



UNIVERSITI PUTRA MALAYSIA

***BEHAVIOURAL OUTCOMES OF PARENTS AND THEIR CHILDREN
PARTICIPATING IN THE INCREDIBLE YEARS PARENTING
PROGRAMME IN GOVERNMENT HOSPITALS IN THE KLANG VALLEY,
MALAYSIA***

RUZIANA MASIRAN

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By

RUZIANA MASIRAN

**Thesis Submitted to School of Graduate Studies, Universiti Putra
Malaysia, in Fulfilment of the Requirements for the Degree of
Doctor of Philosophy**

January 2022

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in
fulfilment of the requirement for the degree of Doctor of Philosophy

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By

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January 2022

Chairman : Professor Normala binti Ibrahim, PhD
Faculty : Medicine and Health Sciences

Background: Children's emotional and behavioural problems (EBP) are associated with numerous negative psychosocial implications. Structured parenting programmes train parents to master good parenting skills to help children improve EBP. Controlled research demonstrated the effectiveness of the Incredible Years parenting programme (IYPP) as one such program. However, there is limited data concerning its use for school-going children, in clinical settings, and in developing Asian countries with collectivistic values like Malaysia.

Objectives: The present study aimed to evaluate the effectiveness of the IYPP in decreasing EBP and parenting stress, improving parental mental health, and increasing parenting self-efficacy.

Methodology: This randomised controlled study involved baseline and post-intervention assessments at 2 weeks and 3 months, and was conducted in Kajang, Kuala Lumpur, and Selayang Hospitals. Mothers of 70 children aged 6-12 years recruited through the paediatric clinics and the child and adolescent psychiatric clinics were randomly assigned to the IYPP (School Age Basic version) or a waitlist control group. Mothers rated EBP severity, parenting stress, parental mental health, and parenting self-efficacy using self-administered questionnaires. The weekly parenting programme ran for 14 weeks. Several modifications were made to the programme to accommodate the public health control measures during the COVID-19 pandemic period.

Results: The intervention was effective in reducing EBP at 2 weeks post-intervention and 3 months follow-up, $B = -4.20$, 95% CI $[-6.68, -1.72]$, $p = .001$; $B = -3.51$, 95% CI $[-6.37, -0.66]$, $p = .016$, respectively, particularly in respect to the externalising behaviours, $B = -1.80$, 95% CI $[-3.09, -0.51]$, $p = .006$; $B = -1.89$, 95% CI $[-3.28, -0.50]$, $p = .008$, respectively. Concerning parental outcomes, the intervention was effective in reducing parenting stress at 3 months follow-up, $B = -5.03$, 95% CI $[-9.16, -0.90]$, $p = .017$, and parent's general stress at 2 weeks post-intervention, $B = -4.06$, 95% CI $[-7.20, -0.92]$, $p = .011$. It was also effective in increasing parenting-self-efficacy at 2 weeks post-intervention and 3 months follow-up, $B = 34.11$, 95% CI $[11.32, 11.93]$, $p = .003$; $B = 40.97$, 95% CI $[12.08, 17.29]$, $p = .001$, respectively. The effects on children's EBP and parenting self-efficacy were sustained up to 3 months post-intervention. However, the intervention had no significant effect in reducing parental anxiety or depression at 2 weeks post-intervention or 3 months follow-up, $B = -2.91$, 95% CI $[-5.98, 0.15]$, $p = .063$; $B = -2.17$, 95% CI $[-4.84, 0.50]$, $p = .111$, respectively; $B = -2.71$, 95% CI $[-5.42, 1.08]$, $p = .190$; $B = -2.29$, 95% CI $[-5.16, 0.59]$, $p = .119$, respectively.

Conclusion: The modified Incredible Years School Age Basic parenting programme is an effective tool in improving the emotions and behaviours of Malaysian school-going children as well as the parenting and mental health of their mothers. Evidence suggests that an established foreign parenting intervention can be transferred to the local population despite minimum resources, barriers to parental involvement, and various restrictions during a world health crisis.

Keywords: emotional behaviour problem, externalising, internalising, parenting program, parent training, Incredible Years

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia
sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

**HASIL TINGKAH LAKU IBU BAPA DAN ANAK-ANAK MEREKA YANG
MENYERTAI PROGRAM KEIBUBAAPAN *INCREDIBLE YEARS* DI
HOSPITAL-HOSPITAL KERAJAAN DI LEMBAH KLANG, MALAYSIA**

Oleh

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Latar Belakang: Masalah emosi dan tingkah laku (EBP) kanak-kanak dikaitkan dengan pelbagai implikasi psikososial negatif. Program keibubapaan berstruktur melatih ibu bapa untuk menguasai kemahiran keibubapaan yang baik untuk membantu kanak-kanak meningkatkan EBP. Penyelidikan terkawal menunjukkan keberkesanan program keibubapaan Incredible Years (IYPP) sebagai salah satu program sedemikian. Walau bagaimanapun, terdapat data terhad mengenai penggunaannya untuk kanak-kanak yang bersekolah, dalam persekitaran klinikal dan di negara-negara Asia yang sedang membangun dengan nilai kolektivistik seperti Malaysia.

Objektif: Kajian ini bertujuan untuk menilai keberkesanan IYPP dalam mengurangkan masalah emosi dan tingkah laku dan tekanan keibubapaan, menambahbaik kesihatan mental ibu bapa, dan meningkatkan efikasi sendiri keibubapaan.

Kaedah: Kajian terkawal secara rawak ini melibatkan penilaian asas dan pasca intervensi pada 2 minggu dan 3 bulan, dan dilakukan di Hospital Kajang, Kuala Lumpur, dan Selayang. Para ibu kepada 70 orang kanak-kanak berumur 6-12 tahun yang direkrut melalui klinik pediatrik dan klinik psikiatri kanak-kanak dan remaja dibahagikan secara rawak kepada kumpulan IYPP (versi *School Age Basic*) atau kawalan senarai tunggu. Para ibu menilai tahap EBP, tekanan keibubapaan, efikasi sendiri keibubapaan, dan kesihatan mental ibubapa menggunakan borang soal selidik yang diisi sendiri. Program keibubapaan mingguan berlangsung selama 14 minggu. Beberapa pengubahsuaian dilakukan pada program demi memenuhi langkah-langkah kawalan kesihatan awam sewaktu pandemik COVID-19.

Keputusan: Intervensi ini berkesan untuk mengurangkan EBP pada 2 minggu selepas intervensi dan 3 bulan susulan, masing-masing $B = -4.20$, 95% CI [-6.68, -1.72], $p = .001$; $B = -3.51$, 95% CI [-6.37, -0.66], $p = .016$, terutamanya tingkah laku luaran, masing-masing $B = -1.80$, 95% CI [-3.09, -0.51], $p = .006$; $B = -1.89$, 95% CI [-3.28, -0.50], $p = .008$. Dari segi kesan ke atas ibu bapa pula, intervensi ini berkesan dalam mengurangkan tekanan keibubapaan pada 3 bulan susulan, masing-masing $B = -5.03$, 95% CI [-9.16, -0.90], $p = .017$, dan tekanan am ibu bapa pada 2 minggu pasca intervensi, masing-masing $B = -4.06$, 95% CI [-7.20, -0.92], $p = .011$. Ia juga berkesan dalam meningkatkan efikasi sendiri keibubapaan pada 2 minggu pasca intervensi dan 3 bulan susulan, masing-masing $B = 34.11$, 95% CI [11.32, 56.90], $p = .003$; $B = 40.97$, 95% CI [12.08, 69.86], $p = .001$. Kesan terhadap EBP dan efikasi sendiri keibubapaan dapat dikekalkan sehingga 3 bulan pasca intervensi. Walau bagaimanapun, intervensi ini tidak mempunyai kesan yang signifikan dalam mengurangkan kegelisahan atau kemurungan ibu bapa pada 2 minggu selepas intervensi atau 3 bulan susulan, masing-masing $B = -2.91$, 95% CI [-5.98, 0.15], $p = .063$; $B = -2.17$, 95% CI [-4.84, 0.50], $p = .111$; masing-masing $B = -2.71$, 95% CI [-5.42, 0.01], $p = .190$; $B = -2.29$, 95% CI [-5.16, 0.59], $p = .119$.

Kesimpulan: Program keibubapaan *Incredible Years School Age Basic* yang diubah suai merupakan alat yang berkesan dalam memperbaiki emosi dan tingkah laku murid sekolah Malaysia serta keibubapaan dan kesihatan mental ibu mereka. Bukti menunjukkan bahawa intervensi keibubapaan asing yang mantap boleh dipindahkan kepada penduduk tempatan walaupun terdapat sumber minimum, halangan kepada penglibatan ibu bapa, dan pelbagai sekatan ketika terjadinya krisis kesihatan dunia.

Kata Kunci: masalah emosi tingkah laku, tingkah laku luaran, tingkah laku dalaman, program keibubapaan, latihan ibu bapa, *Incredible Years*

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This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Doctor of Philosophy. The members of the Supervisory Committee were as follows:

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LIST OF ABBREVIATIONS

ADHD	Attention-deficit/hyperactivity disorder
CBCL	Child Behavior Checklist
CONSORT	Consolidated Standards of Reporting Trials
DASS-21	Depression Anxiety Stress Scales 21-Items
DASS-A	DASS-21 anxiety scores
DASS-D	DASS-21 depression scores
DASS-S	DASS-21 stress scores
ECBI	Eyberg Child Behavior Inventory
EBP	Emotional and behavioural problems
EXT	Externalising
INT	Internalising
ITT	Intention-to-treat
IYPP	Incredible Years parenting programme
MHP	Mental health problems
NICE	National Institute for Health and Clinical Excellence
PSE	Parenting Self-Efficacy scores
PSS	Parenting Stress scores
RCT	Randomised controlled trial
SDQ	Strengths and Difficulties Questionnaire
SDQ-EXT	SDQ externalising behaviour scores
SDQ-INT	SDQ internalising behaviour scores
SDQ-TDS	SDQ total difficulties scores
SLT	Social learning theory

CHAPTER 1

INTRODUCTION

This chapter provides an overview of the present study. First, it outlines the research background in Section 1.1 and provides the statement of problems in Section 1.2. Next, Section 1.3 describes the significance of the research. Finally, Section 1.4, Section 1.5, and Section 1.6 include an outline of the research questions, objectives, and hypotheses, respectively.

1.1 Background

The mental health of children constantly receives considerable interest from researchers, clinicians, policymakers, and other mental health stakeholders. The global prevalence of psychiatric illness has been increasing, and many of the onsets of these illnesses can be traced back to childhood and adolescence (Kessler et al., 2007). Therefore, mental health problems (MHP) represent a major challenge for child healthcare systems worldwide. Moreover, the impact of MHP on children can be long-lasting, thus leaving an enormous burden on society. The MHP among children and adolescents aged 5–14 years old is also the leading cause of disability-adjusted life-years (DALY) in European countries and the United States and fourth in Southeast Asia. As one unit of DALY represents one healthy year of life being lost (Baranne & Falissard, 2018), a high DALY in children and adolescents is worrying (Vigo et al., 2019). In addition, the Global Burden of Disease 2019 has reported mental disorders as one of the conditions that require rehabilitation among children aged less than 15 years, (Cieza et al., 2020).

MHP in children can be categorised as emotional and behavioural problems (EBP) (Ogundele, 2018) that may or may not constitute a diagnosis of psychiatric disorder. Nevertheless, the International Classification of Diseases 10th Revision (ICD-10) classified EBP as “Behavioural and emotional disorders with onset usually occurring in childhood and adolescence” under the category of F90–F98 (World Health Organization, 1992). Under this classification, emotional disorders encompass separation anxiety disorder, phobic anxiety disorder, and selective mutism whereas behavioural disorders include hyperkinetic disorders, conduct disorder, and attention deficit disorder. In addition, EBP can also be conceptualised as internalising (INT) and externalising (EXT) behaviours (Achenbach, 1966). In these dimensions of behaviours, hyperactivity, impulsivity, aggression, disobedience, delinquency, and oppositionality make up some of the EXT behaviours. On the other hand, internally-focused symptoms such as anxiety, fear, depression, and social withdrawal are categorised as INT behaviours (Willner et al., 2016). Similar to the existing literature, in the local context, MHP among Malaysian children has also been discussed as EBP (Idris, 2017; Idris, Barlow, & Dolan, 2019) and EXT/INT behaviours (N. F. Ahmad et

al., 2016; N. F. Ahmad & Mansor, 2016; Ling et al., 2017). EBP is one of the commonest causes of MHP among Malaysian children aged 5-15 years (Institute for Public Health, 2015). Although its prevalence in the community appears to be more empirically researched (Idris et al, 2019; Sahril et al., 2021; Zainudeen et al., 2021), children with symptoms of EBP have often been referred to clinicians for treatment.

The EBP among children and adolescents has been an ongoing issue of interest to various stakeholders due to its potential negative psychosocial implications for young people who would be part of the future generation. Research indicates that EBP in early childhood tends to continue into middle childhood and adolescence if left untreated (Border et al., 2018; Korhonen et al., 2018). Furthermore, EBP has been associated with an increased risk of alcohol and illicit drug abuse (Heradstveit et al., 2018), crimes (Border et al., 2018; Jung et al., 2017; Okano et al., 2020), and poor academic achievement (Pedersen et al., 2019). However, the most serious implication of EBP is suicidal ideations or behaviours, which are associated with depression, anxiety, and stress (N. A. Ahmad et al., 2014; Bryant et al., 1995; Chan et al., 2018; Guo et al., 2019; Ibrahim et al., 2014; Institute for Public Health, 2018; Soto-Sanz et al., 2019; Wahab et al., 2017). In Malaysia, the rise in suicide rates among adolescents are extremely devastating. According to the National Suicide Registry Malaysia (NSRM), 16.2% of all suicide cases in the year 2009 were committed by those aged from 15 to 24 years (Chan et al., 2018). In the recent Malaysian National Health and Morbidity Survey (NHMS) 2017, a disturbingly high trend of suicidal behaviours among adolescents was reported (Institute for Public Health, 2018). Ironically, the survey also demonstrated that less than half of parents monitor or understand their children well (Institute for Public Health, 2018).

Due to the serious negative consequences of EBP, it is important to understand its prevention and treatment. The current biopsychosocial approach in the clinical management of EBP among children recommends medication prescription for conditions such as attention deficit/hyperactivity disorder (ADHD) (Lichtenstein et al., 2012), depression, obsessive compulsive disorder, and anxiety disorder (Dwyer & Bloch, 2019). Psychosocial interventions such as cognitive behavioural (CBT) (James et al., 2020; Oud et al., 2019) and child-focused family therapy (Carr, 2019; W. J. Smith et al., 1999) may also be provided. Family therapy is vital because elements of negative parent-child interaction and authoritarian parenting styles (Calders et al., 2020) have been observed among parents of children with EBP (Hosokawa & Katsura, 2019; León-Del-Barco et al, 2019). Research has also shown that family processes, particularly parent-child relationships, are an important part of the development of EBP in children, and in later childhood and adolescence (J. D. Smith et al., 2014). While parental monitoring of children is a key to preventing behavioural problems, other parenting skills could help promote better emotional regulation in children (Dishion & McMahon, 1998). Therefore, children with EBP may likely benefit from interventions that improve family functioning. Since EBP in early childhood tends to predict problems in later childhood and adolescence and

adulthood, interventions aimed at families of young could have both preventive and therapeutic values.

Parenting interventions, a.k.a. parent training programmes, have been demonstrated to generate positive effects on children's behaviour (Mingebach et al., 2018; Rimestad et al., 2019), parenting skills (Vázquez et al., 2019), and parent-child interaction (Moon et al., 2018). Among the established parenting programmes are the Triple P (Sanders, 2008), Parent-Child Interaction Therapy (PCIT) (Lieneman et al., 2017), Incredible Years (Webster-Stratton et al., 2001), and Strengthening Families Programme (SFP) (Kumpfer & Magalhães, 2018; Kumpfer & Tait, 2000). While the Triple P provides various formats of programme delivery to parents, the IYPP focuses on group-based training. On the other hand, the PCIT could be practice- and labour-intensive, and the SFP has originally been developed for drug-abusing parents. The IYPP is most appealing based on its group-based, collaborative approach (Webster-Stratton, 2000) and standardised measures taken to ensure it is being implemented with high fidelity in many countries (Javier et al., 2016; Leijten, Gardner, Melendez-Torres, Weeland, et al., 2019; Overbeek et al., 2021; Weeland et al., 2018). Furthermore, IYPP is transportable (Leijten, Melendez-Torres, et al., 2016), as well as culturally sensitive (Webster-Stratton, 2009), responsive (Danbolt, 2020), and adaptable (Zhou et al., 2018). It is also cost-effective (Nystrand et al., 2019; O'Neill et al., 2013).

Despite some of the established evidence of parenting programmes, a review by Mejia et al., (2012) has highlighted the limited evidence in supporting the effectiveness of parenting programmes in developing countries, owing to implementation issues. Based on a thorough search of published documentation on researchers using IYPP in Malaysia via Scopus, PubMed, Google Scholar, MyTO (Malaysian Theses Online), and Universiti Putra Malaysia Institutional Repository (UPMIR) databases from 2018 to 2021, the effectiveness of the IYPP in improving EBP has never been explored in the local scene. Therefore, there is a need to investigate the effectiveness of a parent training programme in Malaysia, particularly in tertiary centres where children with potential EBP issues are more frequently encountered by paediatricians and mental health practitioners. An effective parenting programme can serve both as prevention and treatment in the management of EBP for Malaysian children. Based on a review of well-established parenting interventions, the present study opted to apply the Incredible Years parenting programme (IYPP) (Webster-Stratton et al., 2001). This programme is an empirically supported intervention for the treatment or prevention of children with EBP, including conduct problems (Weber et al., 2019) and emotional symptoms (Leijten, Raaijmakers, et al., 2018). It is also recommended in the National Institute for Health and Clinical Excellence (NICE) guidelines for the treatment of conduct disorders (National Institute for Health and Clinical Excellence & Social Care Institute for Excellence, 2007).

There are mixed outcomes as to which behaviour spectrum received more benefits from the IYPP. Published studies often documented evidence of IYPP benefits on the EXT behaviours, also known as disruptive behaviours (van Aar et al., 2019). These behaviours included conduct problems and hyperactivity that were measured with the CBCL (Child Behavior Checklist) (Javier et al., 2016), ECBI (Högström et al., 2017; Weeland et al., 2017), and the SDQ (Morpeth et al., 2017; Seabra-Santos et al., 2016). However, only a minority of studies show that children with higher levels of emotional problems benefit more from IYPP (Leijten, Raaijmakers, et al., 2018), while others reported no effect at all (F. Gardner et al., 2017; Leijten, Gardner, et al., 2018; Morpeth et al., 2017). For example, Javier et al. (2016) found a larger effect size of improvement in the INT ($\eta^2 = 0.115$; medium) than the EXT behaviours ($\eta^2 = 0.088$; small). In contrast, in an earlier IYPP study, Lindsay et al. (2011) detected smaller effect on in the INT ($d = -0.43$ for emotional symptoms; $d = -0.19$ for peer problems) compared to the EXT behaviours ($d = -0.44$ for conduct problems; $d = -0.46$ for hyperactivity symptoms).

While being proven effective for children and parents, the IYPP is not without any setbacks. Whether IYPP is appropriate for a multicultural country like Malaysia requires striking a balance between broader coverage of families and being culturally competent (Baumann et al., 2015). Moreover, according to meta-analyses, culturally adapted interventions are more effective than non-adapted ones (Hall et al., 2016; van Mourik et al., 2017). As it was developed in a foreign, more developed country that is less collectivistic, questions were raised as to whether the parenting values would fit into the local population. While cultural suitability is a concern, the authoritative parenting techniques promoted in the Parenting Pyramid® of IYPP may not be in line with the generally-authoritarian Asian countries, including Malaysia (Keshavarz & Baharudin, 2009; Mamauag et al., 2021). In this regard, the IYPP is equally effective when implemented in culturally different countries from its birthplace (Leijten, Melendez-Torres, et al., 2016). It is also culturally sensitive (Webster-Stratton, 2009), responsive (Danbolt, 2020), and adaptable (Zhou et al., 2018). Although deep-structure (Zhou et al., 2018) and superficial/minimal (Kong & Au, 2018) cultural adaptations have been performed for its implementation, a mere translation of the IYPP's training materials (a form of minimal adaptation) produces a substantial effect (F. Gardner et al., 2016). In addition, the IYPP manual has undergone stringent accreditation processes, thus ensuring a high level of programme fidelity.

Therefore, the present study aimed to determine the effectiveness of the IYPP in improving levels of EBP among children who present to the paediatrics and child and adolescent psychiatric clinics in three hospitals in Klang Valley, Malaysia; Kajang, Kuala Lumpur, and Selayang Hospitals; as well as their parents' parenting stress, mental health (stress, anxiety, and depression) symptoms, and parenting self-efficacy.

1.2 Problem Statement

Childhood MHP is a serious concern and a challenge to the existing mental health services globally (Vostanis, 2017), especially in lower and middle-income countries (LMICs) (Scott et al., 2015; World Health Organization, 2009). Moreover, psychiatric illnesses and substance abuse disorders account for 8.8% and 16.6% of the total burden of disease in the LMICs, respectively (World Health Organization, 2004). These MHP often come in the form of EBP, or the EXT and INT behavioural problems, and adversely affect the individual children, their families, and society.

Parent-child relationships and parenting skills are two important elements that safeguard children's wellbeing (Tian et al., 2018) against early psychopathology development (Harold & Sellers, 2018; Stafford et al., 2016), and EBP (Marcone et al., 2017). Previous research suggested that parents (Marcone et al., 2017; Xerxa et al., 2020) and parenting (Sluis et al., 2015) factors are closely associated with EBP. Therefore, parents of children with EBP are likely to benefit from interventions that aim at improving parenting skills. In addition, interventions that target parenting are more effective in addressing EBP than child-only interventions (Epstein et al., 2015). Through parenting programmes, parents can learn and adopt effective parenting techniques. Among the various parenting programmes, there is robust evidence that the IYPP significantly improves both children and parents (F. Gardner & Leijten, 2017; Sonuga-Barke et al., 2018).

Parenting programmes in Malaysia had primarily been delivered in the community, through the public and private agencies (Lembaga Penduduk dan Pembangunan Keluarga Negara, 2018), rather than within the clinical population in which children with EBP present. In Malaysian clinical settings, children with EBP are traditionally managed using child-focused approaches through psychological, biological, behavioural, or occupational therapy. Despite burgeoning research findings advocating IYPP as an excellent programme, there remains a paucity of research concerning its effectiveness in Malaysia. Hence, there is a need to evaluate the effectiveness of IYPP in improving EBP among children to safeguard future Malaysian generations. Furthermore, there is a concomitant need to determine whether IYPP can enhance parenting and subsequently protect parental mental health for the parents to become capable agents of change for their children. It is to this end that the present study was aimed.

Therefore, the present study evaluated whether the IYPP, delivered to parents of children with EBP presented to the clinical settings, could improve the levels of EBP immediately after the programme and at follow-up, compared to a baseline level. It also examined which behaviour spectrum would receive more benefits from the IYPP - the EXT or INT behaviours. Concurrently, it evaluated

whether parents would experience improvements in their levels of parenting stress, mental health symptoms, and parenting self-efficacy. Based on the social learning theory (SLT) (Bandura, 1971), it was hypothesised that the participating parents would acquire parenting skills and improve their parenting practices. As a result, it was hypothesised that the EBP in their children would improve, their parenting stress and general stress, anxiety, and depressive symptoms would reduce, and their parenting self-efficacy would increase following this intervention.

1.3 Significance of Study

Research indicates that the IYPP may work well in other cultures. However, there is limited evidence in Asian countries and none that involves a developing, upper-middle-income Southeast country with different parenting values. Although the IYPP could be transferable to Malaysia, it is not certain whether a minimal adaptation to the programme would suffice and could translate into a clinical effectiveness in the form of improved children's and parental mental health and parenting practices, as measured through children's levels of EBP, as well as parents' levels of parenting stress, mental health (i.e., the stress, anxiety, and depression symptoms), and parenting self-efficacy. Evidence generated from the present study could support the use of IYPP for a clinical group of primary school-going children with emotional and behavioural issues.

1.4 Research Questions

The following were the research questions:

1. Does IYPP significantly reduce the total difficulties scores among children with EBP whose parents are in the intervention group, as compared to the control group?
2. Does IYPP significantly reduce the EXT and INT behaviour scores, among children with EBP whose parents are in the intervention group as compared to the control group; does the EXT behaviour scores reduce more than the INT behaviour scores?
3. Does IYPP significantly reduce the parenting stress and parental mental health symptoms (stress, anxiety, and depression) scores, and increase the parenting self-efficacy scores significantly, among parents of children with EBP who are in the intervention group as compared to parents in the control group?

From this point forward, the total difficulties scores will be referred to as SDQ-TDS. The EXT behaviour scores, which consist of the SDQ's scores of conduct problem and hyperactivity scales will be collectively referred to as SDQ-EXT. The INT behaviour scores, which consist of the SDQ's scores of emotional

symptoms and peer problem scales will be collectively referred to as SDQ-INT. The parenting stress scores will be referred to as PSS. The parental mental health symptoms (stress, anxiety, and depression) scores will be referred to as the DASS-S, DASS-A, and DASS-D, respectively. The parenting self-efficacy scores will be referred to as PSE.

1.5 Research Objectives

The research objectives were divided into general and specific objectives.

1.5.1 General Objective

To determine the effectiveness of IYPP in improving EBP among children attending Kajang, Kuala Lumpur, and Selayang Hospitals, and in improving their parents' parenting stress, parental mental health (stress, anxiety, and depressive) symptoms, and parenting self-efficacy.

1.5.2 Specific Objectives

1. To determine the SDQ-TDS in children with EBP whose parents are in the intervention group as compared to the control group at baseline, 2 weeks post-intervention, and 3 months follow-up.
2. To determine the SDQ-EXT and the SDQ-INT in children with EBP whose parents are in the intervention group as compared to the control group at baseline, 2 weeks post-intervention, and 3 months follow-up; and to compare the reduction in SDQ-EXT and the SDQ-INT
3. To determine the PSS, DASS-S, DASS-A, DASS-D, and PSE among parents of children with EBP who are in the intervention group as compared to the control group at baseline, 2 weeks post-intervention, and 3 months follow-up.

1.6 Research Hypotheses

It was generally hypothesised that the IYPP is effective in improving EBP among children attending Kajang, Kuala Lumpur, and Selayang Hospitals, and in improving their parents' parenting stress, parental mental health (stress, anxiety, and depressive) symptoms, and parenting self-efficacy. These alternative hypotheses were offered:

- H_{A1}: Children with EBP whose parents are in the intervention group have significantly lower SDQ-TDS scores than those with parents in the control group, at 2 weeks post-intervention and 3 months follow-up.
- H_{A2}: Children with EBP whose parents are in the intervention group have significantly lower SDQ-EXT and SDQ-INT scores than those with parents in the control group, at 2 weeks post-intervention and 3 months follow-up; the SDQ-EXT are significantly lower than SDQ-INT among children with EBP whose parents are in the intervention group than those with parents in the control group, at 2 weeks post-intervention and 3 months follow-up.
- H_{A3}: Parents in the intervention group have significantly lower PSS, DASS-S, DASS-A, and DASS-D, and higher PSE than parents in the control group, at 2 weeks post-intervention and 3 months follow-up.

The research questions, objectives, and hypotheses are summarized in Table 1.1.

Table 1.1 : Research questions, objectives and hypotheses of the present study

Research Questions	Research Objectives	Research Hypotheses
	General Objective:	
Is IYPP effective in improving EBP among children attending Kajang, Kuala Lumpur, and Selayang Hospitals, and in improving their parents' parenting stress, parental mental health (stress, anxiety, and depressive) symptoms, and parenting self-efficacy?	To determine the effectiveness of IYPP in improving EBP among children attending Kajang, Kuala Lumpur, and Selayang Hospitals, and in improving their parents' parenting stress, parental mental health symptoms, and parenting self-efficacy.	The IYPP is effective in improving EBP among children attending Kajang, Kuala Lumpur, and Selayang Hospitals, and in improving their parents' parenting stress, parental mental health (stress, anxiety, and depressive) symptoms, and parenting self-efficacy.
Specific Objectives:		
Does IYPP significantly reduce the total difficulties scores among children with EBP whose parents are in the intervention group, as compared to the control group?	To determine the SDQ-TDS in children with EBP whose parents are in the intervention group as compared to the control group at baseline, 2 weeks post-intervention, and 3 months follow-up.	Children with EBP whose parents are in the intervention group have significantly lower SDQ-TDS scores than those with parents in the control group, at 2 weeks post-intervention and 3 months follow-up.

Table 1.1 : Continued

Does IYPP significantly reduce the EXT behaviour scores more than the INT behaviour scores, among children with EBP whose parents are in the intervention group as compared to the control group; does the EXT behaviour scores reduce more than the INT behaviour scores?	To determine the SDQ-EXT and the SDQ-INT in children with EBP whose parents are in the intervention group as compared to the control group at baseline, 2 weeks post-intervention, and 3 months follow-up; and to compare the reduction in SDQ-EXT and the SDQ-INT.	Children with EBP whose parents are in the intervention group have significantly lower SDQ-EXT and SDQ-INT scores than those with parents in the control group, at 2 weeks post-intervention and 3 months follow-up; the SDQ-EXT are significantly lower than SDQ-INT among children with EBP whose parents are in the intervention group than those with parents in the control group, at 2 weeks post-intervention and 3 months follow-up.
Does IYPP significantly reduce the parenting stress and parental mental health symptoms (stress, anxiety, and depression) scores, and increase the parenting self-efficacy scores significantly, among parents of children with EBP who are in the intervention group as compared to parents in the control group?	To determine the PSS, DASS-S, DASS-A, DASS-D, and PSE among parents of children with EBP who are in the intervention group as compared to the control group at baseline, 2 weeks post-intervention, and 3 months follow-up.	Parents in the intervention group have significantly lower PSS, DASS-S, DASS-A, and DASS-D, and higher PSE than parents in the control group, at 2 weeks post-intervention and 3 months follow-up .

1.7 Thesis Outline

This chapter has discussed the research background and problems identified, and the summary of research questions, objectives and hypotheses is presented in Table 1.1 Next, Chapter 2 will review the existing literature on EBP, parenting, parenting programmes, and evidence supporting the IYPP. It will also include the theoretical and conceptual frameworks that support the present study. Subsequently, Chapter 3 will highlight the methods and assessment tools. Chapter 4 will present the results relevant to the hypotheses mentioned. Chapter 5 will then evaluate the findings using prior research as a reference and subsequently deliberate the study's strengths and limitations. Finally, the concluding chapter will summarise the study's objectives and key findings before detailing the research contributions, clinical implications, and recommendations.

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