



Shorter communication

A randomized controlled trial evaluating a parenting program designed specifically for grandparents

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ABSTRACT

Grandparents providing regular child care to grandchildren contribute to the nurturing environment in which children are raised. This study evaluated the efficacy of a behavioral family intervention designed specifically for grandparents, Grandparent Triple P. Fifty-four grandparents ($M = 60.89$) and 48 parents ($M = 34.52$) participated in the evaluation. Grandparents predominantly provided between 12 and 20 h of care per week (64.81%), to a grandchild (62% male) aged between 2 and 9 years ($M = 4.42$). Families were randomly assigned to one of two conditions (intervention or grandparent care-as-usual) and were assessed using a multiple informant approach at three time points (preintervention, postintervention, and six-month follow-up). Relative to the grandparent care-as-usual group, significant short-term improvements were found in the intervention group on grandparent-reported child behavior problems; parenting confidence; grandparent depression, anxiety, stress; and improved relationship with the parent. Parents also reported significant reductions in child behavior problems, despite not participating in the program. Short-term effects were predominantly maintained at six-month follow-up.

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Family conflict, disagreement, and tension between parents and grandparents are more likely when children receiving regular child care from their grandparents display problem behaviors (Lussier, Deater-Deckard, Dunn, & Davies, 2002; Mason, May, & Clarke, 2007; Rosenthal & Moore, 2012; Thomas, 1990). Family conflict can lead to a toxic family environment that can impact adversely on the psychological adjustment (Dorsey, Forehand, & Brody, 2007), and parenting practices, of grandparents and parents (Elgar, McGrath, Waschbusch, Stewart, & Curtis, 2004). Not only can the grandparent–parent relationship be affected when grandparents provide informal child care, but grandparents can also experience significant challenges such as increased psychological strain, emotional exhaustion, isolation from friends, difficulties when caring for more than one grandchild at a time, and feeling as though they are being taken for granted (Elgar et al., 2004; Goodfellow & Laverty, 2003). There have been no controlled trials evaluating the efficacy of parenting interventions designed specifically for grandparents.

This study sought to fill that gap by examining the efficacy of an adapted version of the Triple P-Positive Parenting Program, an

evidence-based parenting intervention (Sanders, 2012). Group Triple P, a variant of the multilevel Triple P system of parenting support, was selected for adaptation, as independent meta-analyses have documented the program's efficacy in improving child behavior, parenting practices, and parental adjustment (e.g., de Graf, Speetins, Smit, de Wolff, & Tavecchio, 2008a, 2008b; Nowak & Heinrichs, 2008). Grandparent Triple P (GTP; Kirby & Sanders, 2012a, 2012b) was specifically designed utilizing consumer input to meet the needs of grandparents involved in the care of their grandchildren. Program content and process of delivery were informed by findings from focus groups that identified the major concerns of grandparents providing regular child care (Kirby & Sanders, 2012a, 2012b). These concerns included grandparents desire to access information on effective parenting strategies, strategies relating to improving communication with the parents, and strategies to manage stress, guilt, and frustration, which can result when providing regular child care. Hence, the content of GTP included these three priority areas identified by grandparents; (a) use of positive parenting strategies, (b) building a positive-parenting team with the parent, and (c) coping strategies to manage unhelpful emotions.

Our primary hypotheses were that relative to the grandparent care-as-usual group (GCAU), grandparents participating in GTP would report decreased child behavioral problems; decreased use of dysfunctional parenting strategies; increased parenting self-efficacy; decreased levels of depression, anxiety, and stress;

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increased relationship satisfaction with biological son or daughter (the parent) and their partner (in-law); and improved communication with the parents concerning parenting issues. We also predicted that these intervention effects would maintain at six-month follow-up. Secondary hypotheses were that parents would report a reduction in childhood behavioral problems, and an increase in relationship satisfaction with the participatory grandparent.

Method

Registration

This trial was registered on the Australian New Zealand Clinical Trials Registry (ANZCTR) and was provided the registration code ACTRN12612000741886.

Participants

Participants were eligible for the study if the grandparents were, (a) currently providing at least 12 h or more care per week to their grandchild aged between two and nine years (at point of first contact), and (b) the parents consented to involvement in the study. Grandparents either had to express concerns regarding their grandchild's current functioning ("Are you concerned about behavioral problems with your grandchild?") or be in the clinical range for depression, anxiety, or stress according to the Depression Anxiety and Stress Scale (Lovibond & Lovibond, 1995b). Grandparents were excluded if their grandchild had a disability and/or chronic illness, the grandparents or parents were currently seeing a professional for the child's behavior difficulties; the grandparents were currently receiving psychological help or counseling; or the grandparents were intellectually disabled and/or hearing impaired.

For grandparents who provided care to more than one grandchild, they were asked to complete the measures and program in reference to the grandchild they were most concerned about (target grandchild). In two-grandparent families, grandparents were asked to nominate one grandparent to complete the program and assessments. One of the parents of the target grandchild was also asked to complete the assessment measures.

In total 105 grandparents were assessed for eligibility by the first author. Based on a standardized telephone screen 54 (51.42%) grandparents (51 female, 3 male) met eligibility criteria, with 48 out of 54 grandparents (88%) having concerns about social, emotional, or behavioral problems with their grandchildren, and 37% (20/54) of grandparents being in the clinical range on the DASS. Twenty-eight families were randomly assigned to the intervention group and 26 were randomly assigned to the GCAU group. The flow of participants through each stage of the study is detailed in Fig. 1.

The intervention and GCAU group did not differ significantly on any of the demographic characteristics as indicated by a series of Chi Square analyses and one-way ANOVAs, suggesting that the randomization and stratified sampling method was successful. The comparisons on demographic characteristics between the two groups appear in Table 1.

Measures

Demographics

Family background information was collected using the Family Background Questionnaire (FBQ; Zubrick et al., 2005) from both grandparents and parents.

Child behavior

The Eyberg Child Behavior Inventory (ECBI; Eyberg & Pincus, 1999), is a 36-item measure of parental perceptions of disruptive behavior in children. Internal consistency was high for both the Intensity and Problem subscales for grandparents ($\alpha = .93$ and $.91$, respectively), and parents ($\alpha = .91$ and $.93$, respectively).

Dysfunctional parenting style

The Parenting Scale (PS; Arnold, O'Leary, Wolff, & Acker, 1993) is a 30-item questionnaire measuring three dysfunctional discipline styles. It yields three factors: Laxness (permissive discipline), Over-reactivity (authoritarian discipline, displays of anger, meanness and irritability), and Verbosity (overly long reprimands or reliance on talking). In this sample, the three subscales demonstrated good internal consistency ($\alpha = .73$, 0.72 and 0.88 , respectively).

Parenting confidence

The Parenting Tasks Checklist (Sanders & Woolley, 2005) is a 28-item measure assessing parents' task-specific self-efficacy. Two subscales (behavioral and setting) measure parents' confidence in dealing with difficult child behaviors. In this sample, both subscales had very good internal consistencies ($\alpha = .95$ and 0.99 , respectively).

Grandparent adjustment

The Depression Anxiety Stress Scale-21 (DASS; Lovibond & Lovibond, 1995a) is a 21-item questionnaire assessing symptoms of depression, anxiety, and stress in adults. In this sample, the three subscales demonstrated good internal consistency ($\alpha = .84$, 0.85 and 0.87 , respectively).

Grandparent–parent relationship adjustment

Grandparent–parent relationship quality

The Quality of Relationships Inventory (QRI; Pierce, 1991) is a 25-item scale assessing relationship quality on three dimensions: Support, Conflict, and Depth. In this sample, the three subscales demonstrated good internal consistency for grandparents rating their adult children ($\alpha = .86$, 0.92 and 0.81 , respectively), and their in-laws ($\alpha = .86$, 0.83 and 0.83 , respectively), and for the parents rating the participatory grandparent ($\alpha = .81$, 0.93 and 0.76 , respectively).

Grandparent–parent communication

The Grandparent Communication Checklist (GCC) is a measure of grandparent–parent communication over parenting issues. In this sample, the internal consistency was high for grandparents on both the biological and in-law relationship ($\alpha = .98$ and $.97$, respectively).

Client satisfaction

Client Satisfaction Questionnaire (CSQ) is a 13-item survey that measures consumer satisfaction with the quality of service. The CSQ had high internal consistency for the current sample ($\alpha = .95$).

Design

A two-arm randomized controlled clinical trial involving two intervention conditions (Grandparent Triple P intervention vs. grandparent care-as-usual) assessed at three time periods (pre-intervention, post-intervention, and six-month follow-up) was employed.

Intervention condition

GTP is a variant of the Level 4 Triple P program (Markie-Dadds, Turner, & Sanders, 2009), tailored to the concerns and needs of grandparents who provide care to their grandchildren. GTP is a

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