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Cultural adaptation of a parenting intervention for parents in multi-ethnic disadvantaged neighborhoods : contextualised content in a built-in module

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Contextualised content
in a built-in module



Krista van Mourik

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Contextualised content in a built-in module

Leiden University Medical Center
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Cultural adaptation of a parenting intervention for parents in multi-ethnic disadvantaged neighborhoods

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1

General introduction

My parents came to the Netherlands in the 1970s. It was an unknown country to them, a country that they didn't grow up in. Suddenly they had to deal with other people, other standards, and other values. It was a totally different world to them - and, on top of that - they lived in a 'bad' neighborhood. They demarcated their own world for their family with the idea that "this is my world and here I'll determine what's happening". My upbringing was, therefore, very authoritarian. Now, with children of my own, I notice ... I understand why they did what they did - but I want to do it differently. But how do you go about that? How do you do it differently? When I gave birth to my firstborn we had just moved house, and none of my friends had children yet. Although I felt very insecure, I didn't want to ask my mother for advice because I was afraid she would impose her own opinions on me. Therefore, I searched on the internet and also called the child healthcare services and asked various questions. They advised me to contact my local parenting support center - there is a telephone number you can call or you drop by to get some advice. I was very pleased with the suggestion to contact this center - it was comforting to talk with experts and get answers from their experienced viewpoint. What was also good for me - was talking to other mothers. On the internet I had found a local community center that organized parent-child mornings, where parents bring their children to play together, while they can talk to the other parents. I really needed the possibility to ask other parents 'How did you do it ... how did you handle that?' Nowadays, I know many other mothers. It's just nice that you know that you're not the only one who is struggling with certain problems. For example, I learned that it was not only my toddler who sometimes had difficult behavior - but that all mothers have experienced this (Saïda, a 30-year-old Moroccan-Dutch mother, with three children)

Parental concerns

Having concerns about one's children is a general aspect of parenting (Reijneveld et al., 2008). In the general population, about 50% of parents have various types of parental concerns that, in the opinion of these parents, should be discussed with someone outside the family (Glascoe, 2002; Reijneveld, de Meer, Wiefferink, & Crone, 2008). Saïda's story illustrates the type of concerns a parent can have and the context in which these parental concerns exist. Saïda is concerned about parenting in general and, reflecting on her own growing up, she questions her

parenting competence. She feels that she lacks a good example from her own parents, leading to insecurity about her own parenting role. Moreover, her insecurity is further enhanced by a lack of social support due to having few friends with children, as well as having moved to a new neighborhood.

Compared with ethnic majority parents, ethnic minority parents more frequently have concerns and are more vulnerable to the experience of parenting stress (Emmen et al., 2013; Nomaguchi & House, 2013; Pels, Distelbrink, & Postma, 2009; Reijneveld et al., 2008). Moreover, ethnic minority families are more likely to have a lower socioeconomic status (SES) (Prevoo & Tamis-LeMonda, 2017; Shapiro, 2015). Lower SES can affect the parenting experience, directly, through limited access to certain material goods and activities, and indirectly through parenting stress, economic difficulties and a negative neighborhood environment (Emmen et al., 2013; Prevoo & Tamis-LeMonda, 2017). Overall, due to their structural disadvantages, ethnic minority parents experience greater parenting stress than ethnic majority parents (Nomaguchi & House, 2013; Prevoo & Tamis-LeMonda, 2017). In addition, ethnic minority parents also encounter specific parental concerns as a result of structural disadvantages related to their ethnic minority status, including discrimination, acculturation stress, and low social support (Emmen et al., 2013; Leidy, Guerra, & Toro, 2010; Martinez, 2006).

Types of parenting support

There are various types of parenting support, as illustrated by Saïda's story. Parenting support is an umbrella term for family-focused services and programs, encompassing a style of work and a set of activities that provide information, advice and assistance to parents related to the upbringing of their children, in order to maximize their child's potential (Connolly & Devaney, 2017). The continuum of parenting support spans the life course and ranges from home visits, mother and child groups, to parenting programs. Support for parents comes from a variety of sources, often broadly grouped into informal support (e.g. from family, friends, and neighbors, arising from the parents' own social networks), semi-formal support (often provided through community-based organizations and, generally, by the voluntary sector), and formal support (e.g. organized services, often needs-led) (Moran, Gbate, & Merwe, 2004).

This dissertation focuses on parenting interventions belonging to formal support. Parenting interventions are focused, short-term interventions (usually, one 2-hour session per week for 10-12 weeks), provided in a variety of settings (e.g. home, office, community) aimed at improving effective parenting practices and decreasing or preventing a range of child problems (Barlow, Bergman, Kornor, Wei, & Bennett, 2016; Dretzke et al., 2009). The sessions generally involve the use of a manualized and standardized curriculum, and strive to increase the knowledge, skills and understanding of parents (Barlow et al., 2016). Throughout this dissertation the term 'intervention' is used interchangeably with 'program' and 'parent training'. Formal interventions are, of course, only one aspect of the broad matrix from which most parents draw support with regard to their parenting experience (Moran et al., 2004).

Use of parenting support

For Saïda, her concerns were pivotal in seeking parenting support. She actively searched for answers to her questions by contacting professionals and seeking support from other parents; she succeeded in finding both. However, this is not the case for all parents. Having concerns does not necessarily result in seeking support and participation in parenting support (Reijneveld et al., 2008). In fact, compared with ethnic majority parents, ethnic minority parents more frequently have concerns but participate to a lesser extent in preventive parenting support (Baker, Arnold, & Meagher, 2011; Heinrichs, Bertram, Kuschel, & Hahlweg, 2005). These low participation rates in preventive support are problematic. Firstly, parental concerns not only affect parents' feelings of competence, but may also affect parental practices and, thereby, child outcomes and development (National Academies of Sciences & Medicine, 2016). Parents are considered to be the key agents of change in child outcomes (Yap et al., 2016). Parenting support was developed to utilize the parents' influence on their child's development and mental health, based on the assumption that changing parenting (mediators) will, in turn, change a child's risk for developing problems (Sandler, Schoenfelder, Wolchik, & MacKinnon, 2011; Yap et al., 2016). Secondly, parents have an important and facilitating role in the pathways to care of their children, because children rely on adults to recognize their problems and initiate the use of services (Alikaj, Vyshka, Spaho, Skendi, & Suli, 2011; Logan & King, 2001). However, when parents do not seek preventive support, this can result in late identification of problems in children, as well as severe problems later in life (Durlak & Wells, 1998; Pugliese & Tinsley, 2007). This is exemplified by the overrepresentation of ethnic minority groups in compulsory forms of care, such

as the child protection services and forensic mental healthcare services (Lu et al., 2004; Fluke, Yuan, Hedderson, & Curtis, 2003).

Effectiveness of parenting support

There is considerable evidence that preventive parenting interventions can have a positive influence on parenting skills and reduce child behavioral and psychosocial problems, and that the effects can last for many years (Bakermans-Kranenburg, van IJzendoorn, & Juffer 2003; Kaminski, Valle, Filene, & Boyle, 2008; van Aar, Leijten, Orobio de Castro, & Overbeek, 2017; Yap et al., 2016). By supporting parents, changing parents' communication patterns, attitudes towards child rearing, and by teaching them to reinforce positive child behavior and reduce negative behavior, parenting interventions aim to prevent problems and break the coercive cycles in which disruptive child behavior and negative parenting behavior reinforce each other (Patterson, 1982; van Aar et al 2017). Positive, supporting and proactive parenting (e.g. using praise, encouragement, affection) is strongly associated with high child self-esteem and social/academic competence, and is protective against later disruptive behavior and substance misuse (Barlow et al., 2016; Kumpfer & Bluth, 2004). Parenting practices characterized by harsh and inconsistent discipline, little positive parental involvement with the child, and poor monitoring and supervision, is associated with an increased risk of a range of poor outcomes, including child aggression and conduct problems (Barlow et al., 2016; Chang, Schwartz, Dodge, & McBride-Chang, 2003; Patterson, 1982). Therefore, parenting interventions can be effective strategies to prevent and treat disruptive child behavior, including tantrums and rule breaking (McCart, Priester, Davies, & Azen, 2006; Weisz & Kazdin, 2010; van Aar et al 2017).

Effectiveness in ethnic minority and lower SES groups

Although parenting interventions are effective in improving the quality of parenting practices, not all families benefit equally, because effectiveness is influenced by both the participants' characteristics and the intervention characteristics (Lundahl, Risser, & Lovejoy, 2006). Compared to ethnic majority groups, ethnic minorities are not only more likely to underutilize interventions and discontinue interventions prematurely, but ethnic minority and low-income status are associated with poorer intervention outcomes (Griner & Smith, 2006; Miranda et al., 2005; Reyno & McGrath, 2006). Therefore, the mere selection of an evidence-based intervention does not necessarily ensure positive outcomes (Webster-Stratton, Reid, & Marsenich, 2014).

There is ongoing concern about the effectiveness of parenting interventions among ethnic groups (Lau, 2006). Researchers warn of the dangers of disseminating evidence-based interventions among diverse populations, when such programs were originally developed for and tested on middle-income and ethnic majority samples (Calzada, 2010; Cardona et al., 2009; Forehand & Kotchick, 2016; Gross et al., 2009). Indeed, many of the empirically-supported interventions used to support ethnic minority and lower SES parents were originally developed to meet the needs of middle-class white, British, European and/or American parents (Coard, Wallace, Stevenson, & Brotman, 2004; Gross et al., 2009). One of the concerns is that parenting interventions may fail to reflect and, thereby, fail to respect the values/traditions of parents, as well as the needs and stressors associated with ethnic minority backgrounds and socioeconomic disadvantage (Lau, 2006). Therefore, intervention developers need to improve efforts to promote the participation, satisfaction and results in ethnic minority and low-income groups by being aware of the (potential lack of) cultural sensitivity and relevance of parenting interventions (Barlow, 2004; Bernal, Jiménez-Chafey, & Domenech Rodriguez, 2009).

Challenges in practice

The challenge regarding low participation rates and poor outcomes in relation to cultural sensitivity of interventions for ethnic minorities is also experienced in practice. The present dissertation was triggered by a policy officer in a multi-ethnic city in the Netherlands, who approached a team of researchers for assistance in providing preventive parenting support to ethnic minority parents. In anticipation of a forthcoming policy change, he had several concerns:

Although we need to take care of all families, some vulnerable groups might need a bit more attention than we give on average. We lack insight - we require information on what the ethnic minority groups need and want - and we need to know what works, to be able to integrate this in the existing services

In that municipality, selective parenting support was provided to a number of ethnic minority groups with known risk factors regarding parenting practices and child outcomes, e.g. overrepresentation in child protection services, youth criminality, and school dropout among children (de Boom, van Wensveen, Hermus, Weltevrede, & van San, 2014a, 2014b; Vandenbroucke, Braam, Pels, & Steketee, 2008; VROM,

2009). Parenting support was offered on a small scale, including culturally-specific support consisting of individual advice and group-based parenting support provided by stakeholders, to parents with corresponding ethnic, linguistic and cultural backgrounds, in community centers and other locations in the multi-ethnic disadvantaged neighborhoods. However, from 2013 onwards, selective parenting support targeting ethnic minority groups was no longer financially supported by the national government (Gemeente Den Haag, 2009). On the municipality level, this meant that 'universal' support had to be provided to all parents, irrespective of their ethnic minority background. Practitioners and policymakers were confronted with the challenge to make these universal services also suitable to provide parenting support to ethnic minority groups. Questions were raised about the appropriateness and effectiveness of the existing universal parenting support for all types of parents, in addition to the challenges related to the low participation rates of ethnic minority parents.

Cultural adaptation

There is growing interest in whether and how to adapt interventions to take into account the cultural, linguistic, and socioeconomic context of diverse groups (Bernal et al., 2009). Cultural adaptation is a promising approach to increase the cultural fit of interventions to various settings and target groups (Baumann et al., 2015). Cultural adaptation is defined as the systematic modification of an evidence-based intervention to consider language, culture and context in such a way that it is compatible with the cultural patterns, meaning and values of the target population (Bernal et al., 2009). This can be accomplished by the adaptation of existing interventions, the development of new interventions, or by extracting components of existing interventions to create culturally-tailored parenting interventions (Chorpita, Daleiden, & Weisz, 2005; Lachman et al., 2016a, 2016b; Mejia, Leijten, Lachman, & Parra-Cardona, 2016).

RESEARCH OBJECTIVE

The aim of the work in this dissertation is to explore what adaptations are needed to improve the fit of a parenting intervention for use in multi-ethnic disadvantaged neighborhoods. This research used a bottom-up and systematic approach to assess parents' perspectives regarding their parenting experiences, and to identify their

needs and stressors. Each chapter in this dissertation is a part of this stepwise approach that led to the selection of an intervention, and its adaptation for and evaluation in a multi-ethnic disadvantaged neighborhood in the Netherlands. Before outlining this work in each chapter, we first briefly describe the research context.

RESEARCH CONTEXT

Parenting support in the Netherlands

In the Netherlands, child healthcare services aim to monitor the physical, social, psychological and cognitive development of children (aged 0-23 years), and to identify problems in order to offer timely interventions (Reijneveld et al., 2008; Theunissen, 2013). As part of the child healthcare system, children in the Netherlands undergo 18 routine examinations during their preschool and school-age period. These assessments consist of a physical examination and an interview by a child healthcare nurse or physician with the parents and with older children (aged ≥ 13 years) themselves. Access is universal and independent of insurance status (Reijneveld et al., 2008).

The child healthcare organizations generally function as front offices for the provision of parenting support, which is the responsibility of the local municipalities (Hilverdink, Daamen, & Vink, 2015). Parenting support can be actively offered during or subsequent to routine assessments, and parents can request support or sign-up for planned workshops and courses by contacting the child healthcare organizations. The availability of parenting support for parents depends on local policies and competencies and varies between the various municipalities. Both evidence-based and practice-based parenting interventions are provided. Parenting support is generally offered for free, although a small fee is sometimes requested for program materials.

Ethnic minorities in the Netherlands

In this dissertation, ethnicity is an important construct and is defined as a group of people who share a common culture, religion, language, or nationality (Hughes et al., 2006). There are a variety of ethnic minority groups in the Netherlands, with different migrant histories. In the early 1960s, the Netherlands became an immigration country due to increased prosperity that occurred simultaneously

with reduced emigration, which induced new immigration flows (Zorlu & Hartog, 2000). Immigrants can be divided into three main categories: i) those who were recruited for unskilled jobs, ii) immigrants from former colonies, and iii) more recently, refugees (Zorlu & Hartog, 2000). From the mid-1950s until the mid-1970s, the shortage of unskilled laborers was compensated by the inflow of so-called 'guest workers' (Helberg-Proctor, Meershoek, Krumeich, & Horstman, 2017; Zorlu & Hartog, 2000). These workers were actively recruited (or came spontaneously) from countries such as Italy, Spain, Portugal, Turkey, Greece, Morocco, Yugoslavia and Tunisia. Whereas the chain-migration from Turkey and Morocco has continued during the last decades, the number of south European immigrants largely stagnated after the end of formal recruitment (Zorlu & Hartog, 2000). A more recent rise in the number of labor migrants from Central and Eastern European countries took place with the continuing expansion of the European Union (Friberg & Eldring, 2013).

This period also saw large streams of people arriving from Suriname and the Netherlands Antilles (former Dutch colonies) as a result of the decolonisation process, political events, and economic conditions (Helberg-Proctor et al., 2017; van Niekerk, 2007). In addition, in the 1950s, migration was also due to 'repatriation' from the former Dutch East Indies (the Moluccan islands), and to refugees arriving in the Netherlands from eastern Europe, Vietnam, and Latin America (Helberg-Proctor et al., 2017). Immigration streams are now increasingly dominated by political refugees and asylum seekers. Meanwhile, in the Netherlands, Surinamese, Antilleans, Turks and Moroccans have become the largest ethnic minorities; this population is gradually increasing due to a combination of continuous immigration, family reunification, and a relatively high birth rate (Zorlu & Hartog, 2000).

Of the current inhabitants of the Netherlands, around 20% has an ethnic minority background (defined by the country of birth of a person and his/her parents) (Statistics Netherlands, 2017). The majority of ethnic minorities live in urban areas of the Netherlands, such as Amsterdam, Rotterdam and The Hague (Statistics Netherlands, 2001, 2016). Population censuses in The Hague show that around half of the population has an ethnic minority background, with between 90-95% of this group living in disadvantaged districts characterized by low incomes and low housing prices (Gemeente Den Haag, 2017). This is consistent with the overrepresentation of ethnic minorities in the lower SES groups in many countries (Crul & Doornik, 2003; Emmen et al., 2013). Therefore, this dissertation focuses on parents living

in multi-ethnic disadvantaged neighborhoods, thereby including families of both ethnic minority and lower SES.

OUTLINE OF THIS DISSERTATION

Part 1 of this dissertation addresses issues related to parental concerns and participation in parenting support.

Chapter 2 presents a study assessing factors associated with parental concerns and help-seeking behavior. Whether or not parents experience concerns about their child is an important explanation for the differences in help-seeking behavior; this investigation focuses on the need for and use of support among parents with children at risk for developing problem behavior. Based on research indicating that ethnic minorities are less inclined to report parental concerns, a comparison is made between parents with native Dutch and ethnic minority backgrounds.

Chapter 3 aims to provide an in-depth understanding of parents' beliefs about the parenting problems they encounter and their motivation to seek support. Parents are considered moderators for desirable changes in their children's behavior; therefore, it is important to have an understanding of parents' emic perspectives that may influence their help-seeking behavior. A qualitative approach is used to explore parents' perspectives on undesired parenting situations. Attention is also paid to beliefs about the cause and controllability of parenting problems, and the influence of these beliefs on the intention to participate in parenting support.

Part 2 of the dissertation focuses on the cultural adaptation of parenting interventions.

Chapter 4 explores the effectivity of cultural adaptation of parenting interventions. While various culturally-adapted interventions have been developed, there is no single correct way to culturally adapt an intervention, and little is known about the impact of cultural adaptations (Baumann et al., 2015). This chapter presents a meta-analysis of the adaptations made in group-based parenting interventions targeting ethnic minorities, to determine the type of adaptations made, the process that

informed these adaptations, and to establish whether cultural adaptation enhanced effectiveness.

Chapter 5 describes a three-stage design applied to the selection and adaptation of a parenting intervention for a multi-ethnic group of parents. The mere provision of an intervention to a multi-ethnic group of parents does not guarantee effectiveness if the needs and stressors associated with ethnic minority backgrounds and socioeconomic disadvantage are not taken into account (Lau, 2006). The design of this study (informed by the Intervention Mapping approach) was used to guide the selection of an existing parenting intervention, assess the fit of the intervention with the needs of the target group, decide whether adaptation is necessary, and then (if required) adapt the intervention while safeguarding the core components.

Chapter 6 examines the relevance of the intervention module that was developed to make an existing evidence-based intervention sensitive to the needs and stressors of parents living in multi-ethnic disadvantaged neighborhoods. The module addresses coping strategies and parenting stress and was developed to be incorporated in the Group Triple P intervention. The evaluation aimed to examine the appreciation and relevance of the module by providers and participants, as well as the possibilities to improve the module's content and materials.

Finally, **Chapter 7** presents the main findings emerging from this research, compares the results with other relevant studies, and discusses implications for practice and future research.

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Parental concerns and help-seeking behavior of
parents in the Netherlands with
diverse ethnic backgrounds

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ABSTRACT

This study assessed child, parent and environmental factors associated with parental concerns in families with children at risk for developing problem behavior, and the relation between severe concerns and need for and use of support. These factors were analyzed for parents in the Netherlands with a native and non-native origin.

Data were collected during routine preventive health assessments. Inclusion criteria were: parenting concerns, one or more major life events, care utilization for child or parenting problems during the past year, or elevated scores on screening tools for child psychosocial problems. A sample of 315 parents completed a questionnaire.

Of all parents, 28.3% reported severe concerns on at least one parenting domain. A child's increased score on the Brief Infant Toddler Social Emotional Assessment/Strengths and Difficulties Questionnaire was significantly related to severe concerns in the sample as a whole. Quality of the parent-child relationship and child's age was related to severe concerns in parents of native origin. Parents with severe concerns were in need of more support and were more likely to use support than those without severe concerns. Parents of non-native origin were less likely to report a need for support compared with native Dutch parents.

Similar levels of severe concerns were found in parents of native and non-native origin, but the prevalence differed per parenting domain and for reporting no concerns. Severe concerns were a strong predictor for parents' help-seeking behavior.

INTRODUCTION

Early identification of developmental problems in children is important in preventing severe problems later in life (Durlak & Wells, 1998; Pugliese & Tinsley, 2007). Parents have an important and facilitating role in the pathways to care of their children, because children rely on adults to recognize their problems and initiate service use (Alikaj, Vyshka, Spaho, Skendi, & Suli, 2011; Logan & King, 2001). Asking parents about their concerns regarding the child's behavioral and emotional development has proven useful in recognizing children with mental health problems (Borg, Salmelin, Joukamaa, & Tamminen, 2014; Ford, Sayal, Meltzer, & Goodman, 2005; Goodman & Goodman, 2011; R. Goodman, 1999). Glascoe (2002) and Reijneveld et al. (2008) reported that half of all parents of children aged 1-15 years have various types of parental concerns that, in these parents' opinion, should be discussed with someone outside the family. The prevalence rates of severe concerns is lower, i.e. about 9% of parents as observed by Reijneveld et al. (2008) and Ford et al. (2005).

Glascoe (2002) states that severe concerns reported by parents in standardized questions may give an accurate indication of the need to provide appropriate support. The recognition of a situation as undesirable or problematic has theoretically been identified as the first essential step in the process of seeking help and was found to be positively related to service use (Cauce et al., 2002; D. Goldberg & Huxley, 1980; Verhulp, Stevens, Schoot, & Vollebergh, 2013). Therefore, whether parents experience severe concerns about their child may be an important explanation for the differences in initiating service use.

The present study aimed to identify factors associated with the type and severity of parental concerns. Our hypothesis was that, in line with assessment frameworks of child development, multiple stressors related to the child, the parents and the environmental context will influence the experience of parental concerns by parents and their help-seeking behavior (Horwath & Morrison, 2000). However, some parents are less inclined to share their parental concerns. For example, in the USA it was found that African-American and Latino parents were less likely than European-American parents to report parental concerns (Guerrero, Rodriguez, & Flores, 2011). In the Netherlands, higher rates of problem behavior are found among children from ethnic minority families, while these groups are less inclined to report problems in their children than ethnic majority families (Verhulp et al., 2013). Therefore, we

expected that ethnic minority parents would be less likely to report concerns and less likely to express a need for support.

The present study had two aims: first, to identify factors associated with the severity of parental concerns and parent's help-seeking behavior in families with children at-risk for developing problems and, second, to compare parental concerns and help-seeking behavior between ethnic majority and ethnic minority parents.

METHODS

Data were collected (from September 2013 to October 2014) within the framework of the routine preventive health assessments from the community pediatric services that are provided to all children in the Netherlands. The Medical Ethics Committee considered that approval for this study was not necessary under the Dutch Law (C12.041).

Sample

Families with a child aged between 18 months and 12 years were selected by healthcare workers or research assistants during routine assessments in an urban setting (municipality of The Hague) which are regularly provided to all children. The aim was to include families who experience parenting stress or mildly problematic parenting situations (i.e. parenting tasks are not always performed in an effective way and parents do not always have answers to their parenting questions: Horrevorts et al., 2015) based on the continuum for family functioning as developed by Kousemaker and Timmers-Huigens (Kousemaker, 1997; 1985). Inclusion criteria were: 1) elevated scores on the Strengths and Difficulties Questionnaire (SDQ), which was used in routine health assessment in children from age 5 years (no psychosocial screening instrument was used during routine assessment for children under this age), 2) parenting concerns during the past year, as assessed by the preventive healthcare worker and/or parent, 3) one or more major life event(s) during the past year, as assessed by the parent and/or preventive healthcare worker, and 4) care utilization for psychosocial problems of the child or parenting problems during the past year, as reported by the parent and/or preventive healthcare worker.

In total, 468 parents met the inclusion criteria and received the questionnaire; of these, 315 respondents (67.3%) filled out a digital questionnaire or were interviewed by telephone. To avoid language difficulties, parents could complete the questionnaire by telephone in languages regularly spoken by ethnic minorities in the Netherlands (i.e. Turkish, Arabic and Berber dialect). The respondents were mainly mothers (88.8%) of children aged 18 months to 12 years, of which 63.0% were of school age (e.g. 4 years and older) with a larger proportion of boys (59.7%). Of all respondents, 52.1% were of native Dutch origin (i.e. the respondent and the respondents' parents were born in the Netherlands) and 47.9% of the respondents were of non-native origin (i.e. the respondent or the respondents' parents were born in a country other than the Netherlands) (for details, see Supplementary data, Appendix 1). Non-responders and respondents did not differ with regard to the age and gender of their child. Non-respondents lived in neighborhoods with a lower socioeconomic status (SES); i.e. 57.9% of non-respondents lived in a neighborhood with a low SES versus 38.9% of respondents. The SES of the respondents was extracted from national census statistics and was established on the basis of postal codes for their home addresses, and on the basis of area-specific information of education, income and employment status of the inhabitants.

Measures

Data on *parental concerns* were obtained by questions on the occurrence of concerns during the past 12 months regarding parenting in general, contact with peers, consequences of diseases and behavior, and emotional or developmental problems. Regarding each domain, parents could answer 'no concerns', 'some concerns' or 'severe concerns'. Parents were categorized as i) either having no severe concerns, or ii) having severe concerns for at least one of the domains (Reijneveld et al., 2008).

Data on parents' *need of information, informal and formal support* were obtained by questions on the need for information, assistance or advice regarding their parenting situation. Items were based on the domains 'information', 'family and social support', 'professional support' and 'community services' of the Family Needs Survey (Bailey & Simeonsson, 1990). Items included: information about how to cope with the behavior of my child, a relative to discuss my concerns with, and contact with a professional about my concerns. Parents were asked whether they felt they could benefit from support for each source, for which they could answer 'yes', 'maybe', or

'no'. Parents were categorized as i) having no need for support, or ii) having a need for information, informal support or formal support.

Data on parent's *use of information and support* was obtained by questions on if (and whom) they have asked for advice or support because of their concerns in the last 12 months, for which they could answer 'yes' or 'no' on items including: partner, friend, parents and expert. Parents were also asked whether they had searched the internet for information because of their concerns in the last 12 months, for which they could answer 'yes' or 'no'. Parents were categorized as i) having not used, or ii) having used information on the internet, informal support or formal support.

Child psychosocial stressors referred to an increased psychosocial total problem score as measured by the Brief Infant Toddler Social Emotional Assessment (BITSEA, 25 items: Briggs-Gowan & Carter, 2002) for children aged ≤ 3 years, and the (SDQ, 42 items: Goodman, 1997; van Widenfelt, Goedhart, Treffers, & Goodman, 2003) for children aged ≥ 3 years. These instruments assessed parents' report on the child's social-emotional and behavior competence during the preceding 6 months.

The present study used the total problem scores of the BITSEA and SDQ: children were allocated to have an increased (clinical) or non-increased problem score based on the assessment cut-off points. The cut-off for the total score of the BITSEA was 18.5 (de Wolff, Theunissen, Vogels, & Reijneveld, 2013) and for the SDQ it was 12 or 14.5, depending on the age of the child (Theunissen, de Wolff, van Grieken, & Meiloo, 2016).

Parenting stressors were measured by seven statements on *parenting efficacy* with answers ranging from 'totally disagree' to 'totally agree' (subscale of the Parenting Load Questionnaire: Vermulst, Kroes, De Meyer, Nguyen, & Veerman, 2012). A Cronbach's alpha of 0.84 indicated a good reliability. Scores were dichotomized in normal and (sub)clinical scores, i.e. i) parents with average to high parenting efficacy, and ii) parents with low parenting efficacy (mild to severe problems) (Vermulst et al., 2012). The *quality of the parent-child relationship* was measured by six statements filled in by the parent with answers ranging from 'totally disagree' to 'totally agree' (subscale of the Parenting Load Questionnaire: Vermulst et al., 2012). The variable was dichotomized into i) parents with average to good relationship with their child, and ii) parents with a low quality of the parent-child relationship (mild to severe

problems) (Cronbach's $\alpha = 0.80$). Parents' *mental health* was measured by 12 items of the General Health Questionnaire (GHQ: Hankins, 2008) and parents were allocated to have an increased or non-increased problem score. The problem score was based on reporting one of the two least favorable answers to two or more GHQ 12 items (Goldberg & Williams, 1988).

Environmental stressors were measured by 16 statements on the occurrence of pre-formulated family and environmental *life events* during the past 12 months, e.g. ranging from birth of a child, illness of family members, to unemployment and low income (life events scale of the Brief Instrument Psychological and Pedagogical Problem Inventory: Romijn & Kousemaker, 2001).

As a protective factor, *social support* from family and friends was measured by nine statements, including 'in difficult situations we feel support from friends and family' and 'when necessary we can rely on neighbors or people in the neighborhood' with answers ranging from 'totally agree' to 'totally disagree' (subscale of the Family Questionnaire, GVL: van der Ploeg & Scholte, 2008). The variable was dichotomized into i) parents with an average to high level of social support (no problems), and ii) parents with low social support (i.e. subclinical to clinical problems) (Cronbach's $\alpha = 0.91$).

Child and family background characteristics assessed were: gender, age, family composition, educational level, family income and ethnicity. The *child's age* was dichotomized into preschool (≤ 4 years) and school age (≥ 4 years). *Family composition* was determined by the presence of one or two biological parents in the family. *Educational level* was determined by the highest education level achieved by either of the parents, and classified according to the International Standard Classification. Categories were low (no, primary or lower secondary education), average (upper secondary education or post-secondary non-tertiary education), and high (recognized tertiary education) (UNESCO, 2012). *Family income* was categorized as low (€1000 or less per month), middle (between €1001 and €3100 per month), high (above €3100 per month) and unknown. *Ethnicity* was based on the country of birth of the respondent and his/her parents. Parents were coded to have a native Dutch origin when the respondent and his/her parents were born in the Netherlands. Parents were coded to have a non-native origin when originating from a country other than the Netherlands (i.e. the respondent or his/her parents were born outside

the Netherlands). The majority of participants with a non-native origin, originated from non-industrialized countries (i.e. a country that does not resemble the Dutch population in terms of socio-economic and socio-cultural position (Statistics Netherlands)).

Analysis

First, the prevalence rates of any parenting concerns (i.e. no, some and severe concerns) were assessed; then, separately, those of severe concerns using cross-tabulations with chi-square tests. Second, child, parent and environmental factors associated with severe concerns were explored by multiple logistic regression: first using univariable analyses (non-adjusted) followed by multivariable analyses. To enter in the multivariable model, variables had to be significantly related to severe concerns at the univariable level. The criterion for selecting a variable in the multivariable model was a p-value ≤ 0.10 . Third, the need for support and use of support were analyzed by means of univariable logistic regressions. All analyses were conducted separately for parents of native and non-native origin, to examine how associations might differ between these two groups

RESULTS

Parental concerns

Concerns among parents were highly prevalent, i.e. 54.9% of all parents reported some concerns on at least one domain, and 28.3% reported severe concerns on at least one domain. The highest prevalence rates were related to concerns about children's behavior/emotional or developmental problems (Table 1). Chi-square analysis showed that parents of non-native origin were significantly less likely to report concerns about children's behavior/emotional or developmental problems. Parents of non-native origin were significantly more likely to report no concerns, whereas similar levels of severe concerns in at least one domain were found in parents of both native and non-native origin.

Table 1. Parental concerns in percentages

	Total sample (n = 315)			Native origin (n = 165)			Non-native origin (n = 151)		
	No concerns	Some concerns	Severe concerns	No concerns	Some concerns	Severe concerns	No concerns	Some concerns	Severe concerns
All domains	16.8	54.9	28.3	9.8	62.2	28.0	24.5	47.0	28.5
Parenting in general	46.3	42.5	11.1	44.5	45.1	10.4	48.3	39.7	11.9
Contact with peers	68.9	22.9	8.3	67.7	22.0	10.4	70.2	23.8	6.0
Consequences of disease	78.4	17.1	4.4	80.5	15.2	4.3	76.2	19.2	4.6
Behavior, emotional or developmental problems	36.5	44.1	19.4	28.7	48.8	22.6	45.0	39.1	15.9

Factors related to severe concerns

Univariable analyses showed that severe concerns were significantly more likely i) when the child had an increased psychosocial problem score (OR = 6.27, 95% CI [3.62, 10.84], $p < 0.001$) and ii) was school aged (OR = 1.85, 95% CI [1.08, 3.17], $p < 0.05$), iii) when there was a low quality of the parent-child relationship (OR = 2.47, 95% CI [1.34, 0.55], $p < 0.01$), iv) when parents had low parenting efficacy (OR = 3.28, 95% CI [1.86, 5.78], $p < 0.001$), v) an increased number of life events (OR = 1.15, 95% CI [1.06, 1.26], $p < 0.01$), and vi) a low level of social support (OR = 2.75, 95% CI [1.22, 6.20], $p < 0.05$) (Table 2).

In multivariable regression analysis, an increased psychosocial problem score (OR = 5.01, 95% CI [2.72-9.21], $p < 0.001$), and school age of the child (OR = 2.02, 95% CI [1.08-3.77], $p < 0.05$) remained significant predictors of severe concerns. Analysis per ethnic group revealed that an increased psychosocial problem score was significantly related to severe concerns in both native and non-native parents, and that a low quality of the parent-child relationship and school age of the child was significantly related to severe concerns in parents of native origin (Supplementary data, Appendix 2).

Table 2. Child, parent and environment factors associated with severe concerns

	Total sample			Severe concerns (≥ 1 domain)	
	n ¹	%	% severe concerns	Univariable OR (95% CI)	Multivariable OR ² (95% CI)
Child: psychosocial problem score					
Not increased	219	71.3	17.4	1.00	1.00
Increased	88	28.7	56.8	6.27 (3.62 – 10.84)	5.01 (2.72 – 9.21)
Parent: efficacy					
Average to high	241	78.2	22.8	1.00	1.00
Low	67	21.8	49.3	3.28 (1.86 – 5.78)	1.46 (0.71 – 3.00)
Parent: relationship with child					
Average to good	255	82.8	25.1	1.00	1.00
Low	53	17.2	45.3	2.47 (1.34 – 4.55)	2.14 (0.99 – 4.62)
Parent: mental health problem score					
Not increased	184	58.4	27.2	1.00	
Increased	128	40.6	30.5	1.17 (0.71 – 1.93)	
Environment: number of life events	308			1.15 (1.06 – 1.26)	1.09 (0.98 – 1.22)
Environment: social support					
Average to high	285	91.6	26.7	1.00	1.00
Low	26	8.4	50.0	2.75 (1.22 – 6.20)	1.08 (0.38 – 3.10)
Background: child age					
Preschool	114	37.0	21.1	1.00	1.00
School age	194	63.0	33.0	1.85 (1.08 – 3.17)	2.02 (1.08 – 3.77)
Background: child gender					
Male	187	59.7	32.1	1.00	1.00
Female	126	40.3	23.0	0.63 (0.38 – 1.06)	0.63 (0.35 – 1.16)
Background: family composition					
Two parents	145	52.7	26.9	1.00	
One parent	130	47.3	24.6	0.89 (0.52 – 1.53)	

Table 2. Continued

	Total sample			Severe concerns (≥ 1 domain)	
	n ¹	%	% severe concerns	Univariable OR (95% CI)	Multivariable OR ² (95% CI)
Background: ethnicity					
Native origin	164	52.1	28.0	1.00	
Non-native origin	151	47.9	28.5	1.02 (0.63 – 1.67)	
Background: educational level					
Low	20	6.4	15.0	1.00	1.00
Average	143	46.0	33.6	2.86 (0.80 – 10.25)	3.25 (0.72 – 14.63)
High	148	47.6	24.3	1.82 (0.51 – 6.57)	2.79 (0.61 – 12.80)
Background: income					
Low	32	10.3	34.4	1.00	
Middle	146	46.8	26.0	0.67 (0.30 – 1.52)	
High	95	30.4	26.3	0.68 (0.29 – 1.61)	
Unknown	39	12.5	64.1	1.07 (0.40 – 2.85)	

Bolds: ORs that differ from '1' (reference group) with statistical significance $p < .05$

¹ numbers do not always add up to $n=315$ due to missing data; ² $n = 302$

Need for and use of support

Parents with severe concerns had significantly more need of support and more often used support compared with parents with no severe concerns (OR = 2.74, 95% CI [1.03-7.30], $p < 0.05$; and OR = 4.55, 95% CI [2.61-7.93], $p < 0.001$, respectively) (Table 3) (Fig. 1). Parents of native origin were more likely to express a need for support when having severe concerns (OR = 7.79, 95% CI [1.01- 60.41], $p < 0.05$), whereas non-native parents were not. Parents of both native and non-native origin were more likely to use support when having severe concerns (OR = 5.44, 95% CI [2.34-12.65], $p < 0.001$; and OR = 4.08, 95% CI [1.91-8.73], $p < 0.001$, respectively) (see Supplementary data; Appendix 3).

Analyses per type of support showed that parents with severe concerns had significantly more need of informal support (OR = 2.49, 95% CI [1.50, 4.15], $p < 0.001$) compared with parents without severe concerns (Table 3). Parents with severe concerns made significantly more use of all sources of support: information on the internet, informal support and formal support (OR = 1.94, 95% CI [1.12, 3.34], $p < 0.05$,

OR = 2.53, 95% CI [1.52, 4.20], $p < 0.001$, and OR = 4.25, 95% CI [2.52, 7.17], $p < 0.001$, respectively).

Table 3 Relationship between need for and use of support and severe concerns, univariable analyses (n=315)

Need for support			Use of support		
	Overall need			Overall use	
	% of need	OR of need (95%CI)		% of use	OR of use (95%CI)
No severe concerns	85.2	1.00	No severe concerns	41.6	1.00
Severe concerns	94.0	2.74 (1.03 – 7.30)	Severe concerns	76.4	4.55 (2.61 – 7.93)
	Information			Information on the internet	
	% of need	OR of need (95%CI)		% of use	OR of use (95%CI)
No severe concerns	71.7	1.00	No severe concerns	20.8	1.00
Severe concerns	81.8	1.69 (0.92 – 3.14)	Severe concerns	33.7	1.94 (1.12 – 3.34)
	Informal support			Informal support	
	% of need	OR of need (95%CI)		% of use	OR of use (95%CI)
No severe concerns	38.9	1.00	No severe concerns	27.9	1.00
Severe concerns	60.7	2.49 (1.50 – 4.15)	Severe concerns	49.4	2.53 (1.52 – 4.20)
	Formal support			Formal support	
	% of need	OR of need (95%CI)		% of use	OR of use (95%CI)
No severe concerns	53.1	1.00	No severe concerns	32.7	1.00
Severe concerns	56.5	1.64 (0.99 – 2.72)	Severe concerns	67.4	4.25 (2.52 – 7.17)

Bolds: ORs that differ from '1' (reference group) with statistical significance $p < .05$

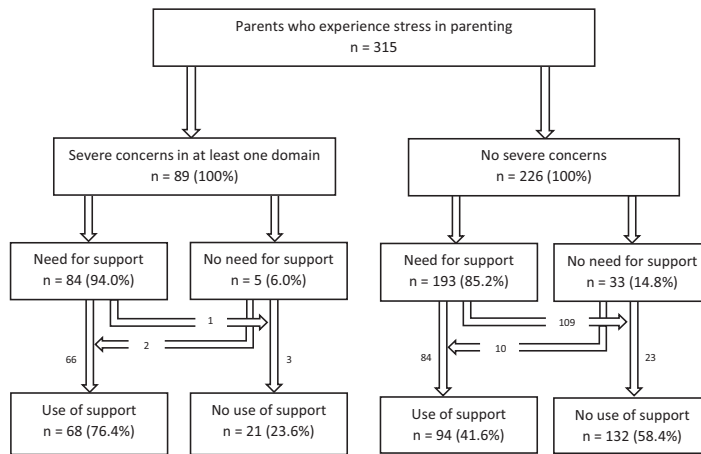


Figure 1. Pathways to need for support and use of support

DISCUSSION

This study examined factors associated with the type and severity of parental concerns in families with children at risk for developing problem behavior, as well as the relation between severe concerns and the need and use of support. Analysis also focused on differences between parents of native and non-native origin.

The results show that 28% of at-risk families had severe concerns about the rearing of their child in at least one domain. Concerns about children's behavior, emotional or developmental problems were most prevalent. First, we expected that stressors in the child, parent or environment would increase the report of severe concerns. While various stressors were associated with severe parental concerns, an important factor was the perceived psychosocial development of the child as measured by the SDQ and BITSEA. This suggests that parent reported concerns are an important indication for their child's psychosocial problems. This is in concordance with Ellingson et al. (2004) who reported that parents with concerns about their child tended to have children with significantly higher overall ITSEA scores. Parents' concerns were not only an accurate and efficient indicator of problems in children (Ford et al., 2005; Glascoe & Marks, 2011), the severity of child problem behavior was seen as the best predictor of service use (Sayal, 2004). Child age was also related to severe concerns, with parents of school-aged children being more likely to have severe concerns compared to parents with pre-school aged children; in contrast, others found more

parental concerns with young children (Reijneveld et al., 2008). In the present study, the effect of increased age of the child was present in parents of native origin but not in parents of non-native origin.

Second, we expected the experience of severe concerns to be positively related to service use. Indeed, the present results show that parental concerns were associated with the help-seeking behavior of parents. Parents with severe concerns were in need of more support and were more likely to use support than those without severe concerns. Earlier studies also showed that parental concerns were an important predictor of help-seeking for children's psychosocial problems (Ellingson et al., 2004; Glascoe & Marks, 2011).

Third, we expected that parents of non-native origin would be less likely to report concerns and would be less likely to express a need for support and make use of support. Although parents of non-native origin were as likely to report severe concerns on at least one domain as native parents, they were significantly less likely to report concerns about the child's behavior, emotional/developmental problems and more often reported to have no concerns. This may suggest that parents are aware of serious problem behavior resulting in concerns, but are less able to identify more subtle problem behavior. This is in concordance with others reporting that ethnic minority groups tend to apply higher thresholds when identifying problems (Hackett & Hackett, 1993; Kroening, Moore, Welch, Halterman, & Hyman, 2016; Roberts, Alegria, Roberts, & Chen, 2005). Also, parents of non-native origin were as likely to use support as native parents, but less often reported the need for support. Parents of non-native origin might identify distress in their children, but may not identify them as specific problems that need particular attention and support (Logan & King, 2001). Additional studies are required to analyse the potential influence of health beliefs concerning self-efficacy, susceptibility or severity of the problems, or barriers to take action (Rosenstock, Strecher, & Becker, 1988).

A limitation of the present study is that parental concerns were only assessed in one parent, and self-reports were used to assess parental concerns. However, parental concerns are a sensitive measure of children's problems regarding behavior, emotions and consequences of diseases; also, parents with severe concerns more frequently reported problems in validated questionnaires (Crone, Zeijl, & Reijneveld, 2016; Reijneveld et al., 2008). Caution is required when interpreting the present results,

as the sample is not representative for the entire population in the Netherlands, e.g. non-response was higher for parents with a lower SES and we deliberately included a sample that covers a population at risk for problems. Also, due to the cross-sectional design, no conclusions can be drawn about causality.

Considerable differences have been found between ethnic populations, with Turkish-Dutch and Moroccan-Dutch parents showing different levels of emotional problem identification and mental health care use compared with other immigrant parents, and parents from industrialized countries (Crone, Bekkema, Wiefferink, & Reijneveld, 2010; Verhulp et al., 2013). This emphasizes the importance of differentiating the results between ethnic groups; however, due to the limited sample size, this was not possible in present study. Furthermore, (parental) country of birth has its limitations as a classification of ethnicity (Crone et al 2010). People who are classified as 'non-native' may have a different ethnic background, and country of birth does not cover all dimensions of ethnicity, such as ethnic identity. However, country of birth is objective and stable, and allows for comparisons over time and between studies (Stronks, Kulu-Glasgow, & Agyemang, 2009).

The present study shows that parents with severe concerns make more use of support; however, this does not preclude that there are parents with an unmet need for support. Providers of pediatric primary care have frequent contact with almost all children; moreover, parents tend to take the recommendations of primary care providers seriously and often change their behavior in response to these recommendations (Glascoe & Leew, 2010; Nelson, Wissow, & Cheng, 2003; Young, Davis, Schoen, & Parker, 1998). Asking parents about their concerns may not only be a good indicator for the development of child problem behavior, but may also be a key determinant of whether parents make successful use of these services. Glascoe and Marks (2011) state that asking parents about their concerns increases the collaborative relationship between parents and professionals, resulting in an increase in the likelihood that parents will follow through with the recommendations of professionals. A collaborative relationship might be strengthened by using a multi-informant approach. Borg et al. (2014) found that a one-question screening for parents and public health nurses together, effectively identified children with mental health problems. Also, the child's self-evaluation was taken into account, resulting in complementary information, especially with regard to emotional problems. Further

research may establish whether a collaborative approach indeed results in more effective use of appropriate services.

CONCLUSIONS

This study suggests that it is important to ask parents about their concerns, because the psychosocial development of the child proved to be an important predictor for severe concerns. Parental concerns were an important factor in the help-seeking behavior of parents. Parents with severe concerns had more need of and made more use of support. Similar levels of severe concerns were found in these parents of both native and non-native origin; however, the prevalence differed per parental domain and for reporting no concerns. Although concerns about children's behavior, emotional or developmental problems were most prevalent, they were less often reported by parents of non-native origin. Furthermore, non-native parents with severe concerns were less likely to report a need for support compared with native parents, although the use of available support was similar.

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APPENDIX 1

Table i. Child and family characteristics of study participants

		All n = 315		Native origin n = 164		Non-native origin n = 151		
		n	%	n	%	n	%	p
Child: age	Preschool	114	37.0	51	31.1	63	41.7	*
	School age	194	63.0	112	68.3	82	54.3	
Child: gender	Male	187	59.7	96	58.5	91	61.1	
	Female	126	40.3	68	41.5	58	38.9	
Parent: gender	Male	35	11.2	20	12.3	15	10.0	
	Female	278	88.8	143	87.7	135	90.0	
Family: composition	Two parent	145	52.7	84	57.1	61	47.7	
	One parent	130	47.3	63	42.9	67	52.3	
Family: educational level	Low	20	6.4	6	3.7	14	9.5	
	Average	143	46.0	74	45.1	69	46.6	
	High	148	47.6	83	51.2	65	43.9	
Family: income	Low	32	10.3	6	3.7	26	17.6	***
	Middle	146	46.8	75	45.7	71	48.0	
	High	95	30.4	66	40.5	29	19.6	
	Unknown	39	12.5	17	10.4	22	14.9	

*=p<0.05 **= p<0.01 ***=p<0.001

APPENDIX 2

Table ii. Child, parent and environment factors associated with severe concerns for native and non-native parents, multivariable logistic regression

	Native origin n = 160	Non-native origin n = 139
Child: psychosocial problem score		
Not increased	1.00	1.00
Increased	5.55 (2.21 – 13.91)	4.95 (2.04 – 12.02)
Parent: efficacy		
Average to high	1.00	1.00
Low	1.16 (0.41 – 3.30)	1.89 (0.63 – 5.61)
Parent: relationship with child		
Average to good	1.00	1.00
Low	4.74 (1.40 – 16.05)	1.10 (0.35 – 3.42)
Environment: number of life events	1.07 (0.91 – 1.26)	1.09 (0.92 – 1.30)
Environment: social support		
Average to high	1.00	1.00
Low	2.55 (0.45 – 14.57)	0.61 (0.15 – 2.55)
Background: child age		
Preschool	1.00	1.00
School age	4.41 (1.51 – 12.93)	1.27 (0.54 – 2.98)
Background: child gender		
Male	1.00	1.00
Female	0.76 (0.32 – 1.79)	0.60 (0.24 – 1.49)
Background: educational level		
Low	1.00	1.00
Average	4.47 (0.26 – 77.12)	2.88 (0.47 – 17.51)
High	3.46 (0.19 – 64.09)	2.62 (0.42 – 16.46)

Bolds: ORs that differ from '1' (reference group) with statistical significance $P < .05$

APPENDIX 3

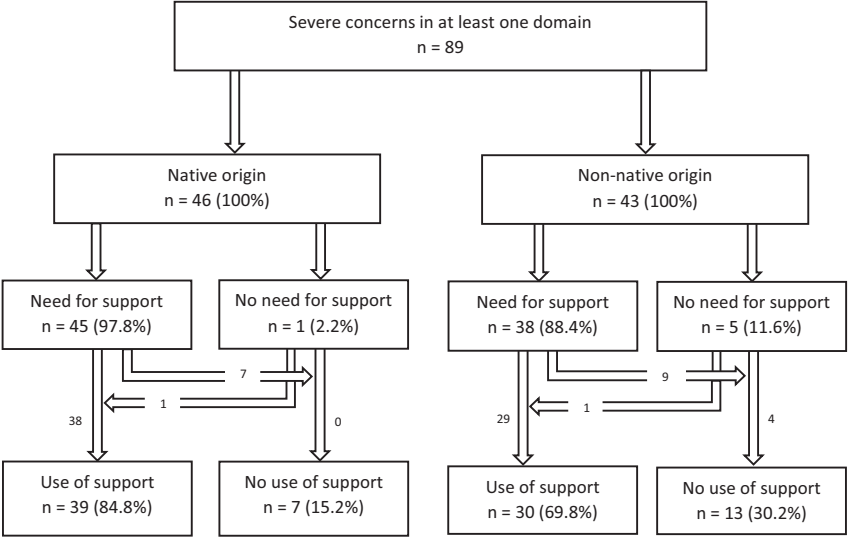


Figure i. Pathways to need for support and use of support, for parents of native and non-native origin





Parents' beliefs about the cause of parenting problems and relevance of parenting support

Understanding low participation of ethnic minority and low socioeconomic status families in the Netherlands

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T.V.M. Pels
R. Reis

ABSTRACT

To provide in-depth understanding of parents' beliefs about the causes of parenting problems, and the perceived relevance of parenting support in a sample of ethnic minority and low socioeconomic status (SES) families.

Cross-comparative analyses were performed on qualitative data from 61 parents (age child: 0–15 years) of two ethnic minority groups (Antillean-Dutch and Moroccan-Dutch) and one ethnic majority group (native Dutch) in the Netherlands. Methodology included in-depth qualitative interviews followed by focus groups. Atlas.ti software was used to manage and analyse data inductively.

Parenting support was perceived to be less relevant if parents related the cause of parenting problems to stress and external factors. Low-SES and ethnic minority parents more often emphasised unfavourable living conditions and living in two cultures as causes for parenting problems. Parents considered parenting support most relevant during periods of rapid change in their children, or in their parenting role.

Results indicate that beliefs regarding the cause and controllability of problems are important to understand parents' motivation to participate in parenting support. Notable differences were found regarding the period during the child's life that parenting support was perceived as most relevant. Motivation to participate was higher during various stages of transition, which ranged from the transition to parenthood, to toddlerhood, the age of seven, and adolescence.

INTRODUCTION

Having concerns is a general aspect of parenting. Half of parents have concerns about the rearing of their child or the child's development that in their opinion should be discussed with someone outside the family (Reijneveld, de Meer, Wiefferink, & Crone, 2008; Zeijl, Crone, Wiefferink, Keuzenkamp, & Reijneveld, 2005). Frequent concerns are most often found in parents of young children, ethnic minority parents, and parents with low income levels (Reijneveld et al., 2008). Parents' concerns are pivotal in seeking care and contacting professionals, as they are the agents who determine whether their child's behaviour or the parenting situation call for professional support (Lau & Takeuchi, 2001; Nock, Ferriter, & Holmberg, 2007; Reijneveld et al., 2008). Professional parenting support has positive effects on parenting effectiveness, child behaviour and family functioning (e.g.: Barlow, Smailagic, Huband, Roloff, & Bennett, 2014; Gross et al., 2009; Webster-Stratton, 1998). Although parental concerns about a variety of problems are common, this does not necessarily result in participation in parenting support.

A small body of research has tried to understand participation in parent and child mental health interventions (Ingoldsby, 2010). These understandings are in general based on theories originating from the health psychology domain. Engagement studies using behaviour change theories posit that parent's perception about the treatment process, outcomes, providers, and setting influence their participation (e.g. Health Belief Model, Theory of Planned Behavior) (Ajzen & Fishbein, 1975; Spoth & Redmond, 1995). Studies based on social cognitive or self-efficacy theory emphasise the importance of parent's abilities to change and engage in treatment (Bandura, 1977). In addition, studies using the transtheoretical model underline the motivational stages of people to start treatment (Miller & Rollnick, 2002). Although these theories provide some insight into the psychology of parents and children to engage in mental health interventions, they do not refer to reasons for participation in preventive parent training programmes.

Although considerable knowledge is available about factors associated with participation, less is known about the mechanisms and parents' perceptions that influence motivation (Ingoldsby, 2010). For example, it was found that the chance of participation decreases when a person perceives parenting support as unlikely to create a positive change (Nock et al., 2007; Scheppers, van Dongen, Dekker,

Geertzen, & Dekker, 2006; Thornton & Calam, 2011). This, however raises the question why parents believe that a positive change will not occur; should this be linked to their perceptions regarding causes of parenting problems? For instance, if a parent believes that their child's problems are a result of spiritual issues, this may not result in seeking professional support but rather in seeking guidance from religious leaders (Yeh et al., 2005). Thus, beliefs about the aetiology of a problem reflect how a person perceives and interprets problems, as well as the possible solutions. Therefore, parents' beliefs are thought to influence whether (or not) professional support is considered relevant (Haslam, Ban, & Kaufmann, 2007; Kleinman, 1980; Lau & Takeuchi, 2001; Verhulp, 2014). Research on the aetiology of problems and help-seeking mainly focus on adult populations with mental health problems or children with diagnosed mental health and behaviour problems (Lau & Takeuchi, 2001; Sood, Mendez, & Kendall, 2012; Verhulp, 2014; Yeh, Hough, McCabe, Lau, & Garland, 2004). This study aims to provide more insight into parents' beliefs regarding parenting problems and their motivation to seek support.

Parents' beliefs are associated with the social and cultural context in which people live, as well as their ethnic and migrant background (Bornstein & Cote, 2004; Durgel, van de Vijver, & Yagmurlu, 2013; Lau & Takeuchi, 2001). Requirements and influences of particular cultures and socioeconomic environments provide a frame of reference for interpreting and responding to child behaviour and family functioning (Cheah & Chirkov, 2008; Durgel et al., 2013; Yagmurlu & Sanson, 2009). This means that differences may exist between first- and second-generation immigrants due to divergent migrant experiences, and between low- and middle-income families due to divergent experiences of economic hardship. Little is known about sociocultural influences on parent's beliefs and motivation to seek support when experiencing parenting concerns (Lau & Takeuchi, 2001; Yeh et al., 2004), therefore we explored these sociocultural similarities and differences.

Parenting support is defined as individual or group-based programmes for supporting parents in rearing their children, provided by formal services for family support or by non- or semi-formal support services (e.g. community based, voluntary sector organisations). A deeper understanding of why parents are (not) motivated to participate in professional support when having concerns, may enable agencies to improve the fit between provided services and the needs and perceptions of the potential users. This study focuses on families characterised by low-income and

ethnic minority status (e.g. a group of people who share a common culture, religion, language, or nationality, with or without a recent migration experience, who face structural barriers as a result of their minority status (Hughes et al., 2006; Ogbu, 1987). These families have more frequent concerns on one hand, and participate to a lesser extent in preventive parenting support on the other hand (Baker, Arnold, & Meagher, 2011; Heinrichs, Bertram, Kuschel, & Hahlweg, 2005), whilst being overrepresented in compulsory forms of care such as child protection services (Fluke, Yuan, Hedderson, & Curtis, 2003; Lu et al., 2004). Qualitative approaches are considered most appropriate as they enable in-depth understanding of parents' viewpoints and experiences regarding the relevance of parenting support (Koerting et al., 2013; Mills et al., 2006). Data are collected from both ethnic minority and majority groups with low-SES status in the Netherlands.

METHODS

Ethnic minorities in the Netherlands

The selection of ethnic minority groups was informed by the overrepresentation of problems among Antillean-Dutch and Moroccan-Dutch youth in school drop-out, unemployment and youth criminality (de Boom, van Wensveen, Hermus, Weltevrede, & van San, 2014a, 2014b; Vandenbroucke, Braam, Pels, & Steketee, 2008; VROM, 2009) and the overrepresentation of families in child protection services (van der Gaag & Speet, 2010). As the migration history and family characteristics of the ethnic minority groups vary, additional information is provided.

The Netherlands, like most other Western and Northern European countries, has faced rapidly growing numbers of immigrants from different countries since the 1980s. The two largest migration flows to the Netherlands are immigrants from the former Dutch colonies (Dutch Indies, Netherlands Antilles, and Suriname) and 'guest workers' from Mediterranean countries (mainly Italy, Morocco, Spain, and Turkey). Antilleans, Moroccans, Surinamese and Turks became the largest ethnic minority groups in the Netherlands (Statistics Netherlands, 2012; Zorlu, 2018). Moroccan immigrants in the Netherlands have on average lower levels of education and poorer Dutch language proficiency compared with other immigrant groups in the Netherlands (Statistics Netherlands, 2008). Families have on average a high number of children and many Moroccan inhabitants of the Netherlands marry partners

with the same ethnic background (Deniz & van der Pijl, 2015; Garssen & Roovers, 2008; Statistics Netherlands, 2012). The majority of Moroccan immigrants in the Netherlands are Muslim. Compared with other ethnic groups in the Netherlands, Antillean families (including Aruban families) have a high percentage of single-parent households and teenage pregnancies (Deniz & van der Pijl, 2015; Lindeman, Booi, & Cohen, 2010; Statistics Netherlands, 2012; van der Praag & Niphuis-Nell, 1997).

Data collection

As we aimed to reflect the diversity within the target population, purposive sampling was used to recruit participants (Pope & Mays, 2007). We included parents who expressed having concerns about their child or their parenting behaviour, first- and second-generation immigrants, and parents with a different SES. Parents of children between the age of zero and fifteen were included. This study aimed to include a wide spectrum of changes that children undergo during their development, because these may affect parents' beliefs and their motivation to participate in parenting support. Parents of children until the age of 15 years are included, as the early adolescence period is a critical point in child development often resulting in an increase in child problem behaviour (Montemayor, Adams, & Gullotta, 1990; Wigfield, Burnes, & Eccles, 2015). Recruitment of the participants was facilitated by employees of local organisations and community health services. Data were collected by means of semi-structured interviews and focus groups, to triangulate findings. A topic list was used by KM and two trained interviewers to ask about parental concerns, help-seeking behaviours, and causes of undesirable parenting situations. Participants were encouraged to provide as much information as possible in response to these issues and to contribute any additional related topics. When participants did not speak Dutch or preferred to speak in their native language, a translator was present.

Interviews and focus groups were audio-taped, transcribed ad verbatim, and anonymised; confidentiality and anonymity were guaranteed at the beginning of the interviews and focus groups. Permission to audiotape was declined in six interviews and one focus group. The participants distrusted the use of the recorded material or were embarrassed about their language proficiency. In these latter cases, extensive notes were made during the interview. Data were collected until data saturation was attained (Guest, Bunce, & Johnson, 2006). We aimed to interview at least ten

participants per ethnic group: additional interviews and focus groups were held until no additional themes were identified that were informative to the focus of this study.

Sample

Data were collected from 61 participants, consisting primarily of mothers ($n = 58$). Interviews were held with fourteen Antillean-Dutch, eleven Moroccan-Dutch and thirteen native Dutch parents with a child of 15 years and younger. Two focus groups were conducted with Antillean-Dutch parents and three focus groups with Moroccan-Dutch parents. Individual interviews and focus groups had a mean duration of 59 min.

Children of interviewed participants had a mean age of five years, compared with a mean age of thirteen years in focus groups participants. This difference is related to the higher age of the parents and a higher number of children in the households of the focus group participants, which yielded a larger age range for the children. The majority of parents of Antillean-Dutch and Moroccan-Dutch descent were born outside the Netherlands ($n = 40$). Antillean-Dutch parents frequently formed single-parent households. The mean SES of the resident neighbourhood of all three ethnic groups was lower than the average SES in the Netherlands. Additional information on the demographics of participants is available in the supplementary data (Appendix 1).

Data analysis

Data analysis was facilitated by Atlas.ti 6.2 software. A selection of four interviews was independently and inductively coded by KM, RR and MC. The meaning of the codes was compared and discussed until consensus was obtained. Subsequently, other interviews were coded by KM and refinement of the coding and a thematic content analysis was performed in close cooperation with RR and MC. A constant comparative method was used to identify relations in the data, and analyses were conducted between and within cases. Data were analysed with attention paid to parent and family characteristics, such as migration history and SES. Additional information on the methods used is included in the supplementary data (Appendix 2).

RESULTS

The results of the study are presented below. First, an overview is given of the concerns expressed by the parents. This overview represents the context for the main theme, i.e.: parents' beliefs about the cause of parenting problems and parents' motivation to participate in parenting support.

Parental concerns

Parental concerns were highly comparable between the ethnic groups. Concerns about children were expressed in relation to the child's behaviour, health and development, the parent-child relationship, and the child's school performance. Concerns were mainly related to the child's behaviour, as parents found it difficult to cope with undesirable behaviour. Concerns about the family context were expressed in relation to finances, maternal mental health, and partner relationships. In addition, ethnic minorities expressed concerns about the cultural alienation of their children due to living in the Netherlands, and Moroccan-Dutch parents were concerned about discrimination against their children.

Feelings of insecurity were reflected in parents' expressed concerns about their competence as a parent. Insecurity was attributed to single parenthood, lack of experience (i.e., being a 'first-time' parent), the parenting style of one's own parents (i.e., lack of a good example), and unsolicited advice from family members and in-laws. Feelings of insecurity were intensified when parents experienced minimal social support.

Parents beliefs and parenting support

Motivation to participate in parenting support entailed more than reporting having concerns about their parenting situation. The two core components that influenced parents' motivation to seek support were: i) parents beliefs about the cause, and ii) the controllability of parenting problems. Notable differences were observed in beliefs regarding the cause of parenting problems. Our findings are presented according to the main cause that was emphasised per ethnic group, with parents reflecting upon why parenting support would be relevant to resolve or prevent the problems. Because parents' beliefs about adolescence showed less divergence, these results are presented for all groups together.

Children with strong personalities

Native Dutch parents believed that the 'strong personality' of the child was an important cause of parenting problems. This is illustrated by a mother reporting on the behaviour of her youngest daughter:

My oldest, she was so quiet. When I saw children screaming in the grocery shop, I thought ... you know [frowning face]. However, the youngest does it too. She just screams, very loud. You're embarrassed because of the people around you. However, at the same time, this is not something you teach your child. It's her character. That's also beautiful to see, her strong personality, but a bit harder with regard to parenting. Yes, that's... more difficult (native Dutch mother, 48 years old, 2 children)

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According to parents, a strong personality was either the result of an inborn quality of the child or experiences during childhood such as illness. Parents with several children emphasised that parenting a child with a strong personality was more challenging than parenting their other child(ren).

To resolve or prevent problems related to undesired child behaviour, parents emphasised the importance of fine-tuning their parenting strategies to be effective for a particular child. As many parents believed that a child's personality was to a large extent unchangeable, they underscored the importance of changing their parenting behaviour to satisfy the needs of their children. Parenting support was considered relevant, as it provided the opportunity to learn a variety of strategies. First-time parents were especially motivated to participate in group based parenting support, to learn from the experiences of other parents, and to learn about what can be considered 'normal child behaviour'.

Overall, the motivation to participate in parenting support was stronger during the toddler years compared with other ages of the child. This was attributed to experiences in which their child's undesired behaviours were intensified by toddlerhood:

My oldest has a strong temper, especially when he was about 1 ½ years old. He would get really frustrated. Pull his hair, bang his head against the floor. But nothing was the matter. You see that kind of behaviour more often around

that age, depending on the temperament of the child. That's why I thought 'a parenting course might be good, then I can learn more about how to deal with him' (native Dutch mother, 32 years old, 2 children)

Parents who described their child as having a strong personality were more motivated to participate in parenting support after the toddler years compared to other parents, as they expected challenging parenting situations throughout their child's life. In contrast, parents who experienced recent setbacks with regard to finances, employment, health and relationship quality or divorce, were less motivated to participate in parenting support. This was more often the case in families with low-SES as they more frequently experienced an accumulation of setbacks in several areas of life. The priority of these parents consisted of resolving problems in the family context, as they expected parenting situation to improve when other problems had been properly addressed.

Children's sensitivity and stress

Antillean-Dutch parents considered parents' stress to be an important cause of parenting problems. Parents emphasised children's sensitivities and believed that children are influenced by parents' experiences of stress from the moment they are conceived:

I believe a child behaves as it does as a result of all of the child's experiences since being a baby. You might laugh every day, but if you're stressed, your child senses this. Your child can feel this from the moment he's in your womb. I believe my son is restless and crying, because of everything that happened (Antillean-Dutch mother, 23 years old, 2 children, 2nd generation)

Parents prioritised managing sources of stress and parents' reactions to stressful situations, as this would minimise the negative effect on their child(ren). As a result, parents were most motivated to participate in support for commonly experienced sources of stress: teenage pregnancy, single parenthood, financial problems, and parents' psychosocial well-being. Other reported causes for parenting problems were a lack of good parenting examples and corporal punishment by their own parents. As a result, parents felt incompetent to respond to their children's needs and had little knowledge of effective discipline strategies.

Although parents frequently felt unprepared for and overwhelmed during the transition to parenthood, this situation did not always motivate them to seek support. This was especially the case for young parents with negative views about the parenting behaviour of their own parents. They expressed a desire to raise their child independently from formal or informal support in order to prove their competence as a parent:

I did it my way, and I didn't want anybody to tell me how to do it. I experienced a lot in the past and, as a result, you want to prove yourself so that nobody can say...You want to show that you're capable of doing it (Antillean-Dutch father, 41 years old, 2 children, 2nd generation)

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When children displayed undesirable behaviour, parents were sometimes sceptical about the ability to change this behaviour as they believed that the negative influence of stress could not be reversed. Therefore, in retrospect, some parents regretted not having participated in parenting support when confronted with parental stress early in the life of the child. Parents who were motivated to participate in parenting support believed that their children's behaviour could be improved once they learned how to effectively implement parenting strategies in stressful or emotional situations.

Children living in two cultures

Moroccan-Dutch parents considered that living in two cultures was an important cause of parenting problems. First-generation immigrants, who recently migrated to the Netherlands, felt that problems could be prevented when they improved their Dutch language proficiency, which would facilitate a good parent-child relationship. This was less often found in second-generation immigrants, as they generally had better Dutch language proficiency:

Different society, different culture. He lives between two cultures. I need to integrate; I want to learn the language properly. If your understanding of the Dutch language is better, you can parent your child better. Otherwise, there will be a lack of contact between parent and child and parents may not understand their child, their needs (Moroccan-Dutch mother, 25 years old, 1 child, 1st generation)

Parents emphasised the negative external influence of peers and the media, especially in relation to alcohol use and (sexual) relationships. It was felt that children's misbehaviours could be prevented by limiting exposure to negative external influences. This was considered important as parents believed that the effects would otherwise accumulate and create problems when their children grew older.

Parents had concerns about how to appraise and incorporate the values of the 'new country' in their child-rearing behaviour. Especially second-generation Moroccan parents emphasised the importance of incorporating Dutch child-rearing behaviours, as they were of the opinion that the parenting style of their own parents was not sufficient or appropriate for the task they faced in raising their child 'between two cultures'. Parents who held these beliefs, considered parenting support relevant as it provided them with an opportunity to learn new parenting strategies and learn from the experience of other (immigrant or non-immigrant) parents in the Netherlands.

Parents were more motivated to participate in parenting support when they felt challenged in their parenting role. This was especially felt by first-generation immigrants when their child turned age seven and fourteen years. The emphasis placed on these ages was related to beliefs regarding the development of a child as specified by three separate stages and appropriate parenting behaviour related to these stages (0–6 years, play with them; 7–13 years, discipline them; 14–20 years, befriend them):

From the age of seven, you should teach them good behaviour. A child can be parented from this age on. As in my son of seven I notice that if he does something, he reacts differently than before. You notice a change in his mind. And beyond the age of seven, when they turn fourteen years old, you need to be their comrade. When a child reaches puberty, he is exploring, he will position himself, he will choose his friends from the age of fourteen. At that time, their father or mother should take the role of... not his role model... but his friend (Moroccan-Dutch father, 36 year old, 2 children, 1st generation)

The above mentioned stages of transition were less often mentioned by second-generation parents, and these parents more often expressed the need for support during the toddler years and puberty.

Beliefs about adolescence

Irrespective of their children's ages, all parents were concerned about problems in their children's behaviour during adolescence, especially in relation to the influence of the media and peers. This anxiety was triggered by stories from other parents and information in the media regarding "misbehaving" youth. Although parents frequently expressed the importance of preventing their children from misbehaving during (pre-)adolescence, their ideas about how to succeed varied. The majority of parents felt that significant changes in their parenting behaviour were not necessary as they believed that satisfactory parenting behaviour throughout their children's lives formed a basis for preventing problems during adolescence. Moroccan-Dutch parents also emphasised the role of the father and social control by neighbours and family members, which should become more prominent. Parents who were motivated to participate in parenting support during (pre-)adolescence of their child were often triggered by concrete (mis)behaviour of their children or poor school performance.

DISCUSSION

From the inductive analyses, two core components that structured parents' beliefs on parenting problems emerged that can be described as cause and controllability. Differences were found between ethnic groups in the perceived cause of the undesired parenting situation, in which parents emphasised the importance of the child's sensitivity, personality, and living in two cultures. Parents also held beliefs about whether and when the problem could be solved or prevented and the degree to which parenting support could play a role in achieving this.

The qualitative methods used in this study aim to provide a comprehensive and contextualised understanding of parents' beliefs. Striking similarities were found between the components that emerged from our inductive analysis, and the components of the self-regulation framework developed by Leventhal et al (2003; 1992), i.e.: the Common-Sense Model of Self-Regulation (CSM). According to the CSM, an individual's response to illness is based on how (s)he perceives and interprets symptoms in terms of what has caused them and of opportunities to bring about change, which impacts whether help-seeking is initiated. Cause and controllability are two of the five components of the CSM which strongly emerged

from our data. Our study also includes information on other components of the CSM, i.e. the timeline (i.e. beliefs about how long a problem might last and whether it is acute, cyclic or chronic), consequence (e.g. beliefs about the consequence of the problem) and, to lesser extent identity (i.e. the name given to a problem and symptoms that appear to go with it). Although the CSM was developed to explore self-regulation in relation to health and illness (Leventhal et al., 2003; 1992), our findings indicate that the model can also be used to study parenting problems. The results also support the cultural salience of the model as it can be used to investigate and compare lay beliefs of ethnic groups. We recommend that future research incorporates the CSM in the study design, as a deductive approach to this topic may help to elucidate individual perceptions of parenting problems and the related help-seeking behaviours.

Although detail differed, parents considered parenting support more relevant during periods of rapid change in their children, or in their parenting role. This finding is consistent with previous studies indicating that caregivers are more likely to be responsive to new information and motivated to learn skills when addressing emerging challenges prompted by rapid changes in their children's development (Gardner, Shaw, Dishion, Burton, & Supplee, 2007; Power et al., 2013). This would explain the emphasis placed on the toddler years by native Dutch parents and on adolescence by all parents, as these are stages in which rapid changes occur related to the cognitive and social development of children, as well as changes in schooling and social relationships in adolescence (Collins & Steinberg, 2007; Erikson, 1963; Montemayor et al., 1990). Studies on child development indicate that the general idea of development change is always an interchange between the person and environment (Bronfenbrenner, 1979; Kessen, 1979; Super & Harkness, 1986). This underlines the importance of the social context when considering the different stages emphasised by ethnic groups in the present study.

Antillean-Dutch parents emphasise the transition to parenthood and the enduring influence of stress on the child's behaviour, in which stress is transmitted from the parent to the child. An analogy can be found in a study on the impact of maternal emotions on infant health in Bolivia (Tapias, 2006); this study explains how emotions generated by social suffering (e.g. economic hardship, domestic violence) played a role in how women perceived their children's health, in which maternal emotions are seen as the vector through which babies and infants develop enduring problems.

Antillean-Dutch parents also emphasised the social suffering they experience resulting in strong emotions, especially during the transition to parenthood, with a significant proportion of the mothers experiencing young motherhood, financial hardship and single-parenthood.

The beliefs of first-generation Moroccan-Dutch parents seem salient as they discerned three stages in their children's development which they associated with specific parenting behaviour (0–6 years, 'play with them'; 7–13 years, 'discipline them'; 14–20 years, 'befriend them'). First, emphasis on the age of seven years is comparable to results from cross-cultural research on the 'five to seven year old shift' (Mounoud, 1996; Rogoff, Sellers, Pirrotta, Fox, & White, 1975; Weisner, 1996). Studies revealed a universal conceptualisation of childhood development during this period, in which new roles and responsibilities are assigned to both the child and the caregiver during or after this stage (Mounoud, 1996; Rogoff et al., 1975). Second, although previous studies on Moroccan-Dutch families also organised age-appropriate parenting in intervals, the three stages as described by parents in the present study were not yet specified (Pels, 1991, 63; 1998, 73-75). Research among Turkish families show a comparable pattern, in which young children are treated with indulgence (i.e. not expected to follow rules and misbehaviour is met with great tolerance) until the age of 5 to 7 years, and this is then replaced by a parenting style that is more demanding and strict (Citlak, Leyendecker, Schölmerich, Driessen, & Harwood, 2008; Khounani, 2000; Leyendecker, 2003; Pluger-Schindelbeck, 1989). We postulate that the three stages in this study resemble Islamic views on child development; a literature review of Islamic websites and Internet forums identified a quote from an Islamic authority that is consistent with our findings: 'Play with them for seven [years], teach them manners for seven [years] and let them enjoy your companionship for seven [years]' (additional information is available in the supplementary data, Appendix 3). To our knowledge, no studies have identified Islamic views on child development and related parenting behaviour according to these seven-year intervals, which might be related to the increased influence of religious sources among Muslim immigrant families (Distelbrink & Pels, 2015). More research is required on this topic, also examining the beliefs of first- and second-generation immigrant Muslim parents and the influence of religious identity and religious sources.

Second-generation migrants felt that the child-rearing behaviours of their own parents were not sufficient for raising their child 'between two cultures'. They therefore considered parenting support relevant as it enables them to learn new strategies and to incorporate Dutch child-rearing behaviours. Although results indicate an integration orientation among second-generation migrants, this may result in the false assumption that acculturation can be explained by the length of residence or generational status (Tardif-Williams & Fisher, 2009; Yagmurlu & Sanson, 2009). Acculturation is a complex and dynamic process, and was not the main focus of this study. Future research on this topic may provide valuable information on the link between acculturation and development expectations and the use of parenting support (Coll & Pachter, 2002). We would advise the use of qualitative methods as they enable a person-centred analysis and can reveal fluctuations in acculturation experiences within a family context (Tardif-Williams & Fisher, 2009).

This study aimed to provide an in-depth understanding of what motivates parents to participate in parenting support. Parents that did not report any concerns were not included; this might be a limitation of this study as it is incorrect to assume that these parents do not experience any problems. It is known that ethnic minority and low-SES parents are more likely to have frequent concerns, but often express these concerns to a lesser extent (Reijneveld et al., 2008). There are many barriers that can prohibit parents from expressing their concerns, e.g. psychological barriers related to fear of being judged, and distrust of professionals (Koerting et al., 2013). Also, parents may have difficulty in recognising problems, as ethnic minority parents seem to be less able to detect mental health problems in their children and may have a tendency to apply higher thresholds when identifying problems (Roberts, Alegria, Roberts, & Chen, 2005; Verhulp, Stevens, van de Schoot, & Vollebergh, 2013). The present study elucidates parents' beliefs on the causes of parenting problems and the relevance of parenting support. However, it is important to note that recognition, as well as expression of the problems, is an important first step in the process of seeking support (Cauce et al., 2002; Srebnik, Cauce, & Baydar, 1996).

Comparison of ethnic minority and majority groups may confound cultural and educational differences, as the latter group is often better educated (Durgel et al., 2013). We attempted to overcome this by means of purposive sampling, which resulted in recruitment of low-SES parents in both the ethnic minority groups and the majority group. When studying groups, there is a risk of stereotyping by treating

a large and diverse group of people as being of the same kind. When interpreting the results of this study it is important to be aware of intersecting factors, and the fact that ethnic minority groups are not static entities (Harwood, Handwerker, Schoelmerich, & Leyendecker, 2001). For example, there may be within-group differences related to migration history (first- and second-generation immigrants), gender, and religious orientations.

Gaining the trust of the participants was crucial as parenting and parental concerns are sensitive topics. We attempted to address this issue by recruiting study participants using key persons. These measures resulted in data from a variety of parents, including those who are often perceived to be difficult to reach (Dingoyan, Schulz, & Mosko, 2012; Hussain-Gambles, Atkin, & Leese, 2004). However, some issues related to trust could not be overcome, e.g. a few parents did not grant permission to audiotape the interview due to their insecurity about their language proficiency, or fear of the misuse of the recorded interviews. Apparently some concerns remained even after thoroughly informing the parents. Although extensive notes were taken, these data lack the details gained with audiotaped interviews. However, this lack of detail did not negatively influence the findings as data for all ethnic groups were collected until data saturation was achieved.

Implications for policy and practise

Ideas on the causes of parenting problems differ, and ethnic minority and low-SES parents perceive that parenting support is less likely to create change as they emphasised causes related to the family situation and its context. Parents considered it relevant to change their relationship with the social surrounding (e.g., integration and stress management) or to change the family context (e.g., finances and partner relationship). These perspectives may be related to the social reality of ethnic minorities and low-SES families, who often have to raise children in unfavourable living conditions and may be exposed to higher levels of distress due to the accumulation of risk factors (e.g., neighbourhood violence, poverty, teenage motherhood, one-parent families) (Atzaba-Poria, Pike, & Deater-Deckard, 2004; Jäkel & Leyendecker, 2008). Information about and awareness of parents' beliefs and family context are useful for providers of parenting support, because this enables providers to incorporate or demonstrate sensitivity to these elements. This may involve a focus on the sociocultural context of families during parent support, such as discussing coping strategies for stressful situations. We

recommend informing parents about the relevance of parenting support during early childhood, as parents sometimes express a need for support in retrospect (e.g. Antillean Dutch parents) or are less motivated to seek support before the age of 7 years (e.g. first-generation Moroccan-Dutch parents) thereby potentially missing chances for preventive parenting support. Also important is the optimal timing for providing parenting support, as many evidence-based interventions focus on infancy, toddlerhood, preschool, or puberty. Our advice for policy makers is to consider whether there are other moments in a child's life for which parenting support can be provided, e.g. preterm, and around the age of seven years.

Parents had divergent ideas regarding the cause and controllability of parenting problems. Professionals will probably bring explanatory models to the treatment context (Kleinman, Eisenberg, & Good, 1978), with influences from the attributes of parenting interventions (e.g. social learning theory, attachment theory). Discrepancies between beliefs of the professionals and parents may result in differences in ideas about how the problems can be prevented or solved. Such a situation may increase the risk of noncompliance and dropout (Foulks, Persons, & Merkel, 1986; Kleinman et al., 1978). It is important to invest in the alliance between parent and professional, as parenting support is most successful when based on an interactive model of learning which values parents' own ideas and experiences (Statham, 2000). Therefore, we advise policy-makers to invest in both cultural sensitivity training and communication training for providers of parenting support, as this may increase awareness on the influence of divergent explanatory models on treatment success as well as skills to establish an interactive and effective relationship with parents that seek support.

CONCLUSIONS

The aim of this study was to provide an in-depth understanding of parents' beliefs on parenting problems, and the perceived relevance of parenting support in a sample of ethnic minority and low-SES families. Beliefs regarding the cause and controllability of problems are important to understand parents' motivation to participate in parenting support. The results indicate that ethnic minority and low-SES parents often attribute parenting problems to external family factors and stress(full) events. Native Dutch parents more often perceived their children's personalities to be the

most important cause of the problems. Parents considered parenting support to be more relevant in periods of rapid change in their children or in their parenting role. Motivation to participate was higher during stages of transition, which ranged from the transition to parenthood, to toddlerhood, the age of seven years, and adolescence. Parents are often asked to be active participants in parenting support, based on the premise that parenting practices are a moderator for desirable changes in the child behaviour (Lundahl, Risser, & Lovejoy, 2006). Therefore, parents' beliefs about the aetiology of parenting problems are important to better understand and potentially influence their motivation to participate in parenting support.

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APPENDIX 1

Table i. Characteristics of study participants

	Interviews			Focus groups	
	Antillean-Dutch	Moroccan-Dutch	Native Dutch	Antillean-Dutch	Moroccan-Dutch
N	14	11	13	8	15
Parent characteristics					
Age, in years (mean, SD)	30 (11.1)	33 (4.3)	35 (5.0)	34.75 (9.5)	42.67 (6.0)
Gender (% female)	93	91	92	100	100
Migration history (% first generation)	71.4	72.7	n.a.	87.5	100
Child characteristics					
Age in years, (mean, SD)	7 (7.6)	5 (4.1)	4 (4.1)	9 (6.4)	15 (5.0)
Family characteristics					
Children in household (mean, SD)	2.3 (1.3)	2.5 (1.2)	1.7 (.73)	2.6 (1.68)	4.9 (1.46)
Single parent household (%)	85.7	18.2	61.6	62.5	6.7
Socioeconomic status					
Socioeconomic status neighborhood ¹	-2.1 (1.8)	-1.1 (2.0)	-0.3 (1.3)	n.i.	n.i.
Educational level (% average to high level ²)	50	73	77	37.5	20
Daily occupation					
Work (%)	14.3	36.4	69.2	25	20
Education (%)	28.6	0	0	12.5	0
Unemployment/household (%)	57.1	63.6	30.8	62.5	80

¹ A status score is presented, which represents the status of a neighborhood. The higher the score, the higher the status of the neighborhood. A low score indicates a low status. The score is derived from a number of characteristics of the people who live there: level of education, income and position on the labor market. The status of the neighborhoods is based on data from 2010. The average status in 2010 was 0.17 (the Netherlands Institute of Social Research).

² Educational level was determined by the highest level of education completed and then dichotomized according to the International Standard Classification of Education: 1) low level (no primary, primary or lower secondary education) and (2) average to high level (upper secondary education or post-secondary non-tertiary education and recognized tertiary education) UNESCO Institute for Statistics. International Standard Classification of Education ISCED 2011. Montreal, Quebec, Canada, UNESCO Institute for Statistics; 2012.

APPENDIX 2

Table ii. Additional information and criteria of qualitative studies applicable to our study, based on the COREQ checklist (Tong, Sainsbury, & Craig, 2007)

Domains and items	Description
<i>Domain 1: Research team and reflexivity</i>	
Personal characteristics	
1. Interviewer/facilitator	Author KM conducted 24 interviews and all focus groups. Two trained interviews (interviewer A and B) conducted a total of 14 interviews. During focus groups a female translator was present, which was either a staff member of the community centre which organized the focus group or a bilingual staff member of the LUMC.
2. Credentials	MSc (KM), BSc (interviewer A and B)
3. Occupation	PhD student (KM), master student internship (interviewer A and B)
4. Gender	Female
5. Experience and training	KM underwent training in qualitative research and facilitating focus group interviews and had several years of experience in conducting qualitative research. Interviewer A received training to conduct qualitative interviews as part of her master's degree program. Interviewer A and B were trained by KvM and interviews were closely monitored and discussed.
Relationship with participants	
6. Relationship established	No relationship with participants was established prior to the focus group interviews and all but 3 interviews. The trained interviewers had a former relationship with respectively 1 (interviewer A) and 2 (interviewer B) participants as these participants were recruited through the social network of the interviewers.
7. Participant knowledge of the interviewer	The interviewers explained the study goals and the reasons for choosing this particular study population at the start of the interview.
8. Interviewer characteristics	The interviewers were researchers and interns. KvM and interviewer A were from native Dutch descent, interviewer B was from Antillean-Dutch descent. When a translator was present, this was mostly a bilingual person with the same ethnic origin as the participants. As participants may have felt prohibited to speak freely about their parenting situation (e.g. for fear of gossip), the anonymity of the participants were explicitly discussed at the start of the interview.
<i>Domain 2: Study design</i>	
Theoretical framework	
9. Methodological orientation and theory	Inductive thematic content analysis was used during the process of analysis.
Participant selection	

Table ii. Continued

Domains and items	Description
10. Sampling	Purposive sampling by key persons was used to recruit participants. Key persons were important, well-known persons within a community and professionals involved in parenting support who used their contacts to put the researcher in contact with potential participants. Key persons were: employees of community centres, employees of community and cultural organizations, providers of parenting support and social workers.
11. Method of approach	Potential participants were approached face-to-face by key persons, after which the researcher was either introduced in person by the key person or received the contact details to be able to make an appointment for the interview. After participation, participants received a 10-euro gift voucher.
12. Sample size	In total, 38 interviews and 5 focus groups (with 23 participants) were held.
13. Non-participation setting	As the recruitment was mainly performed by key persons we have no insight in the number of people who declined participation. We do have more information on the process between the moment of contact with potential participants and the concrete interview, as we noticed a difference as to the introduction 'in person' or by receiving the contact details of potential participants. When being introduced in person, the interview of focus group interview could often be conducted immediately at a location suitable for the participant. When having received contact details after which an appointment for an interview had to be made, more investment was needed to conduct the interview. In these cases, interviews were more often cancelled or rescheduled. Reasons for cancellation and rescheduling were mostly: lack of time, sickness of the potential participant, and forgetting the appointment. As to focus groups, the key persons oversampled and we would wait to see how many persons would show up at the given time and location.
14. Setting of data collection	Interviews and focus group interviews were held at location which were familiar to the participant and where they felt safe and at-ease. The location preference was in most cases the participants' home for individual interviews and a community centre or cultural organisation for focus groups.
15. Presence of non-participants	Non-participants during interviews were in some cases the child(ren) of the participant, as interviews were often conducted in the participants' home. This was most practical for the participant, as they did not have to organize child care. Children present were mainly young children of pre-school age. When older children were present in the house, these children were not present during the interview. When older children entered the room in which the interview was conducted, the interview was paused as parents did not feel free to discuss their parental concerns in the presence of their child. During three interviews, other people were at the location in which the interview was conducted, as the participants chose the general area of a community centre or school as the location for the interview. The parents did not show unease in relation to the interview being conducted in the presence of others.

Table ii. Continued

Domains and items	Description
16. Description of sample	The mean age of participants ranged from 30 (Antillean-Dutch) to 42 (Moroccan-Dutch). The variety in ages of parents was largest in the Antillean-Dutch sample, due to more teenage parents in this ethnic group. The mean age of children of the participants ranged from 4 years (native Dutch) to 15 (Moroccan-Dutch) and the children in the household ranged from 4.9 (Moroccan-Dutch) to 1.7 (native Dutch). Antillean-Dutch parents more often formed single-headed households (between 62.5 and 85.7%) in comparison to native Dutch parents (61.6%) and, especially, Moroccan-Dutch parents (between 6.7 and 18.2%). Native Dutch parents were most often employed (69.2%), and more than 60 percent of Antillean-Dutch and Moroccan-Dutch parents were without a paid job, either describing their position as being unemployed, or being a housewife or student.
Data collection	
17. Interview guide	A topic list was used to probe questions about: family characteristics, parental concerns, help-seeking behavior and causes for undesirable parenting situations. The interview guide was pilot tested with members of the target population.
18. Repeat interviews	No repeat interviews were carried out.
19. Audio/visual recording	The interviews and focus group interviews were audio-taped (Olympus digital voice recorder VN-8500PC).
20. Field notes	Field notes were taken during interviews and focus groups. Notes were made as to remarks regarding anything noteworthy to the content of the interview, to remind the interviewer to further elaborate on a topic, and to events during the interview (e.g. interruptions, visible emotions, presence of other persons)
21. Duration	On average, interviews and focus groups lasted an hour, with a maximum of two and a half hours.
22. Data saturation	Data was collected until reaching data saturation. We beforehand aimed to interview at least 10 participants per ethnic group. Next, we conducted additional interviews and focus groups until no new themes relevant to our study emerged. We concluded to having reached data saturation after three consecutive interviews or focus group interviews did not result in new themes.
23. Transcripts returned	Transcripts were not returned to participants.
<i>Domain 3: Analysis and findings</i>	
Data analysis	
24. Number of data coders	The coding of four interviews were done by KM, RR and MC. They independently coded each transcript inductively before comparing and discussing the meaning of the codes until consensus was reached. Other interviews were coded by KM and refinement of coding and thematic content analysis was performed in close co-operation with RR en MC.

Table ii. Continued

Domains and items	Description
25. Description of the coding tree	-
26. Derivation of themes	Themes were identified derived from the data. First, themes and patterns were analysed within each of the individual interviews and subsequently a cross-case analysis was conducted as the data of different participants were compared to gain a better understanding of the variations between them. Thematic content analysis, including merging or subdividing codes and allocating to themes, was performed by KM and validated by MC and RR until consensus was reached.
27. Software	Atlas.ti 6.2 was used to manage the data.
28. Participant checking Reporting	Participants were not contacted to provide feedback on the findings
29. Quotations presented	Participants quotations are presented to illustrate the themes and findings. The quotation is identified by the characteristics of the participant (i.e.: information on gender, age, ethnicity, number of children) which still guaranteed anonymity. Quotes are translated from Dutch to English by the first author.
30. Data and findings	Data presented and findings are consistent.
31. Clarity of major themes	Major themes are summarized in the results section.
32. Clarity of minor themes	Minor themes are discussed in the results section.

APPENDIX 3

Internet search of internet sources and Islamic forums (December 2014):

http://english.bayynat.org.lb/Editorials/Miscellaneous_parenting.htm_ http://english.bayynat.org/Family/Family_ResponsibilityTowardsYouth.htm_ <http://www.ummah.com/forum/archive/index.php/t-248077.html> <http://islamview.org/word/Parenting%20Summary.doc>
<http://muslimvillage.com/forums/topic/33837-ali-ra-advice-for-raising-children/page-2>
<http://www.slideshare.net/pengembara90/child-development-in-islamic-perspective>



4

Parent training programs for ethnic minorities

A meta-analysis of adaptations and effect

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ABSTRACT

This meta-analysis focuses on parent training programs for ethnic minority families and reports on (i) the adaptation of program content and (ii) the process that informs these adaptations. Relevant studies are reviewed to determine the adaptations made and the impact of the adaptations on parenting and child outcomes.

Studies were eligible for inclusion if they enrolled predominantly ethnic minority parents with children aged 0–12 years, used a randomized controlled trial design with post-intervention assessments, focused on group-based parent training programs and on prevention of parenting problems, and reported parenting behavior outcomes. A total of 18 studies were included in the analysis.

The results show that parent training programs targeting ethnic minority parents have a small but significant effect on improving parenting behaviour ($k = 18$, Cohen's $d = 0.30$), child outcomes ($k = 16$, Cohen's $d = 0.13$), and parental perspectives ($k = 8$, Cohen's $d = 0.19$). Most of the programs made adaptations related to surface and deep structure sensitivity. Programs with cultural adaptations, especially deep structure sensitivity ($k = 7$, Cohen's $d = 0.54$), are more effective in improving parenting behavior.

Because only a third of the included studies provided details on the processes that guided the adaptations made, additional studies are needed to provide information on the process of adaptation; this will enable others to learn from the procedures that can be undertaken to culturally adapt interventions

INTRODUCTION

Several studies have tested the efficacy of parent training programs to prevent parenting problems in varying subgroups, and, generally, such programs have a positive influence on parenting skills and child behavior (e.g., Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003; Kaminski, Valle, Filene, & Boyle, 2008). However, the effectiveness of parent training programs varies based on participants' characteristics and features of the parent training programs (Lundahl, Risser, & Lovejoy, 2006). Former studies indicate that an ethnic minority status is associated with poorer outcomes (Griner & Smith, 2006; Lundahl et al., 2006). Researchers warn of the dangers of disseminating evidence-based interventions among diverse populations if such programs were originally developed according to European-American cultural norms and expectations (Cardona et al., 2012) and emphasize the relevance of cultural sensitivity and ecological validity for treatment and outcomes (Bernal, Jiménez-Chafey, & Domenech Rodríguez, 2009).

With increased knowledge on evidence-based interventions, attempts have been made to adapt and develop parent training programs for ethnic minority groups (Baumann et al., 2015). Earlier meta-analysis indicates that by integrating factors such as language, cultural beliefs and explanatory models into the intervention, culture-sensitive programs may improve the target population's acceptance and the effectiveness of the intervention (Griner & Smith, 2006; Smith, Domenech Rodríguez, & Bernal, 2011). However, there is a lack of evidence to guide practitioners on how best to culturally adapt interventions (Sidhu, Gale, Gill, Marshall, & Jolly, 2015). The aim of the present meta-analysis was twofold. First, the included studies were reviewed to determine (a) the type of adaptations made to the parent training programs and (b) the extent to which the process that informed the adaptations is described. Second, we examined the influence of the adaptations on program effectiveness, i.e., the extent to which parenting problems were prevented in ethnic minority families.

Cultural adaptation frameworks

There is no single correct way to culturally adapt parent training programs and no rule stating that every evidence-based intervention should be adapted (Baumann et al., 2015; Domenech Rodríguez, Baumann, & Schwartz, 2011). When considering cultural adaptations, frameworks providing guidance may inform the adaptation of

either the program content, or the process of adaptation (Ferrer-Wreder, Snudell, & Mansoor, 2012). One such framework focusing on the content of the adaptation (in other words, on what to adapt) is the cultural sensitivity model (Resnicow, Baranowski, Ahluwalia, & Braithwaite, 1999). This distinguishes between surface and deep structure adaptations. Surface structure sensitivity involves matching program materials and messages to the characteristics of the target population (e.g., language, locations, and people). Deep structure sensitivity refers to incorporating elements that influence the behavior of the target group (e.g., cultural, social, and environmental factors). Frameworks directed at the process of adaptations guide decisions about when and how to adapt and which stakeholders to involve in the process. These models generally recommend to incorporate the expertise of stakeholders to inform the adaptations, the use of formative research, and to perform evaluation studies of the adapted intervention (Baumann et al., 2015; Domenech Rodriguez et al., 2011). The present study combines a qualitative synthesis regarding the process and content of cultural adaptations, with a meta-analysis examining how adaptations impact the outcomes and effectiveness. We assess whether studies that provide information on the process of adaptation are more effective than those that do not describe the process of adaptation. This is based on the assumption that researchers that report the process of adaptations make better-informed choices resulting in improved outcomes in the target population. We also assess how the type of adaptations influences program effectiveness. It is reported that studies with more cultural adaptations are more effective than studies with fewer cultural adaptations (Smith et al., 2011). Based on the cultural sensitivity model of Resnicow et al. (1999) we assume that the impact is a result of the type of adaptations rather than the number of adaptations. Therefore, we compare programs with deep structure adaptations, surface structure adaptations, and no adaptations. Our hypothesis is that programs with deep structure adaptations will have enhanced effectiveness.

METHODS

Study selection

The parenting programs that are the focus of this meta-analysis are group-based interventions aimed at improving the quality of the parent-child relationship by changing parenting practices, aspects of parental functioning, and the child's emotional and behavioral adjustment. The following seven criteria were applied for study inclusion: (1) the study sample consisted of predominantly ($\geq 50\%$) ethnic minorities (i.e., a group of people who share a common culture, religion, language, or nationality (Hughes et al., 2006); we focus on ethnic groups that are minority groups in the country in which the intervention was delivered); (2) the intervention participants had a child aged 0–12 years (preschool to elementary school); (3) the intervention focused on the prevention of parenting problems (i.e., universal, selective, or indicated preventive interventions); (4) the intervention was group based; (5) the study reported a measure of parenting skills or behavior; (6) the study reported immediate post-intervention assessments; and (7) the study was a randomized controlled trial. Having a post-intervention assessment was chosen as an inclusion criterion because, with a preventive sample, long term effects are generally more difficult to demonstrate because different processes and outcomes may be involved (Sandler, Schoenfelder, Wolchik, & MacKinnon, 2011). Recently, the number of preventive parenting programs has increased exponentially and policy makers emphasize the need for systematic development and evaluation of these programs (Bakermans-Kranenburg et al., 2003). Therefore, the present study focused on preventive parent training programs. Programs were excluded when they were intended for children or parents who displayed clinically apparent or diagnosed with mental health problems or problem behaviour (i.e., above a clinical cut off point) and when parenting skills and behavior outcomes were only related to lifestyle behavior (e.g., physical activity, diet, and substance use) or literacy behavior. Individual programs (home-visiting programs and programs with an individual format) were also excluded. Since these programs are generally tailored to the individual needs of parents, cultural adaptations differ between parents. This makes it difficult to categorize these adaptations and compare them with the inbuilt or systematically planned adaptations in group programs (i.e., brief structured programs with a specific focus on parenting). A computer search was made in PsycInfo, PubMed, Medline, Embase, Web of Science, Cochrane/Central, and Cinhal/Academic Search Premier for all studies published up to August 2015. The search was performed using the

following terms in varying combinations: parent program, minority group, ethnic, low income, disadvantaged community, and randomized controlled trial. Initially, this strategy identified 1327 studies. Preliminary study selection was based on scrutiny of the abstracts, which were reviewed by KM and MC, to determine whether they met the inclusion criteria. The preliminary screening resulted in 167 studies, each of which was assessed by reading the full article. Any disagreements were resolved by consensus, and a third reviewer (MW) was consulted in case of uncertainty about inclusion. When studies did not report immediate post-intervention data or the data were incomplete, the authors were contacted to provide additional data. Finally, 18 studies were included in the meta-analysis. The supplementary data (Appendix 1) describes the selection of the studies; Table 1 lists and provides details on the included studies.

Outcome measures

Preventive parent training programs generally operate under the premise that changes in parenting behaviour will also affect child outcomes. Therefore, dependent measures in studies most often include some combination of child and parent outcomes. In the present study, as a primary outcome, changes in parenting behavior were examined. As a secondary outcome, we investigated changes in parental perceptions and in child (psychosocial) behavior.

Primary outcome Effect sizes were computed from measures of parenting behavior based on parental self-reported and observed measures. Most studies used only self-reported measures, whereas some combined both self-reported measures and observations of parent/child interactions. A diverse range of scales, subscales, and revised scales was reported by the studies (see the supplementary data: Appendix 2). Self-reported measures generally included broadband instruments, such as the Parenting Scale (PS: Arnold, O’Leary, Wolff, & Acker, 1993). Observational methods included (among others) the Dyadic Parent–Child Interactive Coding System-Revised (DPICS: Robinson & Eyberg, 1978).

Secondary outcomes Measures of parental perceptions of parenting were derived from self-reported instruments, such as the Parenting Stress Index (PSI: Abidin, 2015). The included child outcomes were related to child psychosocial development. Measures of child psychosocial behavior generally involved parent-reported measurements, whereas some studies combined self-reported measures and observations of parent/

child interactions. The Eyberg Child Behavior Inventory (ECBI: Eyberg & Robinson, 1983) was often reported as a measure of child psychosocial behavior. Examples of observational methods used by researchers included the Dyadic Parent–Child Interactive Coding System (DPICS: Robinson & Eyberg, 1978)

Effect sizes

Cohen's *d* was used as a measure of the effect size, which represents the difference between the treatment and control groups expressed in standard deviation units (Lipsey & Wilson, 2001). The effect sizes and the 95% confidence intervals (CI) around the point estimates of the effect sizes were calculated using the software program CMA (Borenstein, Rothstein, & Cohen, 2000). Three meta-analytical data files were constructed, one for each outcome measure (i.e., parenting behavior, child behavior, and parental perspectives). Studies frequently reported results on multiple outcome measures and, incidentally, on multiple treatment conditions. To avoid overrepresentation of any study with multiple effect sizes or multiple treatment conditions, we aggregated the effect sizes within one study (Lipsey & Wilson, 2001). In the case of more than one outcome measure for parenting behavior, child behavior, or parental perspective, the effect sizes were computed separately for each outcome and then aggregated. When studies included two or more intervention arms (e.g., a parent group, a child group, and a teacher group), effect sizes were calculated for the effects of the treatment conditions with the parent group component compared to the control condition.

Table 1. Characteristics of included studies

Study	Intervention		Participants	
	Program name	Number of sessions	Country	Target group
Bjørknes et al. 2013	Parent Management Training – Oregon Model (PMTO)	18	Norway	Muslim immigrant mothers from Somalia and Pakistan, who described their child's behavior as a conduct problem
Brotman et al. 2011	ParentCorps	13	USA	Parents of children enrolled in prekindergarten in schools in large urban school districts
Coard et al. 2007	Black Parenting Strengths and Strategies (BPSS)	12	USA	Low-income caregivers who self-identified as African American
Day et al. 2012	Empowering Parents, Empowering Communities	8	UK	Socially disadvantaged families who identified difficulties in managing the child's behavior
Fagan et al. 2002	Men as Teachers	6	USA	African American fathers of children enrolled in services for low-income families
Ghosh Ippen 1998	(no name)	9	USA	Low-income caregivers who self-identified as Latino
Gottfredson et al. 2006	Strengthening Washington DC Families Project	14	USA	Parent's living in high-risk neighborhoods
Gross et al. 2003	Incredible Years Parenting Program	12	USA	Parents of children enrolled in day care centers that serve low-income families
Gross et al. 2009	Chicago Parent Program	12	USA	Parents of children enrolled in day care centers that serve low-income families
Kim et al. 2008	Incredible Years Parenting Program	12	USA	First generation Korean American mothers
Kim et al. 2014	Korean Parent Training Program (KPTP)	12	USA	First generation Korean American mothers
Lau et al. 2011	Incredible Years Parenting Program	14	USA	Chinese American parents with concerns about parenting or child behavior problems

Moderators		Effect sizes			
Child's age	Adaptations ¹	Methodological rigor ²	Parenting behavior	Child behavior	Parental perspectives
3 - 9	D / D / B	0 / 0 / 0	0.24	0.30	-
4	D / L / E	0 / 0 / 0	0.44	-	-
5 - 6	D / D / E	0 / 0 / 1	1.22	0.54	-
2 - 11	S / L / B	0 / 0 / 0	0.57	0.30	0.16
5.9 (mean)	D / L / B	1 / 0 / 1	0.43	-	0.31
8 - 11	S / L / E	1 / 1 / 1	0.29	0.08	-
0 - 12	B / L / E	1 / 1 / 0	0.00	-0.04	-
2 - 3	S / L / E	0 / 1 / 0	0.50	0.12	0.42
2 - 4	S / D / E	0 / 0 / 0	-0.07	-0.02	-0.04
3 - 8	S / L / B	0 / 0 / 1	0.10	0.01	-
3 - 8	D / D / B	0 / 0 / 1	0.76	0.51	0.51
5 - 12	D / L / E	0 / 0 / 1	0.84	0.76	0.40

Table 1. Continued

Study	Intervention		Participants	
	Program name	Number of sessions	Country	Target group
Leijten et al. 2015	Incredible Years Parenting Program	12 to 18 ³	The Netherlands	Mothers experiencing parenting difficulties due to disruptive child behavior, recruited from outpatient clinics for child and adolescent psychiatry and in deprived neighborhoods
Matsumoto et al. 2007	Triple P Positive Parenting Program	8	Australia	Japanese Australian caregivers
Taylor et al. 1997	Group Well Child Care	7	USA	Mothers with one or more risk factors: poverty, single marital status at delivery, less than high school education, age less than 20 years at delivery, previous substance abuse or history of abuse as a child.
Turner et al. 2007	Triple P Positive Parenting Program	8	Australia	Australian indigenous families with concerns about the child's behavior or parenting skills
Webster-Stratton 1998	PARTNERS	8 to 9	USA	Mothers of children enrolled in day care centers for low-income families
Webster-Stratton et al. 2001	Incredible Years Parenting Program	12	USA	Mothers of children enrolled in day care centers for low-income families
Overall effect size				

¹ Moderators: cultural sensitivity (B=basic, S=surface structure, D=deep structure), process of adaptation (L= no to little information, D= detailed information), program delivery (B=basic, E=enhanced).

² Moderators: type of comparison condition (0=no intervention, 1=alternate intervention), intervention condition (0=parent group alone, 1= parent group plus additional intervention), sample size (0 = more than 35 per condition, 1 = 35 or less per condition).

³ During the study, the number of sessions for the program was extended by the developer.

Moderators		Effect sizes			
Child's age	Adaptations ¹	Methodological rigor ²	Parenting behavior	Child behavior	Parental perspectives
3 - 8	S / L / E	0 / 0 / 0	0.32	0.34	0.07
2 - 10	S / L / B	0 / 0 / 1	0.25	0.38	0.47
0	B / L / B	1 / 0 / 0	0.16	0.11	-
1 - 13	D / L / B	0 / 0 / 1	0.56	0.15	-
4	S / L / B	1 / 0 / 0	0.33	0.10	-
4	S / L / B	1 / 0 / 0	0.04	0.14	-
		0.30	0.13	0.18	

Moderators

Moderator analyses were used to provide a more specific assessment of the effects based on the study characteristics expected to influence outcomes. Two characteristics of adaptations made to parent training programs were coded to assess their potential role as moderating variables: (1) cultural sensitivity and (2) process of adaptation. Cultural sensitivity was coded as “basic”, “surface structure sensitivity”, or “deep structure sensitivity”. Parent training programs were coded “basic” if studies did not report adaptations related to the participant group. The code “surface structure sensitivity” was given when programs adapted program materials and messages to characteristics of the target population (e.g., language, people, location). The code “deep structure sensitivity” was given when programs incorporated elements that influence the parenting behavior of the target group (e.g., content related to cultural, social, and environmental factors). Programs were coded to include detailed information on the process of adaptation and whether the study described the way in which stakeholders’ expertise, data from qualitative or quantitative research, or formal evaluation of the program, informed the adaptations made. See the supplementary data (Appendix 3) for more information on the coding of the above mentioned moderators. Three characteristics of methodological rigor were coded as indicators of internal validity: (i) type of comparison group, (ii) intervention condition, and (iii) sample size. Based on the study of Lipsey and Wilson (2001), who analyzed a large amount of meta-analyses and provided information on study indicators related to methodological rigor, two moderators were created. The type of comparison group in each study was coded as “control group received no intervention” (including waitlist control group) or “control group received an alternate intervention”. The precise intervention condition was coded as “parent group alone” if the parent training program was evaluated as a stand-alone program, or as “parent group plus additional interventions” if the parent training program was evaluated as a part of a wider array of interventions (Table 2). The third moderator related to methodological rigor was the number of participants in the intervention and control condition. Fewer than 35 participants in a condition was considered a small sample size because studies with small sample sizes are known to be positively biased, thereby risking overestimation of the magnitude of effect sizes (Hertzog, 2008). The moderators were tested for homogeneity using the within-class goodness-of-fit statistic (Johnson, 1993). A significant Q_{within} statistic suggests heterogeneity within a set of studies and the need for a moderator analysis. The influence of moderators was calculated using the $Q_{\text{statistic}}$ for between group

differences. The Q_{between} statistic indicates significant differences between the subgroups of a moderator.

Reliability

The first author (KM) coded all studies. A trained graduate student coded a random sample of nine of the 18 studies. Cohen's kappa values were computed for the two categories of moderators, i.e., adaptations and methodological rigor. This resulted in kappa values of 0.55 and 1.00, respectively. These kappa values can be interpreted as a moderate to very good agreement (Viera & Garrett, 2005). Disagreements were resolved by discussions among the coders and, when necessary, were discussed with a third researcher (MC) until consensus was reached.

Publication bias

To address possible publication bias, funnel plots and the failsafe N were examined (Rosenthal, 1979). A funnel plot is a plot of each study based on its effect size and standard error. The plot is expected to show a funnel shape with a symmetrical distribution on the right and left sides of the mean if there is no publication bias. The fail-safe N represents the number of studies required to nullify the intervention effect, i.e., the number of additional studies in which the intervention effect was zero that is needed to increase the p value for the meta-analysis above 0.05.

Table 2. Coding system for moderators

Variable	Coding description
Adaptations	
Cultural sensitivity	B = basic parent training program S = surface structure sensitivity (i.e. matching materials and messages) D = deep structure sensitivity (i.e. content adaptations)
Process of adaptation	L = no to little information D = detailed information (i.e. description how process of adaptations was informed)
Program delivery	B = basic program delivery E = enhanced program delivery (i.e. one or more measures to overcome practical barriers)
Methodological rigor	
Type of comparison group	0 = control group received no intervention 1 = control group received an alternate intervention
Intervention condition	0 = parent group alone 1 = parent group plus additional intervention
Sample size	0 = more than 35 participants per intervention condition 1 = 35 or less participants per intervention condition

RESULTS

Study descriptives

Table 1 provides an overview of the characteristics of the parent training programs. Overall, there was a high percentage of ethnic minorities (range 60–100%) in the study samples. This was the result of the intentional recruitment of parents from ethnic groups (Bjørknes & Manger, 2013; Coard, Foy-Watson, Zimmer, & Wallace, 2007; Fagan & Stevenson, 2002; Ghosh Ippen, 1999; Kim, Cain, & Webster-Stratton, 2008; Lau, Fung, Ho, Liu, & Gudino, 2011; Matsumoto, Sofronoff, & Sanders, 2007; Turner, Richards, & Sanders, 2007) or (for studies targeting parents from deprived neighborhoods) the multi-ethnic composition of these neighborhoods (Brotman et al., 2011; Day, Michelson, Thomson, Penney, & Draper, 2012; Gottfredson et al., 2006; Gross et al., 2003; Gross et al., 2009; Leijten, Raaijmakers, Orobio de Castro, van den Ban, & Matthys, 2015; Taylor, Davis, & Kemper, 1997; Webster-Stratton, 1998; Webster-Stratton, Reid, & Hammond, 2001).

Cultural sensitivity

Of the 18 studies, 16 made adaptations of an existing intervention or created a new culturally tailored program specifically for ethnic minority families (Bjørknes & Manger, 2013; Brotman et al., 2011; Coard et al., 2007; Day et al., 2012; Fagan & Stevenson, 2002; Ghosh Ippen, 1999; Gross et al., 2003; Gross et al., 2009; Kim et al., 2014; Kim et al., 2008; Lau et al., 2011; Leijten et al., 2015; Matsumoto et al., 2007; Turner et al., 2007; Webster-Stratton, 1998; Webster-Stratton et al., 2001). Below, we first describe what adaptations were made: categorized as surface structure sensitivity and deep structure sensitivity. Second, we describe what information was provided regarding the process of adaptation.

Surface structure adaptations Adaptations in language were made in eight studies (Bjørknes & Manger, 2013; Ghosh Ippen, 1999; Kim et al., 2014; Kim et al., 2008; Lau et al., 2011; Leijten et al., 2015; Matsumoto et al., 2007; Webster-Stratton et al., 2001). These adaptations mainly consisted of the translation of program materials. Interpreters or bilingual group leaders were used, and adaptations were made with regard to proverbs and language expression in a minority of studies (Bjørknes & Manger, 2013; Coard et al., 2007; Leijten et al., 2015). Adaptations in persons were made in 12 studies. Matching of group leaders with the characteristics of the participants was reported in seven studies, based on ethnicity (Coard et al., 2007; Gross et al., 2003; Gross et al., 2009; Turner et al., 2007) or with the use of local parents as peer facilitators (Day et al., 2012; Fagan & Stevenson, 2002; Webster-Stratton, 1998). The use of bicultural group leaders who could function as cultural brokers was explicitly mentioned in three studies (Bjørknes & Manger, 2013; Kim et al., 2014; Matsumoto et al., 2007). Three studies paid attention to the homogenization of gender. In two studies, the program was provided to mother-only groups to meet the cultural norms of Muslim women (Bjørknes & Manger, 2013; Leijten et al., 2015), and the third used only male staff in a program provided to fathers (Fagan & Stevenson, 2002). Changes in program materials were mentioned in the seven studies (Bjørknes & Manger, 2013; Brotman et al., 2011; Gross et al., 2009; Leijten et al., 2015; Turner et al., 2007; Webster-Stratton, 1998; Webster-Stratton et al., 2001). Adaptations were made to manuals and video segments to portray familiar and relevant situations for parents, e.g., images in workbooks and video segments depicting families from a variety of ethnic backgrounds (Brotman et al., 2011; Gross et al., 2009; Turner et al., 2007; Webster-Stratton, 1998; Webster-Stratton et al., 2001). To overcome language barriers, pictures were added to the

homework assignments (Leijten et al., 2015) and role-playing was added to the sessions (Björknes & Manger, 2013).

Deep structure adaptations Deep structure adaptations were made in seven studies, in addition to surface structure adaptations (Björknes & Manger, 2013; Brotman et al., 2011; Coard et al., 2007; Fagan & Stevenson, 2002; Kim et al., 2014; Lau et al., 2011; Turner et al., 2007). Deep structure sensitivity included sessions with specific content, which paid attention to large sibling groups, emotion control, racial socialization, cultural and contextual influences on parenting, and communication training (Björknes & Manger, 2013; Brotman et al., 2011; Coard et al., 2007; Fagan & Stevenson, 2002; Lau et al., 2011). More time was allowed to discuss cultural and contextual (e.g., social, political) influences on parenting in two studies (Brotman et al., 2011; Turner et al., 2007). One study reported making the overall program culturally sensitive, by incorporating cultural and religious elements and parenting norms (Kim et al., 2014).

Process of adaptation

Detailed information on the process that guided the adaptations was given in five studies, of which three had surface and deep structure sensitivity (Björknes & Manger, 2013; Coard et al., 2007; Kim et al., 2014), and one study had surface structure sensitivity (Gross et al., 2009). Two studies referred to recent literature and described how this influenced the program development (Coard et al., 2007; Kim et al., 2014), one study used information from a former pilot study to adapt the parent training program (Björknes & Manger, 2013), and another study provided details on the involvement of an advisory board and how this influenced the program development (Gross et al., 2009). Twelve studies with surface or deep structure sensitivity did not offer detailed information on the process of adaptation. Three studies reported collaboration with local stakeholders and information from a pilot study, without providing details on how this guided the process of adaptation of the program (Brotman et al., 2011; Fagan & Stevenson, 2002; Turner et al., 2007). Other studies provided no information on the process of adaptation (Day et al., 2012; Ghosh Ippen, 1999; Gross et al., 2003; Kim et al., 2008; Lau et al., 2011; Leijten et al., 2015; Matsumoto et al., 2007; Webster-Stratton, 1998; Webster-Stratton et al., 2001).

Effect sizes and moderator analysis

Effect sizes regarding the parenting behavior construct, child behavior construct, and parental perspective construct were calculated for 18 studies, 16 studies, and 8 studies, respectively. Table 1 provides an overview of effect sizes per study and the overall effect per outcome construct.

Primary and secondary outcomes

Effect sizes for parenting behaviour ranged from -0.07 to 1.22 , with an overall effect size of 0.30 (95% CI $0.17 - 0.44$). This reflects a small but significant difference between the intervention and comparison groups at immediate post-intervention. The parenting behavior construct contained significant heterogeneity ($Q_{\text{within}} = 34.79$, $p < 0.05$), which implies the relevance for moderator analysis. Effect sizes for child behavior ranged from -0.04 to 0.76 , with an overall effect size of 0.13 (95% CI $0.05 - 0.22$). Effect sizes for parental perspectives ranged from -0.04 to 0.47 , with an overall effect size of 0.19 (95% CI $0.04 - 0.35$). This reflected a small difference between the intervention groups, favoring the intervention group. Homogeneity was tested and was found to be nonsignificant for child behavior ($Q_{\text{within}} = 15.72$, $p > 0.05$) and parental perspectives ($Q_{\text{within}} = 7.80$, $p > 0.05$), indicating no marked variability in reported effect sizes across studies. Therefore, Table 3 presents the results of the moderator analysis for the primary outcome, whereas results of the moderator analysis for the secondary outcomes are described only in the text.

Moderator analysis

Cultural sensitivity was significantly related to effect size ($Q_{\text{between}} = 8.61$, $p < 0.05$). The highest effect size was found for studies with deep structure sensitivity ($d = 0.54$), indicating that the parenting behavior of parents in programs with deep structure sensitivity improved the most. An exploratory moderator analysis indicated that a significant effect was also found for the child behavior construct ($Q_{\text{between}} = 8.13$, $p < 0.05$). Contrary to our expectation, process of adaptation had no significant influence on parenting outcomes. The second set of moderators examined indicators of methodological rigor to ascertain the extent to which effect sizes reflect the impact of the parent training program, rather than the methodological influences or biases. One of the three rigor moderators predicted significant differences in effect sizes for parenting behavior. Studies with a sample size of ≤ 35 per condition had a significantly higher effect for the parenting behavior construct ($Q_{\text{between}} = 4.62$, $p < 0.05$).

Publication bias

A funnel plot was examined for the parenting behavior construct, which was asymmetrical, with a gap in the bottom left hand corner. This indicates that the true effect might be smaller than that found, due to unpublished studies with nonsignificant findings. A calculation of the fail-safe N revealed that 180 unpublished studies with non-significant results would have to exist to reduce the level of significance of the effect size for parenting behavior to a p value ≥ 0.05 .

Table 3. Moderators associated with parenting behavior outcomes

Adaptations	Parenting behavior			
	d	k	Q_{within}	Q_{between}
Cultural sensitivity				8.05*
Basic	0.10	3	2.59	
Surface structure	0.24	10	13.90	
Deep structure	0.54	7	6.59	
Process of adaptation				0.07
No to little information	0.29	15	21.13	
Detailed information	0.35	5	13.19**	
Program delivery				0.00
Basic	0.28	11	9.32	
Enhanced	0.32	9	24.58**	
Methodological rigor	d	k	Q_{within}	Q_{between}
True 'no' treatment control group				2.56
Yes	0.39	13	23.03*	
No	0.17	7	7.91	
Parent training program evaluated as stand-alone program				0.38
Yes	0.31	16	26.10*	
No	0.23	4	6.95*	
Sample size smaller than 35 per condition				5.04*
Yes	0.52	8	7.44	
No	0.22	12	20.00*	

d = effect size k = number of studies C.I. = confidence interval Q_{within} = within-class goodness-of fit
 Q_{between} = between-group goodness-of fit

* $p < 0.05$ ** $p < 0.01$

DISCUSSION

This study includes a wide variety of preventive parent training programs delivered to ethnic minority families. The aim was to (i) describe the type of cultural adaptations made and (ii) the process that informed the adaptations. In addition, the influence of the adaptations on program effectiveness was examined. The current meta-analysis shows the effectiveness of parent training programs for parenting behavior and, to a lesser extent, for parental perspectives and child behavior. The majority of studies made adaptations to the program, consisting of surface structure adaptations (related to language, persons, and program materials) and deep structure adaptations (related to specific content and cultural/contextual influences and norms). As expected, there was a significant positive effect supporting the relevance of making parent training programs culturally sensitive. Programs with cultural sensitivity were more successful in improving parenting behavior compared with interventions without cultural sensitivity. These findings are in line with earlier studies showing that culturally adapted treatments were more effective than non-adapted treatments (Griner & Smith, 2006; Smith et al., 2011). Our study reveals that cultural sensitivity can be achieved in different ways, and it was found that, in particular, deep structure sensitivity resulted in a program effect. These findings may provide a different perspective on former studies indicating that the most effective treatments were those with more adaptations (Griner & Smith, 2006; Smith et al., 2011). Analyses were done on a study level, which implies that cultural sensitivity may not be an integral element of the original parent training program, but rather a one-time adjustment or aspect of program implementation. Also, the topic is subject to report bias, implying that adaptations were only coded when specifically mentioned in the included studies. Only a third of the studies with cultural sensitivity provided information on the process that guided the adaptations made. This is in line with Baumann et al. (2015), who found that few studies provided information on how choices were made regarding adaptations and which stakeholders were involved. Although the process of adaptation was not found to influence program effectiveness, we agree with others in the field of cultural adaptation that it is important to document this process. Detailed information on the process of adaptations enables researchers and professionals to identify the range of adaptations that can be made and provides insight into the relevant procedures that could be undertaken in any process of cultural adaptation (Cardona et al., 2012; Ferrer-Wreder et al., 2012; Griner & Smith, 2006). A requirement for

publication should be that information is provided about the process that guided the adaptations. Transparency is important because adaptations are sometimes based on perceptions of what ethnic minority parents want and a need to be politically correct, as opposed to based on empirical evidence (Morawska et al., 2011).

Strengths and limitations

A limitation of the present study is that a multivariable approach was not possible due to higher number of studies required to perform this approach. Our moderator analysis indicated that programs with cultural sensitivity were more effective; however, the presence of (confounding) study or sample characteristics might account for the differences found. Therefore, further research is required on this topic. Another limitation is the heterogeneity of outcomes in the parent training programs. The studies used a variety of validated and not validated instruments, as well as different outcome constructs for parenting and child behavior. We advocate the use of more standardized and validated instruments and specifically discourage the construction of outcomes by using elements of existing instruments and scales. This not only makes study outcomes less transparent, but it also hinders the comparability between studies. The present study analyzed the impact of methodological rigor. Sample size was found to be a moderator for effect, with stronger effect sizes in studies with small sample sizes. This might be the result of publication bias, because studies with non-significant results are less likely to be published. Based on the fill and trim method, potential publication bias does not appear to be a substantial threat to the results obtained in our meta-analysis. Griner and Smith (2006) mention inadequate funding for the larger-scale studies that are required to provide solid empirical evidence, as a hindrance to further development in the field of cultural adaptation.

Implications

Although the present study focuses on programs that target predominantly ethnic minority populations, the study samples often consisted of populations with both an ethnic minority status and a low socioeconomic status (SES). When implementing a parent training program in multi-ethnic deprived neighborhoods, one needs to be sensitive to the diversity of the target group. Ethnic minority and a low SES often coincide (Costello, Keeler, & Angold, 2001), which argues for adaptations that are sensitive across cultures. An alternative to adaptations (i.e., inbuilt changes to an intervention) is to focus on sensitivity in which interventions have an explicit inbuilt

flexibility to allow professionals and parents to adjust the program elements to their specific values and norms (Mejia, Leijten, Lachman, & Parra-Cardona, 2017).

Our findings show that the preventive effect of parent training programs on outcomes is small but positive. It is important to note that higher initial levels of behavioral problems generally predict greater improvement, due to a larger scope for improvement and more motivation to change (Leijten, Raaijmakers, Orobio de Castro, & Matthys, 2013). Caulkins et al. (2004) showed that, in preventive interventions, even a small effect size can lead to important savings for society when large groups are reached. It is reported that ethnic minorities and disadvantaged families are more difficult to recruit and retain (Furlong et al., 2012). Therefore, it is a challenging task for policymakers and providers of support to recruit ethnic minority families in the most optimal way. Although the present study does not provide information on how cultural adaptations are related to attendance rates, this is an interesting topic for future reviews.

CONCLUSIONS

The majority of programs included in this meta-analysis made adaptations. Detailed information was provided on the type of adaptations and how this was related to program effect. The findings confirm the effectiveness of cultural sensitivity in parent training programs, with deep structure sensitivity resulting in the highest impact on parenting behavior. Only a few studies described the process that guided the adaptations made, which is a barrier to learning from relevant procedures that could be undertaken in the process of cultural adaptation.

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APPENDIX 1

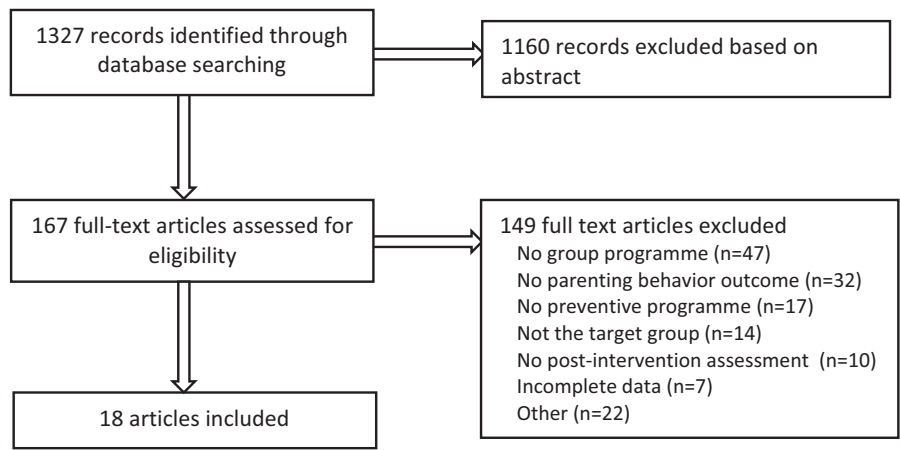


Figure i. Flow chart of inclusion

APPENDIX 2

Table i. Assessment instruments of included studies

Bjørknes et al. (2013)			
Outcome name	Assessment instrument	Information about instrument¹	Reported by
Parenting behavior	Discipline style: harsh (harsh discipline scale, Positive Practices Interview, PPI)	(Webster-Stratton, 1998a)	Parent
	Discipline style: harsh for age (harsh for age scale, Positive Practices Interview, PPI)	(Webster-Stratton, 1998a)	Parent
	Discipline style: appropriate discipline (appropriate discipline scale, Positive Practices Interview, PPI)	(Webster-Stratton, 1998a)	Parent
	Positive parenting (positive parenting scale, Positive Practices Interview, PPI)	(Webster-Stratton, 1998a)	Parent
Child behavior	Problem behavior: conduct problems	Constructed variable, based on Eyberg Child Behavior Inventory intensity scale (ECBI) (Eyberg & Pincus, 1999) and Parent Daily Report (PDR) (Chamberlain & Reid, 1987)	Parent
	Problem behavior (problem scale, Eyberg Child Behavior Inventory, ECBI)	(Eyberg & Pincus, 1999)	Parent
Parental perspectives			

¹ References are cited such as reported in the studies

Brotman et al. (2011)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parenting behavior	Discipline style (appropriate discipline and clear expectations scale, Parenting Practices Interview, PPI)	(Webster-Stratton, 1998a)	Parent
	Parenting practices: Effective behavior management practices (Effective Parenting Test, EPT)	(Calzada & Brotman, 2002)	Parent
	Parent-child interactions: Parenting effectiveness and scaffolding of child behavior (Global Impressions of Parent Child Interactions-Revised, GIPCI-R)	(Brotman et al., 2005; Brotman et al., 2007)	Observer

Table i. Continued

Brotman et al. (2011)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Child behavior			
Parental perspectives			
Coard et al. (2007)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parenting behavior	Parenting practices: monitoring (monitoring scale, Parenting Practices Interview, PPI)	(Webster-Stratton, 1998a)	Parent
	Positive parenting (positive parenting scale, Parenting Practices Interview, PPI)	(Webster-Stratton, 1998a)	Parent
	Discipline style: harsh (harsh discipline scale, Parenting Practices Interview, PPI)	(Webster-Stratton, 1998a)	Parent
	Racial socialization (Parenting Experience of Racial Socialization, PERS)	(Stevenson, 1994)	Parent
Child behavior	Problem behavior: conduct problems (conduct problems scale, Behavioral Assessment System of Children-Parent, BASC-P)	(Reynolds & Kamphaus, 1992, 2002)	Parent
	Social skills: responsibility (responsibility scale, Social Skills Rating Scale-Parent, SSRS-P)	(Gresham & Elliot, 1990)	Parent
	Social skills: cooperation (cooperation scale, Social Skills Rating Scale-Parent, SSRS-P)	(Gresham & Elliot, 1990)	Parent
	Social skills: self-control (self-control scale, Social Skills Rating Scale-Parent, SSRS-P)	(Gresham & Elliot, 1990)	Parent
Parental perspectives			

Table i. Continued

Day et al. (2012)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parenting behavior	Parenting practices (laxness scale, overreactivity scale and verbosity scale, Arnold O'Leary parenting scale)	(Arnold, O'Leary, Wolff, & Acker, 1993)	Parent
Child behavior	Problem behavior (problem scale, Eyberg Child Behavior Inventory, ECBI)	(Eyberg & Ross, 1978)	Parent
	Problem behavior: intensity (intensity scale, Eyberg Child Behavior Inventory, ECBI)	(Eyberg & Ross, 1978)	Parent
	Problem behavior (total score, Strengths and Difficulties Questionnaire, SDQ)	(Goodman, 1997)	Parent
	Problem behavior: conduct problems (conduct score, Strengths and Difficulties Questionnaire, SDQ)	(Goodman, 1997)	Parent
	SDQ: hyperactivity/inattention (hyperactivity/inattention score, Strengths and Difficulties Questionnaire, SDQ)	(Goodman, 1997)	Parent
	Concerns about the child (Concerns about my child measure)	(Scott, Spender, Doolan, Jacobs, & Aspland, 2001)	Parent
Parental perspectives	Parenting stress (Parenting Stress Index – short form)	(Abidin, 1995)	Parent
Fagan et al. (2002)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parenting behavior	Racial socialization (racial oppression scale, Racial socialization - Parent version)	(Stevenson, 1997)	Parent
Child behavior			
Parental perspectives	Satisfaction with parental role (satisfaction scale, Self-perceptions of the Parental Role)	(MacPhee, Benson, & Bullock, 1986)	Parent

Table i. Continued

Gottfredson et al. (2006)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parenting behavior	Parenting practices	Constructed variable: based on family cohesion scale, organization scale and conflict scale, Moos Family Environment Scale, FES (Moos & Moos, 1986), confidence in parenting based on measures used in Kumpfer's evaluations of SFP (no reference was made to an article) and consistency in discipline scale (modelled after Oregon youth Study, cited in Gottfredson, Harmon, Gottfredson, Jones, & Celestin, 1996)	Parent
Child behavior	Problem behavior	Constructed variable, based on hyperactivity/impulsivity scale and antisocial behavior scale of the Parent Observation of Children's Activities, POCA-R (Kellam, 1990) and Social Skills Rating System, SSRS (Gresham & Elliot, 1990)	Parent
	Child positive adjustment	Constructed variable, based on social skills scale, school progress scale and sociability scale of the Parent Observation of Children's Activities, POCA-R (Kellam, 1990) and Social Skills Rating System, SSRS (Gresham & Elliot, 1990)	Parent
Parental perspectives			
Gross et al (2003)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parenting behavior	Discipline style (coercive discipline strategies scale, Parenting Scale)	(Arnold et al., 1993)	Parent
	Parent-child interactions: total commands (Dyadic Parent-Child Interactive Coding System-Revised, DPICS-R)	(Webster-Stratton, 1985b, 1998b)	Observer
	Parent-child interactions: positive parenting (Dyadic Parent-Child Interactive Coding System-Revised, DPICS-R)	(Webster-Stratton, 1985b, 1998b)	Observer
Child behavior	Problem behavior (problem scale, Eyberg Child Behavior Inventory, ECBI)	(Robinson, Eyberg, & Ross, 1980)	Parent
	Problem behavior: intensity (intensity scale, Eyberg Child Behavior Inventory, ECBI)	(Robinson et al., 1980)	Parent

Table i. Continued

Gross et al (2003)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parental perspectives	Problem behavior: oppositional (oppositional factor of the intensity scale, Eyberg Child Behavior Inventory, ECBI)	(Robinson et al., 1980)	Parent
	Problem behavior: inattentive (inattentive factor of the intensity scale, Eyberg Child Behavior Inventory, ECBI)	(Robinson et al., 1980)	Parent
	Problem behavior: conduct (conduct factor of the intensity scale, Eyberg Child Behavior Inventory, ECBI)	(Robinson et al., 1980)	Parent
	Parent-child interactions: problem behavior (Dyadic Parent-Child Interactive Coding System-Revised, DPICS-R)	(Webster-Stratton, 1998b)	Observer
	Parenting self-efficacy (parent's self-efficacy scale, Toddler Care Questionnaire, TCQ)	(Gross, Conrad, Fogg, Willis, & Garvey, 1995; Gross & Rocissano, 1988)	Parent

Gross et al. (2009)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parenting behavior	Discipline style: following through on discipline (subscale following through on discipline, adapted version of the Parenting Questionnaire, PQ)	Adapted version of the Parenting Questionnaire, PQ (McCabe, Clark, & Barnett, 1999)	Parent
	Parenting practices: warmth (subscale warmth, adapted version of the Parenting Questionnaire, PQ)	Adapted version of the Parenting Questionnaire, PQ (McCabe et al., 1999)	Parent
	Discipline style: corporal punishment (subscale corporal punishment, adapted version of the Parenting Questionnaire, PQ)	Adapted version of the Parenting Questionnaire, PQ (McCabe et al., 1999)	Parent
	Parent-child interactions: positive parenting (during play session, Dyadic Parent-Child Interactive Coding System, DPICS-R)	(Webster-Stratton, 1998b)	Observer

Table i. Continued

Gross et al. (2009)			
Outcome name	Assessment instrument	Information about instrument	Reported by
	Parent-child interactions: positive parenting (during clean-up session, Dyadic Parent-Child Interactive Coding System, DPICS-R)	(Webster-Stratton, 1998b)	Observer
	Parent-child interactions: total commands (during clean-up session, Dyadic Parent-Child Interactive Coding System, DPICS-R)	(Webster-Stratton, 1998b)	Observer
	Parent-child interactions: total commands (during clean-up session, Dyadic Parent-Child Interactive Coding System, DPICS-R)	(Webster-Stratton, 1998b)	Observer
Child behavior	Problem behavior (problem scale, Eyberg Child Behavior Inventory, ECBI)	(Eyberg & Pincus, 1999)	Parent
	Problem behavior: intensity (intensity scale, Eyberg Child Behavior Inventory, ECBI)	(Eyberg & Pincus, 1999)	Parent
	Parent-child interactions: aversive behavior (during play session, Dyadic Parent-Child Interactive Coding System, DPICS-R)	(Webster-Stratton, 1998b)	Observer
	Parent-child interactions: aversive behavior (during clean-up session, Dyadic Parent-Child Interactive Coding System, DPICS-R)	(Webster-Stratton, 1998b)	Observer
Parental perspectives	Parenting self-efficacy (Toddler Care Questionnaire, TCQ)	(Gross & Rocissano, 1988)	Parent

Table i. Continued

Ghosh Ippen (1998)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parenting behavior	Discipline style: nonaggressive punishment (Discipline Styles Questionnaire, DSQ)	Scale developed for study	Parent
	Discipline style: coercive punishment (Discipline Styles Questionnaire, DSQ)	Scale developed for study	Parent
Child behavior	Problem behavior (problem scale, Eyberg Child Behavior Inventory, ECBI)	(Eyberg & Ross, 1978)	Parent
	Problem behavior: intensity (intensity scale, Eyberg Child Behavior Inventory, ECBI)	(Eyberg & Ross, 1978)	Parent
	Number of conflicts (Issues Checklist, IC)	(Prinz, Foster, Kent, & O'Leary, 1979)	Parent
	Frequency of conflict (Issues Checklist, IC)	(Prinz et al., 1979)	Parent
Parental perspectives			
Kim et al. (2008)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parenting behavior	Discipline style: positive discipline (positive discipline scale, Parenting Practices Interview, PPI)	(Webster-Stratton, 2007a)	Person
	Discipline style: appropriate (appropriate discipline scale, Parenting Practices Interview, PPI)	(Webster-Stratton, 2007a)	Person
	Discipline style: harsh (harsh discipline scale, Parenting Practices Interview, PPI)	(Webster-Stratton, 2007a)	Person
Child behavior	Problem behavior (problem scale, Eyberg Child Behavior Inventory, ECBI)	(Robinson et al., 1980)	Person
	Problem behavior (intensity scale, Eyberg Child Behavior Inventory, ECBI)	(Robinson et al., 1980)	Person
	Social skills: social competence (Social Competence Scale)	(Webster-Stratton, 2007b)	Person
Parental perspectives			

Table i. Continued

Kim et al. (2014)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parenting behavior	Discipline style: harsh (harsh discipline scale, Korean Parent Discipline Interview, KPDI)	(Kim, Guo, Koh, & Cain, 2010)	Parent
	Discipline style: positive discipline (positive discipline scale, Korean Parent Discipline Interview, KPDI)	(Kim et al., 2010)	Parent
	Discipline style: Appropriate (appropriate discipline scale, Korean Parent Discipline Interview, KPDI)	(Kim et al., 2010)	Parent
	Parenting practices: emotion coaching (Emotion Coaching Parenting Style)	(Gottman, Declaire, & Goleman, 1998)	Parent
	Parenting practices: parental rejection (rejection scale, Parental Acceptance-Rejection Questionnaire, PARQ)	(Rohner, 1991)	Parent
	Parenting practices: parental warmth (warmth scale, Parental Acceptance-Rejection Questionnaire, PARQ)	(Rohner, 1991)	Parent
	Parent-child interactions: positive (Dyadic Parent-Child Interaction Coding System, DPIC)	(Eyberg & Robinson, 2000)	Observer
	Parent-child interactions: negative (Dyadic Parent-Child Interaction Coding System, DPIC)	(Eyberg & Robinson, 2000)	Observer
	Parent-child interactions: praises (Dyadic Parent-Child Interaction Coding System, DPIC)		
	Parenting practices: emotion coaching (Emotion Coaching Parenting Style)	(Gottman et al., 1998)	
Child behavior	Problem behavior (Pediatric Symptoms Checklist)	(Jellinek & Murphy, 1990)	Parent
Parental perspectives	Parenting self-efficacy (Parenting Self-Efficacy Scale)	(Choe & Chung, 2010)Choe & Chung 2010	Parent

Table i. Continued

Lau et al. (2011)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parenting behavior	Parenting practices: positive involvement (positive involvement scale, Alabama Parenting Questionnaire, APQ)	(Shelton, Frick, & Wootten, 1996)	Parent
	Discipline style: negative discipline (negative discipline scale, Alabama Parenting Questionnaire, APQ)	(Shelton et al., 1996)	Parent
Child behavior	Problem behavior: internalizing problems (internalizing scale, Child Behavior Checklist, CBCL)	(Achenbach & Rescorla, 2001)	Parent
	Problem behavior: internalizing problems (externalizing scale, Child Behavior Checklist, CBCL)	(Achenbach & Rescorla, 2001)	Parent
Parental perspectives	Parenting stress (Parenting Stress Index - short form, PSI-SF)	(Abidin, 1995)	Parent

Leijten et al. (2015)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parenting behavior	Discipline style: appropriate discipline (Parenting Practices Interview, PPI)	(Webster-Stratton, 1998b; Webster-Stratton, Reid, & Hammond, 2004)	Parent
	Discipline style: harsh and inconsistent (Parenting Practices Interview, PPI)	(Webster-Stratton, 1998b; Webster-Stratton et al., 2004)	Parent
	Discipline style: physical punishment (Parenting Practices Interview, PPI)	(Webster-Stratton, 1998b; Webster-Stratton et al., 2004)	Parent
	Discipline style: praise and incentives (Parenting Practices Interview, PPI)	(Webster-Stratton, 1998b; Webster-Stratton et al., 2004)	Parent
	Discipline style: clear expectations (Parenting Practices Interview, PPI)	(Webster-Stratton, 1998b; Webster-Stratton et al., 2004)	Parent
Child behavior	Problem behavior (Problem scale, Eyberg Child Behavior Inventory, ECBI)	(Eyberg & Ross, 1978)	Parent
	Problem behavior: intensity (Intensity scale, Eyberg Child Behavior Inventory, ECBI)	(Eyberg & Ross, 1978)	Parent

Table i. Continued

Leijten et al. (2015)			
Outcome name	Assessment instrument	Information about instrument	Reported by
	Problem behavior (Total difficulties scale, Strengths and Difficulties Questionnaire, SDQ)	(Goodman, 1997; van Widenfelt, Goedhart, Treffers, & Goodman, 2003)	Parent
	Problem behavior: conduct problems (Conduct problems scale, Strengths and Difficulties Questionnaire, SDQ)	(Goodman, 1997; van Widenfelt et al., 2003)	Parent
	Problem behavior: hyperactivity and inattention (Hyperactivity and inattention scale, Strengths and Difficulties Questionnaire, SDQ)	(Goodman, 1997; van Widenfelt et al., 2003)	Parent
	Problem behavior: aggressive behavior (adapted version, Teacher Rating of Aggression)	(Dodge & Coie, 1987; Hendrickx, Crombez, Roeyers, & Orobio de Castro, 2003)	Parent
Parental perspectives	Parenting stress (Parenting Stress Index)	(Abidin, 1983; De Brock, Vermulst, Gerris, & Abidin, 1992)	Parent
Matsumoto et al. (2007)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parenting behavior	Parenting practices: laxness (laxness scale, Parenting Scale, PS)	(Arnold et al., 1993)	Parent
	Parenting practices: overreactivity (overreactivity scale, Parenting Scale, PS)	(Arnold et al., 1993)	Parent
	Parenting practices: verbosity (verbosity scale, Parenting Scale, PS)	(Arnold et al., 1993)	Parent
Child behavior	Problem behavior (problem scale, Eyberg Child Behavior Inventory, ECBI)	(Eyberg & Pincus, 1999)	Parent
	Problem behavior: intensity (intensity scale, Eyberg Child Behavior Inventory, ECBI)	(Eyberg & Pincus, 1999)	
Parental perspectives	Parental confidence (Problem Settings and Behavior Checklist, PSBC)	(Sanders & Woolley, 2005)	Parent

Table i. Continued

Taylor et al. (1997)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parenting behavior	Parent-child interactions (sensitivity to cues scale, response to infant distress scale, social-emotional growth fostering scale, clarity of cues scale, responsiveness of the child to the parent scale, The Nursing Child Assessment Teaching Scale, NCATS)	(Barnard, Hammond, Booth, Bee, & Spieker, 1989)	Observer
	Environment to stimulate cognitive development (emotional and verbal responsibility scale, avoidance of restriction and punishment scale, provision of appropriate play materials scale, opportunities for variety of daily stimulation scale, HOME)	(Bradley & Caldwell, 1976; van Doorninck, Caldwell, Wright, & Frankenburg, 1981)	Observer
Child behavior	Mental development (mental development index, Bayley Scales of Infant Development)	No reference cited in article	Observer
	Psychomotor development (psychomotor development index, Bayley Scales of Infant Development)	No reference cited in article	Observer
Parental perspectives			

Turner et al. (2007)			
Outcome name	Assessment instrument	Information about validation	Reported by
Parenting behavior	Parenting practices: laxness (laxness scale, Parenting Scale, PS)	(Arnold et al., 1993)	Parent
	Parenting practices: overreactivity (overreactivity scale, Parenting Scale, PS)	(Arnold et al., 1993)	Parent
	Parenting practices: verbosity (verbosity, Parenting Scale, PS)	(Arnold et al., 1993)	Parent
Child behavior	Problem behavior (problem scale, Eyberg Child Behavior Inventory, ECBI)	(Eyberg & Pincus, 1999)	Parent
	Problem behavior: intensity (intensity scale, Eyberg Child Behavior Inventory, ECBI)	(Eyberg & Pincus, 1999)	Parent

Table i. Continued

Turner et al. (2007)			
Outcome name	Assessment instrument	Information about validation	Reported by
Parental perspectives	Problem behavior (total difficulties, Strengths and Difficulties Questionnaire - extended version, SDQ)	(Goodman, 1999; Moos & Moos, 1986)	Parent
	Problem behavior: total impact (total impact scale, Strengths and Difficulties Questionnaire - extended version, SDQ)	(Goodman, 1999; Moos & Moos, 1986)	Parent
Webster-Stratton (1998)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parenting behavior	Discipline style: harsh (Oregon Social Learning Centers Discipline Questionnaire, OSLC)	Adaptation of OSLC Discipline Questionnaire, revised for preschoolers to include discipline style and techniques (no reference cited in article)	Parent
	Discipline style: consistent (Oregon Social Learning Centers Discipline Questionnaire, OSLC)	No reference cited in article	Parent
	Discipline style: positive (Oregon Social Learning Centers Discipline Questionnaire, OSLC)	No reference cited in article	Parent
	Discipline style: appropriate limit setting (Daily Discipline Interview, DDI)	(Webster-Stratton & Spitzer, 1991)	Observer
	Discipline style: physical negative discipline techniques (Daily Discipline Interview, DDI)	(Webster-Stratton & Spitzer, 1991)	Observer
	Discipline style: verbal negative discipline techniques (Daily Discipline Interview, DDI)	(Webster-Stratton & Spitzer, 1991)	Observer
	Parent-child interactions: positive parenting (Dyadic Parent-Child Interactive Coding System Revised, DPICS-R)	(Webster-Stratton & Spitzer, 1991)	Observer
	Parent-child interactions: total critical statements (Dyadic Parent-Child Interactive Coding System Revised, DPICS-R)	(Webster-Stratton, 1985a)	Observer

Table i. Continued

Webster-Stratton (1998)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Child behavior	Parent-child interactions: total commands (Dyadic Parent-Child Interactive Coding System Revised, DPICS-R)	(Webster-Stratton, 1985a)	Observer
	Parent-child interactions: valence (Dyadic Parent-Child Interactive Coding System Revised, DPICS-R)	(Webster-Stratton, 1985a)	Observer
	Parent-child interactions: nurturing or supportive (Coder Impression Inventory, CII)	Adaptation of OSLC Impression Inventory (no reference cited in article)	Observer
	Parent-child interactions: harsh or critical (Coder Impression Inventory, CII)	No reference cited in article	Observer
	Parent-child interactions: discipline condemnation (Coder Impression Inventory, CII)	No reference cited in article	Observer
	Social skills: positive social behavior (Social Competence Scale)	Conduct Problem Prevention Research Group (no reference cited in article)	Parent
	Problem behavior (Child Behavior Checklist, CBCL)	(Achenbach & Edelbrock, 1991)	Parent
	Problem behavior (total problem scale, Eyberg Child Behavior Inventory, ECBI)	(Robinson et al., 1980)	Parent
	Parent-child interactions: deviance and noncompliance (Dyadic Parent-Child Interactive Coding System Revised, DPICS-R)	(Webster-Stratton, 1985a)	Observer
	Parent-child interactions: total positive affect and prosocial behavior (Dyadic Parent-Child Interactive Coding System Revised, DPICS-R)	(Webster-Stratton, 1985a)	Observer
	Parent-child interactions: valence (Dyadic Parent-Child Interactive Coding System Revised, DPICS-R)	(Webster-Stratton, 1985a)	Observer
	Parent-child interactions: misbehavior and negative affect (Coder Impression Inventory, CII)	Adaptation of OSLC Impression Inventory (no reference cited in article)	Observer
	Parent-child interactions: positive affect and prosocial behavior (Coder Impression Inventory, CII)	No reference cited in article	Observer

Table i. Continued

Webster-Stratton (1998)			
Outcome name	Assessment instrument	Information about instrument	Reported by
Parental perspectives	Parent-child interactions: overall poor conduct (Coder Impression Inventory, CII)	No reference cited in article	Observer
Webster-Stratton (2001)			
Outcome name	Assessment instrument	Information about validation	Reported by
Parenting behavior	Negative parenting		
	Parent-child interactions: harsh (variable harsh style, Parenting Practices Inventory, PPI)	Adaptation of Oregon Social Learning Center's discipline questionnaire, revised for young children (no reference cited in article)	Parent
	Parent-child interactions: negative/critical (Coder Impressions Inventory, CII)	Adaptation from the Oregon social Learning Center Impression Inventory (no reference cited in article)	Observer
	Parent- child interactions: total critical statements (Dyadic Parent-Child Interactive Coding System-Revised, DPICS-R)	(Webster-Stratton, 1989)	Observer
	Positive parenting		
	Parenting practices: positive parenting (one variable from the LIFT parenting practices interview)	Adaptation of Oregon Social Learning Center's discipline questionnaire, revised for young children (no reference cited in article)	Parent
	Parenting practices: monitoring (one variable from the LIFT parenting practices interview)	No reference cited in article	Parent
	Parenting practices: frequency of activities with child (one variable from the Parent Involvement Questionnaire, INVOLVE-P)	Scale derived from the Oregon Social Learning Center questionnaire (no reference cited in article)	Parent
	Parent-child interactions: emotional and cognitive stimulation (Coder Impressions Inventory, CII)	Adaptation from the Oregon social Learning Center Impression Inventory (no reference cited in article)	Observer

Table i. Continued

Webster-Stratton (2001)			
Outcome name	Assessment instrument	Information about validation	Reported by
Child behavior	Parent-child interactions: positive affect, praise and physical warmth (Dyadic Parent-Child Interactive Coding System-Revised, DPICS-R)	(Webster-Stratton, 1989)	Observer
	Conduct problems		
	Problem behavior: intensity (intensity scale, Eyberg Child Behavior Inventory, ECBI)	(Robinson et al., 1980)	Parent
	Problem behavior (Child Behavior Checklist, CBCL)	(Achenbach & Edelbrock, 1991)	Parent
	Parent-child interactions: percent time child acts inappropriate (Coder Impressions Inventory, CII)	Adaptation from the Oregon social Learning Center Impression Inventory (no reference cited in article)	Observer
Parental perspectives	Parent-child interactions: deviance, noncompliance, no opportunity (Dyadic Parent-Child Interactive Coding System-Revised, DPICS-R)	(Webster-Stratton, 1989)	Observer

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APPENDIX 3

Table ii. Details of the coding for the moderator adaptations

Study	Cultural sensitivity	Process of adaptation	Program delivery
Bjørknes et al. 2013	Deep (and surface) structure sensitivity - Sessions directly translated into Somali/Urdu by bilingual assistants - Somali/Urdu versions of parent material - Mother-only groups - Extensive use of role play in Somali/Urdu versions of parent material - Specialized content: expanded focus on large sibling groups and emotion control.	Detailed information - The study reports what adaptations were made to the parent training program, and referred to a pilot study for more information	Basic program delivery
Brotman et al. 2011	Deep (and surface) structure sensitivity - A well-known male African American television personality is the narrator of video segments - Specialized content: two sessions that focus on cultural and contextual influences on parenting and child development - Culture was explicitly discussed in each group	No to little information - The study reports a combination of activities regarding adaptations of the program (e.g. informed by prevention science, developmental literature, input and collaboration from community stakeholders, parents and teachers), but no specific details were given on how this resulted in the adaptations made	Enhanced program delivery - Meals during/after sessions - Free childcare for young children, creative art groups for older children

Table ii. Continued

Study	Cultural sensitivity	Process of adaptation	Program delivery
Coard et al. 2007	Deep (and surface) structure sensitivity - Use of African American language expression, common language - Emphasis on African American values about collective responsibility, cooperation, and interdependence - Use of African proverbs, sayings and affirmations, poems, quotes, symbols and pledges - Use of prayer, role-playing, storytelling, extended family participation, and humor - Use of a setting and motif representative of the population - Group leaders are African American - Specialized content: racial socialization	Detailed information - Study refers to recent literature on parenting challenges of African American families and details were given on the specific content added to an empirically supported standard program	Enhanced program delivery - Meals during/after sessions - Free childcare
Day et al. 2012	Surface structure sensitivity - Local parents as peer facilitators	No to little information	Basic program delivery
Fagan et al. 2002	Deep (and surface) structure sensitivity - All male staff, training of fathers to become facilitators - Specialized content: racism in society, negative images of African American men, racial socialization, and the effect of racism on fathering	No to little information - The study reports a combination of activities regarding adaptations of the program (e.g. literature, empowerment practice approach), but no specific details were given on how this resulted in the adaptations made	Basic program delivery
Ghosh Ippen 1998	Surface structure sensitivity - Program was led in Spanish and English - Program materials translated in Spanish	No to little information	Enhanced program delivery - Meals during/after sessions - Free childcare

Table ii. Continued

Study	Cultural sensitivity	Process of adaptation	Program delivery
Gottfredson et al. 2006	Basic sensitivity	No to little information	Enhanced program delivery - Food vouchers - Free childcare
Gross et al. 2003	Surface structure sensitivity - At least one group leader was from the same ethnic background as the majority of parents in the group	No to little information	Enhanced program delivery - Free childcare
Gross et al. 2009	Surface structure sensitivity - At least one group leader was from the same ethnic background as the majority of parents in the group - Videotaped scenes in parents' homes and public spaces to portray situations that are familiar relevant and stressful for parents; multi-ethnic display of ethnicities in videos	Detailed information - Information on the development of the parent training program in collaboration with a parent advisory group. The authors reported what advice was given by the advisory group and how this was incorporated in the program to make it culturally and contextually relevant for ethnic minority and low-income parents.	Enhanced program delivery - Free childcare
Kim et al. 2008	Surface structure sensitivity - Program materials translated to Korean - Program delivered in Korean	No to little information	Basic program delivery
Kim et al. 2014	Deep (and surface) structure sensitivity - English and Korean program materials - Group leaders are bilingual and bicultural - Specialized content: cultural elements and parenting practices that parents perceive to be effective (e.g. a common physical punishment method used by Korean parents, biblical principles, Korean parenting virtues)	Detailed information - Multiple theories were used to bring together cultural elements and parenting practices that were relevant for the target population, and examples are given on how this resulted in adaptations	Basic program delivery

Table ii. Continued

Study	Cultural sensitivity	Process of adaptation	Program delivery
Lau et al. 2011	Surface structure sensitivity - Program delivered in Mandarin and Cantonese - Specialized content was encompassed in five sessions: cognitive restructuring, communication training, positive proactive parental involvement	No to little information	Enhanced program delivery - Meals during/after sessions - Free childcare
Leijten et al. 2015	Surface structure sensitivity - Interpreters were present during intervention sessions - Mother-only groups - Pictures added to homework assignments to make it easier to understand for mothers with limited language skills	No to little information	Enhanced program delivery - Free childcare - Program delivered in families own neighborhoods - Sessions delivered during school hours
Matsumoto et al. 2007	Surface structure sensitivity - Translated materials - Japanese group leaders	No to little information	Basic program delivery
Taylor et al. 199	Basic sensitivity	No to little information	Basic program delivery
Turner et al. 2007	Surface structure sensitivity - Each group was co-facilitated by one indigenous health worker	No to little information - Study reports that adaptations were made with extensive community consultation, but no specific details were given on how this resulted in the adaptations made	Basic program delivery
Webster-Stratton 1998	Surface structure sensitivity - Four parents were trained as group leaders - Families shown on videotapes came from a variety of ethnic and socioeconomic background	No to little information	Basic program delivery

Table ii. Continued

Study	Cultural sensitivity	Process of adaptation	Program delivery
Web-ster-Strat-ton et al. 2001	Surface structure sensitivity - Program translated in Vietnamese and Spanish - Program delivered by trained leaders in Vietnamese and Spanish - Families shown on videotapes came from a variety of ethnic and socioeconomic backgrounds	No to little information	Basic program delivery



5

Systematic approach to program selection and adaptation

Positive parenting and coping
with stress and emotions

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Submitted for publication

ABSTRACT

Ethnic minority and low socioeconomic status are associated with poorer intervention outcomes. Lack of attention to the stressors and resources of ethnic minorities and families of low socioeconomic status may compromise the relevance and effectiveness of an intervention. A three-stage design is presented for selecting and adapting a parenting intervention for parents living in multi-ethnic disadvantaged neighborhoods.

The three-stage design was informed by the Intervention Mapping approach and consists of: i) formulation of a checklist of criteria for an intervention to fulfil based on a needs assessment among the target population, ii) selection of the most suitable intervention by comparing existing interventions with the checklist, and iii) systematically adapting the selected intervention to fit the needs and stressors of the target group.

A qualitative needs assessment was performed among parents living in multi-ethnic disadvantaged neighborhoods, resulting in a checklist of 13 criteria referring to intervention content, intervention format and practical considerations. Of the 33 interventions reviewed, three were shortlisted based on fulfilling most of the criteria and being most acceptable for the Dutch setting. Group Triple P (Positive Parenting Program) was judged the most suitable, since implementation in local services would be most feasible. However, none of the three selected interventions fulfilled the criterion to improve parents' ability to cope with stress and unhelpful emotions. Therefore, a module on 'Coping with stress and unhelpful emotions' was developed and integrated in Group Triple P. Objectives were for parents to: i) recognize sources of stress and unhelpful emotions, ii) recognize how stress and emotions influence parenting behavior, and iii) use coping strategies to handle stress and emotions. Also, to enhance cultural sensitivity, adjustments were made to improve implementation of the intervention in ethnic minorities and families of low socioeconomic status.

The three-stage process proved a useful tool for the systematic selection and adaptation of an intervention to fit the needs of parents living in multi-ethnic disadvantaged neighborhoods. The built-in module 'Coping with stress and unhelpful emotions' served to improve the (cultural) relevance and fit of the selected intervention.

INTRODUCTION

Parenting interventions are effective in improving the quality of parenting practices and overall family wellbeing, as well as in reducing child behavior problems (Barlow, Bergman, Kornor, Wei, & Bennett, 2016; Barlow, Coren, & Stewart-Brown, 2002). However, not all families benefit equally from parenting interventions because effectiveness can be influenced by, for example, participants' characteristics and intervention characteristics (Lundahl, Risser, & Lovejoy, 2006). Ethnic minorities are more likely to underutilize interventions and discontinue interventions prematurely as compared to ethnic majority groups (Griner & Smith, 2006; Miranda et al., 2005; Reyno & McGrath, 2006). Also, ethnic minority and low-income status are associated with poorer intervention outcomes (Griner & Smith, 2006; Lundahl et al., 2006; Reyno & McGrath, 2006). Therefore, simply selecting an evidence-based intervention does not necessarily ensure a positive outcome (Webster-Stratton, Reid, & Marsenich, 2014).

Researchers warn of the dangers of disseminating evidence-based interventions among diverse populations if such programs were originally developed for and tested on middle income and ethnic majority groups (Calzada, 2010; Coard, Wallace, Stevenson, & Brotman, 2004; Forehand & Kotchick, 2016; Gross et al., 2009). Interventions that fail to take into account the needs and stressors associated with an ethnic minority background and/or socioeconomic disadvantage, may compromise the interventions' relevance and effectiveness (Lau, 2006). This is supported by growing evidence indicating that culturally adapted interventions are more efficacious in ethnic minorities compared with similar interventions without cultural adaptations (Griner & Smith, 2006; van Mourik, Crone, de Wolff, & Reis, 2017). Nevertheless, although a culturally adapted intervention may enhance participation of the target group, program effectiveness is not guaranteed if the cultural adaptation is not based on evidence (Castro, Barrera, & Martinez, 2004). Prevention science aims to disseminate interventions that deliver the best science while also be culturally informed and responsive, addressing the stressors and resources of a local community (Castro et al., 2004).

The present study aimed to identify an evidence-based parenting intervention and adapt it for use in multi-ethnic disadvantaged neighborhoods. A three-stage design, informed by the Intervention Mapping approach was used to i) guide selection of

an evidence-based parenting intervention, ii) assess the fit of the intervention with the needs of the target group, iii) decide whether adaptation was necessary, and (if so) iv) adapt the intervention while maintaining the core components.

METHODS

Study approach

Intervention Mapping was initially used to develop behavior change interventions, but is also useful for tailoring existing interventions in a systematic way (Detaille, van der Gulden, Engels, Heerkens, & van Dijk, 2010). Intervention Mapping is based on the idea that an intervention will most likely be effective if it is grounded in the evidence regarding the particular problem and the target population and context (Bartholomew, Parcel, Kok, Gottlieb, & Fernández, 2011). It is a systematic approach for developing intervention strategies; it considers pragmatic issues at the organizational and individual level, and can support tailoring of an intervention to the needs of a specific population (Bartholomew et al., 2011; Draper et al., 2014; Gillison et al., 2012).

In the present study, which aims to select and adapt an existing evidence-based intervention, the Intervention Mapping steps are integrated in three stages: 1) systematically investigating and defining a checklist of criteria that an intervention needs to fulfil to meet the needs of the target population, 2) systematically reviewing and comparing existing interventions against these criteria to select a 'best available' intervention as a basis, and 3) if the selected intervention does not meet all the criteria, adapt it for the target population (Gillison et al., 2012; Highfield et al., 2015). Figure 1 presents an overview of the study approach to program selection and adaptation. This approach is both iterative and cumulative, i.e. evidence from each stage informs the choices and considerations that need to be taken into account in the following stages.

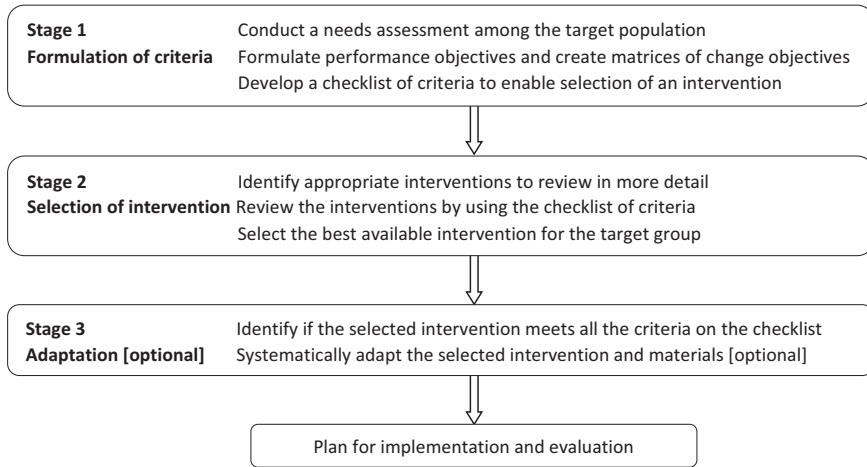


Figure 1. Study approach: Stages for program selection and adaptation

Stage 1 Formulation of essential criteria

A needs assessment was conducted to gain detailed information on the needs of the target population regarding the improvement of parenting skills. Sixty-one semi-structured interviews and group discussions were held among parents with a child aged 0-15 years living in multi-ethnic disadvantaged neighborhoods. Parents were included when expressing parental concerns about their child's behavior or their parenting competence, thereby being a target population for preventive parenting interventions. For methodological details, see the broader study (of which the needs assessment was part) on parenting concerns and relevance of parenting support (van Mourik, Crone, Pels, & Reis, 2016).

A topic list was used to ask about parental concerns and parenting behavior, and what was needed to change the parenting situation. Interviews were audio-taped, transcribed ad verbatim, and anonymized. Thematic analysis was used to identify broader patterns of meaning (themes) (Braun & Clarke, 2012) to formulate the performance objectives, which specify what the desired outcome behavior of the parenting intervention should be (Bartholomew 2011). The needs assessment was also used to formulate change objectives which specify what the target group has to know, think or do in order to be able to perform the desired outcomes of the intervention (van Genugten, van Empelen, Flink, & Oenema, 2010).

At the start of the present study, independent of the needs assessment, the aim was formulated to select and adapt a preventive parenting intervention for parents with a child aged 0-12 years. Additional criteria were formulated based on evidence from the needs assessment. The checklist of essential (i.e. most basic or important aspects or qualities) criteria would enable selection of the most appropriate parenting intervention for parents living in multi-ethnic disadvantaged neighborhoods. Criteria were formulated in consultation with an intervention development group, comprised of researchers in medical anthropology and health sciences, experienced youth healthcare professionals, and policy advisers. For the criterion to be included, consensus was required among members of the intervention development group that a specific criterion was necessary to the success of the intervention for the target audience.

Stage 2 Selection of an intervention

To identify potential relevant interventions, the parenting interventions that were screened for inclusion in a meta-analysis were assessed (van Mourik et al., 2017); the literature search used for this meta-analysis was conducted to identify preventive parenting programs delivered to ethnic minorities. The resulting list of programs was supplemented with preventive parenting interventions included in the database of effective youth interventions of the Netherlands Youth Institute.

To select the most appropriate intervention, interventions that met 50% or more of the essential criteria in the checklist were selected. These interventions were then discussed with the intervention development group, as well as with five additional experts in the field of parenting interventions, resulting in a shortlist of appropriate interventions. The intervention materials of the shortlisted interventions were reviewed by the first author (KM) and discussed with the second author (MC) to consider whether the interventions met the essential criteria. The selected intervention was then reported back to and approved by the intervention development group.

Stage 3 Adaptation

Before adaptation, the intervention that was considered most appropriate was compared with the checklist of criteria. Adaptation was considered if not all criteria were met. To enable adjustment or incorporation of certain intervention elements without compromising the core components of the intervention, we collaborated

with the organization responsible for intervention development and training of professionals in the Netherlands. Taking into account the information from the needs assessment, input from the intervention developer, and consultation with the intervention development group, it was decided what adaptations would be beneficial. Both surface and deep structure adaptations were considered (Resnicow, Baranowski, Ahluwalia, & Braithwaite, 1999). Surface structure involves matching program materials and messages to the characteristics of the target population (e.g., language, locations, and persons involved). Deep structure sensitivity refers to incorporating those elements that influence the behavior of the target group (e.g. cultural, social, and environmental factors).

RESULTS

Described below are details of the evidence used in each of the three stages to make informed choices in the process of intervention selection and adaptation.

Stage 1 Formulation of essential criteria

Needs assessment

Data from the needs assessment revealed that parents emphasized the importance of learning about (non-harsh) disciplinary strategies, and coping with stress and unhelpful emotions. Parents expressed a need to learn new disciplinary strategies to handle undesired behavior of their child, including knowledge and skills regarding non-harsh and non-violent discipline strategies. Parents, especially from Antillean-Dutch and Moroccan-Dutch descent, reported that harsh and physical disciplinary styles were often used by their own parents, resulting in them having little knowledge about other strategies to discipline their child. Parents also emphasized the importance of managing sources of stress/unhelpful emotions, and parent's emotional reactions to stressful situations. Coping with stress/unhelpful emotions in an effective manner would minimize their impact on the child and their own parenting behavior. Common sources of stress/unhelpful emotions were identified, including: financial problems, relationship problems, fear of cultural alienation of the child and the experience of discrimination. Other performance objectives identified were positive parenting (e.g. rewards), sensitive parenting (e.g. responsive parenting, age-appropriate parenting) and parental involvement. Table 1 lists the

desired outcomes and performance objectives for the intervention based on the needs assessment.

Table 1. Themes extracted from the needs assessment, and desired outcomes and performance objectives for the parenting intervention

Themes	Desired outcomes	Performance objectives
How to discipline a child	1. Parent uses effective discipline strategies	a) Parent knows how to discipline effectively
a) Little knowledge of non-harsh disciplinary strategies; tendency to get angry and yell; afraid to resort to physical disciplinary strategies (or have used these in the past)		b) Parent uses effective and non-harsh discipline strategies
b) Difficulty with setting rules and to maintain them; difficulties in regard to consistent discipline behavior		c) Parent are able to use discipline strategies in a consistent manner
c) Unfamiliar with age-appropriate discipline strategies; perception that nothing works to stop undesirable behavior child as a result of the child's personality, genes or factors in the family context (e.g. stress, undesirable behavior, friends)		d) Parent uses age-appropriate discipline strategies
How and when to reward desired behavior	2. Parent uses positive parenting principles	a) Parent is aware when the child displays desirable behavior
a) Tendency to focus on undesirable behavior of child; lack of positive interaction between parent and child		b) Parent rewards desirable behavior in a healthy and non-expensive manner
b) Lack of knowledge on how to reward a child		
c) Rewards are unhealthy and expensive		

Table 1. Continued

Themes	Desired outcomes	Performance objectives
How to be sensitive to the child's needs, age and personality	3. Parent uses sensitive parenting skills	a) Parent examines the needs and desires of the child
a) Feeling insecure as a parent, when having children with different personalities and ages; need for 'child specific' parenting in which one responds to the specific needs of the child; unfamiliar with age-appropriate parenting		b) Parent uses parenting strategies that fits the needs and desires of the child
b) Need to better understand children's needs and worries; lack of understanding of needs and worries of older children (lack of communication and involvement); lack of experience in recognizing needs of younger children		c) Parents use age-appropriate strategies
How to improve the parent-child relationship	4. Parent stimulates the involvement in the child	a) Parent invests in one-on-one time with the child, both indoors and outdoors
a) Tendency to be busy with household tasks and work		b) Parent stimulates communication between parent and child
b) Need to do activities together, both indoors (homework, play activities) and outdoors (school, friends, leisure activities)		c) Parent stimulates involvement of other parent
c) Lack of communication between parent and child		
d) Need to simulate involvement of other parent		
How to cope with stress and unhelpful emotions	5. Parent can cope with stress and unhelpful emotions	a) Parent recognizes sources of stress
a) Negative influence of stress and unhelpful emotions on the parenting behavior		b) Parent recognizes the influence of stress and its influence on parenting behavior
b) Need to reduce the influence of stress and unhelpful emotions on the parent behavior		c) Parent uses coping strategies to cope with stress and unhelpful emotions

Parents reported several determinants related to their ability to improve their parenting behavior. These include social norms about appropriate parenting behavior, a lack of social support, and lack of experience due to being a first-time parent. The determinants were compared with constructs from behavior change theories ((e.g. Theory of Planned Behavior (Ajzen, 1991); Self-Regulation Theory (Austin, 1996; Maes & Karoly, 2005)) resulting in identification of the following determinant areas: knowledge, skills, attitudes/emotions and environmental context, resources and social influences. The determinants were transformed into change objectives which specified exactly what needed to be changed to achieve the performance objective. For example, parents emphasized two determinants that influenced their ability to discipline effectively: a lack of experience due to being a first-time parent, and a lack of good example by their own parents. These determinants are related to the determinant areas knowledge and skills, and were transformed into change objectives which specified exactly what needed to be changed to be able to discipline effectively. In this case, the intervention should stimulate that the parent knows different strategies to discipline a child, and that the parent is able to discipline the child effectively. These and other examples are provided in Table 2. Table i (Supplementary data) provides further details of the determinant areas, change objectives and performance objectives for each desired outcome, and provides an overview that supports the selection of the best available evidence-based intervention for the target group.

Table 2. Example of change objectives mapped against determinant areas and performance objectives

Performance objectives	Determinants	Determinant areas	Change objectives
Parent knows how to discipline effectively	Lack of experience due to being a first-time parent Lack of good example of my own parents	Knowledge Skills	Parent knows different strategies to discipline a child Parent is able to discipline their child effectively
Parent uses effective and non-harsh discipline strategies	Spanking a child is considered acceptable by many parents	Attitudes	Parent expresses positive feelings about the benefits of non-harsh discipline strategies
Parent recognizes how stress influences parental behavior	Lack of social support	Environmental context, resources and social influences	Parent is able to share their experiences of stress and negative emotions with other parents

Checklist of criteria

The performance objectives led to the formulation of five criteria regarding intervention content, and the change objectives resulted in four criteria related to intervention format and determinants needed to change parenting behavior. The checklist was supplemented with four criteria regarding practical considerations formulated by the intervention development group. These include i) acceptability of the program by the target group (cultural relevance) and by the providers (familiarity with the intervention), ii) feasibility and affordability for use in local services (e.g. training of professionals and number of sessions), and iii) evidence of effectiveness to guarantee program quality, and iv) effectiveness. These criteria were included to ensure that the intervention could be integrated within the established local services. Table 3 presents the checklist of the 13 criteria used for the selection of a parenting intervention. The most appropriate intervention should comply with most of the criteria.

Table 3. Checklist of the essential and desirable criteria

Intervention content	Source
Improving parenting behavior:	
1. Disciplinary strategies	Performance objectives
2. Positive parenting	Performance objectives
3. Sensitive parenting	Performance objectives
4. Parental involvement	Performance objectives
5. Coping with stress and unhelpful emotions	Performance objectives
Intervention format	
6. Group-based program	Change objectives
Determinant areas. Attention for:	
7. Skills and knowledge	Change objectives
8. Attitudes and emotions	Change objectives
9. Environmental context and social influences	Change objectives
Practical considerations	
10. Acceptable to target group (cultural relevance)	Intervention development group
11. Acceptable to professionals (familiarity)	Intervention development group
12. Feasible within local services (training costs, number of sessions)	Intervention development group
Research quality	
13. Evidence for effectiveness	Intervention development group

Stage 2 Selection of an intervention

Selection appropriate intervention

A total of 33 interventions were identified and compared against the checklist of criteria, of which eight interventions met about 50% of the criteria (for details see Table ii, Supplementary data). In consultation with the intervention development group and experts in the field of parenting interventions, the interventions were included if they met the majority of content criteria. Of the interventions meeting the majority of criteria, it was also required that there was evidence for the intervention's effectiveness and that the intervention was already implemented in the Netherlands.

Although interventions implemented in other countries may have considerable potential for the target group, experts anticipated the following obstacles for successful implementation in the Netherlands. First, low acceptance by professionals was anticipated due to unfamiliarity with the interventions, combined with the multiple parenting interventions already used in the Dutch setting. Second, high implementation costs related to translation of the materials and training of professionals were anticipated when selecting an intervention not already used in the Netherlands. This led to the shortlisting of three interventions that were considered most appropriate: i) Incredible Years (pre-school BASIC program), ii) Parent Management Training Oregon, and iii) Triple P Positive Parenting Program (Group Triple P level 4). After reviewing the facilitator handbooks and detailed program specifications of these three interventions, it was concluded that none of them paid specific attention to 'coping with stress and unhelpful emotions' or made no to little use of behavior change techniques related to the determinants 'attitudes and emotions' (for details see Table ii, Supplementary materials).

After discussion with the intervention development group, Group Triple P was selected as it met the majority of the essential criteria including the practical considerations, in particular its feasibility within local services. This latter point was decisive for the intervention development group to ensure implementation and sustainability in practice (Gillison et al., 2012). Group Triple P was already used in the Dutch primary care setting, professionals showed ongoing support/interest, and the intervention consists of eight sessions which was judged feasible for implementation in the local setting. Although Incredible Years BASIC and PMTO are promising interventions with a strong evidence base (Bjorknes & Manger,

2013; Leijten, Raaijmakers, Orobio de Castro, van den Ban, & Matthys, 2017), the professionals were less familiar with these interventions and questions arose regarding the feasibility/affordability within local Dutch services (e.g. few trained professionals in preventive services, and involving more than 10 sessions).

Table 4. Comparison of three interventions against the checklist of criteria

	Incredible years (BASIC pre- school)	Parent Manage- ment Training Oregon (PMTO)	Positive Parenting Program (Group Triple P)
Intervention content			
Improving parenting behavior:			
1. Disciplinary strategies	✓	✓	✓
2. Positive parenting	✓	✓	✓
3. Sensitive parenting	✓	✓	-
4. Parental involvement	✓	✓	✓
5. Coping with stress and unhelpful emotions	-	-	-
Intervention format			
6. Group-based program	✓	✓	✓
Determinant areas. ¹ Attention for:			
7. Skills and knowledge	✓	✓	✓
8. Attitudes and emotions	-	-	-
9. Environmental context and social influences	✓	✓	✓
Practical considerations			
10. Acceptable to target group (cultural sensitivity)	✓	✓	✓
11. Acceptable to professionals (familiarity)	✓	✓	✓
12. Feasible within local services (training costs, number of sessions)	-	-	✓
Research quality			
13. Evidence for effectiveness	✓	✓	✓

¹ For details of coding the determinant areas, see Table ii (Supplementary data)

Stage 3 Adaptation of an intervention

Group Triple P does not pay specific attention to ‘coping with stress and unhelpful emotions’ and ‘sensitive parenting’, and had limited attention for the determinant area ‘attitude and emotions’. To enable incorporation of these elements in the intervention without compromising the core components of Group Triple P, we collaborated with Triple P the Netherlands and Triple P Australia. Taking into account the information from the needs assessment, the level of flexibility that Triple P could offer, and consultation with the intervention development group, it was decided that the objective ‘coping with stress and unhelpful emotions’ would be integrated as a module in Group Triple P (deep structure adaptation) and that the cultural sensitivity of the intervention for dissemination would be improved (surface structure adaptation).

Module ‘Coping with stress and unhelpful emotions’

A module was developed to enhance the fit of Group Triple P without compromising the core components of the existing intervention: also called a built-in adaptation or modular approach (Castro et al., 2004). Based on the needs assessment, three performance objectives were formulated regarding ‘coping with stress and unhelpful emotions’: i) parents recognize sources of stress and unhelpful emotions, ii) parents recognize how stress and unhelpful emotions influence parenting behavior, and iii) parents use coping strategies to handle stress and unhelpful emotions (see Table ii, Supplementary data). This was compared with the existing course ‘Coping with emotions’ of Triple P Family Transitions which is used among parents in the process of separation and divorce, and the sessions on ‘Coping skills’ in Enhanced Triple P which is used in families who require extra support to make or maintain changes in parenting due to family issues such as stress, poor coping, partner conflict or mental health issues. The objectives of these sessions were roughly similar to the above described objectives. Adjustments were made to make the session suitable for a broader category of parents than only those who experience divorce and separation and those who experience more difficult family issues and was named ‘Coping with stress and unhelpful emotions’.

In this module, parents are informed about the impact of stress and unhelpful emotions on the mind, the body and (parenting) behavior. For example: one exercise stimulates parents to document a situation in which they experienced stress or unhelpful emotions, and report how this influenced their thoughts and bodily

responses to increase self-awareness. Different strategies are provided to deal with the effect of stress and unhelpful emotions, including the provision of relaxation exercises and development of personal coping statements. The module includes both an individual and group format; individual exercises in the parent handbook are alternated by watching DVD footage of parenting situations, and discussing parents' responses to the footage. Table 5 gives details of the module 'Coping with stress and unhelpful emotions' and insight into its determinants and behavior change techniques (BCTs, Michie et al., 2013). The module consisted of one 2.5-hour session and takes into account different change objectives related to parents' ability to change their parenting behavior: i.e. knowledge and skills to perform the behavior, attitudes and emotions regarding the behavior and environmental context, and the resources to be able to change the behavior.

Table 5. Determinants and behavior change techniques in the module 'Coping with stress and unhelpful emotions'

Determinant	Behavior change technique	Examples from the module
Knowledge	Information about consequences	Information about bodily responses as a result of stress and unhelpful emotions
	Instructions on how to perform the behavior	Information and instruction about relaxation exercises
Skills	Self-monitoring of behavior	Parents document situations in which they experience unhelpful emotions, and how this influences their thoughts and bodily responses
	Action planning	Parents develop coping statements they can use in situations that trigger stress and unhelpful emotions
Attitudes and emotions	Demonstration of the behavior	DVD footage of parents who have unhelpful thoughts, complemented with helping thoughts provided by a credible source in favor of this behavior.
	Information about others' approval	Parents share their ideas in response to the DVD footage about unhelpful thoughts
	Goal setting; review behavior goals	Parents plan pleasant activities in their daily schedules, and document afterwards the pleasure the activity gave them on a 0-10 scale
Environmental context and resources	Social comparison	Parents share with others, based on situations that are described in the parent workbook, the thoughts and emotions they would have in such situations

Cultural sensitivity

To improve the acceptability and cultural sensitivity of Group Triple P for the target group, further adjustments were made. Based on consultations with community healthcare professionals with experience in providing support to ethnic minorities and families with low socioeconomic status (SES), five adjustments were made. First, an individual welcome meeting was incorporated to establish a relationship between participants and providers, to motivate participants to attend all sessions, and for providers to learn about the family setting and context of the parent. Second, an extra session was incorporated to discuss the theme 'managing misbehavior', because this theme was considered to be 'information dense'. The extra session was incorporated at the expense of one individual session. Third, group leaders could either use home visits or telephone consultancy for the individual sessions, which offered them flexibility when working with parents with poor Dutch language proficiency. Fourth, the sessions were longer in duration to slow down the pace of presentation and be able to share personal stories. Fifth, the original handbook was simplified for participants with limited (Dutch) language skills, with shorter sentences, simpler words, and a selection of core and optional assignments.

Implementation and evaluation plan

The adjusted version of Group Triple P, with the module 'Coping with stress and unhelpful emotions' and the adjustments to improve cultural sensitivity, was named Triple P Extra. Triple P Extra was designed to be delivered by community healthcare professionals. A training manual and training session was developed, and a process evaluation was planned to evaluate the implementation and (cultural) relevance of the module on coping with stress and unhelpful emotions (van Mourik, Crone, & Reis, 2018).

DISCUSSION

This study aimed to select an existing parenting intervention that was suitable for the target group, and increase its fit to the needs and stressors of parents living in multi-ethnic disadvantaged neighborhoods. A three-stage process was documented for the selection and adaptation of an intervention, which drew on a local needs assessment, expert opinions of relevant stakeholders, and existing evidence for interventions aimed to promote good parenting behavior. First, in-depth interviews

with parents resulted in a checklist of criteria for an intervention. Second, 33 interventions were compared to this checklist, of which three fulfilled the majority of the criteria. None of these interventions provided attention to the theme 'coping with stress and unhelpful emotions' of parents, which was identified as important for parents living in multi-ethnic disadvantaged neighborhoods. Group Triple P was selected to fit the majority of criteria and for being suitable for implementation in Dutch local services. Third, the module 'Coping with stress and unhelpful emotions' was developed and integrated in Group Triple P. In addition, adjustments were made to improve the cultural sensitivity of the intervention for ethnic minorities and families with lower SES.

Comparison with former research

Ethnic minorities and families with lower SES are more vulnerable to the experience of (parenting) stress due to structural disadvantages, including economic difficulties, acculturation stress, and low social support (Emmen et al., 2013; Leidy, Guerra, & Toro, 2010; Martinez, 2006; Nomaguchi & House, 2013). This is important, because parenting stress increases non-optimal parenting (e.g. harsh parenting) and can have a long-lasting effect on the wellbeing of children (Emmen et al., 2013; White, Liu, Nair, & Tein, 2015). As also demonstrated earlier, the needs assessment of the present study showed that parents experience stress and unhelpful emotions due to contextual stressors, which consequently influenced their parenting behavior (van Mourik et al., 2016). Parents felt challenged to be a 'good parent' when feeling overwhelmed by stress and emotions. They emphasized the importance of managing parents' emotional reactions to stressors to minimize their effect on their parenting behavior and the child's development. Interestingly, the systematic comparison of existing interventions indicated that attention for coping strategies to handle stress and unhelpful emotions was not a standard theme in preventive parenting interventions. Therefore, adaptations were made to incorporate this theme in an existing intervention, by developing and integrating a module on 'Coping with stress and unhelpful emotions'.

There is a long history of interventions being transferred to other groups or settings without considering the extent to which the program fits with the new target group, context and/or implementation setting (Leerlooijer et al., 2014). Existing interventions may be promising for use in different settings; for example, Leerlooijer et al. (2014) state that it is valuable to identify suitable interventions, assess fit

of the original intervention within the new context and target group, and decide whether adaptation is necessary and appropriate. They underline that, if adaptation is undertaken, it should be determined what needs to be adapted and what core components should be maintained (Leerlooijer et al., 2014). The present study followed this latter approach. In addition, we concur with Baumann et al. (2015) who state that the field of prevention science is ripe for more studies documenting the process of cultural adaptation, and with Abraham and Michie (2008) who emphasize the importance of transparency with regard to intervention development.

In the present study, the three-stage process used (inspired by the Intervention Mapping approach) resulted in transparent selection and adaptation of an intervention. The use of the Intervention Mapping approach for intervention selection and adaptation (being both iterative and cumulative) is in concordance with those who advocate for a rationale for cultural adaptations prior to adapting evidence-based interventions, given the concerns regarding an absence of data that confirm that such adaptations are needed (Domenech Rodriguez & Bernal, 2012). In using the Intervention Mapping approach, adaptation of an intervention is not fixed beforehand, but uses collected evidence to guide the decisions to either make adaptations or not, and the type of adaptations needed. This systematic approach enabled us to address the needs of the target group, fit the implementation setting, match the capacity of program deliverers, and preserve program elements that are deemed necessary to change behavior in the original intervention (Leerlooijer et al., 2014).

In addition, Gillison et al. (2012) state that different groups of stakeholders may generate different selection criteria regarding the content of interventions and make different intervention choices; they considered this to be a potential limitation of their own work. Allowing the perspectives of different stakeholders to influence the checklist of criteria and describing the considerations made is, in their experience, a valid approach (Gillison et al., 2012). In the present study, core stakeholders were, apart from the parents (potential service receivers), also youth healthcare professionals (potential service deliverers). The expertise and interests of the latter group were safeguarded by involving representatives in an intervention development group from the outset of the project (comprising researchers in medical anthropology and health sciences, experienced youth healthcare professionals, and policy advisers.) Therefore, the outcomes of the needs assessment among parents

were combined with theoretical perspectives, scientific evidence, and considerations from practice and policy. This was further complemented with expert consultations. This enabled us to take into account practical considerations related to local public health services and organizational capacity which, if not met, would limit integration within the established local services (Gillison et al., 2012).

Strengths and limitations

Despite the strengths of the Intervention Mapping approach it is a time-consuming process, especially for the development of new interventions (Detaille et al., 2010; Gillison et al., 2012). To enhance progress and, following earlier research using the Intervention Mapping approach for tailoring interventions (Detaille et al., 2010; Gillison et al., 2012), the approach was simplified and found to be useful to adapt an existing intervention that has been proven effective.

We aimed to select an existing intervention that was suitable for the target group, enabling us to relatively quickly adapt a promising intervention to the needs and stressors of the target group. However, we had to consider the opportunities provided by the care system which provides opportunities and restrictions for implementation in the local services (Abel & Frohlich, 2012). In the present study, the choice was made to select an intervention that was already implemented in the Netherlands, thereby excluding internationally used interventions that incorporated the theme 'coping with stress and unhelpful emotions' in their curriculum.

Our criteria could have been too stringent and, although our team reached consensus about the suitability of interventions, others may have different perspectives about the selection criteria. A further complicating factor is that parenting interventions are generally complex, involving many components (Michie et al., 2013). This presents a challenge to identify the components within them and to compare them against the defined checklist of criteria.

Based on a systematic approach, Group Triple P was selected as fitting the majority of essential criteria and for being most suitable for implementation in Dutch local services. However, there is discrepancy in the literature regarding the cultural acceptability of Group Triple P. Some researchers indicate that Triple P is acceptable for parents from culturally diverse backgrounds and for parents in urban, low-income settings (Matsumoto, Sofronoff, & Sanders, 2010; Mejia, Leijten, Lachman, & Parra-

Cardona, 2016; Turner, Richards, & Sanders, 2007), whereas others raise concerns about its appropriateness for groups that are culturally diverse and/or with a lower SES (Thomas & Zimmer-Gembeck, 2007). We aimed to improve the fit of Group Triple P by including the module 'Coping with stress and unhelpful emotions' and adjustments to improve dissemination in parents from an ethnic minority and with lower SES. The module was integrated in Group Triple P and has been evaluated (van Mourik et al., 2018); this evaluation provides information on the interventions' appropriateness and relevance for parents living in multi-ethnic disadvantaged neighborhoods.

Implications

Mejia and colleagues see great potential for future research and practice if flexibility can be built into an intervention (Mejia et al., 2016). This allows the providers of parenting interventions to adjust the components of the intervention to the composition and needs of a particular participant group, e.g. by selecting modules from different interventions to incorporate in the adapted intervention. In the present study, the main adaptation includes integration of a module on 'Coping with stress and unhelpful emotions' in an existing parenting intervention delivered to parents living in multi-ethnic disadvantaged neighborhoods. This can be considered a 'built-in' adaptation to enhance program fit, while also maximizing fidelity of implementation and program effectiveness (Castro et al., 2004).

In the present study, the developed module should not be considered a culturally-specific intervention for use in a specific group of parents. It was developed as a general intervention module that can be flexibly applied to a wide range of parents. When parents experience stress and unhelpful emotions, regardless of their ethnicity and SES, the module 'Coping with stress and unhelpful emotions' may be relevant for them. This is especially applicable when considering the impact of stress and unhelpful emotions on parenting practices.

CONCLUSIONS

The three-stage process described in this study is useful for the systematic selection and adaptation of an existing intervention to a new target group. The needs assessment among parents living in multi-ethnic disadvantaged neighborhoods

resulted in specific attention paid to the theme 'stress and unhelpful emotions', which is not a common target of parenting interventions in general. This resulted in the adaptation of Group Triple P by including a module on 'Coping with stress and unhelpful emotions'. The present study addresses the potential for the in-built flexibility of interventions by including modules relevant for specific target groups and contexts.

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APPENDIX 1

Table i. Overview of performance and change objectives for the desired outcomes

Performance objectives	Knowledge	Skills
1. Discipline strategies		
a. Parents know how to discipline effectively	Parents know different strategies to discipline a child Parents know how discipline strategies can be effectively used	Parents are able to discipline their child effectively
b. Parents use effective and non-harsh discipline strategies	Parents know how to use discipline strategies Parents know when to use discipline strategies	Parents are able to use non-harsh discipline strategies
c. Parents are able to use discipline strategies in a consistent manner	Parents know what consistent discipline is	Parents are able to set family rules and maintain them
d. Parents use age appropriate discipline strategies	Parents know different age appropriate strategies to discipline their child	Parents are able to use age-appropriate discipline strategies
2. Cope with stress and emotions		
a. Parents recognize sources of stress	Parents have knowledge about common sources of stress for children and parents Parents know how stress influences children's behavior and development	Parents are able to identify sources of stress for their child and themselves

Attitudes	Emotions	Environmental context, resources and social influences
Parents know there is a positive relationship between effective discipline and children's behavior	Parents are able to recognize situations in which their discipline behavior is influenced by stress or negative feelings	Parents are able to compare and evaluate discipline strategies that are used in the Netherlands and in other countries
Parents express confidence that they can use different discipline strategies	Parents know how to control their emotions when the child displays undesired behavior	
Parents express positive feelings about the benefits of non-harsh discipline strategies	Parents express confidence to not use harsh discipline when feeling stressed or emotional	Parents know that spanking a child is not allowed in the Netherlands
Parents express confidence that they can use non-harsh discipline strategies		Parents are able to discuss with other involved in parenting the child, the benefits of non-harsh discipline
Parents express confidence that they can discipline their child in a consistent manner	Parents are able to discipline the child consistently when feeling stressed or emotional	Parents feel confident to use discipline strategies in a consistent manner even when being observed by other people (e.g. in the supermarket, when visiting family)
Parents are able to identify the positive results of consistent discipline		
Parents express positive feelings about the use of age-appropriate discipline strategies		
Parents express confidence that they can use age-appropriate discipline strategies		
	Parents know how stress influences their parenting behavior	

Table i. Continued

Performance objectives	Knowledge	Skills
b. Parents recognize how stress influences parent behavior	Parents know how stress influences the behavior and mental health of adults	Parents are able to identify how stress influences their parenting behavior
c. Parents use coping strategies to deal with stress and unhelpful emotions	Parents know strategies to manage the influence of stress Parents have knowledge about healthy and unhealthy coping strategies	Parents are able to use healthy coping strategies to reduce the influence of stress
3. Positive parenting		
a. Parents are aware when the child displays desirable behavior		Parents are able to determine what they consider good behaviour and what behaviour they want to reward
b. Parents reward desirable behavior in a healthy and non-expensive manner	Parents know different strategies to reward good child behaviour	Parents know how to reward their child in a non-expensive and healthy manner
4. Sensitive parenting		
a. Parents examine the needs and desires of the child	Parents have knowledge about children's developmental stages	Parents are able to determine the child needs via observation or communication
	Parents know what sensitive parenting is	Parents are able to observe and interpret the child's behaviour

Attitudes	Emotions	Environmental context, resources and social influences
Parents express positive feelings about reducing the influence of stress on their parenting behavior		Parents are able to share their experiences of stress and negative emotions with other parents
Parents express positive feelings about developing healthy coping strategies to reduce the influence of stress	Parents are able to use healthy coping strategies, also when feeling unhappy or stressed	Parents are able to ask for support when finding it difficult to stop using unhealthy coping strategies Parents are able to ask for support to help them dealing with the sources of stress
Parents express positive feelings about the benefits of positive parenting		
Parents express confidence to recognize good child behaviour		
Parents express positive feelings about the benefits of reward strategies on child behaviour	Parents are able to reward their child's good behaviour, even when feeling/being occupied with other activities	Parents plan to change their daily schedule to create time to reward their child's good behaviour
Parents know the distinction between pampering and rewarding a child		Parents are able to discuss with others involved in raising the child (e.g. grandmother) how to reward the child's behavior
Parents express positive feelings about the benefits of responding with sensitivity to the child		Parents make time to be able to identify the needs of their child
Parents express confidence that they can identify the needs of their child		

Table i. Continued

Performance objectives	Knowledge	Skills
b. Parents use parenting strategies that fits the needs and desires of the child		Parents are able to adjust their parenting behavior to the child's needs
c. Parents use age-appropriate strategies	Parents have knowledge about common child needs per age Parents have knowledge about age appropriate parenting behaviour	Parents are able to list age appropriate activities
5. Parental involvement		
a. Parents invest in one-on-one time with the child, both indoors and outdoors	Parents know what quality time entails Parents have knowledge about appropriate parental involvement for different age groups	Parents know how to spend quality time with their child, both indoors and outdoors Parents are able to list activities that can be done with their child both indoors and outdoors
b. Parents stimulate communication between parent and child	Parents have knowledge about what open and positive communication entails Parents know strategies to stimulate communication with their child	Parents are able to construct a safe and supporting setting with mutual respect to communicate (and discuss sensitive topics) with their child
c. Parents stimulate involvement of the other parent		Parents are able to make a plan with the other parent about how, when and how often the other parent will spend time with the child

Attitudes	Emotions	Environmental context, resources and social influences
Parents express confidence that they can understand and respond appropriately to their child's needs	Parents understand that tantrums represent real emotions, and respond to these emotions in a sensitive manner	Parents make time to interact with their child and to build a strong relationship
Parents express positive feelings about age appropriate parenting behavior	Parents are aware under what conditions/in what situations they have difficulty to be responsive to their child's needs	
Parents express confidence that they can use age appropriate parenting strategies		
Parents express positive feelings about the benefits of investing time in the parent-child relationship		Parents plan to spend time with their child on a regular basis
Parents express positive feelings about the benefits of parental involvement of both parents throughout the child's life		Parents stimulate involvement in the outdoors activities of their child, potentially the involvement of somebody else when lacking the possibility themselves
Parents express positive feelings about the benefits of open and positive communication with their child		
Parents express confidence that they can stimulate open and positive communication with their child		
	Parents express positive feelings about the other parent spending time with the child, even when having negative feelings about (their relationship with) the other partner	Parents are able to discuss with the other parent the benefits of them investing quality time in the child

APPENDIX 2

Table ii. Checklist essential criteria, comparison of interventions

	Evidence-based interventions		
	Chicago Parent Program (CPP)	Family Links Nurturing Program (FLNP)	Incredible years (BASIC pre-school)
Intervention content			
Improving parenting behavior:			
1. Disciplinary strategies	✓	✓	✓
2. Positive parenting	✓	✓	✓
3. Sensitive parenting	-	✓	✓
4. Parental involvement	✓	✓	✓
5. Coping with stress and unhelpful emotions	✓	✓	-
Intervention format			
6. Group based program	✓	✓	✓
Determinant areas.¹ Attention for:			
7. Skills and knowledge	✓	✓	✓
8. Attitudes and emotions	✓	✓	-
9. Environmental context and social influences	✓	✓	✓
Practical considerations			
10. Acceptable to target group (cultural relevance) ²	✓	-	✓
11. Acceptable to professionals (familiarity)	-	-	✓
12. Feasible within local services (training costs, number of sessions)	-	-	-
Research quality			
13. Evidence for effectiveness	✓	✓	✓

¹ Van Achterberg et. al. (2010) ordered the behavioral change techniques along the conceptual equivalents of the determinants areas they addressed. To be able to judge if interventions focused on specific determinants areas, we made use of this ordering in regard to the determinants knowledge, skills, attitude and emotions, and social influences and environmental context. According to Van Achterberg, (1) knowledge techniques were typically operationalized as the transfer of information about brochures, videos or giving advice in individual consultations or groups; (2) skills were operationalized as self-efficacy techniques, including guided practice, modelling and graded tasks to rehearse or practice with behavior; (3) attitude techniques were operationalized as including prompts, messages and encouragement to go through a process of re-evaluation of outcomes of current and alternative behaviors, and to strengthen positive beliefs about the outcome of the target behaviour; (4) social influence techniques were operationalized as social comparison, including opportunities for social comparison and mobilization of social norms).

² Based on effects found in a RCT among a multi-ethnic population and/or research on the cultural relevance of the intervention

Evidence-based interventions			Practice-based interventions (in the Netherlands)	
Parent Corps	Parent Management Training Oregon (PMTO)	Positive Parenting Program (Group Triple P)	Opvoeden & Zo (Parenting Etcetera)	Themis opvoedmodule (Themis Parenting Module)
✓	✓	✓	✓	✓
✓	✓	✓	✓	-
-	✓	-	-	✓
✓	✓	✓	-	✓
✓	-	-	-	-
✓	✓	✓	✓	✓
✓	✓	✓	✓	✓
-	-	-	-	-
✓	✓	✓	✓	✓
✓	✓	✓	-	-
-	✓	✓	✓	✓
-	-	✓	✓	✓
✓	✓	✓	-	-





Relevance of the intervention module ‘Coping with stress and unhelpful emotions’ for parents living in multi-ethnic deprived neighborhoods

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ABSTRACT

To achieve optimal satisfaction and impact of interventions in diverse populations, it is important to be sensitive to the needs and stressors of ethnic minority and low-income groups. This study examines the relevance of the intervention module 'Coping with stress and unhelpful emotions'. The module, addressing parenting stress, was integrated in Group Triple P and delivered to parents living in multi-ethnic deprived neighborhoods in the Netherlands.

To enable in-depth understanding of parents' and providers' experiences, a multi-informant qualitative methodology was used. Semi-structured interviews were conducted with four providers and fourteen participants, observations were made during the performance of the module, and process evaluation forms were filled in by providers. A thematic analysis was conducted to interpret the results.

Three overarching themes were identified: appreciation of sharing experiences, acceptability of the module's content, and the appropriateness of program materials. The module was considered relevant by both participants and providers. Feelings related to homesickness and stress were discussed in detail. Although sharing anecdotes was valued, they took up some of the limited time available for individual behavior practice. Participants were positive about the use of video fragments, whereas providers questioned the appropriateness and the ethnic/religious diversity of the material.

These findings support the relevance of the intervention module on 'Coping with stress and unhelpful emotions' for parents living in multi-ethnic deprived neighborhoods. The module might be improved by allowing more time for and variety in behavior practice, including attention for positive emotions, and adjusting program materials for use among parents with, for example, limited language proficiency.

INTRODUCTION

Although parenting can be stressful for many parents, ethnic minority parents are particularly vulnerable to the experience of parenting stress (Emmen et al., 2013; Nomaguchi & House, 2013). Parenting stress is defined as feelings of anxiety that arise when the demands of the childrearing process are perceived to be greater than the personal and social resources (Abidin, 1995; Mulsow, Caldera, Pursley, Reifman, & Huston, 2002). Whether a person is resilient or vulnerable to the experience of parenting stress is influenced by three domains: characteristics of the parent, characteristics of the child, and contexts surrounding the parent providing stressors and resources (e.g. family income, social support) (Belsky, 1984; Emmen et al., 2013). In most countries, ethnic minority families are overrepresented in the lower socioeconomic status groups, subjecting them to different contextual stressors (Crul & Doomernik, 2003; Emmen et al., 2013). They not only experience heightened stress related to economic difficulties, but also experience stressors and structural disadvantages specific to their ethnic minority status, including discrimination, acculturation stress, and low social support (Emmen et al., 2013; Leidy, Guerra, & Toro, 2010; Martinez, 2006; Nomaguchi & House, 2013). These contextual stressors make parents vulnerable to the experience of parenting stress and have been linked to less-than-optimal parenting (Deater-Deckard & Panneton, 2017; Kotchick, Dorsey, & Heller, 2005; White, Roosa, Weaver, & Nair, 2009).

Parenting stress has a long-lasting effect on the wellbeing of parents and children due to the direct influence on parenting practices and family dynamics (BeLue, Halgunseth, Abiero, & Bediako, 2015; Deater-Deckard, 2004; White, Liu, Nair, & Tein, 2015). It increases levels of mental distress, non-optimal parenting (e.g. harsh parenting), and child problem behaviors (Anthony et al., 2005; Mesman, van IJzendoorn, & Bakermans-Kranenburg, 2012; Mistry, Stevens, Sareen, De Vogli, & Halfon, 2007; Rousseau et al., 2013). Research among parents living in multi-ethnic deprived neighborhoods confirmed the influence of contextual stressors, such as acculturation stress, discrimination and lack of social support, on parenting stress and parenting behavior (van Mourik, Crone, Pels, & Reis, 2016). Being a good parent was perceived as a challenge when feeling overwhelmed by unhelpful emotions (e.g. insecurity, distress) resulting from parenting stress.

Several studies have tested the effectiveness of parent training interventions to prevent parenting problems, showing that such interventions have a positive influence on parenting skills and child behavior (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003; Kaminski, Valle, Filene, & Boyle, 2008). In addition, parenting interventions can lower parenting stress due to an increase of effective parenting strategies and a decrease of child conduct problems (Barlow, Smailagic, Huband, Roloff, & Bennett, 2014; DeGarmo, Patterson, & Forgatch, 2004; Hutchings, Appleton, Smith, Lane, & Nash, 2002). However, a systematic comparison of existing interventions indicated that attention for coping strategies to handle stress is generally not present in parenting interventions, while this could be beneficial to assist ethnic minority parents at risk for high levels of parenting stress (van Mourik et al., forthcoming). Interventions can be improved by offering coping strategies to deal with stressors in addition to the attention paid to effective parenting strategies (BeLue et al., 2015; Castel et al., 2016; Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Rayan & Ahmad, 2017). This is supported by BeLue et al. (2015) who reported that promoting coping strategies would offer important benefits for ethnic minority families considering the impact of parenting stress on parenting behavior and child development. Coping strategies enable a person to successfully adapt to stressors, and these strategies are related to the way a person manages their emotions, regulates and directs their behavior, and acts to decrease sources of stress (Compas et al., 2001). Interventions that target coping behavior in parents with high levels of parenting stress (e.g. parents of children born pre-term, or of children with disabilities) have shown promise (Castel et al., 2016; Rayan & Ahmad, 2017). Although extensive research has focused on predictors and consequences of parenting stress in ethnic groups (BeLue et al., 2015; Cardoso, Padilla, & Sampson, 2010; Huang, Costeines, Ayala, & Kaufman, 2014; Nomaguchi & House, 2013), to our knowledge no studies have examined the potential of interventions that target parenting stress by focusing on coping strategies for these parents.

The decision was made to develop a module on coping resources following a qualitative research among ethnic minority and low socioeconomic status parents (n=61) (van Mourik, Crone, Pels, & Reis, 2016). When asked what would support them in their parental role, parents emphasized the importance of managing parents' emotional reactions to stressors to minimize its effect on parenting behavior and the child's development. They believed that coping with stress and unhelpful emotions in an effective manner would minimize the impact of (contextual) stressors and

emotions on the child and their own parenting behavior (van Mourik, Crone, & Reis, forthcoming). Although parenting interventions generally assist parents in acquiring various parenting skills to handle their child's undesirable behavior and stimulate desirable behavior, attention for coping strategies to handle stress and unhelpful emotions is not a standard component in parenting interventions (van Mourik et al., forthcoming). This resulted in the development of the module 'Coping with stress and unhelpful emotions' to be integrated in an existing parenting intervention.

This study examines the relevance of the module 'Coping with stress and unhelpful emotions' provided to parents living in multi-ethnic deprived neighborhoods in the Netherlands. The module forms part of a systematic approach to increase the sociocultural fit of an existing evidence-based intervention by paying attention to the needs and stressors of parents living in multi-ethnic deprived neighborhoods (van Mourik et al., forthcoming). The module 'Coping with stress and unhelpful emotions' was developed to make existing interventions sensitive to the experience of parenting stress among ethnic minority and low socioeconomic status parents. This can be considered a 'built-in' adaptation to enhance program fit, without compromising the core components of the existing intervention (Castro, Barrera, & Martinez, 2004). The module was integrated in the Triple P Program. This is a multilevel evidence-based program which uses a structured curriculum to prevent child emotional and behavioral problems by enhancing parents' knowledge, skills and confidence in managing a child's problem behavior (Sanders, 2012). Former studies indicate that it causes positive changes in parenting skills, child problem behavior and parental well-being (de Graaf et al., 2008; Nowak & Heinrichs, 2008; Sanders, Kirby, Tellegen, & Day, 2014). In addition, Triple P is found to be acceptable for parents from culturally diverse backgrounds and for parents in urban, low-income settings (Matsumoto, Sofronoff, & Sanders, 2010; Mejia, Leijten, Lachman, & Parra-Cardona, 2016; Turner, Richards, & Sanders, 2007).

The evaluation aimed to provide insight in the relevance of the module 'Coping with stress and unhelpful emotions' for a culturally diverse group of parents from deprived areas. The objective of the process evaluation was to examine: i) the appreciation of the module by participants and providers, ii) the elements that were considered relevant, and iii) suggestions to improve the module and program materials. A multi-informant approach based on semi-structured interviews, observations and process

evaluation forms was used for data collection to create a thorough understanding of parents' and providers' perspectives regarding the module's relevance.

METHODS

Intervention module

The module 'Coping with stress and unhelpful emotions' takes into consideration the experience of stress and unhelpful emotions and its influence on parenting. The aim of the module was to enable parents to i) recognize sources of stress, ii) recognize how stress influences parenting behavior, and iii) develop coping strategies to handle stress and unhelpful emotions. The module involves informing parents about the impact of stress and unhelpful emotions on the mind, the body, and (parenting) behavior. For example: an exercise stimulates parents to document a situation in which they experienced stress or unhelpful emotions, and report how this influenced their thoughts and bodily responses to increase self-awareness. Parents are taught three coping strategies to deal with stress and unhelpful emotions, enabling them to use the strategy that best fits their situation and preferences; these include i) the planning of pleasant activities, ii) the use of relaxation exercises, and iii) the development of personal coping statements to counteract negative thoughts. Parents were taught the coping strategies to deal with stress and unhelpful emotions via alternating individual or group exercises, watching video footage of parenting situations, and discussing parents' responses to the footage. The 'Coping with stress and unhelpful emotions' module is delivered during a single 2.5-h session in a group format, with two facilitators using a structured manual.

Triple P Extra

The module was integrated in Group Triple P. Group Triple P is delivered over eight weeks to parents of children up to 12 years old who are interested in learning a variety of parenting skills. Parents learn about the causes of child behavioral problems, setting specific goals, and using strategies to promote child development, manage misbehavior and plan for high-risk situations. The program is delivered by accredited Triple P professionals and, during the delivery of the intervention, a parent handbook and DVD footage is used. The program involves four (2-hour) group sessions and three (15 - 30 min) individual telephone consultations (Turner, Markie-Dadds, & Sanders, 2014).

To enable integration of the module in an existing intervention, collaboration was sought with Triple P the Netherlands and Triple P Australia, the original developers of the intervention. The module 'Coping with stress and unhelpful emotions' was composed of Triple P materials and program elements, to ensure that the module could be integrated in Group Triple P without compromising the core components or key content of the original program due to any adjustments. This was possible because the objectives of the module 'Coping with stress and unhelpful emotions' resemble the objectives of the sessions on 'Coping with emotions' of Triple P Family Transitions which has been developed for parents in the process of separation and divorce, and the sessions on 'Coping skills' in Enhanced Triple P which has been developed for families who require extra support due to family issues such as partner conflict or mental health issues. Individual exercises were used from the parent handbooks of these sessions as well as DVD footage of parenting situations. Adjustments were made to make the materials suitable for a broader category of parents than only those who experience divorce and separation and those who experience more difficult family issues. The adjusted version was named 'Coping with stress and unhelpful emotions'. It also includes a simplification of the parent handbook for participants with limited Dutch language skills with shorter sentences, simpler words and optional assignments and a longer duration of the session (2.5 h instead of 2 h) (for details see van Mourik, forthcoming). The adjusted version in which the module 'Coping with stress and unhelpful emotions' was integrated, was named 'Triple P Extra' to distinguish it from the original Group Triple P. The module 'Coping with stress and unhelpful emotions' was delivered between the Group Triple P sessions on 'managing misbehavior' with parenting strategies to influence the child's behavior and 'planning ahead' for high-risk situations.

Participants and providers

Four providers (working in pairs) were involved in the delivery of the intervention as group leaders. Group leaders were accredited in Triple P and had multiple years of experience in delivering Group Triple P and Triple P Discussion Groups (Triple P level 4 and 3, respectively). Group leaders were experienced professionals; two were employed as social workers, and the other two as a prevention worker in youth psychiatry, and community health worker, respectively. Group leaders received one training session that provided them with sufficient information, skills and materials to deliver the module 'Coping with stress and unhelpful emotions'.

Triple P Extra has been delivered in two urban areas in the municipality of Leiden in the Netherlands. These two areas are characterized by socioeconomic disadvantage based on family incomes and housing prices (Gemeente Leiden, 2018). Also, residents in these two areas are more often victim of a criminal offense and feel less safe when compared to other residents in the municipality (Gemeente Leiden, 2018). The municipality as a whole has a higher percentage of ethnic minorities compared to the national average of the Netherlands (31.8% and 22.6% respectively (Gemeente Leiden, 2018; Statistics Netherlands, 2017).

Recruitment was facilitated by an organization that delivered family and child services to ethnic minority and low socioeconomic status families. Their contacts with the families, their good reputation, and a personalized approach towards recruitment resulted in the attendance of eligible participants. Nineteen parents expressed an interest in the program, of which five eventually decided not to participate. Reasons were: lack of childcare facilities, limited Dutch language skills, no permission of the Social Security Department to attend a course during daytime when being unemployed, and for reasons unknown. The fourteen parents who attended the program had a mean age of 38 (SD 4.7) years. Participants had a target child aged 6 (SD 2.5) years and had (on average) two children. Most participants were part of two-parent households (85.7%). The majority of parents had an average to low level of education (64.3%) (UNESCO, 2012), were not employed (71.4%), and received social welfare payment (50%). Two participants were of native Dutch origin whereas the remainder were first-generation migrants originating from Turkey (n=5), Morocco (n=3), Syria (n=2), Iraq (n=1), and Mexico (n=1).

Data collection

For this study, a multi-informant qualitative method was used including semi-structured interviews with participants and providers, and observational data. In addition, providers filled in process evaluation forms. All participants signed informed consent. The study was approved by the Medical Ethics Committee of Leiden University Medical Center. During delivery of the module, observations were made and focused on: i) delivery of the program elements, ii) reactions of the participants to the program elements, and iii) group dynamics. Live observations were performed by a trained research assistant with extensive experience in qualitative research. An observation schedule was used during the observations on

the above-mentioned foci. Short semi-structured interviews (15 min on average) were held with group leaders directly after delivery of the module by the observer. Group leaders were asked to reflect on the module with regard to the delivery of program elements, reactions of participants, group dynamics and other topics relevant to them. Extensive notes were made during the live observations and interviews. After delivery of the parent program, semi-structured interviews were held with group leaders (60 min on average) and participants (20 min on average) by the primary researcher (KvM) and a co-author (MC). An interview topic guide was designed covering: relevance of the module, satisfaction and reflections on program content/materials, and suggestions to improve the module (for details see the supplementary data: Appendix 1). Participants were encouraged to provide as much information as possible in response to these issues and to contribute any additional related topics. Participants with limited Dutch language proficiency were offered the opportunity to be interviewed in their native language; three participants made use of this offer and were interviewed in Turkish by a research assistant. Interviews with providers were audio-taped, transcribed ad verbatim, and anonymised. Extensive notes were made during interviews with participants, because it was found that participants distrusted the use of recorded materials or were embarrassed about their language proficiency. Confidentiality and anonymity were guaranteed at the beginning of the interviews. After delivery of the module, providers filled in process evaluation forms in which they reported on group dynamics and the extent to which the program elements were delivered. When program elements were not delivered as intended, providers were asked to provide information on what and why alterations were made. Questions were asked about group dynamics with attention for group cohesion and interactions, and group leaders were asked to elaborate on these issues (e.g. 'participants brought in topics to discuss', 'participants shared emotions and personal experiences with each other', and 'participants made offensive remarks to each other'). Participants completed a demographic questionnaire.

Data analysis

Thematic data analysis was performed on the whole dataset, including the semi-structured interviews, observational data and process evaluation forms (Braun & Clarke, 2006; Rize & Ezzy, 1999). All codes and themes emerged in an inductive manner from the data. First, each interview transcript and other data sources were read several times by the primary researcher (KvM) who generated an initial list of topics and meanings. Second, the entire dataset was coded and organized into

categories based on salient themes, and coded data were sorted into emergent themes and sub-themes. Third, emergent themes were discussed with the co-authors (MC, RR) to establish coherent thematic patterns and to discuss discrepancies. The themes presented here are grounded in examples and represent recurrent themes within and across cases (Elliott, Fischer, & Rennie, 1999). Citations are presented as examples to provide a rich description of the themes. Saturation was monitored throughout the data analysis process to check for the emergence of new themes and repetition of existing themes. Data analysis was facilitated by Atlas.ti 7.5 software.

RESULTS

Three overarching themes were identified: sharing experiences, acceptability of the modules' content, and appropriateness of program materials. Figure 1 summarizes the main research question that guided the analysis (left panel), the themes that emerged from the data (center panel), and the subthemes that emerged (right panel).

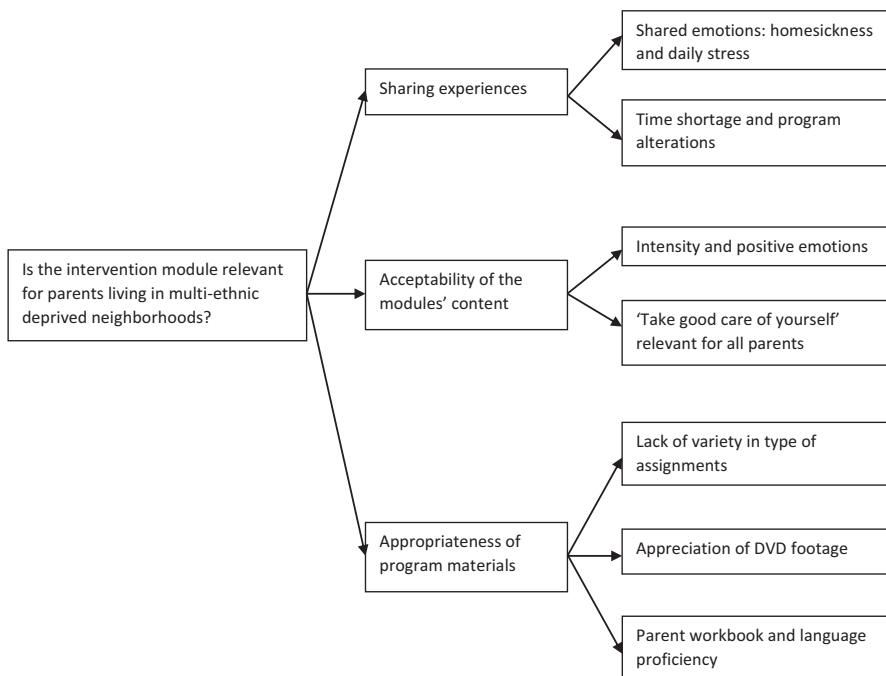


Figure 1. Themes emerging from interviews with parents with diverse cultural backgrounds

Sharing experiences

When participants were asked for their opinion with regard to the module 'Coping with stress and unhelpful emotions' their appreciation of sharing experiences with other parents emerged as a core theme.

It is useful and fun to share experiences. We help each other by sharing our experiences ... we learn from each other (Syrian-Dutch mother of one child)

I know a lot, but others do too. We are all good examples for each other (Moroccan-Dutch mother of one child)

Shared emotions: homesickness and daily stress

During the module, participants were invited to reflect on different emotions (i.e. stress, anxiety, anger and depression) and the possibility was provided to discuss certain emotions in more detail. Observations revealed that, based on the input of participants, specific emotions were discussed in more detail. In one of the locations where the module was delivered, the central topic was homesickness. One parent introduced this topic, others could relate to it and contributed by sharing their experiences. Participants indicated that homesickness was related to feeling anxious and depressed due to not being able to frequently see/speak to their mother and/or other relatives. In the other location, stress was the central topic. Participants recognized the influence of stress on their parenting behavior and could identify with stories shared by others. Stress was experienced in relation to daily hassles, e.g. when parents felt rushed to prepare their children to go to school.

Time shortage due to sharing experiences

Although anecdotes shared by participants were valued, providers had difficulty with time management. For example, they sought to find a balance between allowing the input of participants and being respectful towards their stories, while ensuring enough time to provide the module as intended. Two providers reflected on a situation in which a participant recognized the relaxation exercises that were introduced; this resulted in her sharing with the group the relevance of the exercises, as well as her experiences of treatment by a psychologist and the problems she was treated for.

On the one hand it was nice that she was so frank and told so much, but it also took a lot of time. I found that difficult - to ask her to wrap up her story. Also, other parents reacted to her story, so that was good (group leader 1). But you only have one session in which to deliver all the program elements - so you have to keep an eye on the time (group leader 2)

Anecdotes shared by participants took up more time than planned, resulting in less time for other program elements. This often resulted in less time available for program elements in which sharing experiences was not the focal point, often at the expense of program elements in which participants could practice with strategies provided to them. Providers indicated that more time was needed to elaborate on personal stories and suggested to extend the module with an extra session. Participants also appreciated the sharing of experiences.

The topic of emotions came up, and parents talked about their feelings of sadness, homesickness and missed family members. I found it difficult because there was so little time ... I would prefer more time to talk about the important topics that parents bring in - and react to that - rather than feeling the need to focus on providing all the elements of the program (group leader 3). Emotions were related to the lack of social support as a result of their family, their parents and siblings, living abroad. More time would help ...(group leader 4) [It would help to] discuss this and for the parents to share stories (group leader 3)

The examples from group members are useful. But now... if we tell something, there's no time. There's not enough time to [share] experiences ... I think that's strange. You come together to hear each other's stories, otherwise you would have taken an individual course (Native Dutch mother of one child)

It was very interesting ... and I learned a lot. But maybe there was too little time for all the information. It's good to share more experiences among each other. There should be more time to chat, to share knowledge, to share experiences. [I can] learn a lot from women with more children and with children of different ages (Iraqi-Dutch mother of one child)

Acceptability of the module's content

Participants considered the module 'Coping with stress and unhelpful emotions' and the coping strategies that were introduced relevant and useful to them.

The session on emotions described much of what I feel and it helps me to find solutions in some situations (Syrian-Dutch mother of two children)

I experience a lot of stress and although I try to forget all the things that cause this, I keep feeling tired and restless. I try to be a good mother. What I learn during the module is beneficial. I learn a lot ... and I'm satisfied with my progress; I'm now better able to cope with the difficult behavior of my child when I feel stressed or restless. I think it's a good session. This session is needed for mothers to learn to talk about it [the influence of stress and emotions], and learn how they can act differently when feeling overwhelmed by emotions ... so they can do it differently, and don't feel regret afterwards, because they have dealt with it [difficult child behavior] properly (Turkish-Dutch mother of two child)

Lack of attention for positive emotions

While sharing of experiences was appreciated, participants experienced the module as being 'intense' because it mainly focuses on stress and unhelpful emotions. When asked for suggestions to improve the module, participants suggested to pay more attention to positive emotions.

It was intense... we all have our own emotions. We shared our stories which was quite tough. You all have your own luggage; you all have a backpack full of emotions (Native Dutch mother of one child)

It was emotional. The session is negative, it focuses on negative emotions ... this makes it difficult. I would like to discuss more positive emotions - they also influence how you feel and how you act (Turkish-Dutch mother of three children)

To improve the acceptability of the module it is important to create a balance between the positive and negative experiences around parenthood. It was advised

to stimulate participants to share the positive experiences they have as a parent and in interacting with their child.

'Take good care of yourself' relevant for all parents

Providers emphasized the importance of the theme 'stress and unhelpful emotions' in relation to childrearing. They felt that participants were stimulated to reflect upon how stress and emotions influenced their parenting behavior and, consequently, their child's behavior.

They had to change their focus, and concentrate on themselves instead of focusing on their child. I think it was good to learn about this and become more aware of what your share is in the child's behavior (group leader 2). In the other sessions [of the parenting program: Group Triple P] you mainly focus on the behavior of the child [...] and now you look at your own behavior. And we ask parents: why do you feel irritated or tired, and how does this influence the way you interact with your child? (group leader 1)

Providers were of the opinion that the module was a logical addition and reinforcement of the Triple P principles 'take good care of yourself'. They felt that attention for stress and unhelpful emotions could be a valuable addition to other parenting programs, as well as for most (if not all) parents.

You always talk with parents about the five principles of Triple P and one of them is 'take good care of yourself'. But that's a bit unspecified... abstract. And now [after the module] people were like 'it's really important'. This morning [during the program closure] I heard several mothers who said 'I make sure that every evening I take some time for myself to relax' (group leader 1)

Emotion... it touches everybody. And it was good that we could talk about this, how this influences parenting (group leader 3). Parents told us that they learned a lot (group leader 4). You could spend an entire course talking about this topic. Now we discussed a piece of it and what is discussed is not only a valuable addition to the Triple P course, but could also be a valuable addition for other parenting support courses (group leader 3)

I think it's a good addition. I think it certainly opened their eyes to [the fact that] that stress has an influence on how you deal with your child. They all agreed that everyone had problems that are similar; everybody encounters the same challenges in parenting their child. But how you respond to your child differs ... and now it's clear how emotions and stress influences this. (group leader 2)

Appropriateness of program materials

Lack of variety in type of assignments

Both participants and providers suggested to include more time to practice and more variation in the type of assignments. Preference was expressed for assignments that stimulate group work, group interaction, and behavioral practice. It was advised to increase the time spent on group-based activities and varieties of group-based teaching methods used in the module (e.g. watching video footage of parenting situations, discussing parents' responses to the footage), and decrease the time spent on individual practice (e.g. individual exercises in the parent handbook). Providers felt that adding more group discussions and role-play would help participants in processing the information and skills that were introduced in the module. More behavioral practice by incorporating role-play was also recommended by participants, regardless of their language skills.

I would like to add more exercises and practical assignments. I think that every session should include more exercises. We should really 'do things' or use role play during the session, to make it visible. Because then the information will really stick (group leader 3)

The program booklet goes too fast, we need more time - to practice together and to learn together (Moroccan-Dutch mother of three children)

Appreciation of DVD footage

The DVD with video fragments was used to introduce a new topic, to provide information, and to show examples of a situation in which a (parenting) skill was used; the video fragments resulted in active interactions among participants. Personal experiences were shared related to examples in the video, and participants gave each other advice on how to act in certain parenting situations.

Providers differed in their opinion regarding the DVD with video fragments. Two providers emphasized the value of the fragments, because this enabled participants to see the actual behavior that was discussed. The other two providers were more critical about them; they doubted whether the segments were appropriate for their participants, because they felt that displaying parents with short sleeves and shorts could be inappropriate for Muslim participants. Also, they missed the display of ethnic and religious groups common in Europe, and recommended to include more variety in the actors. Inappropriateness of video fragments was not mentioned by the participants and they found the fragments to be a useful learning tool. They were positive about the display of parenting situations and some borrowed the DVD to watch it at home.

The video fragments are good. They offer the opportunity to see real live experiences of parents, and it allows us to share ideas. More video fragments during the session would be nice (Syrian-Dutch mother of two children)

You can see how somebody does it the wrong way, and then you see how they do it in a good way. This is how you learn. And when your Dutch is not fluent, as it is for me, you want to see examples. The use of video fragments is good ... then I don't always have to read and write (Moroccan-Dutch mother of two children)

Parent workbook and language proficiency

During the module, some participants asked for clarification when words were unknown to them, or translated words by using google translate or a dictionary. Most participants wrote the answers of the assignment in the workbook, while those with low literacy levels communicated that they made the assignments 'in their head'. Providers indicated that the workbook could be improved for use in participants with low literacy levels by including more pictures and visual support.

DISCUSSION

This study reveals the relevance of the module 'Coping with stress and unhelpful emotions'. The module was delivered to parents from diverse cultural backgrounds living in deprived neighborhoods in the Netherlands. Three core themes emerged:

i) the relevance of the module's theme regarding parents' experiences of stress and unhelpful emotions, ii) the value of sharing experiences with other parents, and iii) the appropriateness of the program materials.

Earlier studies indicate that parenting stress can have different sources, e.g. stress from daily hassles, economic stress, and the process of acculturation (Emmen et al., 2013). The module gave the parents the opportunity to discuss feelings related to i) day-to-day parenting tasks that may cause stress and irritation, and ii) stress and unhelpful emotions due to specific stressors of parents living in multi-ethnic deprived neighborhoods. Participants emphasized homesickness as a result of their migration history, which they related to feeling anxious and depressed. Parents stated that feelings related to homesickness influenced their thoughts and parenting behavior. This is consistent with earlier studies reporting that acculturation stress has a negative influence on family functioning, parental mental health, and child outcomes (Lorenzo-Blanco et al., 2016; Mui & Kang, 2006). Overall, the present study confirms the relevance of the module on 'coping with stress and unhelpful emotions' for parents living in multi-ethnic deprived neighborhoods and highlights the need to focus on stress in future interventions.

The benefit of being in a group with other parents, as well as the wish that such programs should be longer, has been reported earlier (Barlow & Stewart-Brown, 2001). In the present study, sharing experiences with other parents was perceived to be beneficial. However, the sharing of experiences took more time than planned, resulting in challenges related to time management. Suggestions were made to elongate the module, to allow more time to share experiences and deliver all program elements.

Parenting stress is experienced when the demands of the childrearing process are perceived to be greater than the personal and social resources (Abidin, 1995; Mulso et al., 2002). A lack of social support may be one source of parenting stress (Ayala-Nunes, Nunes, & Lemos, 2016; BeLue et al., 2015; Koeske & Koeske, 1990). Participants indicated that, due to their migration history, they were unable to see/speak with their mother/relatives as frequently as they would like. The group-based intervention module offered participants a context to receive and provide social support, which may improve the balance between stressors and resources.

Morawska et al (2012) reported that participants perceived the video fragments to be relevant, whereas we found a discrepancy regarding opinions on the DVD footage. While providers were critical about the (in)appropriateness of (some) video scenes and pointed out the lack of ethnic/religious diversity, participants were positive about the display of parenting behavior and the usefulness of visual support. The program materials might be improved by combining the perspectives of both providers and participants. This also underlines the importance of a multi-informant evaluation research. Although randomized controlled trials provide robust evidence on effectiveness, they are less able to reveal how, why and when an intervention works, or fails to work, in different settings or circumstances (Furlong & McGilloway, 2015; Olds, Sadler, & Kitzman, 2007). Evaluations such as ours, albeit consisting of a small study sample, provide rich information on the relevance as well as suggestions to improve the module.

The importance of visual aids, role play, and behavioral practice for parents to be able to learn, apply and personalize the intervention content has earlier been reported (Holtrop, Parra-Cardona, & Forgatch, 2014). Whereas the present study reveals the relevance of the module's content for the participants, adjustments to the program materials could further improve the module. The parent handbook can be improved by including visual support, and a revision of the module is advised to stimulate behavior practice. Fitting intervention content and materials to the learning style of participants is reported to result in greater satisfaction and greater gains in knowledge (Giuse, Koonce, Storrow, Kusnoor, & Ye, 2012; Koonce, Giuse, & Storrow, 2011). For optimal impact of the present module, one improvement could be to stimulate behavior practice by incorporating assignments that stimulate group interaction, such as role play.

The present study has several limitations. First, to participate in this study the parents needed to understand Dutch, which may have limited the linguistic diversity of the sample. However, participants were diverse regarding the country of birth and had a mix of limited and more advanced Dutch language skills. Second, we noticed that participants initially provided general and positive reactions to interview questions, which could be the result of social desirability (Kelly et al., 2013). Method triangulation provided the possibility to strengthen and compare insights from different data sources (Bauwens, 2010). Observations during the module, and process evaluation forms provided the opportunity to ask focused

questions. In addition, participants and providers were stimulated to provide detailed information by asking for further specification of their answers, examples based on their first-person experiences, as well as advice to improve the module. Third, our qualitative approach resulted in rich information on the appropriateness and relevance of the module for the target group. However, the small sample size of the current study provides limited insight into the generalizability of findings to a larger population (Leung, 2015). Fourth, although this study provides insight in the relevance of the module for parents with diverse cultural backgrounds, it does not include information about the module's effectiveness. Future studies should examine the effectiveness of the module, preferably including a direct measure of stress from daily hassles, parenting stress, and coping ability.

CONCLUSIONS

In conclusion, these findings support the relevance of an intervention module on 'Coping with stress and unhelpful emotions' for parents living in multi-ethnic deprived neighborhoods. The module enabled participants to discuss and cope with stress and unhelpful emotions arising from day-to-day parenting tasks as well as contextual stressors. It also provides the possibility for social support that can increase participants' resilience to parenting stress. More time for and variety in behavior practice would assist parents in better processing of the module content. It was recommended to incorporate positive feelings in the module, and to adjust the program materials when working with parents with diverse cultural backgrounds and parents with limited language proficiency.

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APPENDIX 1

The aim of the semi-structured interviews was to collect data on relevance of the module, satisfaction with and reflections on program content and materials, and suggestions to improve the module. A topic list was developed with open questions formulated per area of interest. Participants were encouraged to provide as much information as possible in response to these issues and to contribute any additional related topics.

Table 1. Topic list for providers of the 'Coping with stress and unhelpful emotions' module.

Theme	Questions
What was your experience in delivering the module?	How was the session received by participants? How was the participation of participants? What went well, what could go better? What was your experience in delivering the module to the target group? (e.g. language proficiency, culture)
To what extent does the content of the module match the needs of participants?	What was the reaction of participants to the different topics discussed during the module? What topics seemed more or less relevant for participants, and how was this noticeable? What improvements do you suggest?
How were program materials used during the module? What is your opinion about the program materials used in the module?	To what extent did you use: 1) the parent handbook, 2) the DVD footage, and 3) the individual and group exercises? What do you think about 1) the parent handbook, 2) the DVD footage, and 3) the individual and group exercises? How were the program materials received by participants? What improvements do you suggest?
To what extent was the module provided as intended?	If any, what adjustments were made and why?
Do you have any suggestions or recommendations to improve the module?	What can be improved with the target group in mind? What can be improved with regard to: 1) the content, 2) program materials, and 3) the exercises? What other improvements are possible for future use? Would you recommend other professionals to deliver the module in the future? Why (not)?

Table 1. Continued

Theme	Questions
How was the recruitment of participants organized?	How was recruitment organized and who was involved?
	What complicated or facilitated the recruitment of participants?
	What went well, what could go better?

Table 2. Topic list for the semi-structured interview with participants of the 'Coping with stress and unhelpful emotions' module.

Theme	Questions
What was your reason for participating in the parenting program? How did you experience the module?	To what extent are you satisfied with the module? To what extent are you satisfied with: 1) the content of the module, 2) the way the module was delivered, 3) the group dynamics, 4) the program materials, and 5) the individual and group exercises. What did you like about the module? What did you dislike? To what extent was the module relevant for you? To what extent did the module meet your expectations? Would you recommend other parents to participate in the module? Why (not)? What was the impact of the module on you as a parent?
In your opinion, is the module suitable for all parents?	Please think about parents from different countries and cultures, parents with different income and educational levels, parents with different language proficiencies.
How were the program materials used during the module? What is your opinion about the program materials used in the module?	To what extent were the following used: 1) the parent handbook, 2) the DVD footage, and 3) the individual and group exercises? What is your opinion about 1) the parent handbook, 2) the DVD footage, and 3) the individual and group exercises? What improvements do you suggest?
What recommendations do you have to improve the module?	What can be improved with regard to 1) the content, 2) the program materials, and 3) the exercises? What other improvements would you suggest for future use?
What other experiences, opinions or comments would you like to share with us about the module?	



7

General discussion

BACKGROUND

The objective of the work in this dissertation was to explore whether existing preventive parenting interventions are suitable for use among ethnic minority and lower socioeconomic status (SES) families, and what adaptations are needed to improve the sociocultural fit of such interventions. The various studies reflect the steps that led to the selection and adaptation of an existing parenting intervention, and the evaluation of the intervention for parents living in multi-ethnic disadvantaged neighborhoods in the Netherlands. In the first part of the dissertation we address topics related to parental concerns and participation in parenting support. This was done in multi-ethnic disadvantaged neighborhoods among parents of both native Dutch and non-native Dutch descent. We examined determinants that influenced differences in parental concerns and help-seeking behavior among parents, and explored parents' beliefs about undesired parenting situations and their motivation to seek support. The studies in the second part of the dissertation focus on the cultural adaptation of parenting interventions. First, we examined what types of cultural adaptations were made in interventions and whether they enhanced effectiveness. Second, a three-stage design was presented for the selection and adaptation of a parenting intervention for parents living in multi-ethnic disadvantaged neighborhoods. This resulted in the development of the module 'Coping with stress and unhelpful emotions' and its incorporation into an existing parenting intervention. The relevance of the module was evaluated in a culturally diverse group of parents from disadvantaged areas. The most important findings of the studies presented in this dissertation are discussed below together with their implications for both practice and research settings.

MAIN FINDINGS

Part 1 – Examining parental concerns and help-seeking behavior

Former research found that half of all parents of children aged 1-15 years have concerns about the rearing of their child or the child's development that, in the opinion of these parents, should be discussed with someone outside the family (Glascoe, 2002; Reijneveld, de Meer, Wiefferink, & Crone, 2008). At the same time, ethnic minority parents tend to experience children's problem behavior as less problematic and are less inclined to acknowledge that something is wrong (Leijten,

Raaijmaker, Orobio de Castro, & Walter, 2016; Verhulp, Stevens, van de Schoot, & Vollebergh, 2013).

In **Chapter 2** we assessed child, parent and environmental factors associated with parental concerns and help-seeking behavior of parents who experience parenting stress or mildly problematic parenting situations. Families with a child aged between 18 months and 12 years (in an urban setting) were selected by healthcare workers or research assistants during routine assessments which are regularly provided to all children. A sample of 315 parents completed a questionnaire; of these, about half of the respondents was of non-native Dutch descent (i.e. the respondent, or one of the respondents' parents, were born in a country other than the Netherlands). In total, 28% of the parents reported severe concerns on at least one parenting domain, i.e. parenting in general, contact with peers, consequences of diseases and behavior, and emotional or developmental problems. Similar levels of concerns on at least one parenting domain were found among parents of native and non-native origin. However, parents of non-native descent were significantly less likely to report concerns about children's behavior, emotional or developmental problems, and were significantly more likely to report no concerns. While various factors (such as a low quality of the parent-child relationship and low parenting efficacy) were associated with severe parental concerns, the perceived psychosocial development of the child was found to be most strongly related to severe concerns. Although for both groups parental concerns were associated with the actual use of support, parents of non-native descent with severe concerns were less likely than parents of native Dutch origin to report a need for support.

In **Chapter 3** we explored i) parents' beliefs about the causes of undesirable parenting situations, and ii) the motivation to participate in preventive parenting support among ethnic minority and lower SES parents. The results of this qualitative study among 61 parents showed that, to understand parents' motivation to participate, it was important to have insight into their beliefs about the cause and controllability of parenting problems. In the case that parents perceived the problems they worried about to be caused by stress and external factors, they considered parenting support to be less relevant. Ethnic minority and lower SES parents emphasized (among other factors) unfavorable living conditions and living in two cultures as causes for the undesirable parenting situations that they encountered. Motivation to participate in parenting support was higher during periods in which a rapid change in their child,

together with related shifts in their role as parents, were experienced. Parents generally perceived such periods to be transitional stages, in which parenting support was considered relevant. Marked differences were found between ethnic groups which varied in their emphasis on the importance of different stages of transition, ranging from the transition to parenthood, toddlerhood, the age of seven years, and adolescence.

Part 2 – Assessing the cultural adaptation of parenting interventions

Cultural adaptation is defined as the systematic modification of an evidence-based intervention in terms of language, culture and context in such a way that it is compatible with the cultural patterns, meaning and values of the target population (Bernal, Jiménez-Chafey, & Domenech Rodriguez, 2009). Although this has been identified as a promising approach to increase the fit of interventions to the target population, questions have been raised about the lack of evidence that such adaptations are in fact needed and effective (Baumann et al., 2015).

We present a meta-analysis in **Chapter 4** on the effects of group-based parenting interventions in ethnic minority families. The study reports on i) the type of adaptations made, ii) the process that informed these adaptations, and iii) the impact of the adaptations on parenting and child outcomes. The results show that adaptations to the surface structure were most frequently made (e.g. related to language, materials, people), followed by adaptation to the deep structure (e.g. related to cultural, social, and environmental dimensions). However, only a minority of studies provided details about the processes that guided the adaptations made. Interventions with cultural adaptations, especially those improving deep structure sensitivity, were found to be more effective in improving parenting behaviors in ethnic minority families as compared with interventions without cultural adaptations.

In **Chapter 5** we describe a three-stage design used for the selection and adaptation of a parenting intervention for parents living in multi-ethnic disadvantaged neighborhoods. This design consists of i) formulation of a checklist of criteria that an intervention should fulfil based on a needs assessment among the target population, ii) selection of the most suitable intervention by comparing existing interventions with the checklist, and iii) systematically adapting the selected intervention to fit the needs and stressors of the target population. The accumulative and iterative process resulted in selection of the intervention Group Triple P (Positive Parenting

Program) and appropriate adaptations were made to increase its sociocultural fit. A built-in module was developed that focused on ‘Coping with stress and unhelpful emotions’, and surface and deep structure adjustments were made to improve its sensitivity to the needs and stressors of ethnic minority and lower SES families.

In **Chapter 6** we examine the relevance of the module ‘Coping with stress and unhelpful emotions’. The module was integrated in Group Triple P and was provided to parents living in multi-ethnic disadvantaged neighborhoods. Following analysis, three main themes were identified: acceptability of the modules’ content, sharing experiences, and appropriateness of the program materials. It was found that both participants and providers found the module to be relevant. Sharing experiences was appreciated, and suggestions were made to pay more attention to positive emotions. The module might be improved by including more time for and variety in behavior practice, and adjusting the program materials for use among parents with limited language proficiency.

DISCUSSION OF MAIN FINDINGS

Contextual stressors and coping

Our qualitative study revealed that ethnic minority and lower SES parents experienced stress and unhelpful emotions due to contextual stressors (e.g. financial problems, relationship problems, migration, and discrimination) which negatively influenced their parenting behavior. Parents felt challenged to be ‘a good parent’ whilst feeling overwhelmed by stress and emotions, indicating the impact of the stressors.

Stress and emotions share many characteristics. A stressful experience will often cause a particular emotion, and particular emotions can create stressful situations (Lupien, Maheu, Tu, Fiocco, & Schramek, 2007). For example, many of us have witnessed or experienced the scene of a stressed-out mom or dad losing it with her/his child when (s)he starts throwing a fit over a candy bar in the supermarket. This situation in a public space can cause a parent to feel shame, incompetence and/or frustration. Moreover, these emotions make it more difficult to deal with the child’s behavior. Our investigation shows that parents emphasized the impact of unhelpful

emotions (e.g. anger, anxiety, loneliness), indicating that the emotion was considered unwanted and obstructed their parenting role.

Based on the personal accounts of parents, our study also stressed the importance of assisting parents in managing their emotional reaction to stressors to minimize its effect on parent and child. Overall, contextual stressors make parents vulnerable to the experience of parenting stress and have been linked to less-than-optimal parenting (Deater-Deckard & Panneton, 2017; Kotchick, Dorsey, & Heller, 2005; White, Roosa, Weaver, & Nair, 2009). Moreover, they influence other parent and child outcomes, for instance parent and child health, (e.g. asthma and overweight), executive functions, and child sleep patterns (Caldwell & Redeker, 2015; Wagner et al., 2016). Although parenting may be stressful to all parents as a result of characteristics of the parent or child, parents living in multi-ethnic disadvantaged neighborhoods are more vulnerable to the experience of (parenting) stress and unhelpful emotions due to the contextual surrounding of the parent and child (Belsky, 1984; Emmen et al., 2013). These parents may not only experience heightened stress related to economic difficulties, but may also experience stressors and structural disadvantages specific to their ethnic minority status, including discrimination, acculturation stress, and low social support (Emmen et al., 2013; Leidy, Guerra, & Toro, 2010; Martinez, 2006; Nomaguchi & House, 2013).

Extensive research has focused on the predictors and consequences of parenting stress in ethnic and lower SES groups (BeLue, Halgunseth, Abiero, & Bediako, 2015; Cardoso, Padilla, & Sampson, 2010; Huang, Costeines, Ayala, & Kaufman, 2014; Nomaguchi & House, 2013). However, in this dissertation, systematic comparison of existing interventions indicates that attention for stress and unhelpful emotions is not a standard theme in parenting interventions. In typical parenting interventions, parents acquire various parenting skills to handle their child's undesirable behavior and stimulate desirable behavior. This dissertation not only introduces an important theme for parenting interventions, but also illustrates how a systematic approach was used for the development and evaluation of the intervention module 'Coping with stress and unhelpful emotions'. The module challenges parents to take a reflective stance in thinking about their mental states when experiencing stress and unhelpful emotions and how this can influence their parenting behavior, instead of focusing primarily on the child's expressed behaviors. To handle stress and unhelpful emotions, parents acquire different coping strategies during the

delivery of the module. Coping resources are the moderator between stressors (potentially stressful events) and related outcomes (such as emotional distress) (Kehoe, Dempster, McManus, & Lewis, 2016). These strategies enable a person to successfully adapt to stressors and are related to the way a person manages their emotions. It regulates and directs their behavior, and act to decrease sources of stress (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001).

Former research indicates that useful coping resources include problem-focused coping (e.g. changing the nature of a problem: confrontation, problem solving) and social support (Lai & Oei, 2014). When an event is considered uncontrollable, however, the most beneficial resource is emotion-focused coping (e.g. changing the way one feels about the problem: relaxation, catharsis) (Lai & Oei, 2014; Wenzel, Glanz, & Lerman, 2002). The module 'Coping with stress and unhelpful emotions' incorporates emotion-focused coping by focusing on the planning of pleasant activities, the use of relaxation exercises, and development of personal coping statements to counteract negative thoughts. Attention paid to emotion-focused coping fits the needs of the target population, considering that the parents in the present studies emphasized that they considered stressors uncontrollable and also experienced a lack of social support. The module incorporates social support by being provided within a group setting, which offered participants a context in which to both receive and provide social support. In this dissertation, the evaluation of the module showed that social support by sharing experiences was highly appreciated by the participants. Overall, social support influences the stress process by enhancing an individual's resources to deal with stressful events and to appraise them, thereby improving the balance between stressors and resources (BeLue et al., 2015; Easter et al., 2007).

Contextualized content and fidelity

The module 'Coping with stress and unhelpful emotions' (described above), aims to improve the sociocultural fit of existing interventions. By using a systematic approach and including a bottom-up approach (i.e. starting with an extensive qualitative study), we aimed to avoid the risk of making stereotyped assumptions about individuals on the basis of their membership in a cultural group (Lau, 2006). Both surface and deep structure adaptations were made to improve the sensitivity to the needs and stressors of ethnic minority and lower SES families; in this way, adaptations were made that are sensitive to the target group by means of factors

that are more proximal to presenting problems and concerns than ethnic group or low SES membership alone. Within the framework of cultural adaptation, this dissertation presents an example of contextualized content which aims to accommodate the distinctive contextual factors related to the presenting problem in the target community (Lau, 2006).

However, there is ongoing debate about the usefulness of parenting interventions for diverse cultural settings and groups. Opponents are of the opinion that evidence-based interventions should be delivered with strict fidelity to ensure effectiveness. Proponents argue that, without adaptations, interventions will not be effective in all contexts and emphasize the need for cultural adaptation of interventions when being disseminating among diverse populations (Mejia, Leijten, Lachman, & Parra-Cardona, 2016). Moreover, they believe that adaptations are necessary to achieve optimal engagement, cultural satisfaction and overall impact of an intervention in diverse populations (Castro, Barrera, & Martinez, 2004).

This dissertation contributed to this debate by providing meta-analytical evidence related to the effectiveness of cultural adaptation. This was undertaken to address the question that still needed to be answered in the field of cultural adaptation: 'What (if any) are the adaptations necessary to achieve cultural relevance and effectiveness' (Baumann et al., 2015). Our studies show that culturally adapted parenting interventions were more effective than non-adapted interventions. Also, when considering the type of adaptation, deep structure adaptations (e.g. modifications related to cultural, social and environmental factors) yielded better results than surface structure adaptations (e.g. modifications related to language, materials, and people). These findings are consistent with former research on cultural adaptations in interventions, showing a positive impact on relevance, acceptability, effectiveness and sustainability of the interventions as reported by the target populations (Benish, Quintana, & Wampold, 2011; Griner & Smith, 2006; Huey & Polo, 2008; Smith, Rodríguez, & Bernal, 2011).

However, although evidence is provided in favor of cultural adaptation, the debate on cultural adaptation is not yet settled. Critics argue that modifications of the original evidence-based interventions can diminish the impact of core ingredients and mechanisms of change (Elliott & Mihalic, 2004). Overall, the fidelity-adaptation debate involves two competing aims: i) to develop universal interventions and

implement them with fidelity, and ii) to design interventions that are responsive to the cultural needs of a local community (Castro et al., 2004). We agree with Mejia et al. (2016) who propose that it should not be an 'either-or' process, but rather a 'both-and' process. Mejia and colleagues (2016) justify this stance by describing three parenting intervention projects to illustrate how cultural adaptation and effectiveness of intervention can be achieved by using different approaches. In line with this, the current dissertation can be considered an example of how to resolve the tension between these two competing perspectives. Our work illustrates how the overall sensitivity of the intervention was increased by introducing in-built flexibility. Thematic analysis of the qualitative data identified needs consistent with content found in the existing evidence-based intervention (e.g. disciplinary strategies, positive parenting). However, based on our analysis, an additional theme emerged that was relevant to parents living in multi-ethnic disadvantaged neighborhoods, e.g. stress and unhelpful emotions. Hence, although some aspects of the evidence-based interventions were applicable to most groups, modification of the content was needed (i.e. a supplemental module) to further improve the fit of the interventions. The fidelity to the evidence-based intervention was accounted for by using a systematic approach to the adaptation and working together with the developers of the original intervention.

Against the background of the fidelity-cultural adaptation debate we argue that it is still difficult to identify the core elements of interventions, which is a challenge to ensure fidelity. In this dissertation, when reviewing existing intervention protocols, we observed that no shared basis or shared vocabulary was available to describe the core ingredients regarding behavior change in interventions. Moreover, the same labels were often applied to different components; this can lead to challenges in replicating the interventions in research and implementing them in practice (Michie et al., 2013) as well as problems in making systematic modifications of an original intervention while guarding the core ingredients. The lack of a shared conceptual language to describe parenting interventions (which are generally complex and contain interacting components), complicates both the identification and comparison of core ingredients between the interventions (Michie et al., 2013). It is important that intervention developers clearly specify the underlying mechanisms through which the intervention achieves its desired outcomes; this helps to identify the core elements of the intervention that need to be preserved (Mikton, 2012). Recent developments in the field of health psychology offer new possibilities to deal with

the poor description of intervention characteristics in protocols. The taxonomy of behavior change techniques developed by Michie et al. (2013) provides a shared and structured vocabulary to describe what active components are required to achieve behavior change in participants. We recommend that intervention developers and researchers use this taxonomy (or other classification systems) to specify the core ingredients in (parenting) interventions.

STRENGTHS AND LIMITATIONS

The five studies presented in the current dissertation have considerable strengths as well as some limitations; both should be taken into consideration when interpreting the findings of these studies.

A strength of our work is that the data were collected among ethnic minority and lower SES families and a diverse cultural group participated in the module ‘Coping with stress and unhelpful emotions’ (including first-generation migrants who are often difficult to recruit for research purposes) (Dingoyan, Schulz, & Mosko, 2012; Hussain-Gambles, Atkin, & Leese, 2004). This was achieved by using outreach strategies and contact with key persons. The design of the dissertation also offered some advantages. We consciously collected data among different ethnic minority and SES groups; this was to prevent the risk of stereotyping by treating a large and diverse group of people as though they were all of the same kind (Harwood, Handwerker, Schoelmerich, & Leyendecker, 2001). By analyzing data from both within and between the groups (Lioness, Karen, & Kathleen, 2003), insight was gained about the needs and stressors that may be more relevant than the ethnic minority and lower SES characteristics alone. As a result, the adaptations made were based on the contextual factors relevant for the parenting experience of families living in multi-ethnic disadvantaged neighborhoods. Furthermore, an intervention module was developed, integrated in an existing parenting intervention, and then evaluated in a real-life setting to assess its potential. This line of investigation was based on an inductive research design including extensive qualitative research among the target population. Together, the studies emphasize the importance of addressing coping strategies to handle stress and unhelpful emotions in the provision of parenting interventions.

Nevertheless, some limitations also need to be addressed. First, due to the small sample size of the evaluation study, only limited insight can be provided regarding the generalizability of the findings to a larger population (Leung, 2015). Therefore, for future purposes, we suggest to improve the module based on findings emerging from this dissertation. Also, a randomized controlled trial might provide more robust evidence on the module's effectiveness; however, we acknowledge the difficulty of finding adequate funding for a large-scale study to provide additional evidence (Griner & Smith, 2006).

Second, this dissertation does not have a specific focus on the cultural competence of the providers. Cultural competence is defined as 'the ability of individuals to establish effective interpersonal and working relationships that supersede cultural differences' (Cooper & Roter, 2002) and we believe more effort is required to increase this competence among the providers of parenting support. During observations made prior to our evaluation study, we observed challenges related to the cultural competence of the providers, e.g. the inability of some professionals to correctly pronounce Arabic names, as well as unfamiliarity with family structures and openly verbalized astonishment about this. Therefore, for our studies we deliberately selected group leaders with experience in providing parenting support to diverse sociocultural groups. Also, in the training prior to delivery of the module, we discussed with them the importance of cultural sensitivity and stimulated them to share their skills and knowledge on providing support to ethnic minority and lower SES parents. Our general advice for both researchers and organizations providing parenting support is to not only invest in making interventions (culturally) sensitive to diverse target groups, but to also invest in the cultural competence and awareness of the professionals providing support. No professional can claim to be aware of all the nuances of a culture that differ from their own, or to be free of cultural biases (Webster-Stratton, 2009). In addition, each professional needs to examine his or her underlying prejudicial beliefs and attitudes and may need some training to do this effectively (Webster-Stratton, 2009).

Third, this dissertation did not focus on enhancing engagement, i.e. adaptations that increase engagement in a standard evidence-based intervention (Lau, 2006). Although there is evidence that surface and deep structure sensitivity improves recruitment and retention (Harachi, Catalano, & Hawkins, 1997; Kumpfer, Alvarado, Smith, & Bellamy, 2002), we did not directly focus on the problem of engagement.

For those interested in engagement, we suggest the work of Lindsey et al. (2014) which provides an overview of the most common strategies to improve engagement. Also, studies are available that focus on the engagement of ethnic minority groups and lower SES groups; these show that an outreach approach is successful, as is collaboration with cultural brokers or community health workers who bridge or mediate between groups of persons of different (cultural) backgrounds (e.g.: Bonevski et al., 2014; Dawson-McClure, Calzada, & Brotman, 2017; Verhagen, Ros, Steunenbergh, & de Wit, 2013). However, although providers of parenting interventions can improve their strategies to engage ethnic minority and lower SES groups, the decision to participate also depends on the extent to which parents perceive a need for support (e.g., Levels and Filters Model; Goldberg & Huxley, 1980, 1992; Leijten, 2013). In this dissertation ethnic differences were found between parents with a child at-risk for developing problem behavior. For example, ethnic minority parents were more likely to report no parental concerns and were less likely to report a need for support. This adds to other reports stating that ethnic minority families tend to experience children's problem behavior as less problematic, or are less inclined to acknowledge that something is wrong (Leijten et al., 2016; Verhulst et al., 2013). More research is needed on this topic and we agree with the suggestion made by Leijten (2013) to use (qualitative) longitudinal studies following ethnic minority families through different phases of the help-seeking process to examine the problem of low engagement and to search for solutions.

IMPLICATIONS FOR RESEARCH AND PRACTICE

The work in this dissertation shows that coping with stress and unhelpful emotions was important to parents living in multi-ethnic disadvantaged neighborhoods, while not being a standard theme in parenting interventions. The results of this dissertation imply that professionals need to be aware of the importance of addressing stress and unhelpful emotions, as well as coping strategies, when providing parenting support to parents living in multi-ethnic disadvantaged neighborhoods. Although the module 'Coping with stress and unhelpful emotions' was found relevant for participants from diverse cultural backgrounds, the module was not developed as a cultural-specific intervention for use in a particular group of parents. This may be especially relevant in the context of super-diversity; Vertovec (2007) first used this term to describe the increased diversity in ethnic groups living in large western European

cities as a result of increased numbers of new, small and scattered, multiple-origin, socio-economically differentiated migrants who arrived in the last decades. As a result of super-diversity, it is not sufficient to see diversity merely in terms of culture and ethnicity, but to also consider additional variables of demographic and social patterns in both practice and research (Vertovec, 2007). This underlines the importance of contextualized content, as illustrated by the development of the module ‘Coping with stress and unhelpful emotions’ which includes sensitivity for factors that may be more proximal to the parenting experience than ethnic minority and low SES status alone. In this dissertation, the module was developed based on the accounts of ethnic minority and lower SES parents who emphasized the importance of managing sources of stress and unhelpful emotions, and parent’s emotional reactions to stressful situations. However, the experience of stress and unhelpful emotions is not bound to ethnicity and socioeconomic status, and the module might prove valuable for use in a broader group of parents.

We suggest that researchers also explore possibilities to develop interventions with an in-built flexibility, such as described in this dissertation. We see considerable potential in the modular approach in which modules are supplemented, as this might create a contextually appropriate intervention for different (sociocultural) groups without necessarily threatening fidelity. Also, we envision the provision of empirically-informed modules as an addition to existing interventions, by matching these to client problems or client characteristics. This also provides the opportunity to tailor an intervention to the needs and preferences of the participants. An example can be found in the parenting course ‘Drukke kinderen’ (i.e. ‘Busy children’) in the Netherlands; this course consists of five fixed-group sessions, after which the content of the sixth session is based on participant’s preferences; i.e. participants can choose from one of eight thematic sessions.

Developing interventions with an in-built flexibility may require different research designs to examine their effectiveness, in addition to the (often considered) ‘gold standard’ of evaluating an intervention by means of randomized controlled trials. A promising approach is the identification of intervention components or the combination of components (i.e. the ‘active elements’ of an intervention used to enhance parenting behavior) that have the potential to be effective for a given behavior (Michie, West, Sheals, & Godinho, 2018). Currently, different methods are used to identify these effective components, consisting of (among others) individual

experimental studies (e.g. micro-trials) to analyse the causal relationship between specific intervention components and effectiveness, and meta-regression analysis that pool data from experimental studies to draw conclusions about associations between intervention components and effectiveness (Michie et al., 2018). These approaches may increase our limited insight into intervention effectiveness that is determined by the intervention components (e.g. behavior change techniques) that parents are taught. These insights may guide the future development and improvement of interventions, by providing an evidence base of the components that are most promising for certain target groups, behaviors and/or contexts.

In addition to the focus on coping with stress and unhelpful emotions and the in-built flexibility of interventions, this dissertation indicates other starting points to make parenting support more sensitive to the needs and perspectives of specific groups. For example, ethnic minority parents emphasized the importance of age-appropriate parenting as part of sensitive parenting. This emphasis was a result of their own criticism on the harsh discipline applied during their own upbringing, as well as questions regarding appropriate disciplinary action during different ages of the child. These results indicate that the providers of parenting support need to evaluate whether sufficient attention is given to age-appropriate parenting and disciplining in the parenting interventions that they currently offer.

Furthermore, our qualitative study shed new light on how the interest in age-appropriate parenting was connected to specific perspectives on child development among Moroccan-Dutch parents. These parents discerned three stages in their children's development which they associated with specific parenting and discipline behavior (0-6 years 'play with them'; 7-13 years 'discipline them'; 14-21 years 'befriend them'). Although previous studies on Moroccan-Dutch and Turkish families identified age-appropriate parenting in intervals (Banu, Birgit, Axel, Ricarda, & Robin, 2008; Khounani, 2000; Leyendecker, 2003; Pels, 1991, 1998), the three stages as described by parents in the present study have not previously been specified. The three stages appear to resemble Islamic views on child development based on a quote from an Islamic authority: 'play with them for seven years, teach them manners for seven years and let them enjoy your companionship for seven years' (for details see Chapter 3). We suggest further research on these aspects to gain better understanding of the parenting perspectives of Muslim parents in relation to child development, and

the influence of religious sources and identity on both parenting perspectives and potentially (age-appropriate) parenting behavior.

The dissertation also indicates the importance of providing well-timed support. Parents considered parenting support more relevant during periods in which a rapid change in their child and shifts in their role as parents were experienced. Others also found that parents are more responsive to new information and more motivated to learn new parenting skills when experiencing rapid changes in their children's development (Gardner, Shaw, Dishion, Burton, & Supplee, 2007; Power et al., 2013). Furthermore, our data revealed differences between ethnic groups that differed in their perceptions regarding the importance of different transition stages (ranging from the transition to parenthood, toddlerhood, the age of seven, and adolescence). This may be the result of the interchange that occurs between the person and the environment, resulting in an emphasis on different transition stages between (groups of) people (Bronfenbrenner, 1979; Kessen, 1979; Super & Harkness, 1986). In other words, perspectives on transitional stages may be influenced by the sociocultural context and personal ideas about appropriate behavior (Ejemen, Bernard, & Oluwafemi, 2015). Therefore, when considering the timing of parenting interventions, the providers should be aware that parents emphasize different transition stages which will influence parental acceptance to participate. In practice this means that providers of parenting support could evaluate whether the interventions they offer include sufficient variety with regard to the children's ages and transition stages. When only offering interventions aimed at parents with a toddler or adolescent, providers miss opportunities to reach target groups that may be motivated to participate in parenting support during different ages of the child. On the other hand, it may not be necessary to strictly adhere to the perspectives of parents in providing timely interventions, because parents also expressed a need for support in retrospect, or were less motivated to seek support during the early childhood years, thereby potentially missing chances for the prevention of problems. Also, optimal timing of interventions depends on the specific targeted behavior and on the extent to which the behaviors are linked to a child's changing developmental needs (Landry, Smith, Swank, & Guttentag, 2008; Roia et al., 2014). This requires a different approach focused on stimulating parents to participate in parenting interventions. Promising strategies have already been made, for example, by integrating motivational interviewing by actively addressing motivation with the parent (Ingoldsby, 2010). Providers who effectively engaged

parents typically identified the potential benefits of interventions, discussed family expectations for intervention process and outcomes, and worked with the parents to address practical (e.g. transportation, scheduling) and psychological engagement challenges (e.g. stressors) (Ingoldsby, 2010).

CONCLUSIONS

Using a mixed-method approach, the studies presented in this dissertation examined whether existing parenting interventions are suitable, and what adaptations might improve the sociocultural fit of an intervention for use in parents living in multi-ethnic disadvantaged neighborhoods. Three main findings emerged. First, this dissertation indicates the importance of paying attention to contextual stressors that may be beyond the parents' control as well as sociocultural similarities and differences in their parenting experience. Comparable parental concerns were found among ethnic groups. However, ethnic minority and lower SES parents frequently mentioned experiencing stress and unhelpful emotions due to contextual stressors which negatively influenced their parenting behavior. These parents emphasized the importance of assisting them in managing their emotional reactions to stressors, to minimize their effect on parent and child. Second, it was found that attention for coping strategies to handle stress and unhelpful emotions is not a standard theme in parenting interventions. The intervention module 'Coping with stress and unhelpful emotions' was developed to be incorporated into an existing parenting intervention. Third, the module can be considered an example of deep structure sensitivity. Interventions with cultural adaptations, especially those that improve deep structure sensitivity, were found to be more effective in improving parenting behaviors among ethnic minority families. Our evaluation study showed the relevance of this in-built module for use among parents living in multi-ethnic disadvantaged neighborhoods and resulted in recommendations to further improve the module.

It is hoped that this dissertation will contribute to the development of (culturally relevant) parenting interventions that help parents to manage their emotional reactions to contextual difficulties and, thereby, help them to be the parents they want to be for their child(ren). Overall, we see considerable potential in the modular approach; this type of approach may help interventions be flexible

enough to integrate contextualized content and make other adjustments relevant for application in different settings and among differing groups.

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Summary

BACKGROUND

There is a significant body of research indicating that preventive parenting interventions have a positive influence on parenting skills, e.g. they can reduce psychosocial problems and the effects can last many years (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003; Kaminski, Valle, Filene, & Boyle, 2008; van Aar, Leijten, Orobio de Castro, & Overbeek, 2017; Yap et al., 2016). Although parenting interventions are effective in improving the quality of parenting practices not all families benefit equally, because effectiveness is influenced by participants' characteristics and also intervention characteristics (Lundahl, Risser, & Lovejoy, 2006). Parents from an ethnic minority or with a lower socioeconomic status (SES) background are not only more likely to underutilize interventions and discontinue interventions prematurely when compared to ethnic majority groups, but ethnic minority and low-income status are also associated with poorer intervention outcomes (Griner & Smith, 2006; Miranda et al., 2005; Reyno & McGrath, 2006). One of the concerns is that parenting interventions may fail to reflect and, thereby, fail to respect the values and traditions of parents, as well as the needs and stressors associated with ethnic minority backgrounds and socioeconomic disadvantage (Lau, 2006). All these factors resulted in the objective of the work in this dissertation, i.e. to explore what adaptations are needed to improve the sociocultural fit of a parenting intervention for use in multi-ethnic disadvantaged neighborhoods. The work in this dissertation used a bottom-up and systematic approach to assess parents' perspectives regarding their parenting experiences, and to identify their needs and stressors. Each chapter in the dissertation is part of this stepwise approach that led to the selection of an intervention, and its adaptation for and evaluation in multi-ethnic disadvantaged neighborhoods in the Netherlands.

The first part of this dissertation addresses topics related to parental concerns and participation in parenting support, and the second part focuses on the cultural adaptation of parenting interventions. The most important findings emerging from the studies in this dissertation are summarized below.

PART 1 – EXAMINING PARENTAL CONCERNS AND HELP-SEEKING BEHAVIOR

Parental concerns and help-seeking behavior: quantitative study

About half of all parents of children aged 1 to 15 years have concerns about the rearing of their child or the child's development that, in these parents' opinion, should be discussed with someone outside the family (Glascoe, 2002; Reijneveld, de Meer, Wiefferink, & Crone, 2008). At the same time, however, ethnic minority parents tend to experience children's problem behavior as less problematic and are less inclined to acknowledge that something is wrong (Leijten, Raaijmaker, Orobio de Castro, & Walter, 2016; Verhulp, Stevens, van de Schoot, & Vollebergh, 2013). In **Chapter 2** we assessed child, parent and environmental factors associated with parental concerns and help-seeking behavior in parents. These factors were analyzed in parents who experience parenting stress or mildly problematic parenting situations. Families (in an urban setting) with a child aged between 18 months and 12 years were selected by healthcare workers or research assistants during the routine assessments which are regularly provided to all children. A sample of 315 parents completed a questionnaire; of these, about 50% of the respondents was of non-native Dutch origin (i.e. the respondent or one of the respondents' parents was born in a country other than the Netherlands). In total, 28% of the parents reported severe concerns on at least one parenting domain (i.e. parenting in general, contact with peers, consequences of diseases and behavior, emotional or developmental problems). Similar levels of severe concerns on at least one parenting domain were found amongst Dutch parents with native and non-native origin. However, parents of non-native origin were significantly less likely to report concerns about children's behavior, and emotional or developmental problems. Also, parents of non-native origin were significantly more likely to report no concerns. While various factors (e.g. low quality of the parent-child relationship, low parenting efficacy) were associated with severe parental concerns, the perceived psychosocial development of the child (as indicated by the BITSEA/SDQ questionnaire) was found to be most strongly related to severe concerns. Although for both groups the parental concerns were associated with the actual use of support, parents of non-native origin with severe concerns were less likely than parents of native Dutch origin to report a need for support. Overall, the results indicate the importance of asking parents about their concerns, because severe concerns are an important predictor for parents' help-seeking behavior. We recommend that professionals ask parents

about their concerns; this not only enables them to explore the parenting domains that affect parents the most, but may also increase the collaborative relationship and, thereby, the likelihood that parents will express a need for and also use the available parenting support.

Parents' beliefs about parenting problems and support: qualitative study

The chance of participation in parenting support decreases when a person perceives support as being unlikely to create a positive change (Nock, Ferriter, & Holmberg, 2007; Scheppers, van Dongen, Dekker, Geertzen, & Dekker, 2006; Thornton & Calam, 2011). Beliefs about the cause of undesirable parenting situations reflect how a parent perceives and interprets problems, as well as the possible solutions they envision. Therefore, parents' beliefs are thought to influence whether (or not) professional support is considered relevant (Haslam, Ban, & Kaufmann, 2007; Kleinman, 1980; Lau & Takeuchi, 2001; Verhulp, 2014). In **Chapter 3** we explored among ethnic minority and lower SES parents: i) parents' beliefs about the causes of undesirable parenting situations, and ii) the motivation to participate in preventive parenting support. Semi-structured interviews followed by focus group interviews were conducted with 61 parents from ethnic minority and lower SES families with a child aged 0-15 years. Data were collected in two ethnic minority groups (Antillean-Dutch and Moroccan-Dutch) and one ethnic majority group (native Dutch) in the Netherlands to enable analysis of sociocultural similarities and differences. Results indicate that beliefs regarding the causes and controllability of undesirable parenting situations were important to understand parents' motivation to participate in parenting support. If parents' perceived the parenting problems to be caused by stress and external factors, they considered parenting support to be less relevant. Lower SES and ethnic minority parents emphasized (amongst other factors) unfavorable living conditions and living in two cultures as causes for the undesirable parenting situations that they encountered. Motivation to participate in parenting support was higher during periods in which rapid change in their child, and related alterations in their role as parents, were experienced. Parents generally perceived this as transitional stages in which parenting support was considered relevant. Notable differences were found between ethnic groups who varied in their emphasis on the importance of different stages of transition, ranging from the transition to parenthood, toddlerhood, the age of seven, and adolescence. The beliefs of first-generation Moroccan-Dutch parents were the most pronounced; they discerned three stages in their children's development which they associated with

specific parenting behavior (0-6 years 'play with them', 7-13 years 'discipline them', 14-20 years 'befriend them'). Furthermore, Antillean-Dutch parents emphasized the transition to parenthood and the enduring influence of stress on the child's behavior and development, in which stress is transmitted from the parent to the child. Awareness of parents' beliefs can make the providers of parenting support more sensitive to the solutions parents envision for coping with undesirable parenting situations, as well as the optimal timing of interventions. Simultaneously, we recommend informing parents about the relevance of parenting support during early childhood, as parents sometimes expressed a need for support in retrospect, or are less motivated to seek support before certain transition stages, thereby potentially missing chances for preventive parenting support.

PART 2 – ASSESSING THE CULTURAL ADAPTATION OF PARENTING INTERVENTIONS

Effectiveness of cultural adaptation: meta-analysis

Cultural adaptation is defined as the systematic modification of an evidence-based intervention in terms of language, culture and context, such that it is compatible with the cultural patterns, meaning and values of the target population (Bernal, Jiménez-Chafey, & Domenech Rodriguez, 2009). Although cultural adaptation has been identified as a promising approach to increase the fit of interventions to the target population, questions have been raised about the lack of evidence that such adaptations are actually needed and/or are effective (Baumann et al., 2015). **Chapter 4** presents a meta-analysis on the effects of group-based parenting interventions in ethnic minority families. (i.e., a group of people who share a common culture, religion, language, or nationality (Hughes et al., 2006); we focus on ethnic groups that are minority groups in the country in which the intervention was delivered); It reports on i) the type of adaptations made, ii) the process that informed these adaptations, and iii) the impact of the adaptations on parenting and child outcomes. Multiple databases were searched: studies were eligible for inclusion if they enrolled predominantly ethnic minority parents with children aged 0-12 years, used a randomized controlled trial design with post-intervention assessments, and focused on group-based parent training programs and on the prevention of parenting problems. A total of 18 studies were included in the analysis. Results show that surface structure adaptations were most frequently made (e.g.

language, materials, people), followed by deep structure adaptations (e.g. cultural, social, and environmental factors). Deep structure adaptations included sessions with specific content, such as attention for extended family structures, emotion control, racial socialization, and cultural and contextual influences on parenting. Only a minority of studies provided details about the processes that guided the adaptations made. Interventions with cultural adaptations, especially adaptations that improve deep structure sensitivity, were found to be more effective in improving parenting behaviors in ethnic minority families as compared with interventions without cultural adaptations. Overall, it was found that cultural sensitivity can be achieved in different ways, and that culturally adapted parenting interventions were more effective than non-adapted interventions. We recommend that future studies include information on the process of adaptation to enable others to learn from the procedures that are undertaken to culturally adapt an intervention.

Systematic approach to adaptation: three-stage design

The studies in this dissertation highlight the impact of stress and external factors on the parenting experience of ethnic minority and lower SES parents. Also, interventions with surface and deep structure adaptations were found to be more effective in improving parenting behaviors compared with interventions without cultural adaptations. Lack of attention to the stressors and resources of ethnic minority and lower SES families may compromise the relevance and effectiveness of interventions. This means that the mere selection of an evidence-based intervention does not guarantee its effectiveness if the needs and stressors of the target group are not taken into account (Griner & Smith, 2006; Lau, 2006). **Chapter 5** presents a three-stage design used for the selection and adaptation of a parenting intervention for parents living in multi-ethnic disadvantaged neighborhoods. The design was informed by the Intervention Mapping approach and consists of i) formulation of a checklist of criteria for an intervention to fulfil, based on a needs assessment among the target population, ii) selection of the most suitable intervention by comparing existing interventions with the checklist, and iii) systematic adaptation of the selected intervention to fit the needs and stressors of the target population. The needs assessment among parents in multi-ethnic disadvantaged neighborhoods resulted in a checklist of criteria referring to intervention content, intervention format, and practical considerations. A total of 33 interventions were reviewed and three interventions were shortlisted based on fulfilling a majority of the criteria and being most acceptable for the Dutch setting. However, none of the three selected

interventions fulfilled the criterion to improve parents' ability to cope with stress and unhelpful emotions. The accumulative and iterative process resulted in selection of the intervention Group Triple P (Positive Parenting Program), and surface and deep structure adaptations were made to improve sensitivity to the needs and stressors of ethnic minorities and lower SES families. Therefore, a built-in module was developed on 'Coping with stress and unhelpful emotions'. The aim of the module was to enable parents to i) recognize sources of stress, ii) recognize how stress influences parenting behavior, and iii) develop coping strategies to handle stress and unhelpful emotions. Also, to enhance cultural sensitivity, surface structure adjustments were made to improve sensitivity to the needs and stressors (e.g. language proficiency) of ethnic minorities and lower SES families. This study highlights an important theme for parenting intervention and illustrates how a systematic three-stage design was successfully used to develop the intervention module 'Coping with stress and unhelpful emotions'. This study also illustrates the potential for the in-built flexibility of interventions by including modules relevant for specific target groups and contexts.

Relevance of the module 'Coping with stress and unhelpful emotions': evaluation

Although parenting can be stressful for many parents, ethnic minority and lower SES parents are particularly vulnerable to the experience of parenting stress as a result of contextual stressors (Emmen et al., 2013; Nomaguchi & House, 2013). In this dissertation, a systematic comparison of existing interventions revealed a lack of attention paid to coping strategies to handle stress in parenting interventions. It is believed that interventions can be improved by offering coping strategies to deal with stressors, in addition to the attention paid to effective parenting strategies (BeLue, Halgunseth, Abiero, & Bediako, 2015; Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Rayan & Ahmad, 2017). Therefore, a module on coping resources was developed and **Chapter 6** examines the relevance of the module 'Coping with stress and unhelpful emotions'. The module, addressing parenting stress, was integrated in Group Triple P and delivered to parents living in multi-ethnic disadvantaged neighborhoods in the Netherlands. To enable in-depth understanding of the experience of parents and providers, a multi-informant qualitative methodology was used. Semi-structured interviews were conducted with four providers and 14 participants, observations were made during the performance of the module, and process evaluation forms were filled in by the providers. Three overarching themes emerged: i) appreciation of sharing experiences, ii) acceptability

of the module's content, and iii) the appropriateness of program materials. The module was considered relevant by both participants and providers, because it enabled participants to discuss and cope with stress and unhelpful emotions arising from day-to-day parenting, as well as contextual stressors. Feelings related to homesickness and stress were discussed in detail as a result of the personal anecdotes shared by parents. Although the sharing of anecdotes was valued, this activity took up some of the limited time available for individual behavior practice. Participants were positive about the use of video fragments, whereas providers questioned the appropriateness and the ethnic/religious diversity of this material. The module might be improved by allowing more time for and variety in behavior practice, because this would assist parents in better processing of the module's content. It was also recommended to incorporate positive feelings in the module, and to adjust and simplify program materials when working with parents with limited language proficiency. This study showed that coping with stress and unhelpful emotions was relevant to a cultural diverse group of parents, while not being a standard theme in parenting interventions. We recommend that the providers of parenting support be made more aware of the importance to address stress and unhelpful emotions as well as coping strategies, when providing parenting support to parents living in multi-ethnic disadvantaged neighborhoods.

CONCLUSIONS AND IMPLICATIONS

Three main findings can be drawn from the studies presented in this dissertation. First, the importance of paying attention to contextual stressors that may be beyond the parents' control, as well as sociocultural similarities and differences in the parenting experience. Although comparable parental concerns were found among ethnic minority groups, parents from an ethnic minority and with lower SES experienced stress and unhelpful emotions due to contextual stressors which negatively influenced their parenting behavior. These parents emphasized the importance of assisting them in managing their emotional reactions to stressors, to minimize its effect on parent and child. Second, it was found that a focus on coping strategies to handle stress and unhelpful emotions is not a standard theme in parenting interventions. In typical parenting interventions, parents acquire various parenting skills to handle their child's undesirable behavior and stimulate desirable behavior. The intervention module 'Coping with stress and unhelpful

emotions' was developed to be incorporated into an existing parenting intervention to assist parents in handling their emotions and decreasing the impact of stress, and simultaneously regulating their parenting behavior. Third, the module can be considered an example of deep structure sensitivity. Interventions with cultural adaptations, especially those that improve deep structure sensitivity, were found to be more effective in improving parenting behaviors in ethnic minority families. An evaluation study showed the relevance of this in-built module for parents living in multi-ethnic disadvantaged neighborhoods and also yielded recommendations to further improve the module.

Based on these findings we recommend that professionals be aware of the importance to address stress and unhelpful emotions as well as coping strategies when providing parenting support to parents living in multi-ethnic disadvantaged neighborhoods. However, because the experience of stress and unhelpful emotions is not bound to ethnicity and socioeconomic status, the module may well be valuable for use in a broader group of parents. Future studies should strive for contextualized content, which includes sensitivity for factors that may be more proximal to the parenting experience than ethnic minority and lower SES status alone. We also suggest that future studies and the providers of parenting support explore possibilities for developing interventions with an in-built flexibility. There is considerable potential for research investigating the effects of a more modular approach in which modules can be supplemented. This approach would make interventions flexible enough to be able to adjust to different (sociocultural) contexts and groups, without necessarily threatening intervention fidelity.

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9

Nederlandse samenvatting

ACHTERGROND

Onderzoek toont aan dat preventieve opvoedinterventies een positieve invloed hebben op het opvoedgedrag van ouders evenals een positief en langdurig effect op het gedrag en de ontwikkeling van kinderen (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003; Kaminski, Valle, Filene, & Boyle, 2008; van Aar, Leijten, Orobio de Castro, & Overbeek, 2017; Yap et al., 2016). Hoewel opvoedinterventies effectief zijn in het verbeteren van het opvoedgedrag, is de sterkte van het effect afhankelijk van kenmerken van de deelnemers en de interventie (Lundahl, Risser, & Lovejoy, 2006). Ouders met een migratieachtergrond en ouders met een lage sociaaleconomische status maken niet alleen minder vaak gebruik van opvoedinterventies, ook de effecten van de interventies zijn lager bij deze ouders (Griner & Smith, 2006; Miranda et al., 2005; Reyno & McGrath, 2006). Het vermoeden bestaat dat de lagere effectiviteit wordt veroorzaakt doordat er te weinig rekening wordt gehouden met de behoeften en mogelijkheden van deze ouders (Lau, 2006). Bovenstaande is de aanleiding voor dit proefschrift, namelijk het krijgen van inzicht in de aanpassingen die nodig zijn om opvoedinterventies sociaal-cultureel passend te maken voor ouders woonachtig in multi-etnische achterstandswijken. Een stapsgewijze en gestructureerde aanpak voor de selectie en aanpassing van een bestaande opvoedinterventie heeft geresulteerd in vijf wetenschappelijke studies. De aangepaste interventie is aangeboden aan een cultureel diverse groep ouders en dit aanbod is geëvalueerd. In het eerste deel van dit proefschrift ligt de focus op de opvoedzorgen en het hulpzoekgedrag van ouders. In het tweede deel van dit proefschrift ligt de focus op de sociaal-culturele aanpassing van opvoedinterventies. De belangrijkste resultaten van deze studies worden hieronder gepresenteerd.

DEEL 1 – OPVOEDZORGEN EN HULPZOEKGEDRAG VAN OUDERS

Opvoedzorgen en hulpzoekgedrag: kwantitatieve studie

Ongeveer de helft van de ouders met een kind tussen de 1 en 15 jaar heeft wel eens zorgen over het kind of diens ontwikkeling en is van mening dat deze zorgen besproken moeten worden met iemand buiten het gezin (Glascoe, 2002;

Reijneveld, de Meer, Wiefferink, & Crone, 2008). Tegelijkertijd blijkt dat ouders met een migratieachtergrond (dat wil zeggen: de respondent of tenminste één van diens ouders die in het buitenland geboren is) het gedrag van kinderen minder snel als problematisch beoordelen en minder geneigd zijn om problemen te erkennen (Leijten, Raaijmaker, Orobio de Castro, & Walter, 2016; Verhulp, Stevens, van de Schoot, & Vollebergh, 2013).

Hoofdstuk 2 toont aan welke kind-, ouder- en omgevingsfactoren geassocieerd zijn met opvoedzorgen en hulpzoekgedrag. Dit is onderzocht bij ouders die opvoedstress of licht problematische opvoedingssituaties ervaren. Gezinnen in een stedelijke omgeving met een kind tussen de 18 maanden en 12 jaar zijn via de Jeugdgezondheidszorg uitgenodigd om deel te nemen aan het onderzoek. 315 ouders hebben een vragenlijst ingevuld, waarvan ongeveer de helft van de ouders een migratieachtergrond heeft. 28 procent van de ouders rapporteert ernstige zorgen op tenminste één opvoeddoein (de opvoeddomeinen zijn: opvoeden in het algemeen; contact met andere kinderen; gevolgen van ziekte; emotionele, gedrags- of ontwikkelingsproblemen). Dit is even vaak gerapporteerd door ouders met en zonder een migratieachtergrond. Daarentegen rapporteren ouders met een migratieachtergrond significant minder zorgen over emotionele, gedrags- of ontwikkelingsproblemen van het kind. Ook geven ouders met een migratieachtergrond significant vaker aan dat ze geen zorgen hebben. Hoewel verschillende factoren (zoals een lage kwaliteit van de ouder-kind relatie en een lage opvoedeffectiviteit) geassocieerd zijn met ernstige zorgen bij ouders, blijkt de psychosociale ontwikkeling van het kind (zoals gemeten met de BITSEA/SDQ vragenlijst) het sterkst samen te hangen met ernstige zorgen. Ouders met ernstige opvoedzorgen hebben vaker behoefte aan ondersteuning en maken vaker gebruik van opvoedondersteuning in vergelijking met ouders zonder ernstige zorgen. Ouders met een migratieachtergrond hebben echter minder behoefte aan ondersteuning.

De resultaten tonen aan dat de ervaring van ernstige opvoedzorgen een belangrijke voorspeller is voor het hulpzoekgedrag van ouders. We adviseren professionals om ouders te vragen naar hun opvoedzorgen. Door te vragen naar opvoedzorgen worden professionals in staat gesteld te verkennen welke opvoeddomeinen voor ouders van belang zijn. Dit kan de samenwerkingsrelatie verbeteren en kan zodoende de kans vergroten dat ouders daadwerkelijk en tijdig gebruik maken van opvoedondersteuning.

Opvattingen van ouders over opvoedproblemen en –ondersteuning: kwalitatieve studie

Opvattingen over de oorzaak van ongewenste opvoedsituaties weerspiegelen hoe een ouder opvoedproblemen ervaart en interpreteert, evenals de mogelijke oplossingen die de ouder voor ogen heeft (Nock, Ferriter, & Holmberg, 2007; Scheppers, van Dongen, Dekker, Geertzen, & Dekker, 2006; Thornton & Calam, 2011). Deze opvattingen zijn van invloed op de vraag of opvoedondersteuning als relevant wordt beschouwd, en dientengevolge de kans dat gebruikt gemaakt wordt van ondersteuning (Haslam, Ban, & Kaufmann, 2007; Kleinman, 1980; Lau & Takeuchi, 2001; Verhulp, 2014).

Hoofdstuk 3 geeft inzicht in (i) de opvattingen van ouders over de oorzaken van opvoedproblemen en (ii) de motivatie van ouders om gebruik te maken van opvoedondersteuning. Semigestructureerde interviews en focusgroep interviews zijn afgenomen bij 61 ouders met een migratieachtergrond en/of ouders met een lage sociaaleconomische status met een kind tussen de 0 en 15 jaar. Om inzicht te krijgen in sociaal-culturele verschillen en overeenkomsten zijn interviews afgenomen bij drie etnische groepen: ouders met een Antilliaans-Nederlandse herkomst, ouders met een Marokkaans-Nederlandse herkomst en Nederlandse ouders zonder een migratieachtergrond. Resultaten tonen aan dat de opvattingen van ouders over de oorzaak van opvoedproblemen bepalen hoe relevant zij opvoedondersteuning vinden. Ouders die opvoedproblemen toeschrijven aan stress en externe factoren zijn minder gemotiveerd om gebruik te maken van opvoedondersteuning. Ouders met een lage sociaaleconomische status of migratieachtergrond benadrukken vaker ongunstige leefomstandigheden en een migratieachtergrond als oorzaak van opvoedproblemen. De motivatie om gebruik te maken van opvoedondersteuning is hoger gedurende periodes waarin ouders snelle veranderingen bij het kind en – hieraan gerelateerd – veranderingen in hun rol als opvoeder ervaren. Ouders uit de drie etnische groepen benadrukken verschillende periodes, uiteenlopend van de transitie naar ouderschap, de peutertijd, de leeftijd van 7 jaar, en de adolescentie. Eerste generatie Marokkaans-Nederlandse ouders benadrukken drie stadia in de ontwikkeling van hun kinderen en associëren dit met specifiek opvoedgedrag (0-6 jaar ‘speel met ze’; 7-13 jaar ‘disciplineer ze’; 14-20 jaar ‘raak bevriend met ze’). Antilliaans-Nederlandse ouders benadrukken de transitie naar ouderschap en de blijvende invloed van stress op het gedrag en de ontwikkeling van het kind, waarbij stress wordt overgedragen van de ouder op het kind.

Inzicht in de opvattingen van ouders maakt professionals sensitief voor de oplossingen die ouders voor ogen hebben in het omgaan met ongewenste opvoedsituaties, evenals de optimale timing van interventies. Tegelijkertijd adviseren we om ouders te informeren over de relevantie van opvoedondersteuning gedurende de vroege kinderjaren. Enerzijds omdat ouders soms achteraf inzien dat ondersteuning relevant had kunnen zijn. Anderzijds omdat een lage motivatie voor ondersteuning gedurende de vroege kinderjaren de kans verkleint op de preventie van problemen.

DEEL 2 – HET CULTUREEL AANPASSEN VAN OPVOEDINTERVENTIES

Effectiviteit van culturele aanpassingen: meta-analyse

Culturele aanpassingen behelzen de systematische veranderingen van een interventie op het gebied van taal, cultuur en context op zodanige wijze dat het aansluit bij de culturele patronen, doelen en waarden van de doelgroep (Bernal, Jiménez-Chafey, & Domenech Rodriguez, 2009). Het wordt gezien als een veelbelovende aanpak om de sociaal-culturele geschiktheid van interventies te vergroten voor bepaalde doelgroepen, maar er worden ook vragen gesteld over de mate waarin dergelijke aanpassingen nodig en effectief zijn (Baumann et al., 2015). **Hoofdstuk 4** presenteert een meta-analyse gericht op het effect van opvoedinterventies voor etnische minderheden (dat wil zeggen een groep personen die een gemeenschappelijke cultuur, religie, taal of nationaliteit deelt (Hughes et al. 2006); we richten ons op etnische groepen die minderheidsgroepen zijn in het land waar de interventie wordt aangeboden). De analyse richt zich op (i) de type aanpassingen die zijn gemaakt (ii) het proces dat het maken van de aanpassingen heeft geïnformeerd en (iii) de impact van aanpassingen op ouder en kind uitkomsten. Literatuur is gezocht in verschillende databases. Studies kwamen in aanmerking voor inclusie als er sprake was van een preventieve opvoedinterventie met een groepsgericht aanbod, aangeboden aan etnische minderheden met een kind tussen de 0 en 12 jaar en als gebruik werd gemaakt van een gerandomiseerde en gecontroleerde onderzoeksopzet. In totaal zijn achttien studies geïncludeerd in de analyse. Resultaten tonen aan dat culturele sensitiviteit op meerdere manieren bereikt wordt door middel van surface structure en deep structure aanpassingen. Surface structure aanpassingen zijn oppervlakkige aanpassingen zoals gericht op taal, personen en materialen. Deep

structure aanpassingen zijn inhoudelijke aanpassingen zoals gericht op culturele, sociale en contextfactoren. Cultureel aangepaste interventies blijken meer effectief dan niet aangepaste interventies en interventies met deep structure aanpassingen zijn meer effectief dan interventies met surface structure aanpassingen. Slechts een minderheid van de studies geeft details over het proces of de aanpak die de basis vormde voor de gemaakte aanpassingen.

We adviseren onderzoekers informatie op te nemen over de wijze waarop aanpassingen tot stand zijn gekomen, omdat dit waardevolle informatie oplevert voor anderen die een interventie cultureel willen aanpassen.

Systematische benadering voor culturele aanpassing: drie fasen aanpak

De studies in dit proefschrift benadrukken de invloed van stress en externe factoren op de opvoedervaring van etnische minderheden en ouders met een lage sociaaleconomische status. Gebrek aan aandacht voor de stressoren en mogelijkheden van etnische minderheden en gezinnen met een lage sociaaleconomische status kan de relevantie en effectiviteit van interventies ondermijnen. Dit betekent dat de selectie van een evidence-based interventie geen garantie biedt voor effectiviteit wanneer men niet sensitief is voor de behoeften en mogelijkheden van de doelgroep (Griner & Smith, 2006; Lau, 2006).

Hoofdstuk 5 beschrijft een gefaseerde aanpak voor de selectie en aanpassing van een opvoedinterventie voor ouders in multi-etnische achterstandswijken. De aanpak, gebaseerd op de Intervention Mapping benadering, bestaat uit (i) het samenstellen van een checklist van criteria waar een interventie aan moet voldoen gebaseerd op een behoefteanalyse onder de doelgroep (ii) de selectie van de meest geschikte interventie door het beoordelen van bestaande interventies met behulp van de checklist en (iii) het maken van aanpassingen om de geselecteerde interventie sociaal-cultureel passend te maken voor de behoeften en mogelijkheden van de doelgroep. De behoefteanalyse onder ouders uit multi-etnische achterstandswijken resulteerde in een checklist van criteria gericht op de inhoud van de interventie, de wijze van aanbieden en praktische overwegingen. 33 interventies zijn beoordeeld aan de hand van de checklist, waarvan drie interventies voldoen aan de meerderheid van de criteria en geschikt zijn voor gebruik in Nederland. Geen van de drie interventies voldoet echter aan het criterium om ouders te ondersteunen bij het omgaan met stress en niet-helpende emoties. Niveau 4 Oudercursus Triple P (Positive Parenting

Program) is gekozen als meest geschikte interventie vanwege de mogelijkheden voor uitvoering binnen de lokale setting en surface en deep structure aanpassingen zijn gemaakt om de sociaal-culturele geschiktheid te vergroten voor de doelgroep. De module 'Omgaan met stress en niet-helpende emoties' is door ons ontwikkeld als aanvullende module voor de interventie. De module heeft tot doel om ouders in staat te stellen (i) bronnen van stress te herkennen (ii) te herkennen hoe stress invloed heeft op het opvoedgedrag en (iii) coping strategieën te ontwikkelen om met stress en niet-behulpzame emoties om te gaan. Daarnaast zorgen surface structure aanpassingen ervoor dat de interventie materialen geschikt zijn voor ouders met een migratieachtergrond en/of lage sociaaleconomische status, bijvoorbeeld door rekening te houden met de taalvaardigheid van ouders.

Kortom, de studie introduceert niet alleen een belangrijk thema voor opvoedinterventies, maar illustreert ook hoe een systematische aanpak gebruikt is voor ontwikkeling van de module 'Omgaan met stress en niet-helpende emoties'. Ook toont het de potentie van de ingebouwde flexibiliteit van interventies door opname van modules die relevant zijn voor bepaalde doelgroepen en contexten.

Relevantie van de module 'Omgaan met stress en niet-helpende emoties': evaluatie studie

Opvoeding kan stressvol zijn voor ouders, en ouders met een migratieachtergrond en/of een lage sociaaleconomische status ervaren vaker opvoedstress als gevolg van contextuele stressoren (Emmen et al., 2013; Nomaguchi & House, 2013). Een gebrek aan aandacht voor coping strategieën om met stress om te gaan is in dit proefschrift aan het licht gebracht met behulp van een systematische vergelijking van opvoedinterventies. De veronderstelling is dat interventies kunnen worden verbeterd door, naast aandacht voor effectieve opvoedstrategieën, aandacht te besteden aan coping strategieën om met stress en niet-helpende emoties om te gaan (BeLue, Halgunseth, Abiero, & Bediako, 2015; Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Rayan & Ahmad, 2017).

Hoofdstuk 6 onderzoekt de relevantie van de module 'Omgaan met stress en niet-helpende emoties'. De module is toegevoegd aan de Niveau 4 Oudercursus van Triple P en aangeboden aan een cultureel diverse groep ouders woonachtig in achterstandswijken. Om inzicht te krijgen in de ervaringen van deelnemers en aanbieders zijn semigestructureerde interviews afgenomen, is er geobserveerd

tijdens de uitvoering van de module en zijn de procesevaluatie formulieren van aanbieders geanalyseerd. Drie overstijgende thema's zijn geïdentificeerd: (i) waardering voor het delen van ervaringen (ii) acceptatie van de inhoud van de module en (iii) geschiktheid van de interventiematerialen. Zowel deelnemers als aanbieders beoordelen de module als relevant. De module stelt deelnemers in staat om te praten over dagelijkse bronnen van stress als ook contextuele stressoren. Emoties gerelateerd aan heimwee en opvoedstress zijn in detail besproken tijdens de module door inbreng van de deelnemers. Hoewel het delen van anekdotes werd gewaardeerd, nam dit tijd in beslag die bestemd was voor het individueel oefenen met vaardigheden. Deelnemers zijn positief over het gebruik van videobeelden, maar aanbieders twijfelen over de geschiktheid en de etnische en religieuze diversiteit van de videobeelden. De module kan verbeterd worden door meer tijd te besteden aan en meer variatie aan te brengen in het oefenen met vaardigheden. Andere verbeterpunten zijn: aandacht voor positieve emoties en interventiematerialen aanpassen voor gebruik bij deelnemers met beperkte taalvaardigheden.

De evaluatie toont aan dat de module 'Omgaan met stress en niet-helpende emoties' relevant is voor een cultureel diverse groep ouders terwijl dit geen standaard thema van opvoedinterventies is. We adviseren aanbieders die opvoedondersteuning aanbieden in multi-etnische wijken om aandacht te besteden aan coping strategieën.

CONCLUSIE EN IMPLICATIES

Drie belangrijke bevindingen kunnen worden onderscheiden op basis van de studies van dit proefschrift. Ten eerste brengt dit proefschrift het belang naar voren om aandacht te besteden aan contextuele stressoren en de sociaal-culturele overeenkomsten en verschillen in de opvoedervaring. Hoewel overeenkomstige opvoedzorgen zijn gevonden tussen etnische groepen, is de invloed van stress en niet-helpende emoties – als gevolg van contextuele stressoren – op de opvoeding vaker benoemd door ouders met een migratieachtergrond en/of lage sociaaleconomische status. Ouders willen ondersteuning bij het omgaan met stress en niet-helpende emoties om zo het effect hiervan op zowel ouder als kind te beperken. Ten tweede blijkt dat opvoedinterventies doorgaans geen aandacht besteden aan coping strategieën om met (opvoed)stress om te gaan. Wel verwerven ouders verschillende opvoedvaardigheden om met het ongewenst gedrag van hun kind om te gaan en gewenst gedrag te stimuleren. De module 'Omgaan met stress en niet-helpende

emoties' is ontwikkeld om te worden toegevoegd aan bestaande interventies en zo de impact van stress en niet-helpende emoties op het opvoedgedrag te verminderen. Ten derde is de module een voorbeeld van deep structure aanpassing. Interventies met culturele aanpassingen, met name deep structure aanpassingen, zijn effectiever in het verbeteren van het opvoedgedrag van etnische minderheden. Daarnaast toont de evaluatie van de module 'Omgaan met stress en niet-helpende emoties' aan dat de module relevant is voor een cultureel diverse groep ouders en worden aanbevelingen gedaan om de module te verbeteren.

Op basis van deze bevindingen raden we professionals aan om aandacht te besteden aan stress en niet-helpende emoties, als ook om coping strategieën aan te bieden wanneer ondersteuning wordt gegeven aan ouders met een migratieachtergrond en/of lage sociaaleconomische status. Tegelijkertijd is de ervaring van stress en niet-helpende emoties niet gebonden aan etniciteit en sociaaleconomische status. De module 'Omgaan met stress en niet-helpende emoties' kan daarom waardevol zijn voor gebruik in een bredere groep ouders. Toekomstige studies moeten streven naar gecontextualiseerde inhoud waarbij verder wordt gekeken dan etniciteit en SES an sich, en aandacht is voor (contextuele) factoren die de opvoedervaring beïnvloeden. Daarnaast adviseren we onderzoekers en aanbieders van opvoedondersteuning de mogelijkheden na te gaan om interventies te ontwikkelen en aan te bieden met een ingebouwde flexibiliteit. We zien namelijk veel potentie in de modulaire aanpak waarin modules worden ontwikkeld die als aanvulling kunnen worden gebruikt in bestaande interventies. Dit maakt interventies sensitief voor verschillende (sociaal-culturele) groepen en settingen zonder de kernelementen van een bestaande interventie te ondermijnen.

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Dankwoord

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CURRICULUM VITAE

Krista van Mourik was born in 1985 in Woerden. After completing her secondary education (athenaeum) in 2004, she studied Sociology (BSc in 2008, cum laude) and Cultural Anthropology and Developmental Studies (MA in 2009, cum laude) at Radboud University Nijmegen. In 2009 she started her work as a junior researcher at the department of Cultural Anthropology and the Center for Migration Law at Radboud University Nijmegen. After traveling through Nepal, she started her PhD project in 2011 at the department of Public Health and Primary Care at Leiden University Medical Center, focusing on the cultural adaptation of parenting interventions for ethnic minority and lower SES families. At the same time, she was involved as a teacher in Cultural Anthropology and (Public) Health Sciences. She was also an affiliated member of the 'Health, Care and the Body' program group of the University of Amsterdam and the Academic Collaborative Center 'Samen voor de Jeugd'. During the completion of her dissertation, she has been involved as a researcher at the HAN University of Applied Sciences in a project developing a video-feedback instrument to improve collaboration between social workers and multi-problem families. After the completion of her PhD, Krista will continue her work as a post-doctoral researcher in a project focusing on the identification of effective elements in parenting interventions and promoting participation in CenteringPregnancy by women from lower socioeconomic status or ethnic minority backgrounds.

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Effectiveness of culturally adapted parenting interventions: A systematic review. *Helping Families Change conference (HFCC) 2015, Amsterdam, the Netherlands (oral presentation)*

Understanding low engagement of ethnic minority and low SES groups in parenting programmes. *Society for Research in Child Development (SRCD) Conference, 2015, Philadelphia, USA (poster presentation)*

One size fits all...of niet? Inspirerende voorbeelden van maatwerk en vraaggericht werken. *Jeugd in Onderzoek, 2015, Ede, the Netherlands (workshop)*

Acceptability of parenting interventions for ethnic minority and low socioeconomic status parents. *European Conference on Migrant and Ethnic Minority Health 2014, Granada, Spain (oral presentation)*

Werken vanuit het perspectief van de ouder/jongere. Inspirerende voorbeelden om het vertrouwen te winnen van ouders/jongeren en vraaggericht te werken. *JGZ Jaarcongres 2014, Ede, the Netherlands (workshop)*

Accessibility of parenting programmes for ethnic minority families in The Hague, the Netherlands. *Healthy Cities for Children: Urbanisation, Urban planning, and the Wellbeing of Children 2014, Cape Town, South Africa (oral presentation)*

Overview of graduate training activities and courses

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Language Course Arabic, level 1 and 2, 2013 - 2014 (*Academic Language Centre Leiden University, the Netherlands*)

Testing Students: Creating (University Level) Exams, 2013 (*Leiden University Medical Center, Leiden, the Netherlands*)

Regression Analysis, 2013 (*Leiden University Medical Center, Leiden, the Netherlands*)

Developing a Cochrane Systematic Review of Interventions, 2013 (*Dutch Cochrane Centre, Amsterdam, the Netherlands*)

Public Health Research: How to Evaluate Interventions in Public Health Practice, 2013 (*Graduate School Wageningen University, Wageningen, the Netherlands*)

Communication in Science, 2012 (*Graduate School LUMC, Leiden, the Netherlands*)

Performing Focus Groups, 2012 (*Evers Research, the Hague, the Netherlands*)

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