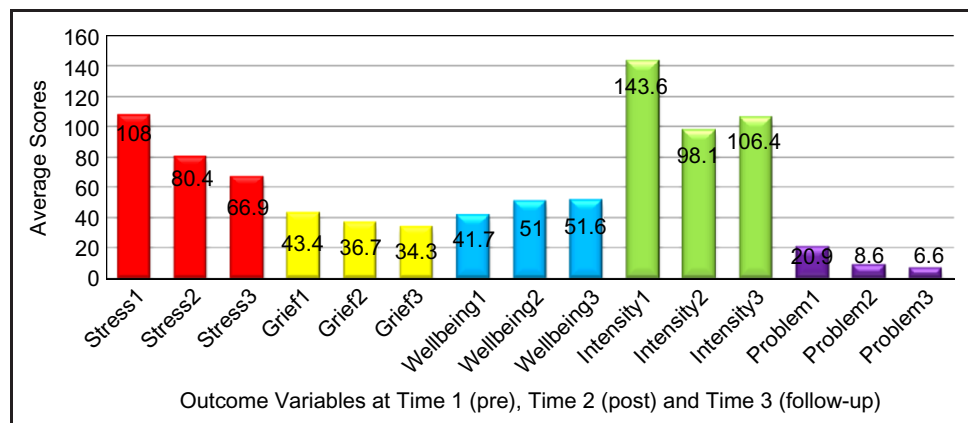
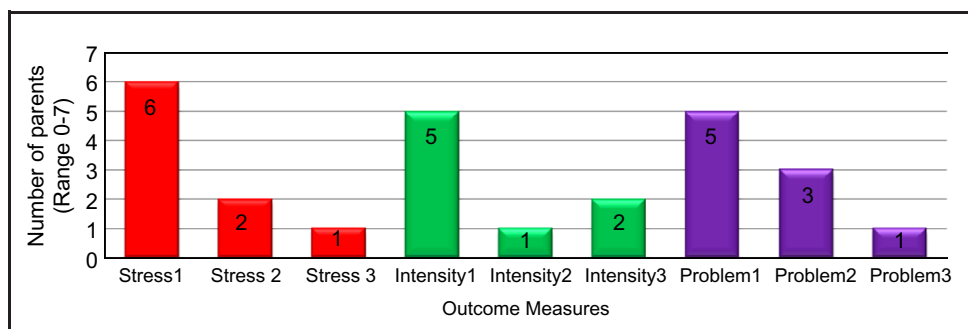


Figure 2 Number of parents within the clinical range at pre-, post- and follow-up



significance. Chi-square analysis indicates that this was a statistically significant difference ($\chi^2 = 4.667, p < 0.05$). Further analysis indicates that 1 parent remained in the clinical range at follow-up. This indicates that the reduction in the number of parents within the clinical range was maintained ($\chi^2 = 7.134, p < 0.05$). Figure 2 shows the number of parents who fell within the clinical range at pre-, post- and follow-up testing.

As the WEMBMS is not a standardised measure, it does not have clinical cut-off points. However, Tennant *et al.* (2007) assessed the psychometric properties of the WEMBMS in a population sample of 1,749. Results indicated that the median score was 51.5. When considering pre- (46), post- (55) and follow-up (51) median scores in the current sample, results are positive. Average pre- (41.7), post- (51) and follow-up (51.7) scores suggest that the parent's scores are in keeping with Tennant *et al.* (2007) median score.

Similarly, the ICG lacks standardisation. However, the authors (Prigerson *et al.*, 1995) reported that individuals with scores above 25 tend to experience significantly more impairment in social, general, mental and physical health functioning than individuals with scores below 25. While a score greater than 25 has not been established as a clinical cut-off point generally a score above 25 is considered to be indicative of complicated grief and significant impairment (Herbert *et al.*, 2006; Nejad *et al.*, 2007; Anderson *et al.*, 2008). As such, in the current study a score of 25 or more was considered to be at a level of significant concern. Average pre-scores (43.43), post-scores (36.71) and follow-up scores (34.29) are all above 25. Although inferential statistics indicate a significant difference in grief scores occurred, this reduction was not great enough to move people from the level of significant concern. Inspection of individual cases showed that pre-IY 100 percent ($n=7$) of parents scored within the range of significant concern. Post-IY scores indicate that, while all scores decreased, only one moved below the score of 25. At follow-up this individual remained below the range of significant concern.

Qualitative results

All parents completed a semi-structured interview with the first author. Data obtained from these interviews were subject to thematic analysis. In this instance thematic analyses followed Braun and Clarke's (2006) six stage approach. Themes were confirmed by inter-rater reliability and by credibility checks with the participants. Themes are summarised in Table II. The number of respondents referring to the subordinate theme is in brackets.

The qualitative quotations provided explanations for the quantitative findings. Parents were involved in seeking explanations for their unique psychometric findings. This approach had several advantages. First, it was therapeutic. The exercise of facilitating parents in reflecting on their own success was something the parents reported to be useful particularly in relation to understanding the reasons for their successes. Acknowledging what had worked provided parents with an opportunity to re-use such strategies in the future. Second, this aspect of the research corroborated the collaborative nature of the IY and gave parents an opportunity to evaluate the service.

The super and subordinate themes ultimately appear to reflect the initial theory that bereaved parents often struggle with new parenting challenges that bereavement can bring. While this element of the research provided supporting evidence for previous theory, it also provided an opportunity for theory generation and intervention design. The four key superordinate themes may act as curriculum guidance or focus for future interventions aimed at supporting bereaved families. The qualitative data facilitates understanding what the important components of family bereavement interventions should aim to include. An additional article detailing the implications of the qualitative findings is in preparation.

Parental satisfaction

Descriptive results indicate that across five aspects of IY (i.e. overall programme, teaching format, parenting techniques, group leaders and parental views on the group) parents were, on average, 94 percent satisfied with the IY programme.

Table II Results from thematic analysis

<i>Super ordinate themes</i>	<i>Subordinate themes</i>	<i>Illustrating quotations</i>
1. Impact upon management of grief	Increased knowledge (6)	"It really helped me to see what behaviours are related to the grief and what are not and how I can manage them all [...] see my problem was I felt sorry for the kids so let them away with murder"
	Managing personal grief (6)	"You see I think it is managing their behaviour that has allowed me to start to move on. Every night at bed time they would start and it was always about their daddy and they would always twist arguments to be about him. They were sleeping in my bed every single night and I let them away with murder because I felt sorry for them and felt they were sad and grieving [...] I could never get a break from hearing about it[...] but now I can manage their behaviour and their grief and so I feel more in control and can manage my own grief. When they shout things about their daddy it just keeps you stuck there"
	Reduction in anxiety related to parenting (5)	"It just came at the right time for us [...] I was always treading on ice, afraid to upset him further[...] now I know that that wasn't actually helping us, it was probably making his behaviour worse and more demanding [...] now I can say no without feeling sorry"
2. Behaviour management	Managing child behaviour (7)	"All his questioning [...] he keeps going on and on [...] I am not saying he is playing on it, but now I feel I can manage it now [...] like I am in control. He would have had outbursts [...] said heartbreaking stuff which made me mad [...] only when I learnt how to manage his behaviour that I can get it sorted"
	Taking control of the situation (6)	"You see when the kids were misbehaving, they would have said: daddy would let me do this and that; and I never had the guts to say no. It was like I was trying to be two people, myself and my husband (deceased), like I was trying to carry on his rules. But the IY gave me the ability to take charge and to take off my kid gloves and actually say no, I am the adult and it is my rules now"
3. Impact of IY on general wellbeing	Increase in confidence (4)	"It's definitely gave me back my confidence, not just in parenting but in myself [...] I would have never been able to do that [grow vegetables] but I just thought, what the heck I will give it a go [...]"
	Looking to the future (4)	"It wasn't a grief group, it was a parenting group and that was the difference. I don't think I could have went if we were spending every week talking about how awful our grief is, I needed to know how to move on and what was the next step for me in managing the children and getting them to move on too. It needed to be about the future not what went before"
	Normalisation (7)	"It was just knowing that I am not on my own, other people are having hard times too, and you know when I confessed to what I had been doing and other parents said they did it too, I didn't feel so bad"
	Support from group (6)	"Things have improved for us, the IY has made such a difference, you know you could have said anything and not felt like a freak. And you could be honest and say that you had not tried stuff or were having a bad week and that was fine"
	Respite (2)	"I am home alone with the boys all by myself every night and it does get lonely in the evenings, that's when it hurts the most, sometimes I don't speak with another adult all day, having the group to go to, where I know I am going to get adult conversation and a break was great".
4. Impact on relationship with child	Increased family communication (5)	"He was given an extra homework [...] lines saying he must behave [...], so when I asked him what had happened he wouldn't say, so I left it and then a few minutes later he came and told me the whole story and we chatted about it"
	Improved parent child relationship (4)	"Yeah I think I am going to get a part time job and stop chasing my tail [...] at the minute I think if I was part time I would be better off financially and less stressed as I can continue to devote more time to the kids and have a better relationship with them".
	Increased understanding of needs (3)	"I realise now that I have to contain and manage all of this for him, without my support [...] he can't do it"
	Reduction in use of negative discipline (4)	"I used to shout and yell and threaten them with all sorts to get them all to stop, everything was a battle, but now I choose my battles carefully and ignore all the silly wee behaviours".
	Reduction in use of emotional bribery (3)	"I used to say to them what would your daddy say if he could see you now to get them to stop misbehaving, I haven't said that since I started the course, not once"

Discussion

Results of this study provide promising support for the use of IY with families who are experiencing grief. Parents reported reductions in parenting stress, child behaviour problems and symptoms associated with complex grief, and an increase in parental wellbeing. All five hypotheses were supported and maintained at six month post-intervention. There are several

plausible mechanisms through which participation in IY has influenced the positive outcomes for families. Each finding will be discussed in turn.

To start with, parents experienced a significant reduction in parenting stress. Arguably there are several explanations for this finding. Investigating the mechanisms responsible for change is important, especially where complex interventions are concerned (Weersing and Weisz, 2002). Previous qualitative research investigating service user views on the mechanisms responsible for change suggests that factors such as increased social support and the opportunity to share problems are key (Stewart-Brown *et al.*, 2004). While this may be so, other factors may also be important. Yalom (1995, p. 6) identified 11 factors (universality, altruism, instilling hope, guidance, imparting information, social skills development, imitation, cohesiveness, catharsis, interpersonal learning and existential factors) as being the “actual mechanisms for therapeutic change”. While these factors relate primarily to group psychotherapy, they are applicable to majority of interventions. Yalom’s factors represent a combination of different change processes, including change at a cognitive, behavioural and emotional level. It is reasonable to suggest that it was a combination of these therapeutic factors that led to the benefits the IY group experienced. Qualitative data supports several therapeutic factors, most notably universality. This concept was reflected in the qualitative data (subordinate theme – normalisation) where parents reported that they felt supported, understood and took comfort from the fact that other parents were experiencing similar situations. Yalom and Leszcz (2009) reported that hearing members of a group disclose experiencing similar problems is a powerful source of relief.

Yalom’s factor of imparting information may also be significant. Participants within the group were given substantial information on managing children’s behaviour and managing emotions; indeed, the discussion included what was and was not typical behaviour for a grieving child. Providing such information and normalising parents’ experiences may have been key catalysts in reducing parenting stress.

Being involved in a relatively homogeneous group enables members to share experiences and provide advice with a powerful degree of authenticity (Yalom and Leszcz, 2009). Sharing lived experiences with those who are similarly bereaved must not be underestimated. Therefore, while imparting information and psycho-education is important from the group facilitator’s perspective, learning from fellow members of the group may be considered extremely powerful. The collaborative nature of the group – as opposed to didactic teaching – strongly reinforced learning.

It is difficult to ascertain the exact mechanisms responsible for the reported reduction in parental stress and there may be little clinical consensus on what actually provoked change. While Yalom’s (1995) factors may be responsible for a proportion of the change in parenting stress, it is fair to note that these are unlikely to be the only reasons; rather it is more likely that there is a complex interaction of a wide variety of factors. As Yalom and Leszcz (2009) highlighted, therapeutic change is likely to occur as the result of a complex interplay of human experiences. An additional factor potentially contributing to reduced parenting stress is the reported reduction in the intensity of child behaviour difficulties. However, it is not as simple as this, as the following paragraphs highlight.

Parents with higher levels of stress are likely to have children with higher levels of social, emotional and behavioural difficulties (Eyberg *et al.*, 1992; Goldstein *et al.*, 2007; Williford *et al.*, 2007). Studies have found reductions in parental stress to be linked with improvements in children’s behaviour (Kazdin and Wassell, 2000; Sharry *et al.*, 2005). Higher levels of parental stress are also linked with more negative parental perceptions of children. Decreasing parental stress tends to lead to more positive perceptions of child behaviours (Morgan *et al.*, 2002). In the current study parents did report a reduction in the intensity of child behaviours as measured by the ECBI. Further, perceptions of children’s behaviour as problematic decreased. It is easy to assume that parental stress fell because children’s behaviour improved but it might be the other way round: reduced parental stress contributed to improved child behaviour. Correlation coefficients did not yield any significant relationships between parental stress and child behaviour (problem or intensity), suggesting that other factors are at play.

Research on IY has focused on the mechanisms or catalysts responsible for the reduction in intensity of child behaviour. For example, Gardner *et al.* (2006) noted that a change in positive parenting skills appeared to mediate change in child problem behaviour, whereas change in parent mood or sense of competence did not contribute to child outcomes. These data suggest that a skill change may be the most salient ingredient of effective parenting programmes (Hutchings *et al.*, 2004).

The results support *H3*, which stated there would be a significant increase in parental mental wellbeing. Mental wellbeing is a complex concept often used to refer to psychological functioning and affect (Tennant *et al.*, 2007). In this case, items on the scale used to measure wellbeing tapped into diverse contributory factors, including affective-emotional aspects, cognitive-evaluative dimensions and psychological functioning. The significant change in the wellbeing of parents as a result of parent training is in keeping with previous findings (Barlow and Coren, 2003). It is possible that the same mechanisms responsible for reduced parenting stress are also responsible for an increase in wellbeing. Further, it is also possible that an increase in overall mental wellbeing occurs as a result of the principles of IY generalising to other aspects of the participant's life. IY specifically focused on self-care, self-praise and confidence and it was expected that these aspects would generalise to "real life" for the group members.

Finally, parents reported a significant reduction in the levels of grief they experienced as measured by the ICG (Prigerson *et al.*, 1995). This was a significant finding when the sample as a whole was considered, but from individual participants' scores it was clear that there was variation in the extent to which parents felt their grief had been alleviated. Nevertheless, all parents reported improvements. It is important to note that IY was not used as a grief counselling group, so the fact that participants' grief reduced as an indirect outcome of the group is very interesting. This finding is partly explained by the parents through the qualitative data. This indicated that parents' grief improved as a result of being able to manage their child's grief appropriately; this appeared to provide parents with peace of mind and a sense of calm. Parents reported that their grief was almost secondary to their child's and that to an extent their children's behaviour was preventing them from managing their own grief. Parents cited being able to make positive changes in child behaviour as leading to a decrease in their feelings of grief. Yalom's "instilling of hope" factor may also have played a role in helping people to manage their grief. The belief that there is "light at the end of the tunnel" appeared to be a powerful message, which was exchanged between parents at various points in the group. However, these data must be interpreted with caution given the absence of a control group and the fact that grief naturally subsides with time.

In relation to parental satisfaction, attendance at the group is in itself testament to level of satisfaction. The parenting satisfaction questionnaire provides descriptive data, which indicates that overall parents felt highly satisfied with the group.

Adaptations within the realms of fidelity

Fidelity and adaptation are often seen as distinct concepts (McIntyre, 2008). However, a core competency required for delivery of IY is the ability to modify the programme within the realms of fidelity. Mihalic highlights concerns about applying elements of a model programme as opposed to implementing the model in its entirety and as intended by the developers. However, Webster-Stratton and Reid (2010) stress the need for "informed clinical adaptations" to ensure that the programme matches participants' needs. Professional skill and experience is required for this. In the current study, while the programme was not modified *per se*, informed adaptations took place through the choice of vignettes and through emphasising certain core programme components. This occurred either proactively based on understanding of bereavement or reactively according to what participants told us they needed and observations and interpretations of the discussion direction and content. Applying IY sensitively to meet the needs of the group may have contributed to the results. Parents felt their concerns were heard and addressed.

To assist future implementation of IY with this particular parent population, the following paragraphs highlight key considerations. To start with, when selecting vignettes it was

important that facilitators were mindful of parents' individual loss experiences and potential similarities in the scenarios presented. Additionally, certain aspects of the programme were emphasised. For example, using solution-focused positive thinking approaches, whereby strengths were reinforced over deficits. It was important to be aware of parents' feelings of guilt and to focus on enabling participants to view themselves as capable, able and good parents.

Additional prominence was placed on strategies for emotional regulation. Grief was expressed in many forms, including being sad, angry and confused. Linked with this was the fact that parents appeared to need permission to be happy. Parents reported that they wanted to engage in "special time" activities and positive fun activities with their children but found themselves thinking about their loss and then feeling guilty.

Communication strategies for families were also emphasised, for example family communication about the deceased family member. Parents reported "an elephant in the room" type phenomenon whereby often no-one spoke about the deceased person for fear of upsetting one another.

A further focus centred on parents' understanding of behaviour. Parents appeared to have two ways of viewing child behaviour dictating their methods of managing it. First, parents reported that their child's angry outbursts were due to grief and as a result they could not manage them as they did not want to upset the child any further. Second, parents reported that their child's behaviour could also be manipulative. Often parents felt that the death was brought up at timely intervals by the young person in an attempt to get his or her own way. Assisting parents to nurture their young people and acknowledge their grief while still providing consistent, fair boundaries and discipline required additional time.

Social and emotional coaching required significant emphasis. Often children who are bereaved are confused about their feelings. This can be particularly pertinent for children bereaved through suicide. The mixed emotions of anger, sadness and sometimes self-blame and guilt can be a difficult and confusing experience for young children. Facilitating parents to use social and emotional coaching provided them with a new skill set for managing the expression of these emotions and for assisting children in normalising, managing and controlling their emotions and reactions.

Finally, self-care was of particular importance. Helping parents to take time to look after themselves was essential. Supporting parents in relaxation techniques and methods of self-help required additional time. This also went a step further and incorporated helping parents to use aforementioned techniques to soothe their child.

Practical implications

This study began as a practice-based applied feasibility study, with the intention that the findings would be used to inform future service provision. Results from this study suggest that, where appropriate, intervention for bereaved families can have benefits. However, the appropriateness of intervention must be a key consideration. Grief counselling for individuals who are considered "normally bereaved" is amongst the most dangerous and potentially harmful therapies (Lilienfeld, 2007). IY is not grief counselling but rather a parenting intervention and therefore a valid method of supporting bereaved families in need of parenting support. Nevertheless, several questions need to be addressed before IY can be used as a method of service delivery within the CBS. The most important is to examine whether IY is appropriate. This involves assessing families. If an initial consultation highlights the need for parenting support, then IY is a valid option. Many bereaved people may not need parenting support. It is also necessary to assess if the family is at an appropriate stage in their grief to embark on such a programme. Readiness for intervention is a key concern and one which future research may address.

Study limitations

While results from the current study are promising, several methodological issues should be borne in mind. First, is the relatively small homogeneous sample, which may preclude generalisation of the findings. Second, the lack of availability of a suitable control group

means that the positive effects cannot with certainty be attributed to IY. Nevertheless, the use of pluralistic methodology and credibility checks contribute to the reliability of the findings attributed to the IY group.

Conclusion

The current results indicate that IY is associated with positive outcomes for parents and children who have been bereaved. Results suggest that where parents are concerned about their child's behaviour during a significant family bereavement, IY is a method of ensuring they can parent their children in the best possible manner. These improvements remain at six months, suggesting that IY has a sustained benefit for families. These results are worthy of investigation using a larger sample.

Summary of implications for policy and practice

- There is an increasing need to recognise the impact of bereavement on children, young people and their families. This study provides initial support for IY as a feasible method of supporting bereaved families.
- Parenting Support Guidance highlights that parents need support at key points in their children's lives, such as during bereavement. However, interventions to support bereaved parents are limited. Dissemination of models of good of practice should ensure that such support becomes more widely available.
- A variety of services ranging from universal approaches (e.g. information and guidance) to specialised support services (e.g. IY) are needed to address the needs of bereaved families. Specific services should be timely to prevent the need for expensive services at a later point in a child or young person's life.

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