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The Impact of Risk and Resilience on Engagement in a Mandated Parenting Program

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FLORIDA STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SCIENCES

THE IMPACT OF RISK AND RESILIENCE ON ENGAGEMENT IN A MANDATED
PARENTING PROGRAM

By

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To my wife, to whom I am eternally indebted. This would not be possible without your support, encouragement, love, prayers, and patience. Thank you for always saying I love you first.

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ABSTRACT

Parenting intervention programs are an increasingly common requirement of case plans for parents involved in the child welfare system as they reduce the risk of future child maltreatment. However, there are challenges with retention and parental engagement in such programs and many parents dropping out prematurely. Research has explored factors associated with parents' retention and barriers to engagement, but study samples do not often include parents who are mandated to attend such programs. Furthermore, very little research has examined the process of change with parents who do engage in parenting interventions. Therefore, there is a need to examine parental factors surrounding their engagement in a mandated program, as well as their process of change.

The purpose of this study was to gain a deeper understanding of risk and resilience factors associated with engagement, and parents' change processes described in their own words. To accomplish this, the current study included analysis of existing qualitative data collected from pre- and post-intervention interviews with 15 parents involved in a mandated parenting intervention. Using a thematic analysis approach, three core themes of risk and resilience factors were identified: (1) Motivation, (2) Support, and (3) Perspective. Findings also illuminated parents' process of change in three stages: (1) Stage 1- Pre-intervention change: Initial signs of change, (2) Stage 2- Intervention change: Learning process, and (3) Stage 3- Post-intervention change: Developed insight and awareness. Parents' process of change included experiences of barriers to change.

Results describe how parents' risk and resilience factors of motivation, support, and perspective encouraged and challenged parents throughout the mandated parenting intervention. Findings provide additional insights for future intervention research to consider including how

risk and resilience factors are dual natured and intertwining often representing different sides of the same coin. Results also illuminate parents' experiences of progression through varied stages of change and barriers to change throughout engagement in a parenting intervention

CHAPTER 1

INTRODUCTION

Background of the Problem

Each year, approximately 850,000 parents in the United States are referred to parenting intervention programs due to child welfare system (CWS) involvement (Johnson, Stone, Lou, Ling, Ciaassen, & Austin, 2008). The focus of intervention programs includes reducing child maltreatment recurrence rates through skills training, psychoeducation, and behavior and attitude changes (Chaffin, Silovsky, Funderburk, Valle, Brestan, Balachova, Jackson, Lensgraf, & Bonner, 2004; Nock & Kazdin, 2005). Research suggests parent training interventions reduce coercive parenting practices and increase positive parenting practices to preemptively prevent future negative child outcomes such as delinquency and substance abuse (Chan & Chen, 2016; Forgatch, Patterson, DeGarmo, & Beldavs, 2009; Sanders, Turner, & Markie-Dadds, 2002; Webster-Stratton, Reid, & Hammond, 2001). Unfortunately, 40% or more of parents who begin parenting interventions prematurely drop out of treatment (Patterson, Mockford, & Stewart-Brown, 2005). Rates are even higher (up to 70%) for parents involved in the CWS who are mandated to attend parenting programs but may not perceive the need (Faver, Crawford, & Combs-Orme, 1999; Johnson et al., 2008; Lundquist, & Hansen, 1998). Retention in parenting interventions is critical, as program effectiveness centers on parents' participation (Reyno & McGrath, 2006), making engagement and retention a highly relevant issue for interventionists and researchers alike.

Recognized risk factors that impact parents' engagement in these programs include demographic factors such as low levels of family income and education, single parenthood, and belonging to a minority group (Reyno & McGrath, 2006); psychological risk factors such as

substance abuse, mental illness, and domestic violence (Estefan, Coulter, VandeWeerd, Armstrong, & Gorski, 2012; Morawska & Sanders, 2006); and a lack of parental social support (Festinger, 1996). The proliferation of these risk factors not only increases stress for parents, it also adversely impacts their engagement. While much is known about these factors from previous research, it is presently unclear how these risk factors impact parents' ability to engage successfully in mandated programs. Notably, significantly less is known about parents who fully engage in these programs and which factors allow them to succeed. Resiliency factors including parental motivation and social support are a part of the scant research completed in this area with this population (Chaviano, McWey, Lettenberger-Klein, Claridge, Wojciak, & Pettigrew, 2016; McWey, Holtrop, Wojciak, & Claridge, 2015). Much of the research investigating successful parental engagement in training programs focuses on risk factors and global measures, such as completion rates or drop-outs (Reyno & McGrath, 2006).

Moreover, research that has assessed parental engagement and change processes during parent training programs lacks parents' own voices of intervention experiences and feedback (Holtrop, Parra-Cardona, & Forgatch, 2013). What is still empirically lacking is a deeper and richer understanding of risk and resiliency factors, as well as the change process of parents mandated to attend intervention programs, which, once obtained, would strengthen parents', researchers', and interventionists' ability to focus on specific key factors and processes before, during, and after an intervention. While previous parenting intervention research has started to move the literature forward, more research is needed. Therefore, the current study examined risk and resilience factors, as well as change processes, for parents attending mandated intervention programs using participants' voices.

Purpose of Current Study

The purpose of this study was to better understand risk and resilience factors and the change process of parents involved in a mandated parenting program. Vast research indicates parenting interventions promote positive parenting practices and child outcomes (e.g., Forgatch, Patterson, DeGarmo, & Beldavs, 2009; Webster-Stratton, Reid, & Hammond, 2001).

Unfortunately, very little is known about specific factors that promote resiliency for parents in these programs and the process of change, or lack thereof, when parents engage in a parenting intervention (Holtrop, Parra-Cardona, & Forgatch, 2013; Nock & Kazdin, 2005). While it is important to understand these characteristics at a general level, it is crucial to gain a deeper understanding of specific factors associated with retention and engagement in these programs. Furthermore, research lacks parents' firsthand accounts of their own experiences before, during, and after engaging in these programs. Therefore, an aim of this study was to fill that empirical gap.

Research Questions

This study sought to answer the following research questions:

1. What dimensions of risk and resilience are associated with parental engagement in a mandated parenting intervention?
2. How are these dimensions related to parents' ability to change from pre- to post-intervention?

Understanding Parents' Experiences in a Mandated Parenting Intervention Through Thematic Analysis and Process Research

Thematic analysis methodology and process research provides the format to answer the research questions in this study. Thematic analysis delivers a structure to systematically identify,

organize, and analyze qualitative data, while offering deeper understanding into patterns of meaning (themes) from the data (Braun & Clarke, 2012). Thus, thematic analysis was used to discover and identify key themes and patterns of parents' intervention experiences of risk and resilience factors based on their own perceptions and ratings. Process research then uniquely gives researchers a definitive understanding of what and how parents changed during the intervention by way of focusing on parents' thoughts, emotions, and experiences. This allowed the identification, description, explanation, and prediction of the processes that facilitated change in a mandated parenting intervention. For a more complete understanding of parents involved in a mandated parenting intervention, existing data was used from an intervention research project with both pre- and post-intervention interviews analyzed from this frame.

CHAPTER 2

LITERATURE REVIEW

Introduction

The purpose of the current study was to gain a deeper understanding of risk and resilience factors associated with parents' engagement in a mandated parenting intervention as described in parents' own words. Furthermore, this study also explored parents' process of change. First, this chapter will discuss the theoretical framework: Parent Attributional Process Model (Morrissey-Kane & Prinz, 1999), and related literature on risk and resilience factors for mandated parents will be presented. Second, there will be an analysis of the change process literature. Finally, an overview will be provided to highlight the need for the current study by addressing gaps in the literature.

Theoretical Background

The Parental Attributional Process Model. The Parental Attributional Process Model (PAPM) originated in research focused on the role of parental cognitions, attributions, and expectations in relation to parents' engagement in child and adolescent mental health treatment (Morrissey-Kane & Prinz, 1999). PAPM used attribution theory as a backdrop for its conceptual framework. Attribution theory posits that individuals habitually attribute success to themselves and failure to external forces (Morrissey-Kane & Prinz, 1999). Attribution theory highlights the process for causal explanations of individuals' and others' behaviors (Kelley, 1973). Research and increasing evidence suggest that attributions impact parenting practices, specifically parental attributions influence parents' behavioral and emotional responses to their children (Chacko, Wymbs, Rajwan, Wymbs, and Feirsen, 2017; Sawrikar, Hawes, Moul, & Dadds, 2018). Within the context of parental attributions, parents typically attribute their children's prosocial behavior

as stable and dispositional to the child, whereas negative behavior is viewed as situational and temporary (Dix, Ruble, Grusec, & Nixon, 1986; McLay, Hansen, Carnett, France, & Blampied, 2020).

Parental attributions represent the explanations attributed to children and self-behaviors. Attributions can be divided into two categories: child-referent attributions and parent-referent attributions. Child-referent attributions include the parents' attributions of the child's ability, judgement, and disposition (Bugental, Blue, & Cruzcosa, 1989; Morrissey-Kane & Prinz, 1999; Sawrikar and Dadds, 2017). Self-referent attributions include the parents' attributions of their own skill and competence in coping with child behaviors (Morawska, Calam, & Fraser, 2015; Morrissey-Kane & Prinz, 1999).

The PAPM also is heavily influenced by Weiner's (1980, 1985) proposed cognition-emotion-action attributional model which accounts for attributions impact on emotional reactions, future expectancies, and subsequent motivation for action. Key components of Weiner's (1986) attributional model are three causal attributional dimensions for outcome: locus (internal vs. external), stability (temporary vs. permanent), and controllability (controllable vs. uncontrollable). Locus describes a person's ability or factors of control both internally and externally to them (Morrissey-Kane & Prinz, 1999; Weiner, 1980, 1986). Locus represents ability and the internal and external determinants of action often labeled as locus of control (Rotter, 1966). Stability describes the expectations of future success and whether that will be temporary or permanent and sustainable (Morrissey-Kane & Prinz, 1999; Weiner, 1980, 1986). Controllability describes motivation or whether personal influence has impact determining what is controllable or uncontrollable (Morrissey-Kane & Prinz, 1999; Weiner, 1980, 1986). Much of Weiner's work was done with students on classroom achievement, studying individual's

judgments, attributions, and influences on events (Weiner, 1986). For example, students who failed an exam could attribute failure to their lack of ability (internal, permanent, and uncontrollable) leading them to feel helpless, expect similar future results, and feel unmotivated to make changes on future exams. Whereas a student who attributes failure to a lack of effort (situational, temporary, and controllable) could be motivated to work harder on future exams and expect future success.

The PAPM has been applied to causal explanations parents attribute to their children's behavior as well as their own. In their original study, Morrissey-Kane & Prinz, (1999) utilized the PAPM in relation to parents' engagement in their children's and adolescent's mental health treatment. The PAPM examined parents' cumulative experiences of the ineffective management of their children's behavior. Unlike Weiner's model, the PAPM allows for both child and self-referent attributions (Morrissey-Kane & Prinz, 1999). Both referent pathways progress through four "stages." The first stage is attribution which includes three attributional dimensions from Weiner's (1986) model: locus (internal vs. external), stability (temporary vs. permanent), and controllability (controllable vs. uncontrollable). These three dimensions accounted for the impact that parental attributions had on their affective response, expectancy for future success, and subsequent behaviors (Morrissey-Kane & Prinz, 1999).

The first stage of the PAPM was attribution. Attribution included three dimensions: locus, stability, and controllability. Parents' locus or ability was locus of control concerning themselves and their children's behaviors which could be internal or external. Morrissey-Kane and Prinz's (1999) study examined parents' engagement in child and adolescent treatment, the model focused on external locus of control and why parents would not/could not stay engaged in the treatment process. Parents with an external locus of control saw their child's behavior as

difficult to change, out of their control, and as a dispositional trait (personality or temperament), leading them to doubt their ability to correct the behavior or situation. The second dimension of parental attribution was stability or future expectations about whether the child could make lasting changes to their behavior or if the parent could parent effectively over the long term. The third dimension of parental attribution was controllability or motivation. Controllability was connected to parents attributing their child's behavior as intentional and purposeful with no control over their child's behavior (Morrissey-Kane & Prinz, 1999). The second stage of PAPM was affect or emotional reactions such as shame/stigma, anger, hopelessness, apathy, or helplessness that parents experienced following their attributions to their abilities or child's behaviors. The third stage was expectations. After attributing the child's behavior and experiencing the associated affect, parents in Morrissey-Kane and Prinz's original study had low expectancy that their child would change or that parents could be an effective change agent. The fourth and final stage of the model was engagement. Parents in the study who reported feeling negative affect and pessimism experienced a lack of motivation and engagement in their child's treatment.

For a clearer understanding of how the full PAPM operates, both child and self-referent (parent-referent) pathways are described. Morrissey-Kane and Prinz (1999) defined the child-referent pathway as follows: Parents first make an attribution. When parents experienced failure in managing children or adolescent's behavior, they attributed it to factors within the child (bad disposition) that are seen as out of their control. The parent believed that their child's behavior was stable and unchangeable. Parents attributed the child's behavior as intentional, believing the child could control it, but chose not to. Parents then experienced negative affect related to the attribution they assigned to their child's negative behavior including shame, stigma, anger, and

hopelessness. This resulted in low expectations that the child could or would change and ultimately led to limited motivation to engage or participate in their child's treatment (engagement).

The parent-referent pathway operated in a similar way but was focused on their own parenting behaviors. Experiences with failure in managing their child's behavior led to attributing factors outside of themselves and that they were not responsible. Their child's behavior was seen as uncontrollable and unchangeable – in this sense, stable, such that the parents gave up believing that anything they could do would be ineffective. This led to parents feeling apathetic, helpless, and hopeless, resulting in low expectations of themselves becoming an effective agent of change (Morrissey-Kane & Prinz, 1999).

Parent Attributional Process Model and the Current Study. Previous research examining engagement in parenting intervention programs has focused primarily on participant demographic characteristics. This is problematic in two ways. First, the overall findings have been inconsistent with small or insubstantial effect sizes. Second, demographic factors are not easily changed and therefore may have limited function for interventionists (Morawska & Sanders, 2006). Parents involved with the CWS and mandated to participate in parenting interventions may not have recognized how their own perceptions and attributions of their child's behavior and parenting practices impacted their level of engagement (McWey et al., 2015). Negative parental attributions lead some parents to believe that they were ineffective at caregiving or that their child's behavior was unchangeable impacting their level of engagement in the intervention. A core component of parenting intervention programs promotes strengthening responsive and nurturing parenting through increasing parents' understanding of child temperament, developmental stages, and encouraging developmentally appropriate

expectations for their children (Webster-Stratton, 2007). These components have the potential to change parental attributions about their children's behavior and their own parenting.

Examining parents' level of engagement through the parental attribution process model strengthens the current study in several ways. While parental demographic factors are not easily changed, parental attributions may be and are part of the core focus of evidence-based parenting programs that have been advocated for this population (Barth, Landsverk, Chamberlain, Reid, Rolls, Hurlburt et al. 2005; Webster-Stratton & Reid, 2010). Some research suggests parents of children with difficult behaviors attribute this to a lack of parenting control and may deny responsibility for the problem or have minimal expectations for child behavior improvement leading to a lack of engagement and perseverance in treatment (Morrissey-Kane & Prinz, 1999). Changing parental attributions has potential to increase parental engagement and reduce intervention drop-out.

As described earlier, Morrissey-Kane and Prinz's (1999) PAPM allowed for both child-referent and parent-referent pathways considering not only the parenting role but parents' views of the child's role in the parent child relationship, allowing for a more holistic or systemic view of change to be realized. Furthermore, the PAPM model utilized parental motivation which is in line with previous research on the treatment of parents who are mandated to participate in parenting interventions and is suggested as key in treatment engagement with this population (Chaviano et al., 2016). Finally, the PAPM is relevant as it linked parental attributions to expectancies for change which is a key component of the current research (Morrissey-Kane & Prinz, 1999). Cumulatively, factors within the PAPM including parental attributions impact parents' decisions to engage in mandated parenting interventions and can offer relevant considerations for the current study.

Risk and Resilience Factors for Parental Engagement

Risk Factors. Research has linked risk and resilience factors to parental drop out or engagement during mandated parenting interventions (Barth et al., 2005). There are a myriad of risk factors for parents who are involved with CWS that negatively impact and impede their ability to engage in mandated parenting programs aimed at improving parent-child relationships, parenting practices and reuniting parents who have lost custody of their children (Landers, McLuckie, Cann, Shapiro, Vistintini, MacLaurin, Troceme, Saini, & Carrey, 2018). A significant amount of research has been completed on demographic characteristics that impact parents' ability to engage and successfully complete parenting interventions (Reyno & McGrath, 2006). This includes parents' socio-economic status, minority group status, low-educational/occupation attainment, single-parenthood, and large family size (Reyno & McGrath, 2006). Understanding what these factors are and how they impact parental engagement is important. However, demographic characteristics are difficult to change (Morawska & Sanders, 2006).

Additional research has also examined parental psychological factors which create barriers to engagement when involved in CWS parenting programs. Parents may encounter substance abuse, mental health issues, lack of social support, problematic parenting practices, heightened parental stress and violence, including parents' own history of abuse and neglect. This body of research has found that these factors are often co-occurring and put parents and their children at risk for negative outcomes (Estefan et al., 2012; Landers et al., 2018; McWey et al., 2015). What is less understood is how these barriers are related to successful retention and engagement in parenting interventions. Research thus far has concentrated primarily on demographic factors. As more researchers and interventionists reach out to get firsthand accounts from parents and their experiences in these interventions, other factors are unfolding. Areas

include intergenerational parenting practices, parental beliefs about parenting, and their own parental identity (Wolford & McWey, 2020). This area also includes a better understanding of parent's motivation or lack thereof to change their parenting behaviors (Chaviano et al., 2016). Another area of research that holds promise is parents' negative attributions and mismatched expectations of the experiences they had in the intervention (McWey et al., 2015). In considering the risks and barriers to parental engagement in mandated intervention programs, more research is needed to understand how these risks are associated with engagement as this presents greater opportunities for change to occur.

Resilience Factors. Research on resiliency factors aimed at supporting parents mandated to attend parenting interventions is much scarcer than identified risks. In the dearth of research on resiliency factors supporting parents to engage, three general factors emerge: resources, motivation, and social support (Chaviano et al., 2016; Landers et al., 2018; McWey et al., 2015; & Wolford and McWey, 2020). Providing participants with instrumental resources, particularly to those experiencing co-occurring risks, is key for parental engagement. From transportation, to childcare, or home-based visits, resources serve to enhance program engagement and retention (Landers et al., 2018). Parental motivation is another key factor in facilitating successful completion of required case plan services (Festinger, 1996). Chaviano et al. (2016) found that parents motivation involved in CWS were impacted by three things: their own identity as parents, their family of origin, and their current supports. Parents' identity included how they interpreted their role and their child's needs for them to change motivated that change. Motivation from their own parents as models of positive caregivers impacted their choices and behaviors. Finally, parents described motivation resulting from the support of family members,

their spirituality or religious beliefs, and in their community including friends, case managers and agencies with whom they were involved.

Other research also suggests that additional social support can come from providers through follow up calls and check-ins, or individual sessions focused on specific factors parents may be facing that pose a threat to their engagement (Reyno & McGrath, 2006; Webster-Stratton & Reid, 2010). In their review of evidence-based interventions with parents involved with CWS Landers et al. (2018) provided an important insight from the literature reviewed. They suggested that providing facilitative factors in isolation is not enough but that resources need to be provided in concert with each other to offer the best possible chance of successful engagement and retention in interventions. While the literature suggests a plethora of risk factors that are barriers to parental engagement and a few facilitative factors, much more research is needed to better understand what factors facilitate effective parental engagement in mandated parenting programs. The current study seeks to identify other potential resilience factors to build literature in this needed area.

Evidence-Based Parenting Interventions

Parents involved in CWS face difficult and unique stressors and circumstances often different from parents outside of CWS including issues of retention and engagement (McWey et al., 2015). Interventions used for parents involved in CWS have varied including skills-based interventions and relational interventions, many of which are evidenced based (Landers et al., 2018). While many evidence-based parenting intervention programs were not developed specifically for populations involved in CWS, increasing amounts of research advocate for its use and suggest it is a promising practice even though it is relatively new (Landers et al., 2018; Lewis, Feely, Seay, Fedoravicis, & Kohl, 2016; McWey et al., 2015). Evidence-based parent

training interventions demonstrate a strong body of support as they teach parenting skills that reduce coercive parenting, increase positive parenting practices, and decrease physical abuse and recidivism (Chaffin et al., 2004, 2009; Webster-Stratton, Reid, & Hammond, 2001).

Among the evidence-based parent intervention programs identified as encouraging for use with parents involved with CWS is the Incredible Years (Webster-Stratton & Reid, 2010) parenting intervention program (IY), used in the current study. IY parent programs are separated based on child's age and developmental stages including infants (up to one year), toddlers (one to three years), preschoolers (three to five years) and school age children (six to twelve years) (Webster-Stratton & Reid, 2010). The current study utilized the IY basic program for school aged children. The IY basic parenting program focused on teaching parents to have developmentally appropriate expectations, through increasing parents' understanding of normal developmental landmarks and child temperament (Webster-Stratton, 2008). It also focused on increasing parents social and emotional coaching skills by assisting their children in self-regulation, problem solving skills, effective anger management strategies and increased empathy skills (Webster-Stratton, 2008). IY taught parents to first connect with their children through predictable and clear discipline strategies by increasing positive parenting attention, communication and play directed by the child. Parents then focused on ignoring inappropriate behaviors, redirecting and using logical consequences and increasing their attention of positive cognitions, feelings and behaviors about their children (Webster-Stratton and Bywater, 2019).

Investigating the Process of Change Research

Decades of research and meta-analyses on child and adolescent therapy and parent training interventions has culminated in support of its effectiveness in helping parents and children (Barth et al., 2005; Kazdin, 2000; Sandler, Schoenfelder, Wolchik, & MacKinnon,

2011). In their review, Kazdin and Nock (2003) explained, based on a large group of research studies comparing child and adolescent therapy to no treatment, that children who received treatment are much better off than those who did not.

Change is a key component of therapy (Kazdin & Nock, 2003). As Atkin (2005) described, “psychotherapy is fundamentally about change. Regardless of treatment modality, duration, setting, or any of a host of other considerations, when we study psychotherapy, we are primarily concerned with whether our clients changed as a result of our interventions” (p. 98). This is true for parent interventions as well (Webster-Stratton, 2008). While we know that change does occur when parents and children attend therapy and parenting interventions, what is less clear is *what* and *how* change occurs (Brock & Kochanska, 2016; Kazdin & Nock, 2003). To better understand change in a therapeutic setting, Howard, Moras, Brill, Martinovich, and Lutz (1996) described three fundamental questions that can be asked of any therapeutic treatments. Does it work under special experimental conditions? Does it work in practice? And is it working for this patient? The first question of whether treatment worked under special experimental conditions deals with treatment *efficacy* and the use of standard, experimental methods through the average response of the client. The second question deals with treatment *effectiveness* and requires treatment evaluation in a natural clinical setting utilizing quasi-experimental procedures. The third question addresses the *process* of evaluating a client’s ongoing response and feedback to a specific treatment or clinician while assessing this progress during the course of treatment (Howard et al., 1996). Each will be described in this section.

Efficacy Research. Efficacy research answers the question of: “What treatment, by whom, is most effective for this individual, with that specific problem, and under which set of circumstances? (Paul, 1967, p. 111). The field of psychology, psychiatry, and marriage and

family therapy has focused much attention on validating treatment models, therapeutic techniques, and parenting interventions through rigorous controlled research designs described as “efficacy” research (Chaffin et al., 2004; Pinsof & Wynne, 2000; Sprenkle, 2012; Webster-Stratton, 2007). This type of research seeks to better understand the effects of certain treatments or interventions through a highly controlled research design. It is intended to rule out other treatment effects than those being studied (Ward & McCollum, 2005).

Pinsof and Wynne (2000) defined six characteristics of efficacy research. First, it occurs within a controlled setting. Second, it is focused on a specific and definable disorder or problem. Third, at least two groups or conditions are involved—an experimental condition where clients receive the treatment being investigated and a control condition where client receive an alternate treatment or no treatment at all (wait list). Fourth, clients are randomly assigned to either condition. Fifth, both conditions are directed and specified by manuals and therapist’s adherence is monitored and rated. Finally, clients are measured pre- and post-therapy or intervention on standardized outcome measures. These six steps taken together constitute a clinical trial.

The most common method used in efficacy research is the randomized clinical trials (RCT’s). This is often the “gold standard” for scientifically testing treatment and is used by developers seeking to validate a specific model (Sprenkle, 2012). RCTs increase internal validity so that treatment conditions are clearly specified (Howard et al., 1996). Typically, the treatment needs to be applied under ideal circumstances by experts (Andrews, 1999). This means that therapists or interventionists follow a well-defined protocol or manual-specific procedures as is common in parenting interventions (Pinsof & Wynne, 1995; Webster-Stratton, 2008). When a treatment has been researched rigorously, repeatedly through experimental design or RCT, it can be deemed an evidence-based practice or program (Flay et al., 2005).

While this type of methodology is needed to move the field forward, it also has its limitations (Andrews, 1999; Kazdin & Nock, 2003; Pinosof & Wynne, 1995). RCT's can be so structured that they struggle to produce strong external validity and do not readily lend to transportability and application to the “real world” of clinical and intervention practice (Kazdin & Nock, 2003; Sprenkle, 2012). The specific inclusion and exclusion criteria for choosing participants can be quite expensive and difficult to translate to therapy and interventions under “normal conditions,” such as training or community settings. Moreover, participants’ awareness of being assessed make findings easily over or misinterpreted (Howard et al., 1996; Pinosof & Wynne, 1995; Sprenkle, 2012). These concerns have shifted research approaches to consider what treatments are effective in “real-world” settings with those who would typically be delivering the treatment (Andrews, 1999; Kazdin & Nock, 2003; Sprenkle, 2012).

Effectiveness/Outcome Research. Effectiveness research refers to the examination of treatment in an actual clinical setting using quasi-experimental procedures to establish external validity or the ability to generalize the findings to other clinicians, participants, and clinical settings (Howard et al., 1996). In this way a treatment could be tested outside the controlled clinical trial and its effectiveness established in actual practice (Kazdin & Nock, 2003; Pinosof & Wynne, 2000). Effectiveness research could be more cost effective and has the potential to bridge the gap between the researchers, interventionists, and clinicians which is vital because so much of the existing treatment effectiveness research involves clinicians and is relevant to their work and the populations they serve (Andrews, 1999; Oka & Whiting, 2013).

There has been a call to increase the amount of effectiveness research conducted so that it can be “transported” into clinical practice (Kazdin & Nock, 2003; Shadish & Baldwin, 2003; Sprenkle, 2012). While effectiveness research helps validate treatment and interventions in a

clinical setting, the methods used to establish this type of research are not always linked clearly to clinical application (Howard et al., 1996). Effectiveness research tells us little about why or how treatments actually worked (Kazdin & Nock, 2003; Pincus & Wynne, 2000). Thus, process research is answering the call to examine how, when, and what changes occur within intervention studies (Brock & Kochanska, 2016; Hetherington & Friedlander, 1990)

Process Research. Process research refers to research that examines the process of therapy or an intervention itself and is often referred to as observational research or interactional research (Kazdin & Nock, 2003; Oka & Whiting, 2013). Unlike efficacy research or clinical trials, most process research takes place in a less controlled and more natural environment where interactions or behaviors are likely to naturally occur (Oka & Whiting, 2013). Data used in process research take many forms including video and audio recordings, or interviews that can be examined by therapists, researchers, or clients to recall thoughts or feelings (Oka & Whiting, 2013). Process research focuses on what happens during therapy and interventions, emphasizing the participant, client and therapist experiences and behaviors (Brock & Kochanska, 2016; Pincus & Wynne, 2000). Process research allows a shift from a focus on treatments to focusing on client and participant change processes (Kazdin & Nock, 2003; Gardner & Leijten, 2017; Pincus & Wynne, 2000).

In an effort to advance the quality of process research on treatment in therapy Heatherington, Friedlander and Greenberg (2005), made the following recommendations: increased attention to clients' process of change, greater attention to covert intrapersonal processes (participants experience of treatment alliance, cognitions, emotions), and a focus on various change processes for diverse clients and to what degree they work similarly (or not). While the current study did not involve clients attending traditional individual psychotherapy, it

closely paralleled its aim to better understand the process of change during a parenting intervention.

Heatherington and colleagues' (2005) recommendations are particularly significant to the current study in the following ways: increased attention to parents' process of change and greater attention to covert intrapersonal processes throughout the intervention. Traditionally in the research, recognition of many parent behaviors that led to change during intervention have been neglected (McWey et al., 2015). This is true for the factors of risk and resiliency in mandated parenting programs (Nock & Kazdin, 2005). A dearth of change process research on parents engaged in parenting interventions exists (Holtrop, Parra-Cardona, & Forgatch, 2014), thus the current study sought to expand the research in this area. Little is known about factors that facilitate or inhibit the process of change during a mandated parenting program from a parent's perspective (Reyno & McGrath, 2006). This study aimed to fill that gap.

CHAPTER 3

METHODS

Overview

The purpose of this study was to better understand risk and resilience factors that led to engagement, and factors associated with the change process of parents involved in a mandated parenting program. The current study assessed parents' expectations of the parenting intervention, personal experiences of being parented, and their own parenting including factors that put them at risk for losing their children. The present study also assessed parents' experiences during and with other group members, and what was learned from the group interventions, including factors associated with resiliency in their ability to overcome risk factors. Gaining a clearer understanding of parents' experiences of the change process through a parenting intervention will help interventionists and family therapists implement appropriate interventions and focus on parents' change processes. This chapter begins by addressing the importance and utility that a qualitative thematic analysis (Braun & Clarke, 2006; Creswell, 1998; Strauss & Corbin, 1998) approach provided. Next, the sample, recruitment, and procedures will be discussed. This will be followed by a description of the data collection, measures, and analysis.

Research Questions

This study sought to answer the following research questions:

1. What dimensions of risk and resilience impact parental engagement in a mandated parenting intervention?
2. How are these dimensions related to parents' ability to change parenting stress from pre to post intervention?

Change Process Research

Change process research addresses the dichotomy that occurs between outcome and process research that hinders the field of psychotherapy. Outcome research primarily measures client's outcomes or changes over the course of therapy (Greenberg, 1986). Outcome research validates therapeutic models, techniques, and interventions so researchers and clinicians recognize their effectiveness (Pinsof & Wynne, 2000). Process research measures in-session changes of a client's behaviors and interactions and gives insight into the processes that lead to outcomes (Heatherington, Friedlander, & Greenberg, 2005). Change process research bridges the gap by "identifying, describing, explaining, and predicting the effects of the processes that bring about therapeutic change over the entire course of therapy" (Greenberg, 1986, p. 4).

As literature on the effectiveness of therapy and interventions continues to grow, researchers are seeking to better understand *how* change occurs (Heatherington et al., 2005). Research on change during interventions usually takes the form of effectiveness or outcome research (Nock & Kazdin, 2005). Outcome research seeks to understand whether therapy produces the desired change for clients. What is lacking is process research which explores what happens in the therapeutic experience connected to change (Ward, Linville, & Rosen, 2007). A majority of research on parenting interventions focuses on outcomes with little attention to process (Reyno & McGrath, 2006). This omission of process research leads to an incomplete understanding of therapeutic progress and change (Greenberg, 1986, Greenman & Johnson, 2013).

Outcomes. In change process research, three types of participant outcomes were possible to measure when seeking to better understand change. Greenberg (1986) described the outcomes as: immediate, intermediate, and ultimate (or final) outcomes. Immediate changes represented

changes that were evident in parent sessions resulting from overall interactions with group members and group leaders or specific interventions such as the IY techniques and skills introduced in group. Intermediate changes were represented and measured by the evaluation of change in session outcome measures that target key behaviors and attitudes. Intermediate changes were represented by informal group evaluation sheets that were filled out after each group session by parents individually. Finally, changes in these key targets were tracked and evaluated over time as is their connection to final outcomes. Final outcomes represented change at the end of intervention. Parents final outcomes were both pre- and post-intervention interviews where they described the changes or lack thereof occurring during intervention which were discussed in the post-intervention interview. This provided a more comprehensive and complete representation of change (Greenberg, 1986).

Change Events. Therapeutic change events are the focus of change process research. Greenberg (1986, 1999) proposed four components to a change event: client problem marker, therapist operation, client performance, and session outcome. The client marker represented statements parents made to the researchers indicating their current situation and desire to make changes during the intervention. In the current study, clients completed pre- and post-intervention interviews with researchers. The client problem marker was the participant's response to the researcher asking multiple interview questions including: what they would like to see change in their parenting, what they would change about how their parents parented them, and how their support system helped them make the changes they want to make. The therapist operation was the evidence-based intervention program Incredible Years Basic Series Program (Webster-Stratton, 2007) used to strengthen responsive and nurturing parenting. The client

performance and session outcome were the participants' responses to the pre and post measures of parenting stress and qualitative interviews.

According to Greenberg (1986), by using the therapeutic change events network, the researcher attempts to answer several questions about key events in therapy. For the purposes of this study, the first question was: what participant risk and resiliency factors impacted engagement in the intervention? The second questions was: what parts of the parenting intervention facilitated a process of change? For this study, this included the techniques and skills participants learned during group, and interactions with family, group participants and interventionists and CWS workers.

Patterns of Change. Greenberg (1986) and Gottman, Markman, and Notarius (1977) noted that that psychotherapy process research has focused on simple associations of single variables isolated from their context, assuming they did not change significantly over time. Greenberg (1986) argued "It is more the occurrence of a particular pattern of variables than their simple presence or frequency of occurrence that indicates the therapeutic significance of what is occurring in therapy" (p. 7). For the current study, specific patterns of change in participants' parenting practices and experiences were identified through data from the parents themselves. Themes from the participant interviews emerged as the researchers followed specific coding procedures in thematic analysis methodology (Braun & Clark, 2006; 2013; Riger & Sigurvinsdottir, 2016).

Qualitative Research

Elliott, Slatick, and Urman (2001) proposed the following about research on change: "Perhaps it is past time for researchers to adopt more open, discovery-oriented methods for understanding therapeutic change" (p. 70). This study's aim was to highlight parents' voices of

their own experiences before and after the mandated intervention to further develop a deeper theoretical understanding of how and why some parents are able to engage in parenting interventions, including what those changes were. Based on this, a qualitative thematic analysis study design was chosen. A qualitative approach was more conducive to change research (Moon, Dillion, & Sprenkle, 1990). In addition, a qualitative design aided in exploring patterns, seeking detailed descriptions, observations, and clinical relevance (Ward, 2005). By giving parents a voice about their own experiences in this intervention, there was the potential to open a wealth of previously untapped knowledge that can help researchers, interventionists and clinicians better serve, direct and support parents in the community and in therapy.

Thematic Analysis. This study utilized a thematic analysis methodology. Thematic analysis is a qualitative method of systematically identifying, organizing, interpreting, analyzing, and reporting patterns (themes) of meaning within a data set (Braun & Clarke, 2006, 2012). Thematic analysis is a foundational method of qualitative analysis but often is not named as a method or is poorly defined or mistaken for processes performed within other major qualitative analytic traditions such as grounded theory, content analysis, and discourse analysis (Braun & Clarke, 2006; Riger & Sigurvinsdottir, 2016). Thematic analysis offered many strengths methodologically to the current study including its focus on an in-depth examination of nuances and contradictions and accessing meaning in a specific context. Thematic analysis also allowed a deeper understanding of complexity and variation through participants viewpoints in their own words (Riger & Sigurvinsdottir, 2016). Above all, thematic analysis offered flexibility in providing a clear and careful, yet detailed account of the data through ‘rich’ description (Braun & Clarke, 2006).

While thematic analysis had many advantages including its flexibility, it is important to make explicit the epistemological assumptions regarding what, why, and how the analysis was utilized with the data set (Braun & Clarke, 2006; 2012). Within thematic analysis, several decisions were considered and discussed. Braun and Clarke (2006; 2012) outlined five points of clarification in determining the type of thematic analysis that was conducted.

First, what counted as a theme? Themes fundamentally captured key parts of the data related to the research questions being asked. The researcher needed to define what counts as a theme to code the data. This is often a question of prevalence of how often it occurred in each interview and across the entire data set. Of equal importance was that the same criteria in identifying a theme are used consistently through the analysis. In the current study, researchers initially identified 5 themes related to parents' risk and resilience factors. Throughout the process of meeting together and using the constant comparative method, and as the refinement of analysis occurred the researchers agreed on three main themes and subthemes prevalent across a high majority of parents individual pre- and post-intervention interviews as well as across the entire included data set.

The second point Braun and Clarke made was the importance of distinguishing whether a rich description of the entire data set, or detailed account of one particular aspect of the data set, was the goal. If providing a rich thematic description of the data set, some depth and complexity would be lost but overall a rich description is maintained. This method is useful when analyzing under-researched areas or when participants' views on the specific subject are not known. Alternatively, a more detailed account of one particular aspect of the data provides a nuanced account of the theme or group of themes. This is useful when related to a more specific question or area of interest in the data. The researchers in the current study coordinated coding procedures

across phases two through five (explained in detail later in the method section) in generating initial codes, searching, reviewing, and defining each theme *across* the data set. Themes collected did not necessarily occur in every individual pre and post parental interview but rather were evident in a majority of the interviews, which ensured a more complete description of the parents' experiences of risk and resilience factors as well as their process of change. Identified themes were chosen whether they appeared once or multiple times throughout the individual parental interview. The current study's research questions were focused on a "rich description" of the parents' accounts across the entire data set, as this is an under-researched area in the parenting and intervention literature (Morawska & Sanders, 2006), and little is known from participants' specific point of view as studies often focus on treatment effectiveness and demographic characteristics (Reyno & McGrath, 2006).

Thirdly, thematic analysis can be conducted inductively or deductively. In an inductive, or 'bottom up' approach, the identified themes may not be related to the specific interview questions asked and are not driven by the researcher's theoretical area of interest. In this way, the process of coding the data is not trying to match it with a pre-existing frame or analytic preconception. An inductive approach then is data-driven, and the research question evolves through the coding process. The researcher is not concerned about previously identified themes but codes diversely. Conversely a deductive approach or 'top down' way is driven by the theoretical area of interest. It provides a less rich description of the data overall focusing on a more detailed, specific aspect of it. Themes within the data were identified through an inductive or 'bottom up' process. Identified themes sometimes had little relation to the original interview questions, as this study sought to understand why parents were able to engage and make changes while completing the intervention versus the specific questions that interviewers asked about

participants' parenting and relationship with their children. Researchers did not have a pre-existing coding frame or specific overt preconceptions about what was in the data, which allowed the results to be data-driven.

The fourth point presented is the value of making a clear decision of what level themes were identified: semantic or latent. A semantic or explicit level of approach identifies explicit or surface level meaning themes. A semantic level analyst does not look beyond what the participant said. Ideally this process involves progression from the description/summation of the organized data to the interpretation of the significance of the themes and broader implications from the participants' own words. The other level that themes can be identified at are a latent or interpretative level. The latent level goes beyond the semantic content of the data and examines underlying assumptions, ideas, and conceptualizations. These ideas inform the semantic content of the data. In this sense, a latent approach involves interpretative work through theorized analysis as underpinning what is expressed in the data. A clear thematic analysis focuses exclusively on one level of either a semantic or latent approach. The researchers identified themes at a semantic or explicit level. While other factors certainly impacted participants' ability to engage and change during the intervention process, the primary focus of this study was to identify explicit meanings of what a parent had said connected to risk and resilience factors as well as their individual process of change throughout the parenting intervention. In this way researchers organized patterns in the semantic content, summarizing parents experiences of motivation, support, and perspective into significant patterns, themes, meanings and implications.

The last and final decision described by Braun and Clarke (2006; 2012) about thematic analysis concerns epistemology and paradigms. Epistemology is typically determined during the

conceptualization of the project but can be revisited during analysis. The epistemology largely determines what a researcher says about the data and informs how meaning is theorized. Two main paradigms exist here: an essentialist or realist approach, and a constructionist approach. An essentialist approach posits that motivation, experience and meaning are theorized in a straightforward way. As such, a primarily unidirectional relationship between language, experience and meaning is assumed. In contrast, a constructionist perspective assumes that meaning and experience are socially constructed rather than inherent within the participants, leading a researcher conducting a thematic analysis from a constructionist paradigm to seek how participants' accounts were enabled by the structural conditions and sociocultural contexts in which they occurred.

Finally, in clarifying the thematic approach conducted in this study, a realist or essentialist epistemology was used. Motivations, experiences and meaning within the data were theorized in a straightforward way, as a largely unidirectional relationship was assumed between parents' experiences of engaging in the intervention and with other participants, meaning they assign to what they learned and the changes they made in their parenting as well as the language they used to describe their experiences. Therefore, the process and goals of thematic analysis strongly supported the purpose and design of the current study to deepen understanding of both risk and resilience factors associated with engagement, as well as how these factors impacted parents' change processes as described in parents' own words.

Data Source

The data for this study were collected as part of a larger pilot investigation examining the implementation of an evidence-based parenting intervention with parents involved with the CWS (McWey et al., 2015). Parents were referred to the intervention by their case managers to fulfill

requirements of their case plan. Participants included 36 parents (21 mothers and 16 fathers), 26 of whom completed the full program intervention. University IRB approval was obtained to utilize this data set and can be reviewed in Appendix A. This data set was chosen as it examined factors that impacted engagement from a clinically significant population extending beyond the intervention's effectiveness to parents' actual perspectives. Examining parents within the context of a CWS intervention perspective was vital to the overall goals of this study to expand the understanding of parents change process within the contexts of the CWS and mandated to participate in learning effective parenting skills.

Participants

Recruitment. All participants were involved with the CWS and required to participate in the intervention according to their case plan. Group leaders contacted referred participants and scheduled an intake session. As part of the intake session, participants were informed of the study and reviewed informed consent. Participants then completed quantitative measures and a pre-intervention qualitative interview. Group leaders informed participants that to “successfully complete” the parenting program, expectations were that participants were required to attend a minimum of eight out of the ten sessions. Group leaders used 80% as a determinant as requested by CWS supervisors.

Selection Criteria. While a total of 36 parents participated in the original study, 26 completed the intervention and only 15 completed the pre and post measures and interviews. The 15 parents who completed treatment and pre- and post-intervention interviews are the analytic sample included in the current study.

Participant Characteristics. Data were collected from 15 participants (8 mothers and 7 fathers). Parents ranged in age from 22 to 52 years old (average = 33.5 years). In terms of race

and ethnicity, 67% ($n = 10$) self-identified as African American, 26% ($n = 4$) as Caucasian and 1% ($n = 1$) Hispanic. Of the sample, 60% ($n = 9$) were single, 13% ($n = 2$) were married, 7% ($n = 1$) were cohabitating and 20% ($n = 3$) were divorced or separated. According to the parental self-report of education and employment status, 20% ($n = 3$) did not complete high school, 40% ($n = 6$) completed high school or its equivalent, 33% ($n = 5$) completed some college, and 7% ($n = 1$) had a college degree; 47% ($n = 7$) were not currently employed. 33% ($n = 5$) were working part-time, 20% full time ($n = 3$). In the sample 73% ($n = 11$) cases involved children being removed from their parents' homes and 27% ($n = 4$) cases were parents who had custody of their children but were required by CWS to attend the intervention to retain custody of their children.

Participants had an average of two children with the number of children in the family ranging from one to five. The average age of participants' children was 6.7 years old. A summary of parents' demographics is provided in Table 1 below.

Table 1. Participant demographics

Parent	Gender	Race/Ethnicity	Age	Relationship Status	Number of Children	Children Removed from Home
John	Male	African American	52	Single	3	Yes
Gina	Female	African American	28	Cohabitating	1	No
Sherri	Female	Caucasian	26	Single	1	No
Toby	Male	Caucasian	39	Married	2	Yes
Mark	Male	African American	38	Single/Divorced	3	Yes
Megan	Female	African American	30	Single	1	No
Amy	Female	African American	24	Single	3	Yes
Ashley	Female	African American	40	Single	4	Yes
Tammy	Female	African American	22	Single	1	No
Frank	Male	Caucasian	26	Married	1	Yes
Jill	Female	African American	26	Single	2	Yes
Rob	Male	Caucasian	30	Single	2	Yes
Jack	Male	Hispanic	50	Single/Divorced	2	Yes
George	Male	African American	34	Single	5	Yes
Mary	Female	African American	42	Single/Divorced	2	Yes

Procedures

After the completion of pre-intervention qualitative interviews, the intervention began.

The Incredible Years Basic Series Program (IY; Webster-Stratton et al., 2001) is an evidence-

based, manualized, 12 modules program offered to participants as a two-hour weekly group session. The IY basic program is developmentally normed for school age children 6-12 years old (Webster-Stratton et al., 2001; Webster-Stratton & Reid, 2010). Children of parents involved in the current study sample fell within that range. The IY intervention core content components include strengthening parent-child relationship and bonding, strengthening parents' interpersonal skills and supportive networks, promoting routines, effective limit-setting, non-punitive discipline, and problem-solving skills (Webster-Stratton & Reid, 2010). The intervention does this through multiple learning approaches including group discussions and support, modeling skills through videotaped vignettes, practice activities, self-monitoring assessments, hands-on practice activities, and goals (Webster-Stratton & Herman, 2008). In this group setting, participants not only learned from and interacted with group leaders but other parents who also were also mandated to take part in the intervention.

Parents mandated to participate in the program were required as part of their case plans to attend at least 80% of the intervention per the CWS supervisors and case workers to complete their case plans. IY was conducted as ten, two-hour group sessions. "Mandated" in this study refers to the parent's child welfare system case plan required that they take a parenting class. In order to complete the class, parents needed to attend least eight out of the ten sessions or 80% completion rate. While this was an intervention study and participants were asked to complete pre- and post-intervention qualitative interviews and quantitative measures, they were not required to do so under their case plan requirements. Participation in the study was voluntary.

Six group leaders/interventionists completed a three-day accredited training on IY. Five were doctoral level marriage and family therapy (MFT) students, all of whom had clinical Master's degrees. The lead instructor was a Ph.D. in MFT and a licensed clinician. The original

intervention study included seven groups run by two group leaders each. The same two group leaders completed all ten weeks of the group they initiated.

Qualitative Parent Interviews. Trained members of the intervention team conducted semi-structured qualitative interviews both pre- and post-intervention. Questions started broad and open-ended, switching to more specific follow-up questions eliciting more details and generating a deeper explanation of the parents' experiences. Parents in the pre-intervention interviews were asked 11 questions including queries about their parenting, what they want to change, how they were parented, and supports they currently had. Participants in the post-intervention interviews were asked 7 questions including queries about their experiences in the group and with group members, as well as what changes they had made in their parenting. Interviews ranged from 20 to 90 minutes averaging approximately 30 minutes. Interviews were audio-recorded, transcribed, and verified for accuracy.

Data Analysis

Thematic analysis was chosen because of its flexibility and potential to provide a rich and detailed account of the parents' first-hand experiences. Thematic analysis also provides and follows similar principles of qualitative coding operations of open, axial, and selective coding (Strauss & Corbin, 1998). Braun and Clarke (2006; 2012) outlined specific guidelines for six analytical phases and criteria to conduct thematic analysis in a deliberate and rigorous manner.

Phase 1: Familiarizing Yourself With Your Data. This initial stage involves researchers transcribing the data set. It is important in this phase to become intimately familiar with the data by reading and re-reading it while taking notes through actively looking for patterns and meaning. Reading through data in phase one involves actively, analytically, and critically evaluating what it means in relation and relevance to your research questions. Note

taking at this stage is casual and observational and includes initial ideas. The data are not being coded in this phase, rather notes prime the analyst as memory aids and triggers for later coding and analysis. In a qualitative study, writing is a key aspect of data analysis. As such, writing starts in this initial phase and continues through the full coding and analysis process, this includes researchers recording ideas and possible coding schemes throughout. “This phase provides the bedrock for the rest of the analysis” (Braun & Clarke, 2006, p. 87).

Phase 2: Generating Initial Codes. After researchers have familiarized themselves with the data and initial ideas that have been generated, coding begins. In phase 2 of thematic analysis, researchers identify an initial list of codes. Codes are the building blocks of the analysis. Researchers identify and label interesting features of the data that are relevant to the research question. Codes organize data into meaningful units from repeated patterns across the data set. Codes are not themes yet, which are broader and often capture multiple codes. Codes can mirror participants’ meanings through their language and concepts they share. Codes may also include researchers’ theoretical and conceptual frameworks depending on the methodological approach (data or theory driven) used. Researchers should focus on keeping codes succinct (not fully worked-up explanations which come later in the analysis). Codes almost always represent a mix of interpretative and descriptive analysis. Throughout this stage, researchers systematically work through the entire data set focusing full and equal attention on each data item while coding for as many themes as possible. It is possible that more than one code may apply in portions of the data. Braun and Clarke (2012) highlight “What is important is that coding is inclusive, thorough, and systematic” (p. 62). Coded data extracts need to capture relevant context, including inconsistencies and contradictions between participant experiences which are important to retaining and producing a deeper overall conceptualization of the data.

This stage of the analysis ends when relevant data are sufficiently coded, capturing both patterns and diversity within and across the data.

Phase 3: Searching for Themes. This is where the search for themes begins. Phase three focuses the analysis on sorting and collating codes into potential themes at a broader level. Through a thorough analysis of the codes, the researcher considers how codes organize and form an overarching theme. Braun and Clarke (2012) remind qualitative researchers that themes do not just emerge from the data formed but that it is an active process of constructing and generating not just “discovering” themes. This phase involves reviewing codes while identifying similarities and overlap. To help the process of the analysis Braun and Clarke (2006; 2012) also recommend using some form of visual representation to sort codes into themes. This can include tables, or drawings of mind maps or thematic maps. In phase three, the researcher starts considering relationships between codes and themes and different levels of themes including sub-themes and overarching themes. This is done through the process of clustering and collapsing codes that share unifying features reflecting a meaningful pattern in the data. During this phase, researchers will also include a miscellaneous theme where codes that do not clearly fit into themes are held to later be included as part of a new theme or discarded. Braun and Clarke (2012) discuss the question of how many themes are enough or too many for an effective thematic analysis. While there is not a formulaic answer, they suggest that more data contained in a data set leads to more themes but that more themes do not necessarily mean deeper or richer analysis. Essential to the analysis is sufficient depth and detail and typically in a standard 8,000 to 10,000-word article they report two to six themes. It is also noteworthy that during this stage the researcher check that they have not anecdotally generated themes from a few vivid examples but that the coding process has been comprehensive, thorough, and inclusive. This phase ends

with researcher's initial visual representation (thematic map or table) outlining the new refined themes preparing them to begin the process of phase 4 – reviewing themes.

Phase 4: Reviewing Themes. Once themes are identified in phase four, researchers review and refine them. This phase could be likened to a quality check. This includes collapsing similar themes into each other or separating themes that are too distinct. Braun and Clarke (2006) describe two stages of review and refinement within this phase to help the researcher to critically review the constructed themes. The first stage includes checking themes against coded extracts making sure that they fit together. To effectively and efficiently do this Braun and Clarke (2012) challenge researchers to ask the following key questions of the themes:

Is this a theme (it could be just a code)? If it is a theme, what is the quality of this theme (does it tell me something useful about the data set and my research question)? What are the boundaries of this theme (what does it include and exclude)? Are there enough (meaningful) data to support this theme (is the theme *thin* or *thick*)? Are the data too diverse and wide ranging (does the theme lack coherence)? (p. 65)

The second stage of the of this review process is similar to the first stage, except it involves reviewing the initial themes in relation to the entire data set. Oftentimes this means rereading the entire data set to check whether the themes fit and to code any additional themes missed from earlier coding stages. Analysis of coding withing thematic analysis often involves a circular process of moving back and forth through the entire data set from the data extracts to the analysis of the data you are producing (Braun & Clarke, 2006). At the completion of this phase researchers should have thematic map showing a set of themes that are internally consistent, coherent, and distinctive.

Phase 5: Defining and Naming Themes. Phase five starts with a solid thematic map of the data and then moves into defining and refining “final” themes. For each theme, the researchers need to identify the ‘essence’ of what it is about and determine what parts of the data

the theme captures. An effective, defined theme will have a single focus. It will be related but not repetitive by building on previous themes, not overlapping with them, and address the researchers' questions directly. In many cases subthemes within a theme may help to clarify and distinguish cases where one or more overarching patterns in the data are present but have slightly different but significant meanings. In defining and naming themes it is important that the researcher not just paraphrase the content of the data but identify the value of the theme. In phases five and six of the analysis researchers will engage in much more detailed writing in identifying the 'story' each theme tells. Part of defining a theme is also naming it. Names should be catchy, concise, and instantly give the reader a sense of what it is about. While phases 5 and 6 are closely interrelated, phase five is finished when the researchers have completed a detailed analysis of each theme individually outlining how it fits into the overall picture the data set.

Phase 6: Producing the Report. Phase six begins with fully developed themes and includes the final analysis and write-up. The final write-up of the analysis presents clear evidence of themes within data extracts providing an interesting, coherent, logical, non-repetitive and concise, account of the story that the data tell within and across all themes. While stated earlier themes should not be built *solely* on a few vivid examples, data extracts should be vivid enough examples to capture the key essence that the theme represents. This final phase requires the researchers to clearly explicate, describe, and report consistent language, concepts, and assumptions about the specific approach to thematic analysis taken. Braun and Clarke (2006) encourage researchers to ask the following questions towards the end of the analysis:

What does this theme mean? What are the assumptions underpinning it? What are the implications of this theme? What conditions are likely to have given rise to it? Why do people talk about this thing in this particular way (as opposed to other ways)? and What is the overall story the different themes reveal about the topic? (p. 94)

Following these six phases of thematic analysis, the researcher provided a “rich and thick” set of themes from the participants’ points of view leading to a better understanding of their risk and resilience factors and change process during a mandated parenting program.

In the current study the primary investigator and research team members familiarized themselves with the data by thoroughly reading and re-reading all 15 pre and post parent interviews. MaxQDA analytic software was used to facilitate data organization and analysis (VERBI Software, 1989-2018). To protect parental identities, each interview was de-identified and parents were given pseudonym names. A coding matrix was created to track which interviews were coded and when they were coded. General notes about parents past experiences that led to their involvement in the intervention, positive and negative interactions with their children and parents, and what they were hoping to gain from the intervention were recorded. Notes during this initial phase of analysis were documented at an individual level for each parent. Unique ideas, quotes and patterns as well as contradictions were recorded. The researchers began documenting possible coding schemes for risk and resilience factors as well as outlining and identifying overarching processes of change from pre to post interviews.

After becoming familiarized with each interview coding began. Researchers coded generally within open coding (Strauss and Corbin, 1998), remaining close to the data, also described as in-vivo coding (Creswell, 1998). In this way codes mirrored participants’ meanings through their language and concepts they shared (Braun & Clarke, 2006). At the end of the first round of coding more than codes were established. Codes were not fully developed in this stage and some codes applied to more than one portion of the data. Initial codes were selected as parents described colorful and meaningful experiences that highlighted situations where they were impacted in engaging in the group sessions. During reading and re-reading, the researcher

began searching for themes by reviewing codes and identifying similarities and/or differences among codes. At the end of the first round of coding more than 500 codes were established.

Codes were sorted and collated into potential themes. As this study was focused on factors of risk and resilience and how they impact parental engagement in the intervention, initial codes were identified for both factors of risk and resilience that eventually constructed a theme. For example, codes within and across parental experiences with CWS workers led to the theme of support. One parent describes the lack of support they were receiving from the CWS:

Well, to be quite honest...I didn't get a sense of support from [CWS caseworker]. And that's kind of got me thrown because she never used to support me at all. As a matter of fact, I thought she was like on the visiting team, you know? And was just interested in my demise you know..."

Another parent reported support from their CWS caseworker: "A lot of prayer and support. Even though she gets on my last nerve, I swear she does, but [case worker], I swear she's the best case worker. She gets on my last nerve... Oh my God. She does, but she is great, she's awesome."

As part of this process of analysis of sorting codes into themes the primary investigator used a thematic map as a visual representation. Relationships between codes and themes led to five overarching themes of risk and resilience. A three stage change processes model with barriers to change was also identified. The primary investigator then generated definitions for each of the potential themes. As researchers continued the process of reviewing and refining themes as well as clustering and collapsing codes the five themes became three with subthemes for each. To ensure that the final themes were internally coherent and consistent the primary investigator checked the themes in relation to codes produced and the entire data set. The final resulting themes and subthemes of risk and resilience are represented in table 2. The final

resulting process of change and barriers to change including subcategories are represented in table 3.

Memo Writing. Memo-writing takes place throughout the entire qualitative research process and is an integral part of keeping the research grounded and helping the researcher maintain awareness (Strauss & Corbin, 1998). Memos are: “The researcher’s record of analysis, thoughts, interpretations, questions, and directions for further data collection” (Strauss & Corbin, 1998, p. 110). The generation of memos occurred throughout the entire study. The primary investigator and other researchers kept separate memo’s during the coding and analysis phases. Memo writing was a pivotal step between data collection and writing drafts of the paper, memo writing was a critical qualitative method as it prompted the researchers to analyze data and codes early and throughout the research process (Charmaz, 2006).

Saturation. Data saturation takes place when no new information for themes emerge from the data analysis during the coding process (Strauss & Corbin, 1998). Researchers carefully monitored data saturation throughout the coding process. Research suggest that saturation can be reached with as little as 12 participant interviews (Guest, Bunce, & Johnson, 2006). The current study included 15 pre and post-intervention interviews exceeding the suggested 12 interviews.

Data Verification

Trustworthiness. Standards such as internal and external validity, reliability, and objectivity are terms used in quantitative research to describe trustworthiness. Lincoln and Guba (1985) propose four criteria that parallel quantitative standards in qualitative research termed “trustworthiness.” The proposed criteria are credibility, transferability, dependability, and confirmability. Credibility is equivalent to internal validity where the researcher’s interpretations are checked through triangulation or are verified by another researcher. In the current study,

three different researchers worked through the coding phases, while member checking each other to make sure they were each seeing similar themes in the data. Transferability is equivalent to external validity or the extent to which findings apply in other settings. While the purpose of much of the qualitative inquiry was to explore parents' experiences to better understand their uniqueness, transferability looked more like a rich or thick description of the context it occurred in (Lincoln & Guba, 1985). Dependability is equivalent to reliability and is demonstrated through detailed description of data collection methods so they may be repeated. Dependability can also be reached via an external reviewer who is familiar with the literature providing feedback during the coding and analyzing processes. In the current study the researchers kept separate notes throughout each stage to document and describe data analysis. One member of the research team crosschecked approximately 33% of the transcriptions. This same researcher had previous knowledge of the data set and interview process conveying this to the primary investigator. Finally, confirmability is equivalent to objectivity and refers to demonstrating that findings are not biased by researcher's values. This is often achieved through keeping an "audit trail" through memo-writing and recording detailed process notes made available for others to view (Lincoln & Guba, 1985). In-vivo coding was used not only to stay close to the data but to prevent the potential for researcher bias (Charmaz, 2006). Extensive and detailed process notes in the form of memos were recorded in an effort to increase confirmability.

The current study sought to provide a deeper understanding of specific factors associated with parents' engagement in a mandated parenting intervention. Both risk and resilience factors facilitated and inhibited this process. Parents' firsthand accounts of these factors and their own experiences in these programs are currently missing from the literature and are key in understanding parents change processes. Therefore, the purpose of this study was two-fold. First,

thematic analysis was used to identify, organize, and analyze themes associated with parents' reported experiences of risk and resilience factors during a parenting intervention. Second, thematic analysis was used to identify processes that facilitated parental change during the intervention. This two-fold approach produced a more complete and needed view and understanding of parents' experiences during a mandated parenting intervention.

CHAPTER 4

RESULTS

The purpose of the current study was to examine how dimensions of risk and resilience impacted parents' engagement in a mandated parenting program as well as the process of change parents experienced from pre intervention to post intervention. Fifteen semi-structured interviews (pre- and post-intervention) were conducted with parents mandated through the CWS to attend a parenting intervention.

Research Question 1: What Dimensions of Risk and Resilience Impact Parental Engagement in a Mandated Parenting Intervention?

Through thematic analysis, three core themes of parental engagement were identified for both dimensions of resilience and risk: (1) *Motivation*, (2) *Support*, and (3) *Perspective*. Within each theme were embedded subthemes that further illuminated parents' descriptions and experiences. While analyzing these data with an eye towards resilience and risk factors, results suggested for many parents these factors were different sides of the same coin. Meaning all parents reported having some risk and resilience factors but as many reported a factor of risk others reported that same factor as a resilience and vice versa.

For the resilience theme *motivation*, parents' experiences comprised of three subthemes including (a) *hope*, (b) *internal locus of control*, and (c) *motivated by love*. The second theme, *support*, was comprised of two subthemes (a) *encouragement* and (b) *resources*. The third theme, *perspective*, was accompanied by two subthemes (a) *transgenerational*, (b) *responding differently*. For the dimensions of risk, the first theme *motivation* included two subthemes (a) *fear* and (b) *external locus of control*. The second theme, *support*, was characterized by two subthemes: (a) *discouragement*, and (b) *lack of resources*. The third and final theme, *perspective*,

included two subthemes: (a) *transgenerational* and (b) *regrets*. An overview of the core themes and supporting subthemes for risk and resilience are presented below in Table 2.

Table 2. Core risk and resilience themes and subthemes

Main Themes	Resilience Subthemes	Risk Subthemes	Resilience Definition	Risk Definition
Motivation	(a) Hope (b) Internal Locus of Control (c) Motivated by Love	(a) Fear (b) External Locus of Control	Parental hope of a second chance to change and belief they can change with the purer motivation of love for their children.	Parental fear and awareness associated with being watched or required to change by CWS.
Support	(a) Encouragement (b) Resources	(a) Discouragement (b) Lack of Resources	Parental experiences of learning from group, and family examples; Parental success and increased access to resources.	Parental experiences of barriers and discouragement in lack of support in systems they're involved with.
Perspective	(a) Transgenerational (b) Responding Differently	(a) Transgenerational (b) Regrets	Parental reflection of being parented and parenting positively; connecting or reconnecting with their parents	Parental reflections of past experiences' impact on current interactions; regrets, loss of control, and reasoning in their parenting practices.

Through these themes and subthemes various dimensions of resilience and risk factors were identified that impacted parents' engagement in the parenting intervention. Results illustrated the positive and negative effects that *motivation, support, and perspective* had on parents' ability to engage in the mandated parenting program.

Theme 1: Motivation. Theme one described parents' motivation to engage in the parenting intervention through *fear* as well as *hope*.

Fear. Parents frequently expressed the concern that if they did not make the required changes, it may not be possible to be with their children again. Parents described this fear as a last chance, with awareness that their interactions with their children were being watched and making sure they did not "mess up" again. One father (Frank) explains his situation simply as not having any other options: "Well yeah, I got to, otherwise I... I'm not going to be able to be with him anymore." Similarly, another parent (Jill) explained her fear: "I messed up the first time, the first chance I had. I relapsed, so this time, I got to get on it." Parents discussed the

pressure to change their current situation and fear about repeating the past. One mother (Ashley) described it this way: “I have to do this. I have to do this, ‘cause, like I said, I have four children, you know? My son has been adopted by his godparents, my other daughter, was her adopted by her aunt. Those were because I was in active addiction then, you know?”

Many parents reported that while they were working to meet all the requirements on their case plan, involvement with CWS created fear and concern that their children could easily be taken from them. Amy explains:

... when I first got involved in DCF it was like me being at fear where I was like, “Okay, well, I don’t want my kids to be taken away from me. So, this is what I have to do, and this is what I have to do.” So, it was just a, a big wall, like, up against me, saying, “Okay. Well, it’s either I push myself or, you know, other results happen.”

Parents described their fear as frustration, anxiety, and unfairness of CWS when other cases seemingly much worse than their own had few consequences. For example, Rob states:

Yeah, you’re just a nervous wreck sometimes. You love your kids so much, you don’t want them to be taken away and I feel like there’s way worse people in the world who get away with stuff like I’ve seen DCF just involved with severe cases and don’t never take the kids away.

Parents at risk of losing their children from involvement in CWS often described the race against time and looming fear that their children may not give them a last chance. One father (Jack) discussed how, as his daughter got older, the chances increased that he may not be able to reconnect with her: “... In another year she’s eighteen so, I need to be able to reach her before she’s too old or simply doesn’t ‘wanna... kinda disregard her dad.” Fears resulted from so many difficult and challenging situations. Parents described these factors that kept them from their children and put them at a disadvantage in the first place. Parents frequently described a lack of motivation and obstacles that combined to create the problems that abundantly impacted their ability to work, parent and function.

While many parents had obstacles to overcome on their journey to getting full custody of their children back, they showed resilience in the face of these obstacles. This resilience stemmed from a motivation to push on when everything else seemed to be against them.

Hope. Parents' expectations and hope for improvement during the intervention was also often cited. Hope was described as a second chance or desire to do better. One father Jack who earlier described his fear of missing his last chance to reconnect with his daughters later shared his hope: "it is never too late to learn to be a better parent." This hope seemed to be significant to Jack as he described himself as an older parent raising two teenage daughters and trying to connect or reconnect with them. Another father (Rob) recognized his finding hope in coming into group and motivation in what he had accomplished: "Now, I'm not going to look at it like it was awful because it happened for a reason, I mean, this is probably one of the accomplishments I've done... but this has just taught me a lot of good things...". Consistent across parental accounts were the expectations that as they tried, there was hope that things could improve and experiences in group would help make the changes needed to get their children back. One father, John commented on the hope of changing parenting skills now while his children are young: "I try to instill that now, hopefully it is not too late..."

Parents' responses also depicted hope as the ability to take action in the midst of fear and was the next step (attending group) in showing CWS that they were serious about completing and complying with case plans to get regain custody of their children. These expectations and hopes gave parents something to look forward to and work on. Ultimately most parents reported that they found hope in realizing that while they had experienced hardship in the form of abuse, poverty, addiction recovery and consequences of their poor choices, there was still good in them as they and their children saw it. The expectations and hope they had in themselves as a parent

was evident in their words as Ashley stated: “I’m thrilled by the fact that he (son) knows that we’re good parents...it helped me to realize that I’m a great mother.” And “so, I realize that I’m doing pretty good.”

Locus of Control. Parents also discussed motivation to engage in the parenting intervention in terms of their control over their personal situation and outcome. (Rotter 1966), suggested that personal control or locus of control is best described as the expectancy that behavior is associated with internal or external reinforcements. When an individual perceives that an outcome is not completely contingent upon their own behavior but of others, this describes an external locus of control. Those who believe that the outcome is primarily contingent on their own behavior have an internal locus of control.

Some parents described an external locus of control as CWS determined their case plans and required them to attend the mandated parenting intervention. Parents struggled with having little control over their involvement with CWS and what was being asked of them. Many parents reported during their pre-intervention interviews a lack of control as they were not fully convinced of how the intervention could help lacking information of what they could gain from it in the first place. One parent reported: “Not sure [laughing]. I’ve never done this before, so I don’t know what I’ll pick up from this. I’ve already raised a child so...Right so I mean I’m not sure what to expect or.” When asked about what they would like to get out of group several parents reported being surprised and somewhat confused at why they would want to be in group in the first place or what they could learn that they didn’t already know. One parent responded with: “I mean I’m not sure what you’re saying?” another parent stated: “Um, I am not really sure,” as well as: “ignorant to what kind of support I could get.” While researchers had coordinated with CWS to provided services for parents who were mandated to attend under their

case plan requirements, several parents still insisted that coming to the mandated parenting intervention classes were not a requirement for them or that that it was only a suggestion. For example, Gina recalled:

Well, um, I don't know 'cause I guess, well it was court ordered because, the situation with the guy doing the investigation really didn't tell me that I had to do it, he made it seem like it was an option for me where I could either do it, or not. You know he made it seem like it was an option for me to do it. But it was brought to my attention as an option, so I refused it.

Similarly, another parent (Jack) expressed: "Well, technically, I was suggested to come to this thing. [I'm] not really, uh, court mandated. I mean...I don't have to be here, and that's what Amy made me." "You really don't have to be here if you don't want to, leave," or "That was a suggestion."

Even parents who were mandated to attend and clearly recognized it as a requirement of getting custody of their children, denied needing or wanting to attend. This struggle to recognize or find a motivation beyond fear left some parents at risk for not attending or engaging for the mandated requirement of 80% of the parenting intervention. For example, Ashley explained her initial response to what she wanted to get out of the group sessions: "Um, as far as the group is concerned, like I was court ordered for this. Um, so, I never really thought parenting was a problem for myself or her father... But, as far as parenting goes, I don't see me having any real issues as far as parenting." Similarly, another mother (Jill) recalled in her post-intervention interview what her initial response to being mandated to come to the parenting intervention: "At that point in time it wasn't something that I wanted, just something that I was doing 'cause I had to..." Many parents described their initial response to the mandate to attend as being motivated by the fear of losing their children and a lack of control. Parents reported not thinking they

needed help with parenting skills, or that CWS workers conveyed the intervention as a suggestion but not mandate.

Conversely parents reported having an internal locus of control and feeling they could make the decision to engage in group which motivated and inspired them. Jack explains:

...if you really want to, but it's up to you to want to do it. I mean I have habits you have things that could be ingrained, but then at the same token, if you learn something you can unlearn it if you really try. You know, so it's doable. Is it easy? I don't think so... It's up to you to put an effort and motivation to a close relationship with your daughters that's my motivation so that's the way I see it.

While multiple factors impacted their ability to parent, including CWS, case workers, spouses/partners, family, and friends many parents reported that the power and ability to change was within them, but to access it they needed to put in effort. "You have to want it," and that it took "self-motivation." Several parents talked about how they found ability to become more self-motivated. One mother Tammy, explained that she sees going to parenting classes "...is 'gonna help me in the long run." Parents described doing hard things for themselves and for their children as something they had control over and that they could change their own outcomes. Another mother, Mary, talked about how being motivated not only helps her but that it is in and of itself a positive parenting practice: "If you're not motivated, how could you motivate your child?" Mary's comment spoke to several other parents' thoughts about how changing from seeing themselves as helpless and "part of the system" to believing that the ability to change lies within them and their control.

Motivated by Love. Along with hope and internal locus of control, love was another resilience theme within motivation spoken about often by parents. Love allowed parents to overcome fear and, in many situations, do things they could not see themselves doing before or otherwise. Parents spoke about love motivating them to "do whatever it takes" to get custody of

their children back. For George, this meant going to the group when he believed he should not have to: "... I'm willing to do anything it takes to get my kids back. I'm 'gonna tell you right now, you know I don't believe at all that I should have my kids taken... but whatever it takes. I kept on saying whatever it takes. If you want me to do it, I'll do it just, I want my children."

Another father, Jack, realized that love not only motivated him to come to group for help but that to be a better father he needed to parent with more love:

I think at this point fear is what is in their little heads and I have to do whatever it takes for them not to have that but it's easier said than done, that's why I am here. I want to be able to get that. So, if that's what it takes for them to diminish their fear of me being a better father to my kids then that's what I'm going to have to do.

This love not only motivated but helped parents commit to engage in the parenting intervention as Mary shared: "But once I accepted it, this what you got to do and you know, for the sake of your daughter and now, for the sake of me because I learned so much....do it." Still other parents described how love had long been motivating them to do "whatever it takes." Rob explained that love and motivation drove his professional career for his family as well as attending group: "...I took care of my kids from day one. I've done everything for them..." This level of motivating love was noticed and commented on by the group leaders as well:

There is something that seems different to me, you know, you seem like you put your kids first, I can hear how much you love and care about them. How you're here because of them, I mean that seems different. Yeah. Yeah, I mean, how are you able to be different like that? You know I made a vow.... I would take care of my kids 'cause I love my baby... I can tell yeah, well that's really impressive, clearly you have been through so much."

Parents also reported on love motivating them to be the best they could be. Rob described the motivating change that love had in being a positive role model for his children: "...I want my kids to have the best role model possible and I'd have to say that my religious life is for my children, ...I want them to grow up and know that there is a higher power and to love everybody

even if somebody hurts you, you still love them and forgive them." Other parents who had already received custody or that never had their children taken out of their homes noted how love motivated them to never leave: "I guess that's another strong point I want my kids to have too is that they will always know they have me and I will never leave them" and "just be there for him and let him know that I'll always be there for him and love him no matter what."

Parents often described a special kind of motivating love they felt for their children: "I really, really tried and did the best for them and I would do anything. I live my life for my children. I mean, I do. Everything, every day I wake up I feel like my heart aches and pounds and just yearns for them so much..." Another parent (Sherri) described the motivating power of love being unique to parents and different from other types of love: "Yeah I just know that I want to be the best I want him to have in his life and I'm supposed to give that to him and the best possible that I can do what I can 'cuz he means so much, there is nothing like having a kid [laugh] and I've learned that, it's so different, it's a love that you never thought you had deep inside of you, I love it."

Theme 2: Support. "I need all of them. Yeah, I rely on every last one of them." The second risk and resilience theme explored the role of support and lack thereof. In the pre-intervention interviews researchers asked parents about their current supports in life and parenting and how those supports could help parents' make the changes they needed to make during the parenting intervention. Researchers then followed up in the post-intervention interview inquiring about the supports they had in making those changes. In this second theme of support parents discussed both the lack of support and the encouragement from family, group members, and CWS workers. Many parents recalled the factors that were stumbling blocks or barriers experienced in getting the support they needed to engage in the mandated parenting

intervention. This included single parenthood, lack of finances, family size, and traumatic experiences.

Discouragement. Some parents described how experiences growing up led them to realize that family could not be trusted to support them. Parents who experienced repeated hardship, especially in close family relationships, risked not dropping out of the parenting intervention even when it was mandated. This lack of support led to their discouragement. For example, John related his experience growing up: "...my daddy left when I was, I think I was 8 years old. My dad was out early in the morning and home late in the evening because he had to work a couple, two, three, jobs and we didn't like that, it hurt us." Many parents recounted their experiences of hardship growing up with parents who did not show love or concern for them.

One parent (Rob) recalled:

Not having a parent that cared what you were doing, didn't love you, ... You know, he didn't make sure I was okay, he didn't check on me ...he was like disappointed because I broke my leg, and he blamed me and yelled at me. I mean, most parents would be concerned and care about the children, other than yelling at them...My parents were just real tough like that.

Parents also depicted negative interactions with their spouses or ex-spouses and the impact that had on them: "...her behavior is like "I'm going to get even with you. You did that to me? Well, I'm 'gonna get you." That's why I'm out of there. I got to get the hell out of there. Cause I knew this would be the end of the result of this marriage."

Parents described their interactions with CWS with mixed responses. For some parents CWS was a source of encouragement and a resource to help instruct and provide opportunities they and their children needed. For others, interactions with CWS represented not just a lack of support but an opposition working against them. In the words of John: "...I didn't get a sense of support from [CWS caseworker]. And that's kind of got me throwed because she never used to

support me at all. As a matter of fact, I thought she was like on the visiting team, you know? And was just interested in my demise.” Parents found themselves involved with CWS for a number of reasons but often reported the pressure, stress, and anxiety produced by their involvement in their lives. One mother (Tammy) explained the control CWS had over her and the resulting shame she felt: “It impacts it a lot because I feel like their watching me, my every move, like every little thing I do. I’ll be glad when I’m done with them...sometimes I feel like they make me feel like an unfit parent.” CWS was described as a power that parents were responsible to, with little control or understanding how to navigate successfully. While some parents reported on how involved CWS was in their lives others reported their lack of support and connection. George shared:

... didn’t really ever, they didn’t interact with me. Barely got a phone call. Barely ever returned my phone calls, so it’s been like, there hasn’t really been a relationship in between. There hasn’t really been there anything there. It’s been frustrating I would say more than anything.

As many parents looked for solutions to their problems with their children and parenting, some parents perceived how CWS stood in their way, not only as a further problem but as being unjust. George goes onto share: “...unfounded on everything. I should not even have them in my life. I can’t say anything good about CWS so I mean, ...the way they handled my situation wasn’t right...”. Rob recounts how he was treated like a child in the system and the impact CWS had on his momentum of moving forward:

...but at the same time, it makes you feel like you’re on a chain, like if you do something wrong or whatever, they’re going to try to take your kids and that, kind of slows you up because you’re worried about that all the time. Well, if I do this or I don’t do this, or you’re constantly concerned that they’re going to come in your life because they are in your life and they’re coming in your home and they’re doing different things and it just makes you feel like you did something wrong, a bad parent, you know, stuff like that. ...you still got that worry, you know, you’re always worried.

Similarly, Toby shared: "...I know I'm not doing anything wrong that would warrant my child being taken away from me, so, it's just, ...I don't like having people looking over me you know telling me how I should raise my kids, you know. So, makes me a little cautious, you know how I act around..." Amid the discouragement of losing their children, parents described being overwhelmed by the amount of time and energy CWS required with such little sense of control. Sherri expressed: "...they can just ask too much of you, or whatever, and they are involved in your life, so, and having you doing everything."

The mandated parenting intervention was facilitated in the form of parenting group sessions where the group leaders used an evidenced-based parenting program to teach and practice parenting skills and techniques with parents. The curriculum was broadly focused to help a variety of children and parents types. Some parents and families, however, did not fit the typical demographic and developmental mold for whom the program was designed and struggled to find the curriculum helpful to their situation. One parent stated that "the group was mainly for older kids," leaving parents with younger children wondering how to apply the techniques to their own children. Another parent shared his unique situation: "... and nobody in the group has twins, so you know it's kind of hard to...there's nobody that say that they had kids like right next to each other but like they were kind of spaced."

Many parents discussed their own family type and how group may not work for them. For example, George stated: "...I just didn't think that some of the things would work for that kind of situation. *It didn't seem like maybe some of it would work for your family?* Right, well maybe half of my family but the other half...". Other parents shared how their past experiences of being negatively parented could make engagement with other group members who were parenting that way difficult: "...*that could be really triggering if you're sitting in a class and*

you're hearing a mother describe what you experienced as a child, that could bring you right back. Yes, because it brought up a lot of emotions for me, A LOT of emotions.”

Another key component of the program was the group aspect of how parents supported and taught each other. The majority of parents reported this as helpful, while a few explained not all group members were helpful. Megan recalled: “...so there was just one negative female that was in there...She always had something negative to say since day one anyways. From the day one when we started our class, she always came of her mouth negative things.” Finally, parents described other supports in their life such as friends, foster care, parenting groups, counselors, and halfway housing. While many parents considered these as their extended support network, not all were described as supportive or helpful. One father (Jack) explains how his friends, who were aware of him and his children’s situation, did not always give supportive encouragement:

A lot of my friends say “oh you know those girls are really screwing you over.” Or like they’re doing this. They know how to play you and your ex-wife quite well ...it’s like I’m looking for validation but I’m hearing a lot of things. Some people say the only thing you have going for you ...is the fact that you have this unconditional love for your kids.

Encouragement. Not all parents experienced a lack of support or discouragement as one parent stated: “I’ve got a support network that’s incredible.” Other parents described encouragement coming from family, group members, and CWS. The majority of parents had never been to a parenting class before and, as stated earlier, reported being reluctant and not recognizing how the group could help. These parents received support in the form of encouragement from their own parents to engage in the group. One parent described her mother’s support and encouragement: “Um, my mom, she really wanted me to do this, and you know, she really thought this would be a good thing for me.” Another parent (Tammy) explained how even when her mother was not physically present to be there for her, she still encouraged her: “They’re my, well my mom, ...She’s my main support system. I call her every day. Talk to

her every day...right now, she's my backbone. I feel like giving up, she's like, you know, you're almost there. Keep pushing." Family support also included siblings. For example, George talked about this encouragement in the form of example of how to raise children: "My sister. Big, big, big help on that, I looked at her. And seeing the way she raised her kids and, you know, I've, I've learned a lot from my sister..." During the process of getting custody back, parents noted the importance of family support and encouragement throughout the process. One father, Rob, explains:

Well, my sister, she's been a good, a strong support through all of this, she actually had to be around while DCF was there and so she's been a strong support, ...have been really a really good support for me. Even when I was hurt and sad and my kids were gone and my ex-girlfriend was gone... they supported me and had my back.

A number of parents were single but still had a supportive partner or ex willing to help encourage and support them and their children. For example, one parent described how their partner accepted her child as their own: "My partners support. She's really, really like get up and go, you know, get out some and she's already claimed [son] and she hasn't met him and it's just like, you know, you need to do this you need to get [son] back. And once you get him back, you know we'll get our spot..." Other participants who were co-parenting during the parenting intervention recognized the encouragement and support of their ex-partner in being there for their child when they could not. For example, Ashley noted: "I realize that he's a good parent. Because I realize that by him having custody of her right now just how great of a dad he is, you know. He takes the time to take her out on her bike."

During the post-intervention interview researchers asked the parents: "How did your group members contribute to your experience of the group?" Although some reported negative interactions with specific group members, for some parents, this was a significant source of support and encouragement. Parents described how it was important to have other parents in a

similar situation to them to connect with. Many parents shared how the group was one of the most helpful things for them. John stated, “So, the group has helped more so than anything, more so than anything that I’ve ever gotten from anybody else.” Parents in the group discussed other parents’ support as an outlet or opportunity to feel understood as well as just going to group to talk and listen to other parents was healing. As an example, Jack revealed: “Well the fact was, it was pretty well organized and also it was an open forum which you can express how you feel quite openly and honestly, so that helps a lot. It’s almost like catharsis to a certain degree, so it was, it was good.”

Importantly, parents described what support and encouragement the group offered that was not available with their other supports. For example, Rob illustrated the importance of not just group acceptance but a non-judgmental space:

Probably the openness, like the open mindedness, it’s not somebody judging you, because they’re neutral, they’re not somebody like your family members who is going to judge your girlfriend or judge the way you parent or judge the things you’ve done from your past or your parents have done in their past like you’re repeating the same mistakes and all that stuff. So that was a good part of it, you can feel okay to talk and not be judged by what you say. So that was probably one of the big major things of this group that I enjoyed.

Another parent (Mary) described the freedom group provided:

...her and I go to another therapist. And I don’t like it because I feel... I don’t feel comfortable in it. Now, I feel comfortable in this class. And when I say freedom, in order to feel free, ...That’s free to speak, free to know when to listen, free to know when to interrupt or not interrupt. Free to disagree or agree. So that’s what I love, is freedom. And I ‘wanna, um, change the doctor that [we] go see, together. Probably to here. Yeah, because I feel like I can open up here. I’m not being watched. And timed, and you know... So free. Yeah, it’s relaxed. You know, you come in here in your flip-flops and pair of jeans and you know, you’re still good. I don’t feel no one judges you either, here.

Other parents who explained that they had little to no family support described group as feeling like family. For example, Rob shared:

I liked it because...they were kind of like they have a family atmosphere then, I was really comfortable with both of the counselors and I learned a lot of things I didn't know as a parent...It just made me feel comfortable like I could talk to them about anything and I wasn't going to be judged and I had some people here that were really here to help me learn how to be a better parent...it made me feel like I was at home sitting along the television room like I do with my friends and it was good.

Along with family and group support parent described support from CWS and their case workers. CWS was discussed as was parental support in a polarized way. Parents has either positive or negative things to say about their support from CWS. This is illustrated in the response of one of the researchers interviewing the parents: "*What has your experience been like with DCF...* 'I've had a great experience with them.' *You have?* ...I really have." This polarized relationship is discussed by another parent (Jill) as she describes her relationship with her caseworker: "A lot of prayer and support. Even though she gets on my last nerve, I swear she does, but Miss K I swear she's the best case worker." To other parents CWS represented a personal support who could see their success over the long term both before and after group. For example, Tammy acknowledged:

...She's, my DCF case worker, she's very supportive in everything I do, so she, I mean, she gives me a lot of positive feedback about everything I'm doing, and she notices the change in me as well, which is crazy because she is my caseworker. [Laughs] So, it's good because I call her if I'm having trouble with anything...she's very supportive of everything I do.

While many parents described CWS's involvement as "taking their kids," Jill recounts how CWS became the support and safe haven she sent her son into as she relapsed back into her drug addiction and had nowhere else to turn:

...but at that point I relapsed too. Then it got to a point where I couldn't take care of [son] so I called DCF and let me them know I was a drug addict and I couldn't take care of my son properly and if they could come get him that would be appreciated. Cause I didn't want him to see me like I was and I didn't want anything to happen to him.

Lack of Resources. Another significant risk factor parents frequently described was their lack of resources. Parents who experienced being a single parent, their parents lack of education, living in poverty, and family size all led to difficulty in engaging in a mandated parenting intervention. One mother (Amy) described the stress of single parenthood: “And, it’s like, that’s what I was left with and then by me having to do everything by myself, because I’m a single mom, it’s harder. So, sometimes I feel myself breaking down.” Similarly, another mother (Tammy) describes the impact of no support as a single parent:

I had parents - a mom and a dad, so I [daughter] not having her father in her life it’s ‘kinda hard cause she doesn’t have that other person to go to and I don’t have that person to talk to, to be like well this is what’s going on with [daughter] and so it’s just ‘kinda hard...Cause, you’re always there...Only me. When she’s hungry, it’s me. When she needs a diaper change, it’s me. When she wants something, she comes to mommy for it. So, it’s really hard.

One father (John) discussed his lack of resources and impact of having a mother who could not help because of her lack of education leading her to frustration and abuse in parenting him: “...my momma wasn’t very educated. I couldn’t ask momma to do homework...it was like, my mom would have beat me because I wasn’t erasing the paper good, ...that wasn’t helping me get work done. Parents also noted the how the lack of finances impacted their basic needs to function as a parent: “A lack of finances to have a place on my own, cause right now I’m staying with my girlfriend and her roommate. So, you know, if I had my own money though, transportation, I think it would be of a hell of a lot better.”

Rob shared his concern about parenting multiple children: “Uh... I guess if you have two kids it can be hard, because you try to give them both the same amount of attention and sometimes the other gets jealous and they both want dad at the same time, you know. You’re trying to do both, their getting bigger and they’re heavier, they’re hard to carry...”. Other parents often noted how having multiple children impacted their childhood negatively: “I didn’t get my

way with my parents. They didn't play with me. I was the baby of the kids so out of seven of us, so I wasn't about to get my way." Similarly, parents recounted the feeling of unfairness of how their parents "favored" one child over the others "...she showed favoritism toward one of the kids... I mean you should, you're my mom, you know." Another parent (Megan) discussed not even being able to bring up favoritism with her mother: "It's like she did favoritism. There is eight of us. Yeah, it's like she favoritism my youngest little sister, the one that cooks for all the guys. It's like she loved that and you better not say that to her, because she 'gonna go off on you. You know, that's just favoritism. You got eight kids."

Parents also discussed how family size was a risk factor for getting what they wanted as a child and to be able to take care of their own children effectively: "If I get stressed out dealing with one, who knows about two." Some parents were made aware of this because friends had multiple children. For example, Gina recounts: "...he's an only child, and it's hard, but I guess have to be thankful that I just have one...I think they envy maybe my situation because that think that I just have but one child to worry about and deal with."

Resources. While parents described the encouragement from family, group members, and CWS as significant sources of support in helping them to engage in the parenting intervention; the other major source of support parents discussed came in the form of resources. Parents recognized and discussed how family, group members, CWS all provided resources during times of need. For example, Ashley described the basic need of a safe place to stay and help in raising her daughter so that she could get back on her feet which her aunt provided: "And then I moved in with my aunt, and that was like a year and a half and I never left and neither did she. When I went away to school, I let her stay there with my aunt, because my aunt was better fit to be a mother than I was." Other parents discussed the fear and frustration of not knowing how to

parent and meet their children's basic needs. Family provided support and resources in the form of knowledge, their own experiences as a parent and time as Toby states:

Yeah, I mean, financial, time wise, like if I need help, I know my mother-in-law she's there and at a moment's call she'll step in to help. If I 'gotta work, she'll you know, she'll be there to help out with feeding the kids and, like uh, right now we're giving [daughter] medicine and she helps me give her medicine because I'm afraid to give them antibiotics and stuff and, you know, I don't know much about it and she knows all about it 'cause she's got experience raising kids already, so I always can all her.

Parents also described their own parents' examples of resilience and hard work as a support and resource that they could recognize now as a parent themselves. Seeing their own parents overcome similar obstacles was talked about in a manner of gratitude and honor. Parents better realized what they needed to do with their own children because of the help and resources their parents provided. Gina outlines what she went through growing up not completely understanding all that her mother did for her at that time and the resources she provided:

I was raised in a single-family home. My mom raised me. And it was great. I had a good upbringing. Really good. I didn't witness abuse. She did the best that she could. I had a birthday every year. I've always had a Christmas, I've always had birthdays. The lights were never off, I mean, every time I go to the refrigerator there was food, and you know, I had a hot meal every night, and we'd go out to eat. ...even the hardships I never knew about it. I never, I never had a chance to pick stuff up because she always made things, how can I put it, she swept my path away. Meaning, as I was growing up, she made sure that if she was struggling that I would never know.

Many parents recognized that as single parents they could not provide everything their children needed. So, in these cases, resources from family included providing a supportive role or figure in the child's life. As Jill stated:

My brother is a really big, big support. ...he wants to be there ...be a father figure for [son] because his father's not in the picture. So it's like you know... [my brother] is a very very big support. Like I said [my brother] has always been a father figure. Even though he's his uncle he's been that disciplinary, that solid male figure in his life that wasn't going to go anywhere.

Parents also commonly reflected on gaining skills from group, group members, and group leaders. Once parents recognized the parenting intervention as a resource not just as a requirement. They noted the skills learned in the group and the impact it had on their children at home. For example, Amy illustrated:

...when I first started, I didn't have a clue about a sticker chart or anything. ...my little girl, she's wanting to do the sticker chart, every single week. And, also about the different topics that we talked about, as far as using negative and positive ways to communicate with my child. Um, also using positive and negative words, encouraging her and having patience. So, I learned a lot of good stuff in the parenting class.

Other parents used the group as a resource that replaced less effective parenting skills with new ones for their parenting "tool bag." The group provided new skills and different options that supported more positive parenting skills. One mother (Megan) explained:

"Well, I see myself not really spanking her that much, like I used to...I'm easing up on spanking her, so you know, because they give you different options, which would take away when they misbehaving, like, sitting in timeout, or doing other stuff that the kids like to do."

Parents also described valuing opportunities to learn from one another and skills acquired from group members. Parents discussed how helpful other group members were in encouraging them in the difficult role of parent and helping them believe in themselves. Ashley disclosed her experience:

I think being in this class he learned, I think he already knew that I was a good mother, but I think him listening to the other mothers showed him just how much of a good mother I am. I think having the group members was super powerful. Yes, like I said it helped me to realize that I'm a great mother. And I have more patience than I thought I had because I listened to them...

Amid the support and resources that the group provided parents, they also recognized the role of the group leaders. Group leaders not only facilitated and taught the group but provided the space for group members to connect, teach, and learn from one another as a resource. George discussed how impactful that was to him and his experience: "...I just thought that this class is so helpful in

every way and I think it had a lot to do with the ones who were teaching it. Yeah, they're awesome."

Parents also recounted their interactions with CWS/caseworkers as being a close and trusted support because of the resources they could provide for them and their children when they had nothing. In the words of Megan "...He put my baby in summer camp and everything. I mean, CWS, if you got a case with CWS they 'gonna give you a referral if you ask...".

Theme 3: Perspective. "It's hard because I've never been a parent before." Throughout the interviews with parents, many shared specific past experiences, parenting techniques, and unique perspectives on life, parenting, and being parented. While motivation and support impacted parents' ability to engage during a mandated parenting intervention, perspective gave insight into parents' internal experiences. A large portion of the parents' interviews were not just about recounting life events but about how they made sense of their own experiences. These unique experiences and processes of understanding were the third and final theme of perspective.

Transgenerational. In the pre and post-intervention interviews researchers asked parents: "How did your parents parent you?" as well as the differences and similarities in how they parented their own children. Parents engaged in a reflexive process of recounting the influences of being parented on how they parent. Factors surrounding parents' perspective and the similarities and differences they saw with their own parents included learning about how they did and did not want to parent their children. On one hand, some parents discussed how negative parent-child interactions disconnected them from their parents. On the other hand, some parents described how positive parent-child interactions connected them and how negative interactions initially disconnected them but later positive interactions reconnected them with their parents. These interactions facilitated the transmission of skills, values, and lessons. Throughout their

descriptions of their childhood experiences with their parents and parenting experiences with their own children, was the desire to make sense of how it impacted them.

Parents described learning how to parent from their own parents' similarities and examples: "Well I got a little both of them in me. I'm a little soft in some areas like my mom, I got a little firm like my daddy, so I'll probably say similar to them." Parents also discussed the differences between their parents and how they related or connected more with one parent than the other. This perspective brought hope and fear into how parents identity developed. For example, Jack recalls:

Well, my parents, I'm like a little, a little bit of both actually. My father was very loving, very giving...But not fear but with more respect...And I 'wanna do a lot like my father, but unfortunately, I tend to sometimes slip and be more like my mom and, and it doesn't mean she was a bad parent, sometimes the way she was, quick to judge, she was quick to punish. My father was more to listen to you or look at you...So again, my mom was fear until we got to a certain age...My father was respect. So, when I think in my case, my kids fear me more than respect me and that's what I'm trying to change.

Parents' responses in this subtheme of transgenerational showed how negative and positive patterns from their own family of origin impacted parents' behaviors and choices. Parents recognized the impact this had on them and responded by changing or accepting that fact. Mark illustrates:

That's one thing I really struggle a whole lot with is patience, ...me growing up the one thing I really wanted more of, so I try to be there and stuff...she doesn't want to be anything like her parents, so it's like you're going to turn out like your parents [laugh]. You might be able to do a couple things different. You pretty much, you do become your parents.

In discussing parenting differences parents explored how they had been impacted by an adult role model that they should have been able to look up to and be safe with. Parents discussed the interactions in their parent-child relationship that drove them to be different. For example, Rob explains:

If I got a spanking or got hit on or she just handles herself, I would always say I am not going to be that type of person. And that made me stronger in that aspect. I don't think nobody deserves that, in my opinion. I mean that was horrible when you can't come to your mom because you're scared, if you come to her then something's going to happen to you, you know. I want my kids to be able to come to me and know I'm there to protect them. Not to harm them, you know.

Another parent (Mary) explained her arguments with her mother about how she would parent differently and her mother's response: "I used to tell her that when I have kids, ...me and her would bump heads. I would always say 'You know, I'm not 'gonna beat my kids.' She would say 'Well fine, don't beat them but you're getting beat!'" Still others recalled the deep negative impact that their parents abuse had on them and how they will not do that to their own children.

Ashley responded:

I know that I'm different because my mother was so set on putting her hands on me. She was abusive. She was she would react instead of respond, you know? You know, a smack in the face or I remember she had this black ring and uh, I remember getting backhanded with that so many times that you know the print would be on my face. And that's something that I will never do; it's demeaning, it makes them scared of you. I never want my baby to feel like that.

Parents reported how societal expectations and norms contributed to differences from their parents' era of parenting practices. One father, Toby, shared:

Different from my parents because, like I said, my dad was born in the 30s so, you know, and on a farm, and my granddad was a real hard man so, it's like I was telling them in the group, if he were to watch those videos and stuff about, you know, praising your kid, or trying to be nice to your kid or trying get, he would've laughed at this.

Parents also reflected on how those differences created disconnections with their parents and the impact that their parents' choices had on them. Parents spoke of it as a lack of insight, love, and consideration for them as their children. One parent shared a conversation she had with her mother about her neglect to her and her siblings when they were younger. This mother discussed this conversation in hopes of better understanding her mother's actions but seemed to receive very little. Mary recalls:

My mom sometimes would be gone a week, two weeks, weekend, whatever. And one day we were riding...and I said 'Mom, you know, I have always wanted to ask you something. How could you leave us like that? You know, a week, two weeks at a time.' And her response was 'Pfft, I had to have my own life. I had to go out and enjoy myself.' I said, 'Well shouldn't you have gotten your tubes tied then? Or get on some birth control so you wouldn't have four kids?' And she says 'I don't want to talk about it.'

Instead of leading to further understanding and connection, this conversation led to disconnection and avoidance. Many parents sought answers to why their parents did what they did and were not always pleased with what they found. Parents recognized that even getting what they wanted as children did not always lead to happiness or more connection with their parents. Many parents wondered how their parents could respond in the ways they did, often destroying trust and creating enmity in the relationship. For example, Rob recalls:

My mom was ...was tougher on me. She expected a lot more, if you did something wrong, you got, I wouldn't say like spankings, more like beatings. My dad really was kind of more laid back, when I lived with him, he pretty much let me do whatever I wanted. Like running roads and playing with my friends. If I did something bad, I didn't get in trouble and he wasn't a very, I guess, he wasn't a responsible parent.

Unfortunately, some parents discussed not only past interactions that led to a disconnection but current ones as well. In the process of trying to successfully engage in the parenting intervention, some parents were reminded that those negative patterns of interaction from their family of origin were still impacting them in the present. For instance, one mother (Ashley) talked about her recent interaction with her mother:

Because my mother still gives me a lot of grief and problems, and now she still says things that are awful or like, one of the men that abused me when I was growing up, one of her boyfriends, we were on the phone one day and she was like, oh I talked to the other day. Why would you bring that man's name up to me? And why are you still in contact with him? Hahaha, I was just like, okay, I 'gotta go, talk to you later, bye. And then you're sitting back and you're like what planet is she from?

Other parents demonstrated, from a personal perspective, how they needed to change their current interactions by comparing and contrasting past parent-child relationships with current

parent-child relationships including their own experiences as a child and as a parent. Amy emphasized how she is “building” a different and better relationship with her children than she may have had with her mother:

I guess the, the way that I pulled myself away from it, is that I looked at the relationship that me and my mom had growing up, and then I look at the relationship that me and my kids have growing up. And it’s like, how I put that brick wall up is saying, “Okay, well, I know that growing up, this is how I learned how to do this, but these are, these are the different things that...It’s just the different steps and the different levels that I took that my mom didn’t take.

While some parents discussed their differences with their own parents as a point of contention and disconnection, other parents discussed how even with differences they could connect.

Connections for some parents did not always mean that they parented similarly but that grandparents perceived their grandchildren to be just like their children. These parents perceived help, support, and connection in the guidance and direction from their own parents. In the words of Tammy:

...my parents, they’re really helpful. Even though our parenting skills are COMPLETELY different, my parents, they’re really helpful. My mom, she’s like she tells me little things that she did with me to help me with [daughter]. She tells me all the time I [daughter] is JUST LIKE YOU! Parenting, when I need some help on what to do, some guidance for certain situations I’ll call them. They’re like, well do this and see if this works.

In many cases parents pointed out the shift in their relationship with their parents from being disconnected to later reconnected. It was something that they described as “always wanting.”

Part of this shift occurred because their perspective changed to an understanding of where their parents were coming from or how their parents’ own experiences impacted how they parented them. This was clear when one mother (Amy) shared this reconnection with her mom:

Yeah. My mom, when I was growing up, me and her really didn’t have a daughter and mom relationship. ‘Cause, it’s like, she was always working and then, when she came home, she was so frustrated because she was tired and everything. ...So, it’s like, me and her as we was growing up, we didn’t really have a close relationship. So, now that that

I'm grown and everything I understand what she went through and she understands what I'm going through, it's like, we have a better relationship with each other. And now we're really close. I enjoy that because I always wanted to have that relationship with mom, where I can go talk to her about anything, or, you know, she can come talk to me about anything. And it's like, now we just getting to that point. So, I really enjoy it.

Forgiveness and understanding were key parts of parents' similarities and differences, disconnect and reconnection in changing risk to resilient perspectives that allowed engagement in the parenting intervention. This helped parents accept the past experiences of good and bad to move forward. For some parents this was key in letting go of the past experiences and allowing their parents to change in their perspective: Ashley acknowledged: "Yeah, and so, I'm dealing with that right now too. I have forgiven her because I know now that she did the best she could with what she had. And she's not that person anymore, I know that. But it was rough, very rough." Similarly, Toby shared his perspective of understanding while making sense of his relationship with his father: "I can see the benefits of it because my dad raised me the same way he was raised pretty much, and I love my dad to death today, I mean, like, I'm older now and I can analyze my childhood, and I know everything he did he did it out of love, he just didn't understand." This perspective of empathy allowed parents to find purpose and meaning in their experiences. Even when parents could not empathize with what their parents did, some were able to take a resilient perspective of opportunity and growth amid difficult experiences. In the words of one father: "It's made me a stronger person in that aspect. I'm glad those things happened so I could witness by example. Not set that example for my children."

Regrets. Some parent focused their perceptions on recounted regrets of past mistakes. Parents shared their disappointment in themselves and what they wished they would have done differently for their children. Some parents could pinpoint a decision or action that changed their trajectory. They wondered what would or could have happened if they did not make that

decision. George shares the recognition of what could have been: “I was just so bull-headed that I went through, go ahead and did it, you know and make some bad choices that I have to live with for the rest of my life. ...I could’ve had a good thing, but I made some bad choices.”

Parents also recognized that in their attempts to parent their children the decisions made had lasting effects, especially on children. These regrets left parents wondering if they were making the right decisions in the situation: “...am I stopping him from being a kid am I, you know I feel bad...” The love that parents have for their children can intensify the guilt and regret of past decisions and missed opportunities. John shares a reminder of a past mistake he still carried with him:

I kind of disappointed myself. Because in 09, I went to prison. I guess that would be in the papers. But in 09 I went to prison, you know, that was a year plus, I was in the county jail. So for me that’s a period of time that take away from be being able to enjoy spending time with my boy, you know what I’m saying? And might have crippled him in a sense. [starts crying] And that kind of hurt me some. Because there were some things I missed.

Along with regrets, parents reported frustration with not knowing how to parent effectively and feeling like they had lost parenting control. Losing control signified a failed attempt to change or modify their children’s behavior or interactions in an effective way. It was akin to taking the “low road” in parenting and left parents feeling helpless and ineffective. This frustrated parents as they sought to find something to change their children’s behaviors and take control of the parenting situation. Jack shares a clear example of this:

...Her being afraid of me, that is a problem... The third time I found out from your principal, that you lied to me about this this and that, that’s when I whooped some butt. But now I realize they don’t like that and obviously I don’t like doing that myself. But damnit kid, where do we draw the line? How do we do it? So, you can do whatever you want and daddy is just going to take your iphone 5 away from you? Wow, that’s a punishment. And they don’t get it.

Jack goes on to share another experience where asserting his authority as a father to gain his daughter’s respect becomes a personal challenge between them: “...I say what I tell you to do

because I'm the dad and you're not. When you become a parent, you can do whatever you want. I'm the parent, I'm the boss and that's kinda like with my oldest one it gets more of a challenge." Some parents were frustrated with their lack of ability to connect with their children and to understand what to do to change their conflictual interactions.

Responding Differently. Conversely, many parents did not just talk about past regrets and negative experiences that impacted their current parental perspective, they talked about what they learned in the parenting intervention and how it helped them move forward. Parents responded differently by recognizing that to gain control over their parenting situation, in a sense, they needed to let go. Part of letting go and moving forward was recognizing and accepting their children for who they were and what they needed. Responding differently also led parents to realize the need to change their parenting approach. Throughout the pre- and post-intervention interviews parents expressed frustration about many things including family, CWS, and themselves. Some parent frustration focused on what was not working with past parenting practices. This frustration left parents wondering what they could do differently. Other parents explained about how they were trying harder and using more discipline to control their children, but that it was making it worse. Many parents reported that through skills learned from group they were feeling more in control when they backed off and let go. For example, Ashley illustrated: "I learned that I'm more patient than I think I am. I learned that my babies are more disciplined than other children who have moms who are strict on discipline. I think by letting her be free and be who she is, she's learned to respect me and herself and that's a great thing." She went onto to discuss how letting go decreased her stress which significantly improved her interactions with her daughter:

I don't want to be stressed out, you know; so when she's acting a fool I just 'kinda turn around and like whatever [laughs]. She ain't hurting herself, she ain't hurting nobody

else! Whatever!...And then I think that I enjoy her so much that, ...like throwing her toys all over the place, I'll join her. You know, I mean who cares? ...let's throw 'em all over the place, let's go jump on the bed, you know? It's a stress reliever for me too! You know? [laughs]

Another parent (Jack) shared the wisdom in recognizing that parents need to remember that children will make their own choices: "As a parent you're giving your best to be loving, caring, but then if they choose to do otherwise there's nothing you can do about that. But at least you know that you tried your best and that fear that was supposedly created the distance, the fear, that distance that got between you is no longer there." Other parents expounded on gaining control by letting go. John revealed: "You know so it's 'kinda like shut your mouth [laughing]. I hear the talk and then he'll learn a whole lot more, you know what I'm saying, sometimes you just don't say anything. Sometimes you might have a question that he could answer, you just shut up." While this did not solve all problems, many parents reported this changed their interactions and allowed them to respond differently.

Another key component of responding differently from parents' perspectives were better recognizing their children's needs. This was often described as a shift from blaming their children to understanding them better. In this way, many parents took responsibility and approached their children with a willingness to learn and understand them better. For example, Gina explained:

I guess, basically, not fussing so much just having more patience with him when he does something wrong. I've pretty much been a lot better than I used to be as far as like getting upset every time he does every little thing, and someone had to tell me 'he's a little boy, boys are more mischievous than girls.' So I kind of had to understand, ok, well I have a little boy, he's going to be curious, you know... I'm getting better, I used to get upset at every little thing...

Other parents highlighted the importance of recognizing children's needs and noticed how they were seeking attention. Jill noted: "...it gave me a sense of how much children need to be

noticed, need for their parents or another adult to notice that ‘hey, I’m doing this very well, give me some attention.’...” Still other parents pointed out the importance of realizing that each child is different and thus their needs were different as well. George described how trying to parent all his children the same way did not work and figuring out different children’s needs often takes time:

Sometimes, it’s frustrating sometimes because maybe the child won’t react the way you think that they’re ‘gonna react or want them to react the first time, so I’ve learned it might take three or four or seven or eight so that probably about that, you know. So sometimes it doesn’t work immediately, ‘gotta do it a few times. Right and just a little frustration at first but then I’ve learned that sometimes it takes more for other children and less with the other ones.

Parents discussed realizing that some behaviors may be responses to the family’s current situation children were experiencing and parents may not be impacted in the same way their children are. One parent (Jack) recognized this which created space to respond differently:

I don’t want my oldest to feel, because she has something that she needs to clear the air with me and I’m not ‘gonna be loving enough to understand her that she has a whole right to be mad or angry at me...when you are not there for them or you leave them or you divorce a mom or whatever, kids maybe they’re going through that change and maybe she feels abandoned and, I just ‘wanna be able to find the right way to...

As most parents shifted perspective to “I’m part of the problem” this gave way to deeper understanding of their children’s behaviors as well as to their childrens’ developmentally appropriate stage and age. This was clear as Ashley recounted another parent in group who was unable to recognize their child’s needs:

When children come to you about certain things or when they’re showing you what they’ve done or when they’re interrupting your phone conversation, ...it’s just that they want your attention and you approval and your love, Just validating their feelings and their, being able to do stuff or you know, wanting to help or whatever.

As parents discussed both risk and resilience factors, the themes and subthemes of motivation, support and perspective reveal key experiences that impacted their ability to engage in a mandated

parenting intervention. Throughout these factors were parents varying stages of change process and barriers to change.

Research Question 2: How Are These Dimensions Related to Parents' Ability to Change from Pre to Post-Intervention?

Having examined how intertwining dimensions of risk and resilience impacted parents' engagement in a mandated parenting program, this study also identified the process of change parents experienced from pre-intervention to post-intervention. Results illuminated parents' individual differences in their processes of change. Not all parents came into the mandated intervention in the same context. Some parents reported having all their children removed from their custody, some still had custody, and some had custody of only a few of their children. Parents reported differing levels of motivation, support, and perspectives. As parents discussed experiencing co-occurring risk and resilience factors results suggested differing stages of change in the process of change. Results of this thematic analysis demonstrated three stages of change, as well as barriers related to parents' engagement in the mandated parenting intervention. Stage 1 represented parents' *pre-intervention change*, stage two represented *intervention change*, and stage three represented *post-intervention change*. Parents also identified *barriers to change* throughout their process of change.

Within each stage were embedded subcategories that further illuminated parents' processes and experiences. For *Stage 1- pre-intervention change*, parents' experiences were comprised of three subcategories including (a) *recognition*, (b) *desire*, and (c) *acknowledgment*. The second stage, *Stage 2- intervention change*, was comprised of three subcategories (a) *implementation of skills*, (b) *learning as a process*, and (c) *group membership*. The third stage, *Stage 3- post-intervention change*, was accompanied by two subcategories (a) *being different*, (b)

greater awareness. Barriers to change included three subcategories (a) *not applicable to me*, (b) *negative influences*, and (c) *just getting through it*. An overview of the stages of change and barriers including subcategories are presented below in Table 3.

Table 3. Stages, definitions and subcategories of parents' change process and barriers

Stages	Definitions	Subcategories
Stage 1- Pre-Intervention: Initial Signs of Change	Parent description of change prior to group, initial readiness to change and recognition of further need to change.	(a) Recognition (b) Desire (c) Acknowledgment
Stage 2- Intervention Change: Learning Process	Parent reports on treatment engagement, attempts to practice, evaluating what was most important and applying what was learned.	(a) Implementation of Skills (b) Learning as a Process (c) Group Membership
Stage 3- Post-Intervention Change: Developed Insight and Awareness	Parent reflections on increased insight and awareness of their own parental identity and child's needs.	(a) Being Different (b) Greater Awareness
Barriers to Change	Parent reported impact of barriers and risks impeding their ability to engage in the intervention.	(a) Not Applicable to Me (b) Negative Influences (c) Just Getting Through it.

Stage 1 – Pre-Intervention Change: Initial Signs of Change. Stage one of the process of change corresponded with the pre-intervention processes many parents experienced. In this stage, some parents reported previous experience of already making changes before group started. Other parents showed initial readiness to change and recognized a further need to change. Whereas a few other parents resisted the notion that **they** needed to change at all and questioned their involvement in the mandated parenting intervention in the first place. Parents who expressed a desire to change and parent differently, acknowledged the past, and started the journey of being accountable for their own process of change. Stage one change included three subthemes: *recognition, desire, and acknowledgment*.

Recognition. Not all parents recognized the need for change, and this initially became a barrier for them. Some parents reported that while this was a mandated parenting intervention, they did not feel like they needed or wanted to attend. Eventually many participants discussed

past parenting practices and experiences and recognized the need to change and try differently. This recognition allowed parents to see the group as an opportunity not a burden, as a choice not a mandate. Some parents discussed how they recognized they had hit rock bottom and had room for improvement. Parents' focus turned from the past to the present as well as future chances to improve their relationships with their children. One parent (Rob) expressed his disagreement on the charges that brought him in contact with CWS (connected to risk theme of lack of support) but recognized the need to see this as an opportunity (related to resilience theme of motivation): "Now, I'm not going to look at it like it was awful because it happened for a reason." Rob was not the only parent who disagreed with the reason behind being mandated to attend a parenting intervention. Other parents resisted the prospect of having to come to group and learn about things that they already knew. Mary recounted her thoughts and feelings leading to coming to group and recognized the need of it:

I ranted and raved about coming here, I'm not going to no parenting class. I know how to be a parent. I raised one child, I raised my sister and my two brothers. I do not need a parenting class, the nerve of you all to try to send me to a parenting class. And I needed a parenting class. I needed it. And if I didn't need it, I've gotten so much more from it.

While this was connected to the risk theme of lack of motivation, this parent eventually recognized her need to change her perspective and respond differently as a resilience factor of motivation. For other parents, the change process began long before group started. Another mother (Jill) discussed and recognized the need to change her life for her and her child's well-being, which led to her proactively seeking help:

I called DCF on myself because I was...I had hit rock bottom. I was doing drugs and I didn't want my son in that environment where I couldn't take care of him (risk factor of motivated by fear, but resilience factor of hope as well) and so I just called DCF (Resilience factor of DCF as a resource) and I begged them for they help and they came and picked [son] up and since then I have been fighting with, with my addiction.

Desire to Change. As parents recognized the changes they needed to make to their parenting, their desire to do so grew. Jack shared: “learn to listen more or learn to find better ways to discipline my kids. I mean making more connections. But again, I want to become close to my kids I want to be able to understand them better. You know a connection with them.” Jack’s experience helped move him towards the resilience factor of recognizing his child’s needs and changing his parenting approach. Parents desire to change was clear throughout the interview process but especially when they discussed the risk factor of transgenerational-differences and transmission of negative patterns of interaction in parent-child relationships. For example, Gina disclosed: “I guess that’s where I want to change the cycle because I didn’t have that kind of relationship with my mom (risk factor of disconnection) at all and that’s where I want to break the cycle for me and him because I want him to know that it’s ok for him to come to me.” Parents desire to change led them from recognizing the need to change to wanting to make the change. This resilience factor of motivation because of hope and responding differently also resonated in Amy’s words: “I hope to gain better parenting skills with my kids as far as helping me coping with parenting solutions as far as how to deal with my kids as behavior problems or how to talk to them, ...more genuine way where I won’t be getting upset or anything like that.”

Acknowledgement. In the pre-intervention stage of change, parents’ acknowledgement was apparent as they took personal responsibility for their own situation and past interactions. In reflecting on what she was doing before the parenting intervention to improve her relationship with her daughter and see her more often, one mother (Ashley) started by justifying why she may not need to be in group but as the interview goes on, she acknowledged her need to be there to make changes:

I don't see me having any real issues as far as parenting. (starts with the risk factor of lack of motivation to change, but quickly changes to resilience factor of expectation to change) But who knows? Once I get in here, I'll probably be like, yeah I do that! You know, hahaha. You know, and what I don't think is a problem could be a problem... So, initially I was thinking we didn't really need this, but now I think we do and with me being in that place, (resilience factor of perspective of gaining control by letting go) I only get to see her like once a week right now. I will be getting to see her more, but I only see her once a week right now,

Similarly, Rob acknowledged: "Just learn some new techniques and things that maybe I don't know. Get some insight from some other people (resilience factor of support and encouragement from group), maybe I'm doing things wrong that I need to correct (resilience factor of perspective and responding differently) or vice versa." Jill acknowledged that this group is not just for her but for her son and ultimately what he wants: "I think my son would wish he was here with me." Another father (John) shared a deeper process of change and acknowledgment through his spiritual lens:

I don't have a problem with taking responsibility for being wrong. That's something that needs to be talked about (resilience factor of perspective and changing the approach). That's the first part of repenting, you understand, it is confessing of who you are, what you are, you know you 'gotta let God know now what you been doing so he can redeem you, so he can give you a, just like saved you, you understand for all the wrong that you did. That's how you get purified through God.

Stage 2 – Intervention Change: Learning Process. Stage two corresponded with intervention change. In this stage, parents discussed treatment engagement and the processes of learning and seeking knowledge. Parents began to practice skills and techniques taught in group with their children. They then evaluated what was helpful to their specific problems and what was not. While some parents reported group as helpful, others stated it did not meet their specific needs. Finally, parents applied what they learned and the processes they had experienced. During stage two of their change process, parents showed an openness to try different ways of approaching parenting. The group became a resource for many parents where they recognized

their similarities and accepted each other as credible sources of parenting knowledge. For other parents, group members were discussed as a negative influence. Some parents in the group took on the role of teacher in group. Many parents reported trust and alliances being built among the group members and with the group leaders. Most parents started to realize they could be different. Ultimately, the majority of the parents started to share how they wanted to come to group and looked forward to it. Stage two included three subthemes: *implementation of skills, learning as a process, group membership*.

Implementation of Skills. Researchers asked parents how realistic it was that they would use specific techniques from group. A few parents reported how the parenting intervention skills and techniques did not fit their kids needs or parenting style. Gina explained: “Um, they’re not. I just don’t feel like those things helped (risk factor of lack of resources and barrier to change of not applicable to me). I don’t feel like it’s for my situation, sticker charts and stuff, I don’t think it really does anything.” While Gina reported many resilience factors (hope and support) in her pre-intervention interview, ultimately, she reported a lack of change in stage two and three of the change process as she described the barrier of implementation of skills not applicable to her. Still other parents recognized that while group provided parenting skills and techniques to help improve their interactions with their children, not all those skills and techniques applied to them. Jack acknowledged his barriers to change: “Well, you know, you have to understand this is, this is general class. It is not specific to what the problems.” Similarly, another father (John) reported his barriers to change: “I don’t know, sometimes some of those child rearing philosophies, I don’t know if some of those quite work for me.”

Whereas other parents use of skills at home were less successful, many parents reported their success. As many parents began to practice, evaluate, and apply skills and techniques

learned from the group, some included other family members in implementing those skills with them. Tammy described this process with her mother and daughter: "...but my mom is getting a lot better at it, and like I tell her, okay, we're 'gonna work, I'm 'gonna teach you what I learn. So, and she's working on it with me, she doesn't bribe her anymore..." This becomes a resilience factor of support and encouragement for her, and perspective of reconnection with her mother. Tammy reported in her post-intervention interview, and recognized how her implementation of the skills she learned in the intervention transformed her interactions with her daughter:

I know what to do and what to say before I actually get approached in the situation (resilience factor of perspective and responding differently). Yeah, my mom even sees it. She's like good job, and it's in like with me changing the parenting at home (resilience factor of support, encouragement and perspective, including connection), it's starting to change at daycare with her. She's starting to listen more at day care and stuff. So, she's actually a whole lot better than she was.

Tammy then explained how not just her mother who saw changes but her daughter as well: "She sees change because now she wants to be around me more. And so, I've noticed she'll, when I pick her up from day care, she runs straight to me, so, and she didn't used to do that." Other parents were able to see the change in themselves as they implemented group skills at home. For example, Megan shared:

Well, I see myself not really spanking her that much, ...because I used to spank her a whole lot (risk factor of perspective and losing control), but I'm easing up on spanking her, so you know, because they give you different options (resilience factor of perspective and changing the approach), which would take away when they misbehaving, like, sitting in timeout, or doing other stuff that the kids like to do.

Some parents realized how implementing skills learned in the group made interacting with their children easier. Frank revealed: "Well I've been trying to redirect and use those tools (initial change in stage two of implementation of skills) and 'kinda let him just play and figure out what he wants us to do (resilience factor of perspective-recognizing children's needs) instead of trying

to tell him what to do (risk factor of perspective-losing control), it just makes things easier.” Similarly, parents remarked on how one change or techniques led to learning how best to parent their children. Mary shared: “Oh yeah, I praise her even more (resilience factor – recognizing children’s needs). Even more than I did, I really do. My voice has changed with her, because my voice is already a deep voice anyway so I’m like “Come here!” [mean voice] (risk factor- perspective- losing control) Especially in the morning [laugh]. And I’ve learned to soothe it out” (resilience factor of perspective-gaining control by letting go and Stage two of change-implementation).

Learning as a Process. For parents who reported change, it was rarely reported as an event or single opportunity. More often, parents discussed the process of learning to be different and change interactions with their children. Parents did not highlight a specific pattern or technique over others from the parenting intervention. In the words of Mark, “There is no set way to do it. You try a little bit of this, little bit of that and hope it works...[chuckle].” Another key point parents discussed in this stage of change was the realization that this was only the beginning of the process of learning to become a better parent. Mary recognized: “You know, I feel like you can never stop learning. There is always something no matter how old you get. You can always learn something new.” Another mother (Ashley) described the importance of change as a process and that sometimes it takes time to change: “And how many lessons have I learned once? You know what I mean? Keep it real, I’m 40 years old and I’m still doing things over and over again [laughs] you know?” For some parents, this realization applied to changing deeply rooted patterns experienced with their parents (risk factor of lack of support and disconnection with parents) and improving life for their children, learning as a process was described by Sherri as: “Because I’ve seen her mistakes and I’m not going to raise my child like that (risk factor of

perspective- transgenerational- differences). I mean, I turned out alright, I guess, but I just want him to have the best he can (resilience factor of motivation- motivated by love).”

Group Membership. Group membership and interactions were a key element of parents’ support and change process. For a few parents, group members were a barrier for change, but others often described group members as a resilience factor of encouragement and support. The shift from not knowing what to expect from the group or how it could help them change, to coming together and building relationships of trust signified an important step. Parents often expressed this in the post-intervention interviews when asked what they gained from the group. Group membership became a sign of change and indicator of parental engagement in the mandated parenting program. The group experience was described by parents in a many ways including: “it got me to the point where I wanted to open up.” Parents explained how the group took them from feeling like they were outsiders, being watched because of their mistakes, to being connected with each other, learning from each other, and looking to each other for support and guidance. For example, John shared:

I guess it gave me an opportunity to...to peek into somebody else’s life. You know, and give me some insight (resilience factor of support- group as a resource) on how I live my life. I thought it gave me an opportunity to encourage others because I think I was the oldest one in the room, ...Show them it’s not all that bad. You know? I hope I was able to offer some encouragement.

Parents discussed the comfort of knowing that in group you would be listened to, included, and understood. While parents reported needing and wanting different things in group it was clear among each parent, they still had much in common to connect over. Jack explained:

...because we all ‘kinda walk in the same path. That’s birds of a feather, ya know what I mean...then that I don’t feel like I’m better than they are...might as watch, learn and, I see that’s the support that you get (resilience factor of support- encouragement). Ya know, we see I’m in your shoes, I’m going through that, I’ve done this, I’ve done that. So we have that, like similarities.

For some of the parents, this was not the first time being in a group. The parents' responses illustrated the connect with group membership and those who had similar experiences and could understand them. They described how this was in stark contrast to some of the other groups and counseling resources that they had attended. In the words of one mother (Tammy):

With this group, we meet every week, so we get to talk about personal stories together. It's someone who knows what you're going through, like, they're going through something a little different than me, but I kinda feel where they're coming from. So, I mean it's good because in my other support group, we really didn't get to meet with other parents. It was just counseling, counseling really doesn't know what you're going through, so it's good to be around a few other people who knows exactly..."

Another unique dynamic talked about among group members was not just the feeling of encouragement during group and learning from one another but the opportunity to teach other group members and share their experience with other parents who had raised children. As an older parent with teenagers, Jack, pointed out: "Well the opportunity to teach another parent skills has made it more important. The opportunity to teach...This is the power of a group intervention. Support." Similarly, Jill commented on the benefit of having Jack in group: "Ok well he's experienced you know. He has older children so with his experience he did give me a new perception, a new perspective on things and how to handle my son (resilience factor of perspective- changing the approach)." Finally, Mary shared: "If nothing else, I mean you were meant to be here to help others too. You know? To give guidance to others."

Stage 3 – Post Intervention Change: Developed Insight and Awareness. Stage three represented the final stage of change or post intervention change. Parents reported developing greater insight and awareness about themselves and their children in this stage. Parents discussed change at a deeper level, not just a change in their behavior but in their identity as parents and caregivers. Parents reported being able to reflect on what had changed for them including working intentionally on being better parents. Parents' motivation to change shifted in this stage

from fear to love for their children. Children, parents, CWS workers and group leaders of the participants commented on more visible changes they could see from an outside perspective. Many parents in this final stage of change reported the recognition of their child's needs and met those needs by "letting go" (resilience factor of perspective- gaining control by letting go). Stage three of parents change process included two subthemes: *being different*, and *greater awareness*.

Being Different. "It's a different way to parent." Parents described the change in themselves as not just doing things differently but being different. Parents discussed understanding the why behind the parenting skills and techniques they were learning in group – not just the what. Jill described the shift in her own words: "I learned how to better discipline my child, so you know punishing him (risk factor of perspective that often leads parents to regret and losing control) there's a difference between punishing him and disciplining him (resilience factor of perspective in responding differently and gaining control)." Many parents shared disappointment and discouragement coming into group and in past attempts to parent their children. The resilience factor of motivation – increased hope and expectations that change can and will occur in parenting practices led these parents to implement ideas and skills from group and allowed them to be different. During stage three of change, parents developed deeper insight and awareness, which was clear between one father's (George) pre- and post-intervention interviews. George explained his concern and frustration of how to parent his step-son with ADHD in his pre-intervention interview: "...you say I treat him different but I, I don't think I do, maybe I do but I don't know how else to handle it (risk factor of perspective- losing control) because I don't want him thinking it's ok to do these things because I think that he can grow out of them." George later recounted what he had learned in group, his experiences with this step-son and his change process in his post-intervention interview:

I have sat back and learned (resilience factor of support through group as a resource), you know, because I was so afraid because he would hit and do all that stuff and, I would try to stop him before he would even get a chance to do it (risk factor of perspective and losing control). I have to cut the leash and let him go more (resilience factor of perspective gaining control through letting go and moving into stage three of change) maybe talk to him a little bit more beforehand and give him more positive attention (resilience factor of perspective and changing the approach) maybe he won't look for that negative attention to do so (resilience factor of perspective and recognizing children's needs. And I've just seen him mature so much and that's from this class and I mean for me I think the way I've helped him ...the way that I think me and his relationship has grown and mature is because of how I've handled him and the thought and the suggestions that I've got from this class.

Other parents shared their change process from pre-intervention to post-intervention as they engaged in group and applied the skills they were learning to become different. In her pre-intervention interview Amy shared her reacting in the moment and not being able to respond differently:

...I don't like what she do I'll tell her "you need to stop!" (risk factor of perspective and losing control) You know instead of telling her "you not supposed to do that and this is the reason why you not supposed to do that." I just automatically just say "you, you need to stop!" you know so, I would say you know as far as that my attitude snapping.

She went on to describe what she was doing differently because of group in her post-intervention interview: "What I find myself doing differently is having more patience and using more self-encouraging words with my child (resilience factor of perspective and gaining control by letting go), um, having more of, of Mommy and kids time and not just self-time." During this stage, parents were seeing their children and interactions with their children differently. Another key component under parents' perspective of responding differently were changing their approach. Parents not only recognized their children's needs but then responded to those needs differently. Parents recognized the change in their children as they changed their approach. Mary commented: "But I think she notices the calm. The calmer me. Not like I'm, you know, bouncing off the walls or anything. Yeah, just the calmer voice. Cause I can get like "Sit down!!! Don't

you do that!” [screaming voice] (risk factor of perspective- losing control) You know, and so I learned here, being calm...When I’m calm, she’s calm. And then we have a calm situation (resilience factor of perspective- responding differently).”

Many parents progressed through the levels of change and reported enjoying parenting more as Frank explains: “Just having fun. Well, I’ve been trying to redirect and use those tools and ‘kinda let him just play and figure out what he wants us to do instead of trying to tell him what to do (resilience factor of perspective and gaining control by letting go), it just makes things easier...Trying to concentrate on positive things a bit. Instead of all the negative things he does.” Many parents discussed the deeper level of connection and concern for their children during this stage as well. As parents saw their parenting practices change and recognized their children’s needs, this also changed how they responded to the difficulties and demands of parenting. For example, Rob talked about what his children would want him to do differently and what he was doing differently:

Probably that I’m around more, a lot more, and that I make it a point, every morning before I leave I made it a point to kiss my kids and tell them I love them but now in the morning times, I find it harder and harder to walk out the door (resilience factor of motivated to change through love)...but other than that, they probably say that there’s probably not no arguing around them anymore...that part is gone and I know my children can feel more safe like okay, my daddy is not, he don’t raise his voice, he’s not loud. That was one of the things that was probably a big, big problem. It was just the arguing in front of the kids, so that’s gone (resilience factor of perspective; responding differently) they probably feel a lot safer too, I’m sure.

Finally, parents reported learning many skills and techniques from group to implement into their parenting and change their interactions with their children to be different. A clear indication of change in stage three was that parents were not just implementing skills from group but finding new ways that worked for their specific situation to be different and respond differently. This showed a deeper level of understanding and provided ways to respond differently even when it

was not clear how to parent during particularly difficult situations. Parents changed their approach and responded proactively. Megan offered a simple yet effective way she responded differently when her child throws a tantrum: "...I go walking. I leave the house, and I go for a few minutes. I take a breath. It just helps me calm down some before I go back into the house."

Greater Awareness. As parents changed how they responded to their children, this created a greater awareness and insight of appreciation, accomplishment, and confidence. Parents discussed this awareness as a result of hard work and perseverance in the face of major risks. This awareness was also discussed as a realization. Rob explained: "I've done a lot of good things, but this has just taught me a lot of good things like maybe I don't know it all, like I thought." Not knowing for parents was part of the resilience factor of a new perspective about gaining control of parenting through letting go. Realizing that group was ending but that new opportunities, chances, and hope were available made parents aware of all that they had and helped them shift from negative to a positive view about their children. Mary explained:

It's made me really appreciate what I've got. And that's a wonderful...it really made me think, just how important it is to be a parent. Again, with my little 5-year-old daughter. It made me appreciate her so much more. And everything I do, I always try to see the positive of it (resilience factor of motivation and hope). And I laugh about everything, hardly cry about nothing...It just made me appreciate what I got more.

Parents understood that skills that were learned in group were important and acknowledged the help and support from the group members and leaders in changing during this time. A final key component of resilience in the form of parents change process was how parents saw something worthwhile in themselves overlooking past struggles and failures to recognizing that they were good parents. Awareness of and acceptance of self was a powerful and final part of parents change process. One mother's (Ashley) statement explained it best:

I think I learned that I'm a good mother by listening to some of the other mothers. I learned that I'm doing a lot of things right (resilience factor of motivation and hope). I

think the only thing that I found that I was doing incorrect was that time-out thing. I learned that I'm more patient than I think I am. I learned that my babies are more disciplined than other children who have moms who are strict on discipline (resilience factor of perspective- recognizing children's needs).

Barriers to Change. While each parent reported changes they experienced during the parenting intervention that led to engage during the program, they also recognized and reported barriers they experienced. These barriers were embedded mostly in the themes of risks discussed by parents and identified throughout the stages of change. Barriers were focused in three main areas: *not applicable to me, negative influences, and just getting through it.*

Not Applicable to Me. "So maybe the only barrier would have been yourself and accepting the information." Some parents reported that while this was a mandated parenting intervention, they did still not feel like they needed or wanted to attend or engage. While some parents later realized that their involvement in group and with CWS turned out for their good, initial reflections often were not so positive. This barrier left many parents blaming CWS for putting them there in the first place and expressed frustration because of the mixed messages of being told first they were mandated to attend but that you do not actually need them. For example, Tammy recalled: "I don't know and, but I talked to my caseworker and she's like "you don't need parenting classes but the judge say you have to take it." Parents reported this creating a conflict of motivation to come, turning into a risk factor of if it's not applicable to me and I'm not mandated to come, why should I do this? Similarly, Rob argued: "there's way worse people in the world who get away with stuff like I've seen DCF just involved with severe cases and don't never take the kids away yet, here's a guy that works, takes care of his family, and does everything but now DCF's involved". Blaming CWS and justifying why they should not be involved in the mandated parenting intervention led some parents to report that little change had occurring in their eyes. Researchers asked parents the following question: "*Would your kids say*

anything changed as a result of the parenting group? One father (Mark) expressed: “Probably not, they probably wouldn’t notice it, it’s about the same.”

Negative Influences. Many parents reported that negative influences abounded in their lives. Past negative interactions with their own parents impacted parents’ present interactions with their own children. Parents discussed these past experiences from a risk perspective of transmission of negative transgenerational patterns. One parent (Jack) reluctantly recognized that he carries those negative traits from his parent:

Like my dad used to say, your mom is like a ‘freaken piranha, she smells blood, she goes right at it. You know. Then it’s time to think and it’s those traits I carry. It’s not like my father. He’s say like, it’s not even worth your time, why bother. He’d say something like that. That’s a waste. You are wasting precious time, negative vibrations coming into your life, don’t even give them that power. Don’t give in to temptations because they are tempting you to go that way and you are falling for it.

Along with discussing past patterns of negative influences parents experienced with their parents, current interactions were discussed as well. One parent (Tammy) recognized the positive changes she was making with her daughter but the lack of support she was getting from her mother in her parenting:

My family, when I send her to my mom’s house, they kind of treat her a little different. Of course, I might be a little hard on her because she’s my child. My mom kind of gives her, her way all the time, and it kind of messes up my parenting. Like, okay, I learned this in the class. Like, you can’t tell me it’s not ‘gonna work.

Parents explained how with so many obstacles and negative influences in their life it left them feeling that it was “outta their hands.” Lack of control led parents to the risk factor of being motivated by fear and experiencing despair in having their children taken from them. Rob recalled: “Uh yeah, a domestic injunction, some allegations were made. Like I said there was no proof. I did nothing wrong, I didn’t touch her or anything like that. It’s just I went to work one day, I go home and my family is gone”

Just Getting Through It. Parents reported the impact of multiple barriers and risks that built up to impede their ability to engage fully in the parenting intervention even when it was mandated. Amid these stressors, parents' responses became focused on simply doing what they had to. This was different from parents explaining how hope motivated them to do "whatever it takes" this was described as "getting through it." One parent (Rob) shared: "I was telling you before I know there are way worse cases. I've seen crazy stuff... I'm just trying to get through this so I can get back to my normal life." Similarly, Frank expressed his desire to avoid trouble in "getting through it": "Just another day, I guess, I don't know... Yeah, just trying to get through it and not upset them or say something stupid that gets me in trouble." Other parents remarked on figuring out what CWS wanted to see so they could complete their case plan and be left alone with their children. Mark explained: "...made me tighten up just a little but I was pretty tight already. But now I just 'gotta make sure all my t's are crossed and I's are dotted because they are really looking and I want to set a good example." Barriers to change did not stop the majority of parents from progressing through the stages of change discussed earlier. Barriers were recognized as slowing progress, causing doubt about parents' ability to change and creating resistance to their parents' goals to engage in the intervention and change into the parents they wanted to become.

The results of this study illuminated the dimensions of resilience and risk factors including parents' motivation to engage, their support systems and resources or lack thereof and personal perspectives. Parents reported experiencing both dimension of fear and hope, encouragement and discouragement as well as regrets and responding differently. These results revealed different yet similar sides of the same coin where some parents' risks were others' resilience, and many parents described both risk and resilience factors in the same experience.

Qualitative themes and subthemes of risk and resilience dimensions highlighted a further understanding of the processes of change in stages. Not all parents proceeded through their stages of change exactly alike and not all experienced barriers to change in the same way. Parents' discussion of their personal risks and resiliencies as well as stages of change provided a deeper understanding of the specific factors and processes that lead to their engagement in a mandated parenting intervention.

CHAPTER 5

DISCUSSION

The purpose of this study was to better understand parents' experiences in a mandated parenting intervention. Specifically, this study examined the impact of parents' resilience and risk factors on engagement in the intervention, as well as how those factors were related to the change process and barriers of parents' engagement in a mandated parenting program. The driving forces behind this study included the large number of parents involved with the CWS and in mandated parent training intervention programs, and the high dropout rates (up to 70%) in these programs. Understanding engagement and retention is a highly relevant issue for interventionists and researchers (Patterson et al., 2005; Reyno & McGrath, 2006).

To accomplish this, the researcher analyzed semi-structured interviews with parents mandated through CWS to attend a parenting intervention group. To analyze the interviews, the researcher utilized thematic analysis (Braun & Clarke, 2006). Process research was also key in the current study. Gaining an understanding of parents' outcomes in the form of program completion was important, but in the current literature understanding the process of what was happening at pre-intervention, during intervention, and at post-intervention is less understood (McWey et al., 2015). This study aimed to address that gap.

Unique to this study was the dual nature of parents' experiences of the same factor being a risk for some parents and a source of resilience for others. Some parents who experienced very similar themes of motivation, support, and perspective responded very differently from one another. This chapter begins with a focus on the resultant themes of resilience and risk, then parents' change processes. The discussion then moves to clinical implications, the study's strengths and weaknesses, and concludes with future directions.

Research Question 1: What Dimensions of Risk and Resilience Impact Parental Engagement in a Mandated Parenting Intervention?

Based on all 15 pre- and post-intervention interviews, parents each described both resilience and risk factors from their experiences in the parenting intervention. Within these factors the main themes of motivation, support, and perspective were identified. An overview of the core themes and supporting subthemes for risk and resilience are presented below in Table 4.

Table 4. Core risk and resilience themes and subthemes revisited

Main Themes	Resilience Subthemes	Risk Subthemes	Resilience Definition	Risk Definition
Motivation	(a) Hope (b) Internal Locus of Control (c) Motivated by Love	(a) Fear (b) External Locus of Control	Parental hope of a second chance to change and belief they can change with the purer motivation of love for their children.	Parental fear and awareness associated with being watched or required to change by CWS.
Support	(a) Encouragement (b) Resources	(a) Discouragement (b) Lack of Resources	Parental experiences of learning from group, and family examples; Parental success and increased access to resources.	Parental experiences of barriers and discouragement in lack of support in systems they are involved with.
Perspective	(a) Transgenerational (b) Responding Differently	(a) Transgenerational (b) Regrets	Parental reflection of being parented and parenting positively; connecting or reconnecting with their parents	Parental reflections of past experiences' impact on current interactions; regrets, loss of control, and reasoning in their parenting practices.

Theme 1: Motivation. Parental motivation was a key factor in their ability to engage in the parenting intervention. This is consistent with past research (Chaviano et al., 2016; Festinger, 1996). Parents described their lack of motivation or resistance as a fear of what would happen if they did not comply with CWS. Consistent with previous research (McWey et al., 2015; Strantz & Welch, 1995), parents described how motivation was deeply impacted when their children were removed from their care and they lost custody. Parents' descriptions of this motivation of fear highlighted the pressure, frustration, and concern each experienced. One parent described being motivated by fear as: "... a big wall, like, up against me...". This fear of losing custody of their children if they did not attend group, contrasted with the goals of the parenting intervention

to focus on strengths and a building close supportive therapeutic alliance, impacting parents' motivation to change.

Other parents' descriptions of their motivation as a resilience factor were focused on hope that they would be able to change, internal confidence in themselves as having the ability to change, and a love that they would and could do anything for their children. While there is a lack of research on hope's impact on parents' involvement in the child welfare system and mandated parenting programs, hope is a significant factor of change for clients that has attracted attention in the field of psychotherapy. Hope has been defined as "a belief and feeling that a desired outcome is possible" (Ward & Wampler, 2010; p. 216). Hope is considered a major "common factor of change" and has been utilized in psychotherapy to inspire, lift, change and direct treatment of groups of clients (Irving et al., 2004; Moore, 2005; Nedderman et al., 2010). Parents discussed hope as a second chance. For some parents this was not their first time being mandated to take a parenting class or to fulfill requirements on their case plan as they were involved with CWS. Having a second chance to "try again" instilled hope in parents and motivated them. Parents often described this hope coming from their children in the form of inspiring interactions. Parents described seeing a difference in their own responses to their children and how their children responding differently to them. Parents described hope and expectations as part of their motivation to stay engaged in group as it gave them ability to take action and do something about their own situation with their children. Taking some action in even some small way, like talking to other parents in group, and trying skills and techniques at home with their own children, provided momentum and motivation to stay and engage.

Parents reported differing levels and sources of motivation from being mandated to be there and being "watched," to "seeking skills to improve my parenting and interactions with my

child.” This was related to parents internal and external locus of control (Rotter, 1966). Parents who reported a lack of motivation also described an external locus of control. An external locus of control described parents’ belief that they did not have control over their current situation. Parents external locus of control included being mandated to attend, and not believing or even understanding why they really needed to attend. This is in line with previous research that confirms that parents involved with CWS sometimes do not perceive the need of a parenting intervention (Faver et al., 1999). Many parents reported in pre-intervention interviews that the only reason they were attending was because they were mandated to do so (external locus of control), in contrast to other parents reports of doing it out of love and for their children (internal locus of control). Parents reported getting mixed messages about the validity of their mandate to come to the group, reporting that they had been told they did not need to do it, and that it was optional.

Still, other parents reported a lack of conviction in attending and engaging because they were told they did not need to attend by CWS or knew little about what they could gain from attending a parenting intervention. Researchers’ initial questions in the pre-intervention interview included what they hoped to get out of group and a common parental response was: “Not sure [laughing]. I’ve never done this before so I don’t know what I’ll pick up from this.” and “ignorant to what kind of support I could get.” These mixed messages and perceptions of parents not needing, wanting, or understanding why to attend, highlight the initial avoidance and lack of motivation to engage. Past research presents a similar pattern of initial avoidance occurring during other intervention programs (Forgatch & Patterson, 2010). Holtrop (2014) described it as the “struggle/work-through hypothesis, where participants demonstrated initial resistance to the intervention.

Often parents reported that while some negative sources were involved in their lives, they still maintained control over their own situation and actions. This was described as an internal locus of control (Rotter, 1966). This internal ability and confidence to believe that they could have some control in their current situation motivated parents to continue to come to the parenting group even with other negative influences were involved in their lives. Parents of this study detailed their love for their children. These descriptions of love defined a higher motivation to “do whatever it takes” for their children and often helped parents overcome fear of failure as they attended group and learned new skills. Ultimately most parents described this power of love motivating them to make the needed changes in and out of group to retain custody of their children.

Theme 2: Support. The second theme of support also consisted of both risk and resilience factors. For some parents, the risk factor was described as more than a lack of support but discouragement. Parents described the lack of support starting in their homes growing up and spanning through their experience with CWS and into the group. Many parents recounted their hardships growing up receiving little or no concern or love from their parents. This neglect (and often abuse) prevented parents from connecting with others including their children and partners or spouses.

Still, for other parents, encouragement was discussed as a buffer against other risk factors such as the loss of custody of their children. This buffer came in the form of parents’ past experiences with their own parents who “had always been there for them.” It also came in the form of examples. Some parents reported recalling how they were positively parented. Through this modeling, parents had a concrete example to follow during difficult times or when their own children’s behavior was difficult to manage. Many parents discussed the support and

encouragement that allowed them to change and engage in the parenting intervention coming from their family's encouragement. Consistent with previous research, social support is associated with intervention completion. Parents having at least one person who they could turn to when times get tough was a significant resilience factor for them (Festiger, 1996; McWey et al., 2015).

CWS represented, at times, both discouragement and encouragement for parents. Often parents described CWS as an opposition that was "out to get them." In a qualitative analysis of parents involved in the CWS, Dumbrill (2006) explored parents' reactions to parenting intervention services. Findings suggested that CWS holds certain powers in relation to parents who are in the system. Sometimes CWS workers used "power with" parents to support and encourage participation and engagement in the intervention services. In other cases, Dumbrill explained how CWS used "power over" parents through coercion and fear with custody of their children described as "absolute," "frightening," and "scaring." Ultimately, this impacted parents and their ability to engage completely and successfully. Similarly, in this study, some parents described CWS as having "power over" them through unjust accusations that led to being involved in the group, watching and invading parents lives and homes, and overwhelming parents with mandates and requirements. Some parents explained repeatedly the lack of support and discouragement CWS represented in their lives as a risk factor to their engagement in the parenting intervention.

While CWS was discussed by many parents as a risk factor, some parents also discussed their CWS case worker as a source of encouragement to them throughout the process. They reported that case workers did this by highlighting parental strengths and changes that they saw and connecting with the parents personally through giving advice and even making home visits.

When case workers “shared power with” parents in the form of support and encouragement, parents were much more likely to engage in treatment, meet case plan requirements, and work collaboratively, which also has been found in previous studies (e.g., Dumbrill, 2006).

Many parents described group as another major source of encouragement and support. One parent described group encouragement as the most helpful thing for him, more than he had received from anyone else. Other parents explained that it created a safe space full of freedom, and comfort, similar to a family atmosphere. This suggests that parents were able to connect and build relationships of trust with other parents and leaders in the group. Research denotes that this therapeutic relationship or alliance among group members and group leaders is a key element of successful completion of intervention programs (Lambert & Barley, 2001).

A few parents reported the group as a source of discouragement in their process of engagement. One parent related a difficult experience she had in group as she was triggered by another group member’s parenting style which she experienced negatively with her parents as a child. Parents described how these factors discouraged them from connecting with, trusting in, and learning from other group members, which impacted their engagement in the parenting intervention. Other parents related how group intervention skills and techniques did not work or were not age appropriate for their children. This lack of applicability became a barrier to treatment. Previous research suggests when parents report intervention skills as a poor fit, it may be because of the exceeding demands from CWS, and lack of time during the program to practice and implement new skills as many children are placed out of home (Garcia, DeNard, Ohene, Morones & Connaughton, 2018).

Another final source of support that many parents discussed repeatedly was support in the form of resources. Resources came in a variety of forms such as finances, time, skills,

opportunities, and sacrifice. Parents often described family support as help with taking care of their children when they came to group or went to work as a resilience factor of supporting them to provide more resources for themselves. As the group progressed, parents considered the skills and techniques they learned, as well as relationships built within group, as critical resources to their ability to engage in group successfully. Two parents explained how they called CWS themselves to take their children because they were not fit to parent at the time due to their addictions. These parents emphasized that CWS was the critical resource that helped them start their recovery through CWS involvement and the parenting intervention.

Theme 3: Perspective. The third and final theme of resilience included perspective. Parents' perspective played a significant role in how they engaged in the group intervention. Parents' perspectives on past experiences, parenting practices, and personal values all influenced their ability to engage in the parenting intervention successfully. Parents reflected often on how transgenerational processes impacted their perceptions of their role as a parent and their experiences of parenting practices utilized with them growing up. As found in other parenting intervention research (Holden & Zambarano, 1992), this transgenerational transmission process is characterized through parents' continuity or inhibition of parenting behaviors, values, and beliefs. In this study, parents imitated their own parents' behaviors through continuity and discontinued through inhibition of their parents' behaviors. Parents who imitated their parents through continuity adopted their parents positively modeled behavior and parenting practices with their own children. Parents described this as giving the same love they received from their parents to their children, and not giving up on their own children and their difficult behavior just as their parents did not give up on them when they were difficult. It also included instilling good morals and values that were instilled in them growing up, including how to work hard, how to

forgive others, and a faith in God that allowed them to get through difficult times. Parent also reported imitating harsh discipline, lack of appropriate developmental expectations, and little or no rules or boundaries with their children. Parents expressed their frustration with the recognition of this continuity and lack of ability to change.

Conversely, other parents discontinued through inhibition changing their parenting due to their parents' negative and harmful parenting practices. Some parents reported experiencing tough and troubled times where when they needed love, patience, and understanding, they got reprimanded, neglected and left to fend for themselves. This lack of support moved many parents to do the opposite for their children and give them what they did not have growing up. Still other parents had examples that they admired and wished to imitate but instead discontinued and expressed shame and guilt that they did not provide for their children the things they had been provided for them. One parent described the shame he felt for not being able to provide for his son financially because of his poor choices, whereas he saw his father as the epitome of the provider role who was well respected in the community and had an prestigious job.

Commonly, parents who imitated through continued transgenerational transmission of practices stated that this was a connecting or reconnecting factor in their relationships with their own parents. They often described this perspective providing forgiveness and understand in allowing both child and parent new opportunities to grow or stay close in their relationship, whereas parents who discontinued transgenerational transmission of parenting practices described the disconnection in the parent-child relationship as they grew into adulthood. Some parents described the toxic and negative influence it still had on them and their own children.

As parents' implementation of skills and techniques from the group increased, positive interactions with their children occurred and they reported changes in their, behaviors, thoughts

and emotions about themselves and their children. Many parents reported changing their parenting approach and responding differently in their parenting. Azar, Reitz, and Goslin (2008) described this internal shift in parental thinking as two types of cognitive schemas, “child-relevant” and “parent-relevant.” “Child-relevant schemas” were changes in the parent-child relationship described by parents as recognizing their child’s needs with less blaming and more understanding and empathy. As was congruent in other intervention studies (Wolford & McWey, 2020), some parents described the need to meet their children where they were at, developmentally with more attunement and warmer connecting responses. Positive parenting practices, techniques, and skills learned during group helped parents restructure how they thought and acted towards their children. “Parent-relevant schemas” were exemplified in parents desire to change and interact differently with their children. Parents reported realizing that “I’m part of the problem” and accepted responsibility for previous actions along with the expectation that they could and would change their parenting approach.

Conversely, parents risk theme of regrets and losing control may best be understood from the Parent Attributional Process Model (PAPM; Morrissey-Kane & Prinz, 1999). This model suggests that parents who have difficulty in managing their children’s behavior come to see the behavior as unchangeable and out of their control. Some parents in the current study reported not knowing how to handle their children’s problematic behavior and taking either one or both of two referent pathways. The child-referent pathway led the parent to attribute children’s behavior as a bad disposition, misbehaving on purpose, and not being able to change. This was true for George as he discussed how parenting his step-son with ADHD was difficult and that he was unsure how to parent him. This leads to parents feeling shame, anger, and hopelessness.

The second pathway is the parent referent pathway, leading parents to believe that they are not responsible for the child's behavior and have no control over the child, leading to the parent feeling that nothing can be done to change the behavior. The parent referent pathway leads parents to feel apathetic, helpless, and hopeless. Some parents in the current study reported not knowing how to handle their children's problematic behavior and conflictual interactions, describing their frustrations over how to parent differently to gain their children's respect. This included Jack who initially saw the lack of "respect" his daughters had for him as leaving him with little connection and control with them. This left him feeling anger, and shame for using fear to gain that respect. Parents reported taking both the child and parent-referent pathways. Parents who took the child referent pathway described their children as disrespectful and not responding to parental authority or attempts to discipline. Parents reported trying to instill respect, which often created fear in the child and frustration, and regrets in the parent. Parents who took the parent-referent pathway reported that they had lost control or had little control over their children's behavior leading them to believe that the skills and techniques in the parenting intervention may not help with their specific situation. The findings of the current study make a unique contribution to the literature in applying the PAPM to parental engagement during a mandated parenting practice. Risk factors in the current study illuminated how parents involved in the CWS face unique stressors that may lead them to make negative attributions about their ability to parent and about their child's problematic behavior.

Parents' perspectives also included regrets about past interactions and mistakes. Regrets amplified parents' justification of why they approached the interaction the way they did and how losing control of the situation left them little or no other choices. Parents reported the regret of arguing with a spouse or partner in front of their children undermining authority of one or both

parents as well as diminishing children's trust and security of the parenting relationship. Arguing also created regret and fear that the negatively modeled interactions may be seen as acceptable by the child and later implemented in their own close relationships. Parents past mistakes led to doubt about whether they had or were making the right decisions for their child's situations. Some parents wondered if they had been too hard or harsh in their parenting. Past regrets haunted parents and left them wondering if what they hurt or "crippled" their children, and the possible impact and lasting effects it had on them. Many parents also discussed regrets stemming from not understanding their children's behaviors and how to parent differently. These past regrets were initial risk factors that parents described as impeding their motivation and hope that engaging in group could help them.

Research Question 2: How Are These Dimensions Related to Parents' Ability to Change Parenting from Pre to Post-Intervention?

Unique to this study were parents' first-hand accounts of the internal and external experiences and change processes progressing through the following stages: pre-intervention, intervention, and post-intervention. Parents' internal experiences included their thoughts, behaviors, and emotions about their own experiences and parenting practices. Parents' external experiences included their involvement in CWS and the parenting intervention group. Stages of change were developed out of the qualitative themes that emerged from the data as parents described their processes of change preceding and throughout the intervention. These identified stages of change were congruent with much of Prochaska's and DiClemente's Transtheoretical Model of Intentional Behavior Change (TTM) (Prochaska, 1982; Prochaska, DiClemente, & Norcross, 1992). The TTM suggests that clients' readiness to change occurs in six sequential stages, where early stages are primarily cognitive in nature and later stages are characterized

primarily by behavior (Bradford, 2012; Tambling & Johnson, 2008). The current study’s three stages overlap the TTM’s first four stages: precontemplation, contemplation, preparation, and action. An overview of the stages of change and barriers including subcategories are presented below in Table 5.

Table 5. Stages, definitions and subcategories of parents’ change process and barriers revisited

Stages	Definitions	Subcategories
Stage 1- Pre-Intervention: Initial Signs of Change	Parent description of change prior to group, initial readiness to change and recognition of further need to change.	(a) Recognition (b) Desire (c) Acknowledgment
Stage 2- Intervention Change: Learning Process	Parent reports on treatment engagement, attempts to practice, evaluating what was most important and applying what was learned.	(a) Implementation of Skills (b) Learning as a Process (c) Group Membership
Stage 3- Post-Intervention Change: Developed Insight and Awareness	Parent reflections on increased insight and awareness of their own parental identity and child’s needs.	(a) Being Different (b) Greater Awareness
Barriers to Change	Parent reported impact of barriers and risks impeding their ability to engage in the intervention.	(a) Not Applicable to Me (b) Negative Influences (c) Just Getting Through it.

Stage 1 – Pre-Intervention Change: Initial Signs of Change.

Recognition. Pre-intervention change was described in several ways by parents. Some parents described the unique experience of “hard times” and “hitting rock bottom.” Initially, parents described these experiences as risk factors because in some situations these events caused them to lose custody of their children. These parents described this initial stage of change as having no choice but to seek or get help so that they could better take care of themselves and their children. This recognition was not sought out or desired but was required so that they could recover from addictions and change behaviors and living situations that were hurting them and their children. These parents came to recognize the need to change far before they were enrolled in the parenting intervention and, in many ways, helped these parents accept resources and

proceed through stage one of pre-intervention. Parents later described these changes as losing custody and being mandated to attend the parenting intervention shifting from risk to resilience factors for them and their children. These parents described specific support, encouragement, and resources before the intervention.

Other parents took longer to recognize the need to change and showed their initial resistance. This is congruent with the TTM's first stage of pre-contemplation where people were unaware or under aware of the severity of the problem. Pre-contemplators, as well as parents in the pre-intervention stage, had attempted change multiple times but has become discouraged which caused them to be defensive and deny they had a problem. People in this stage avoided discussing their problematic behavior (Prochaska, 1992; Prochaska, 1999). This was also supported by other parenting intervention research suggesting that parents often demonstrate increased resistance when asked to try new parenting skills (Holtrop et al., 2014). During this initial stage, parents' resistance was often recognized and decreased through attending and engaging in the group and applying learned parenting skills.

Desire. Once parents recognized the need for change and help with their own parenting skills and interactions, their resistance decreased. Parents often reported frustration during this stage because they still did not have the all the skills to change their parenting approach but knew they needed and wanted to change. A growing desire was described during the pre-intervention interviews as knowing more now about what not to do and trying or trying again to find a solution to the problem they were experiencing.

Acknowledgement. As many parents' desire to change grew, they accepted responsibility for their own actions and acknowledged the need to change. Some parents challenged previous thoughts about themselves and their children. Congruent with previous research, these parents

restructured existing parenting beliefs becoming more flexible and open to new possibilities (Wolford & McWey, 2020). For some parents, this meant shifting their attributions from the child and parent referent pathways of the PAPM (Morrissey-Kane & Prinz, 1999) where behavior is primarily out of their control and unchangeable -- to more positive, flexible and empathetic child and parent-relevant schemas (Azar et al., 2008). Parents' stage one of the pre-intervention change of desire and acknowledgment mirrored stage two the TTM's contemplation (Norcross, Krebs, & Prochaska, 2010). Parents became aware of their problem, how changing that problem could benefit them then intend to change it.

Stage 2 – Intervention Change: Learning Process.

Implementation of Skills. As parents reported frustration with old interactions and attempts at connecting with their children, many parents readily adopted skills and techniques from group to help them. Consistent with TTM's third stage of preparation, parents in this study intended to take action. This started with parents making minor changes in their own parenting behaviors and reported more confidence in the possibility that they can successfully change as they engaged in the intervention. Some parents reported the advantages of change now outweighing the disadvantages (Prochaska, 1999). Many parents' reports from the pre-intervention interview to post-intervention interview suggested a shift from expressing a hope that intervention could work, to describing the specific techniques that worked for them with their own children as they implemented them. As parents recognized the group as an opportunity to learn new skills, it became a resource not a burden or mandate. Parents expressed less frustration of how to deal with problematic behaviors in their children as well as using less harsh techniques as they gained new positive parenting skills. Many parents reported on the specific skills that the group instilled in them and that they used successfully with their children including

praise, encouragement, rewards, play, clear limits, and consistent follow-through. Parents related how these skills gave them a confidence and feeling of control with their children that was previously missing.

Learning as a Process. While parents spoke of change events in their lives such as a death in the family or losing custody of their children as deeply and immediately impacting them, parents change process throughout group was described as more of a process. Many parents discussed having to try different things from group and adjust the technique or skill for them and their children. Holtrop et al. (2014) suggests interventionists can help parents and families personalize parental strategies and balancing flexibility and respect for the differing parental approaches while holding to the core components of treatment fidelity. As part of the parenting groups, parents were asked to fill out a weekly evaluation form to give feedback about what they liked about group curriculum and group leaders and what they would change. The majority of the responses reported on how helpful the group leaders were in teaching the group curriculum and how learning those specific parenting skills were the highlight of group. Many parents also stated that the curriculum videos were not as applicable to them and that they were outdated. This is congruent with previous research suggesting that applying parent feedback to inform decisions during intervention can increase intervention effectiveness (Levac, McCay, Merka, & Reddon-D'Arcy, 2008). Parents' report of both risk and resilience factors in pre- and post-intervention interviews highlighted this subtheme of the second stage of the change process that learning is not an event but a process.

Group Membership. A key part of the change process in stage two included parents reports of "becoming" a member of the group. During pre-intervention interviews, many parents reported very little about what group members could do for them or offer as part of the

intervention. As parents came to group and began building relationships of trust with each other, they reported finding a safe place to be themselves, validation from others “like them,” and a family like relaxed atmosphere. Parents discussed how the group provided something that family and CWS could not, an understanding of their current situation and experiences. Prior qualitative research confirms parents’ reports in the current study of the important resource for change that a parenting intervention group provides for parents. Levac et al. (2008) explains why a group was such a supportive resource: “Our data suggest that parents did not feel alone, blamed, criticized, or judged, but rather they felt accepted and supported, which enabled them to reflect upon their parenting approaches and to be open to new parenting practices” (p. 86).

Stage 3 – Post-Intervention Change: Developed Insight and Awareness.

Being Different. Stage three of post-intervention change from the current study, closely paralleled TTM’s action stage in which people take action and modify their behaviors, environment, and experiences. (Norcross et al., 2010; Prochaska, 1992). In stage three of the process of change, many parents remarked not only on what they had learned but in being a different parent. Often these changes were visible, as some parents recounted how their children noticed them spending more time with them, being more patient and parenting more consistently. Other parents remarked on how their parents recognized the change in them and how their CWS worker noticed the changes in their interactions with their children. Many parents attributed this change as a culmination of the skills and techniques learned in group, and the continued support and connection they felt in group with other parents and group leaders, as well as a shift in how they saw their children. This shift was discussed by some parents as a change in attitude.

One major shift identified in other qualitative research with parents in the CWS (e.g., Estefan, Coulter, VandeWeerd, Armstrong, & Gorski, 2013) was a change in parental attitudes

towards corporal punishment. Many parents in the current study discussed their desire to find more effective ways to connect with their children without using harsh parenting techniques. Some parents reported that the major shift from using past ineffective parenting strategies came from a clearer understanding of their children's developmental needs, as well as realistic expectations for their children. As parents received psychoeducation in group intervention about their children's needs they were taught how to engage with their children through play. This increased focus on positive interactions, had many parents reporting seeing their children differently. They then reported how this allowed them to be different.

Greater Awareness. In this final stage of change parents discussed new opportunities to interact with their children which provided a greater awareness and appreciation of their children and of being a parent. Some parents reflected on how skills learned in group intervention helped them realize that they were already “good parents” and that they were more aware of their children's positive behaviors. Similar to previous findings (e.g., Levac, 2008), parents reported an increased sense of enjoyment in their parent-child interactions as a result of their greater awareness, changed parenting practices, and new behaviors in their children. This greater awareness reported by many parents allowed them to see their children's behavior in a different light. This self-reported awareness described many parents' empathetic response to their children's difficult behavior bringing increased understanding and confidence to parents' approach and interactions.

Clinical Implications

Understanding the unique risk and resilience factors, as well as parents' process of change, provides important implications for clinical practice. While previous research has identified the importance of risk and resilience factors for parental engagement in treatment, less

is understood about the intertwining nature of how the same factors impact some parents as a risk and others as resilience. This is particularly important when working with a population involved in the CWS who are mandated to attend treatment intervention as part of their case plans (Johnson, Stone, Lou, Ling, Ciaassen, & Austin, 2008).

Building a stronger alliance and support system between group providers, caseworkers, and parents may foster a more supportive and positive working relationship to help promote intervention engagement. Supports in the form of weekly check-ins and parent updates between group providers and caseworkers can increase awareness of parents' progress on case plan goals and encourage case workers' positive reinforcement. Increasing case workers awareness of parents' progress may elicit compassion, empathy, and respect for parents' experiences, as well as balance parents' perceptions of power within the CWS (Petra & Kohl, 2010; Wolford & McWey, 2020).

It may be important for interventionists to start early and have consistent discussions of parents' expectations and parenting philosophies that differ from those of the intervention. These differences have been commonly cited in previous research as a barrier to participation and reason for parents dropping out of treatment (Fernandez & Eyeberg, 2009; McWey et al., 2015). As parents' perspectives shifted in the current study and techniques and skills were implemented more flexibly to the child's needs, parents reported high levels of engagement and success in learning new strategies.

Strengths

There were a number of strengths of the current study. First, an important strength included the racial diversity as well as the inclusion of both mothers' and fathers' perspectives. Two-thirds of the total sample were African American, and parents' gender was split near evenly

with seven fathers and eight mothers. This study provided often neglected voices of minority parents of color the opportunity to advance empirical knowledge in the CWS. Intervention research highlights that gender imbalances include fathers' low level of involvement in treatment (Fletcher, Freeman, & Matthey, 2011). Fathers' and mothers' unique perspectives of parenting strategies, group engagement, and change processes can assist interventionists and helping professionals to see a more complete view of parenting amid CWS involvement.

The present study identified risk and resilience factors that impacted parents' ability to engage in mandated parenting program. Many of the identified themes of risk and resilience were congruent with previous parent intervention research (e.g., Levac, 2008). Unique to this study were parents first-hand accounts of the dual nature of both risk and resilience factors stemming from parents' motivation, support, and perspectives. Many parents remarked on the same factor being a risk for one and resilience for another. These results offered additional understanding of parents nuanced contexts and insights. Parents experienced motivation to engage in the intervention as stemming from both fear of losing custody of their child and a deep abiding love to do anything for their child. Parents described how involvement in the CWS represented a major support system in improving their parenting practices, as well as being the sole reason they no longer had custody of their children. Parents recognized the transmission of values from their own parents which connected some and disconnected others. Qualitative data allowed a deeper understanding of parental characteristics, beyond demographic characteristics, to perceptual and psychological factors including parental attributions and transgenerational transmission of beliefs related to intervention engagement and change processes.

According to Holtrop and colleagues (2014), currently limited knowledge about the process of change in parent training interventions. The present study begins to address this gap in

the research. The current study highlighted parents' processes of change. It also increased understanding not only of what changes occurred but how those changes occurred. Results revealed three stages of change parents progressed in throughout the parenting intervention. Stage one pre-intervention changes highlighted parents' receptiveness and readiness to change not well documented in previous research. A strength to this study were parents varied amounts of progression through stages where some parents had already initiated change before group started, whereas others were resistant even when mandated to attend. This illuminates the need to assess for parental change before intervention starts to support parents' level of needs in initial intervention sessions.

Stage two intervention change revealed parents process of attempting to implement group curriculum and evaluating the fit of specific techniques and skills to their individual parenting needs. This study highlights the importance of curriculum fit to parents' unique circumstances and views for engagement. Further findings in stage two provided strong insight into a clearer understanding of parents' connection to group members during this stage and parents learning from each other during the intervention that is not as well understood in the current literature. Stage three post-intervention change offered additional understanding of the importance of parents increased awareness of children's needs for deep and lasting change to persist after intervention completion. Combined these findings provide further insight into the previous gaps in the literature about the change process parents experience during interventions.

Limitations and Future Directions

While this study makes a valuable contribution to parent intervention scholarship and practice, limitations must also be acknowledged. As with all qualitative findings, caution should be taken when generalizing study findings. Because this was secondary data analysis, the current

researcher could not contact parents to verify the results. Future research on parenting intervention work should incorporate member checking to increase trustworthiness of findings (Creswell, 1998).

Approximately half of the parents who were mandated to attend the intervention dropped out prematurely or did not meet the requirement of completing at least 80% of the intervention. The current study only included parents who completed the intervention and participated in the post-intervention interview. The decision to limit the inclusion of parents who dropped out was made to strengthen the investigation of change over the entire interventions course. Limiting inclusion to only parents who completed the intervention may skew results to be only applicable to those parents. Parents who dropped out could provide valuable insight into additional factors of risk and resilience and facets of the change process not experienced or included by parents who completed the intervention.

As in previous intervention studies (e.g., McWey et al., 2015) parents in the current study started the parenting intervention at different phases of CWS involvement. Some parents were closer to their case plan completion with others only beginning. This led some parents to regain custody of their children where others had not. Likely this impacted parents' motivation during the intervention, as some parents were motivated by having their children back and others were less motivated because children had been removed. Another important consideration and limitation of this study was parents' social desirability as mandated participants. Parents may have felt fearful that presenting themselves as anything but positively may impact their case plan and future opportunity to regain custody of their children.

While the current study included pre- and post-intervention interviews, parents' perceptions changed over the course of the intervention providing researchers with a limited

view of change through retrospective perspectives. Future researchers should consider the use of longitudinal data collection. Collecting data on parents' experiences and perceptions weekly before or after group meetings could offer detailed insight into how change occurs in real-time.

Conclusion

The purpose of this qualitative study was to examine the risk and resilience factors of parents involved in the CWS who were mandated to participate in an evidence-based parenting intervention. Furthermore, the present study also aimed to investigate the how those factors were related to the process of change based on the experiences and perceptions of intervention participants. A thematic analytical approach resulted in three core themes of risk and resilience factors, as well as a three-stage change process. The findings illuminated how parents' motivation, support systems, and unique perspectives allowed them to engage in the parenting intervention successfully. Moreover, parents progressed gradually through stages of change, beginning with initial signs of change during pre-intervention, to the learning process during intervention, and finally developing insight and awareness at post-intervention. The study provides further understanding of the factors that impact parental engagement in mandated intervention programs and change processes that occurs throughout. Study findings have the potential to inform future research and clinical services.

APPENDIX A

IRB APPROVAL

FLORIDA STATE UNIVERSITY
OFFICE of the VICE PRESIDENT for RESEARCH



EXEMPTION DETERMINATION

June 15, 2020

Spencer Youngberg, PI

Dear Spencer Youngberg:

On 6/15/2020, the IRB staff reviewed the following submission:

Type of Review:	Exempt (4) Secondary research on data or specimens (no consent required)
Title:	The Impact of Risk and Resilience on Engagement in a Mandated Parenting Program
Investigator:	Spencer Youngberg
Submission ID:	STUDY00001458
Study ID:	STUDY00001458
Funding:	None
Grant ID:	None
IND, IDE, or HDE:	None
Documents Reviewed:	• Youngberg_Risk and Resilience in a mandated parenting program, Category: IRB Protocol;

The IRB staff determined the protocol qualifies for exemption, effective on 6/15/2020.

You are advised that any modification(s) to the protocol for this project that may alter this exemption determination must be reviewed and approved prior to implementation of the proposed modification(s).

Modifications to the research may invalidate the exemption determination (because the research no longer meets the exemption criteria described in HRP-312 – WORKSHEET – Exemption Determination).

Examples of minor changes to exempt research that would *not* alter the exemption determination and should therefore not be submitted to the IRB for further review include the following:

- Making administrative (formatting, grammar, spelling) revisions to the protocol, consent or recruitment materials or other study documents
- Adding or revising non-sensitive questions or non-identifiable response options to a survey, interview, focus group or other data collection instrument
- Increasing or decreasing the number of study subjects—*unless* adding a new study sample such as children or prisoners or adding a new source of data or records
- Making study team/personnel changes—*except* a change in Principal Investigator (PI)

Examples of changes to exempt research that *do require* prospectively submitting a modification to the IRB before implementing changes include the following:

- Making substantive revisions or additions (e.g., change in PI; funding source; sample; source of study subjects or their data; study sites or settings; procedures, interventions or interactions with study subjects; use of any drug, device, supplement or biologic; study subjects' time or duration spent performing or participating in study activities) to the protocol, consent or recruitment materials or other study documents
- Adding or revising sensitive questions or identifiable response options to a survey, interview, focus group or other data collection instrument
- Adding a new study sample such as children or prisoners or adding a new source of data or records
- Obtaining, using, studying, analyzing, generating, storing or maintaining identifiable information or identifiable biospecimens in addition to or in lieu of de-identified or anonymous information or specimens
- Change in study risks (e.g., impact upon study subjects; impact upon students' opportunity to learn educational content or assessment of educators who provide instruction; any disclosure of study subjects' responses outside of the research may place study subjects at risk of criminal or civil liability or be damaging to subjects' financial standing, employability, educational advancement or reputation)
- Change in Principal Investigator (PI) or (for students) faculty advisor
- New or change in financial interest

In conducting this protocol, you are required to follow the applicable requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the Library within the RAMP IRB system.

Sincerely,

Office for Human Subjects Protection (OHSP)
Florida State University Office of Research
2010 Levy Avenue, Building B Suite 276
Tallahassee, FL 32306-2742
Phone: 850-644-7900
OHSP Group Email: humansubjects@fsu.edu
OHSP Web: <https://www.research.fsu.edu/hs>

APPENDIX B

PRE-IMPLEMENTATION INTERVIEW QUESTIONS

*These were the central questions asked. Probes and follow-up questions were asked based on participants responses.

Pre-Implementation Interview Questions

1. Have you ever taken a parenting class before? If so, what worked well for you? What did not work well for you?
2. How would you describe your interactions with your children?
3. What do you enjoy most about parenting? Can you say more about that?
4. What, if anything, is most difficult about parenting?
5. What, if anything, would you like to see change in your parenting?
6. How did your parents' parent you? Can you say more about that?
7. If you could go back in time, what would you change about your relationship with your parents?
8. What would you want your children to remember most about your relationship?
9. What support do you have in your life right now?
10. What support do you have in your parenting?
11. How can your support system help you make the changes you want to make?

APPENDIX C

POST-IMPLEMENTATION INTERVIEW QUESTIONS

*These were the central questions asked. Probes and follow-up questions were asked based on participants responses.

Post-Implementation Interview Questions

1. What did you find helpful about the parent education group? Can you say more about that?
2. How did your group members contribute to your experience of the group?
3. What didn't work for you? Can you say more about that? *[If the parent says the videos weren't helpful, please ask them what specifically it was about the videos that wasn't helpful and how they'd recommend making it better]*
4. What makes it difficult to do the things you've learned in the program?
5. What change have you made in your parenting that you are most proud of?
6. Did you have any support in making this change?
7. What advice would you give to someone else signing up to take this parenting group?

APPENDIX D

RESEARCH QUESTION MATRIX

Research Question	Interview Guide Mapping onto Research Question
1. What dimensions of risk and resilience impact parental engagement in a mandated parenting intervention?	Pre-Interview Questions: 1, 3, 4, 6, 9, 10, 11. Post-Interview Questions: 1, 2, 3, 4, 6.
2. How are these dimensions related to parents' ability to change parenting stress from pre to post intervention?	Pre-Interview Questions: 2, 5. Post-Interview Questions: 5, 7.

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BIOGRAPHICAL SKETCH

Spencer Brent Youngberg was born in Ogden, Utah, and as a youth, moved to Bellingham, Washington. There he graduated high school and later Whatcom Community College and Western Washington University, earning a Bachelor's of Arts in Psychology. After earning his B.A., Spencer worked in Idaho for a year, gaining experience working with children and families in their homes and in the community. He then pursued a master's degree in Marriage and Family Therapy from Pacific Lutheran University, completing his degree in 2015. After earning his master's degree, Spencer spent an additional year providing clinical services to children and families at a community mental health agency in Washington. In 2016 Spencer began the doctoral program in Marriage and Family Therapy at Florida State University. While at Florida State, Spencer provided clinical services at the Center for Couple and Family Therapy, as well as private practice at Better Living Solutions. In 2019 Spencer started teaching online as an adjunct professor for Brigham Young University Idaho. Spencer's research interests include change processes in therapy and the impact of common factors on the therapeutic process. Spencer is passionate in working with couples, families, and children while supporting healing, providing understanding, and building strong, lasting relationships. He is also driven in educating and mentoring students in the classroom and as a clinical supervisor. Spencer is currently pursuing his Marriage and Family Therapy licensure and approved supervisor status through the American Association of Marriage and Family Therapy.