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**Opposition in Early Childhood. Examining Influence Mechanisms
and Evaluating the Effectiveness and Acceptability of the Positive
Parenting for Oppositional Preschoolers Program**

DOCTORAL THESIS ABSTRACT

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ABSTRACT

Early behavioral problems put children at risk for experiencing multiple short- and long-term difficulties and are also associated with various parental disturbances. Parent management training (PMT) is a well-established intervention for children's behavioral problems; however, PMT programs' availability worldwide is limited. PMT interventions often suffer from poor parental engagement and high attrition rates, undermining their potential effectiveness even when available. The present thesis examines various aspects concerning preschool-aged children and their parents through a cluster of four studies.

The first two studies examined non-clinical samples of parental couples (N = 211 and 188 couples, respectively) with a preschool child. Data were collected independently from mothers and fathers, and the common fate model (CFM) was used to analyze the dyad data. **Study 1** showed that children's opposition lead to lower marital and life satisfaction through a mechanism of parenting stress. **Study 2** extended these findings showing that parental self-efficacy and satisfaction with parenting mediate the association between oppositional behaviors and marital satisfaction. Accordingly, both studies revealed spillover processes within the family, highlighting how children's moderate behavioral problems, directly and indirectly, affect their parents.

The *Positive Parenting for Oppositional Preschoolers* (PPOP) is a PMT program developed as part of this thesis due to the absence of branded PMT programs in Israel. Studies 3 and 4 examined its effectiveness, acceptability, and feasibility. **Study 3** assessed the PPOP's outcomes using a randomized controlled trial (RCT). Eighty-five families were randomly assigned to either PPOP or a waitlist control group in a 1:1 ratio. PPOP participants reported significant improvements in their child's behavior, lower parenting stress, increased parental self-efficacy, and greater satisfaction with parenting, marital relationships, and life. All treatment gains were maintained at a 3-month follow-up. Parents of the control group reported no changes in their child's behavior or parental factors. PPOP had very low attrition and high parental satisfaction. **Study 4** explored parents' experiences and perceptions of PPOP. Participants were 20 parental couples (N = 40 individuals) who participated in the RCT. Data were collected through semi-structured interviews and were analyzed using thematic analysis. Four main themes were identified: (1) the program as a transformative process, (2) an individual in-home process, (3) perspectives on PPOP's content, and (4) support sources for parents, pointing to several ways for improving parents' engagement and retention.

Ultimately, the thesis offers a broader understanding of the family system by including both mothers and fathers in all four studies. The cluster of studies suggests that what appear to be "minor problems" should not be overlooked; rather, addressing moderate behaviors that do not meet the criteria for a clinical diagnosis is essential for preventing their adverse effects. The studies point to several important directions for future research and clinical practice, focusing on breaking the vicious circle between children's behavioral problems, parents' stress and low self-efficacy, and deterioration in parents' quality of life and marital relationships. Furthermore, the findings indicate that PPOP is an effective intervention for children's behavioral problems, leading to positive parental outcomes in parenting-related and distal domains. Parents' perspectives provided additional insights into PPOP feasibility and acceptability, allowing further refinement of the program content, delivery methods, and support provided to participants. The findings may also benefit developers and administrators of other PMT programs by suggesting ways to increase parents' engagement and reduce dropout rates.

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CHAPTER 1. GENERAL INTRODUCTION

The introductory chapter of the thesis provides a broad overview of the existing literature. The review begins by discussing mental health problems among young children, focusing on behavioral problems in early childhood. The chapter then addresses the influence of parents and children on each other, discussing parent effects and child effects in the context of children's behavioral problems and several parental factors. Next, the chapter addresses the issue of early intervention, reviewing Parent Management Training (PMT), the leading treatment strategy for young children's behavioral problems. The chapter concludes by presenting the rationale for the thesis and summarizing the main research gaps it seeks to address.

1.1 Mental Health Problems in Young Children. A recent meta-analysis examining the worldwide prevalence of mental health disorders in young children revealed that 20.13% of children under the age of 7 meet the diagnostic criteria for a mental health problem (Vasileva et al., 2021). Externalizing problem behaviors are the most prevalent mental health issue. These issues are the primary reason preschool-aged children are referred to mental health services (Charach et al., 2020) and are the focus of the current thesis.

1.2 Behavioral Problems in Early Childhood. Early behavioral problems are associated with children's difficulties in everyday life and relationships, later diagnosis of emotional and behavioral disorders, and various cognitive and academic challenges (Ezpeleta et al., 2017; Ogundele, 2018). Family systems theory (FST; Minuchin, 1974) provides a theoretical framework for understanding children's behavioral problems in the family context, exploring reciprocal influences among parents and children (Awada & Shelleby, 2021). FST's fundamental principle of interdependence between subsystems is essential for understanding the factors influencing the development of behavioral problems in children, the impact such problems have on their parents, and the best ways to intervene.

1.3 Parents' and Children's Mutual Influence. Parents and children influence each other through bidirectional parent-child effects (Paschall & Mastergeorge, 2016). Parent effects reflect the influence of parents' mental health, well-being, and parenting practices on their children's development and behavior. Child effects reflect the influence of children's characteristics and behavior on their parents' stress, perceived competence, interparental relationship, well-being, and parenting (Pettit & Arsiwalla, 2008).

Parenting stress can be defined as a set of adverse psychological and physiological reactions arising directly from the demands of parenting (Deater-Deckard, 2004). The association between behavioral problems in young children and parenting stress is well established (Barroso et al., 2018). The *Parent-Child-Relationship (P-C-R) theory* of parenting stress (Deater-Deckard, 2004) assumes that children's behavioral and emotional difficulties increase parenting stress (child effects). Parents'

mental health difficulties can impair the quality of parenting, resulting in children's behavioral and emotional problems (parent effects), which can further increase parenting stress.

Parental self-efficacy is parents' belief that they can fulfill their parenting role competently and effectively (Peacock-Chambers et al., 2017). Research has repeatedly shown a negative association between children's behavioral problems and parental self-efficacy (Heerman et al., 2017). Parental self-efficacy is an antecedent of child behavior, influencing it directly or indirectly through parenting practices (parent effects) (Albanese et al., 2019). It is also a consequence that is negatively influenced by parenting a child with behavioral problems (child effects) (Van Eldik et al., 2017).

Satisfaction with parenting refers to how satisfied parents are with their role as parents (Peacock-Chambers et al., 2017). Parents' perception of satisfaction is an essential determinant of the quality of their parenting, the parent-child relationship, and their children's emotional and behavioral functioning (Nelson-Coffey & Stewart, 2019). Parents who perceive their young child's behavior as more demanding are likely to experience higher parenting stress and lower satisfaction with parenting (Winstone et al., 2021).

Marital satisfaction can be described as an individual's subjective evaluation of his or her marital relationship (Bradbury et al., 2000). Children's behavioral problems have been consistently and negatively associated with marital satisfaction (Mark & Pike, 2017). One of the most well-supported explanations for the interdependency between the parent-child relationship and the marital relationship is the *spillover hypothesis*. Accordingly, a stressful experience in one family subsystem is likely to spill over into another subsystem and affect the experience or behavior of the individual in a different context (Sherrill et al., 2017). Studies have indicated that stress aroused by marital conflicts spills over into the parent-child relationship, adversely affecting it and compromising parenting practices (Warmuth et al., 2020). Other studies have shown a spillover effect from the parent-child relationship into the marital relationship, indicating that children's behavioral problems increase parent-child conflicts and arouse stress. This stress is transferred into the marital relationship, creating negativity and detrimentally affecting parents' satisfaction with their marital relationship (Zemp et al., 2018).

Life satisfaction refers to a person's subjective appraisal of the quality of their life as a whole (Veenhoven, 1996). The *bottom-up theory* of life satisfaction views life satisfaction as directly influenced and determined by a person's satisfaction with other significant life domains (Pavot & Diener, 2008). Children's behavioral problems, especially when presented at an early age, have been negatively associated with parents' well-being and life satisfaction (Coatsworth et al., 2015).

Children's Behavioral Problems and Parenting. Previous studies provide strong empirical support for a bidirectional relationship between children's behavioral problems and a poor quality of parenting (Roskam et al., 2019). Harsh, coercive, and conflictual parenting practices significantly

influence the development and maintenance of young children's behavioral problems. At the same time, behavioral problems influence parents by eliciting harsher and more dysfunctional discipline practices (Yan et al., 2021). Rooted in behavioral and social learning models, *coercion theory* (Patterson, 1982) conceptualized the circular process in which children's behavioral problems are shaped and maintained in a family context. The circular causality in the parent-child relationship creates a vicious circle in which parents use more negative parenting practices, and children continue to exhibit behavioral problems. As the cycle continues, children's behavioral problems intensify, persist, and stabilize (Patterson, 2016).

1.4 Early Intervention. Early interventions during preschool years promote positive treatment outcomes in children with behavioral problems. Early intervention effectively prevents behavioral problems from escalating into more severe problems and reduces the frequency and intensity of existing behavioral problems (Schindler et al., 2015). The research literature suggests that the younger the child and the less intense the behavioral problems, the more influential the treatment (McMahon & Forehand, 2005). Early treatment of children's behavioral problems may require less intensive intervention since less entrenched behaviors are more amenable to change (Perle, 2019).

1.5 Parent Management Training. Parent management training (PMT) is an umbrella term for systematic interventions in which parents are trained in using behavioral strategies to modify their children's behavior (McMahon, 2015). PMT has its roots in operant conditioning and Applied Behavior Analysis (Baer et al., 1968) and is the most exhaustively studied and reviewed treatment for children's behavioral problems. Numerous systematic reviews and meta-analyses indicate PMT's positive outcomes concerning children's behavior (Piquero et al., 2016). Following PMT, parents often report lower parenting stress (Booker et al., 2018), higher parental self-efficacy (Wittkowski et al., 2017), and increased parenting satisfaction (Graf et al., 2014). Several studies have found that following PMT, parents report higher marital satisfaction (Mark & Pike, 2017) and life satisfaction (Solholm et al., 2019). PMT programs' availability worldwide is limited (Weisenmuller & Hilton, 2021). In many cases, the export of branded PMT to another country is infeasible due to local limitations, the costs of setting certified PMT programs, and insufficient resources to ensure professionals' training and supervision (Scavenius et al., 2021). In contrast, locally developed PMT programs are tailored specifically to the resources available, thus mitigating barriers to access such programs in countries with limited resources (Leijten et al., 2016). Novel programs were found to be more effective than imported international programs (Sundell et al., 2016).

1.6 Parents' Engagement in PMT. Parents' engagement in PMT generally reflects parents' commitment to treatment. It is defined by parents' enrollment in treatment, attendance of sessions, active participation, and program completion (Haine-Schlagel & Walsh, 2015). Unfortunately, PMT programs often have low enrollment, poor attendance of sessions, and high attrition rates, which

significantly undermine their potential outcomes (Shaw & Taraban, 2017). Fathers' involvement in PMT is linked with better outcomes for children and parents (Carr, 2019) but is notably low (Burn et al., 2019). There has been considerable interest in understanding barriers and facilitators of parents' engagement with PMT and developing methods to improve parents' engagement. Several strategies were suggested, including flexibility of the delivery method (Duppong Hurley et al., 2020), convenient location and times (Burn et al., 2019), and maintaining between-session contact with the parents (Pereira & Barros, 2019).

1.7 Rationale for the Present Thesis

The review of the literature presented above suggests that young children's behavioral problems should be studied and understood within the family context. It outlines the existing research on the association between children's behavioral problems and various parental factors and highlights the adverse effects of early behavioral problems on children and their parents. The literature points to the persistent and detrimental effects of coercive parent-child interactions. Lastly, it emphasizes the importance of early intervention and indicates that PMT is an effective evidence-based treatment for behavioral problems in young children. The present thesis seeks to contribute to the existing knowledge by addressing the following research gaps.

1. Research has shown that children's behavioral problems are associated with parental factors (Barroso et al., 2018; Heerman et al., 2017; Mark & Pike, 2017); however, mechanisms explaining these associations have not been sufficiently explored. By understanding the direct and indirect relationships between variables, intervention areas can be identified.
2. Research on the associations between children's behavioral problems and parental factors and research on PMT effectiveness has focused primarily on mothers (Cabrera et al., 2018). Although the importance of fathers' inclusion in research has been increasingly recognized and encouraged in recent years, fathers are still underrepresented in such studies.
3. Research has established that parents and children influence each other through bidirectional parent-child effects (Paschall & Mastergeorge, 2016); however, most studies have focused on parent effects, while child effects have been less explored.
4. Most research on the association between children's behavior problems and parental factors and on home-based parenting programs has focused on children with severe behavioral problems, disorders, or atypical development (Manti et al., 2019; Robinson & Neece, 2015). Non-clinical samples of typically developing children with moderate behavioral problems were less studied.
5. Research on PMT effectiveness that looked into parent outcomes focused on domains related to parenting, such as parenting stress and parental self-efficacy. However, domains more distant from parenting, such as marital and life satisfaction, received relatively little attention.

6. PMT is a well-established intervention for children's behavioral problems; however, programs' availability worldwide is limited (Weisenmuller & Hilton, 2021). Specifically, no branded PMTs are available in Israel, and there is a need for an accessible and effective PMT intervention.
7. Research has shown that PMT interventions often suffer from poor parental engagement and high attrition, significantly undermining their potential effectiveness (Shaw & Taraban, 2017). Therefore, it is imperative to understand the obstacles that hinder parents' engagement and develop strategies to optimize attendance and reduce dropouts (Becker et al., 2018).

CHAPTER 2. RESEARCH OBJECTIVES AND OUTLINE OF STUDIES

General Aim

The thesis centers on preschool-aged children and their parents, examining theoretical, methodological, and practical aspects of children's behavioral problems and parental factors, with three main objectives. **The first objective** is to explore the direct associations between children's moderate behavioral problems and several parental factors, both proximal and distal from parenting, and the indirect mechanisms by which children's behavior influences these parental factors. **The second objective** is to examine the effectiveness of *Positive Parenting for Oppositional Preschoolers* (PPOP), a new PMT intervention for young children exhibiting opposition and accompanying behavioral problems, and report children's and parental outcomes. **The third objective** is to evaluate parents' perspectives on PPOP, identify the key aspects parents perceive as crucial for its acceptability and feasibility, and capture ways to revise and improve the program.

Research Questions

1. What are the associations between behavioral problems in young children and their mothers' and fathers' parenting stress, parental self-efficacy, satisfaction with parenting, marital satisfaction, and life satisfaction?
2. What are the indirect mechanisms explaining child effects on parents? Do parental factors related to parenting (parenting stress, parental self-efficacy, satisfaction with parenting) mediate the associations between children's behavioral problems and more distal parental factors (marital satisfaction, life satisfaction)?
3. Is PPOP effective in reducing preschool children's behavioral problems?
4. Is PPOP effective in improving parental factors proximal to parenting (reducing parenting stress, increasing parental self-efficacy and satisfaction with parenting) and parental factors distal from parenting (increasing marital satisfaction and life satisfaction)?

5. What are parents' perceptions of the PPOP intervention overall? Do parents find PPOP acceptable, relevant to their family needs, and practical to implement? What aspects of PPOP are most helpful to parents?
6. What aspects of PPOP are the most challenging for parents? What helps parents overcome the difficulties involved in participating in PPOP? What are the barriers to parents' engagement in PPOP? How do the strategies incorporated into PPOP contribute to parents' engagement? How may the PPOP program be improved?

Outline of Studies

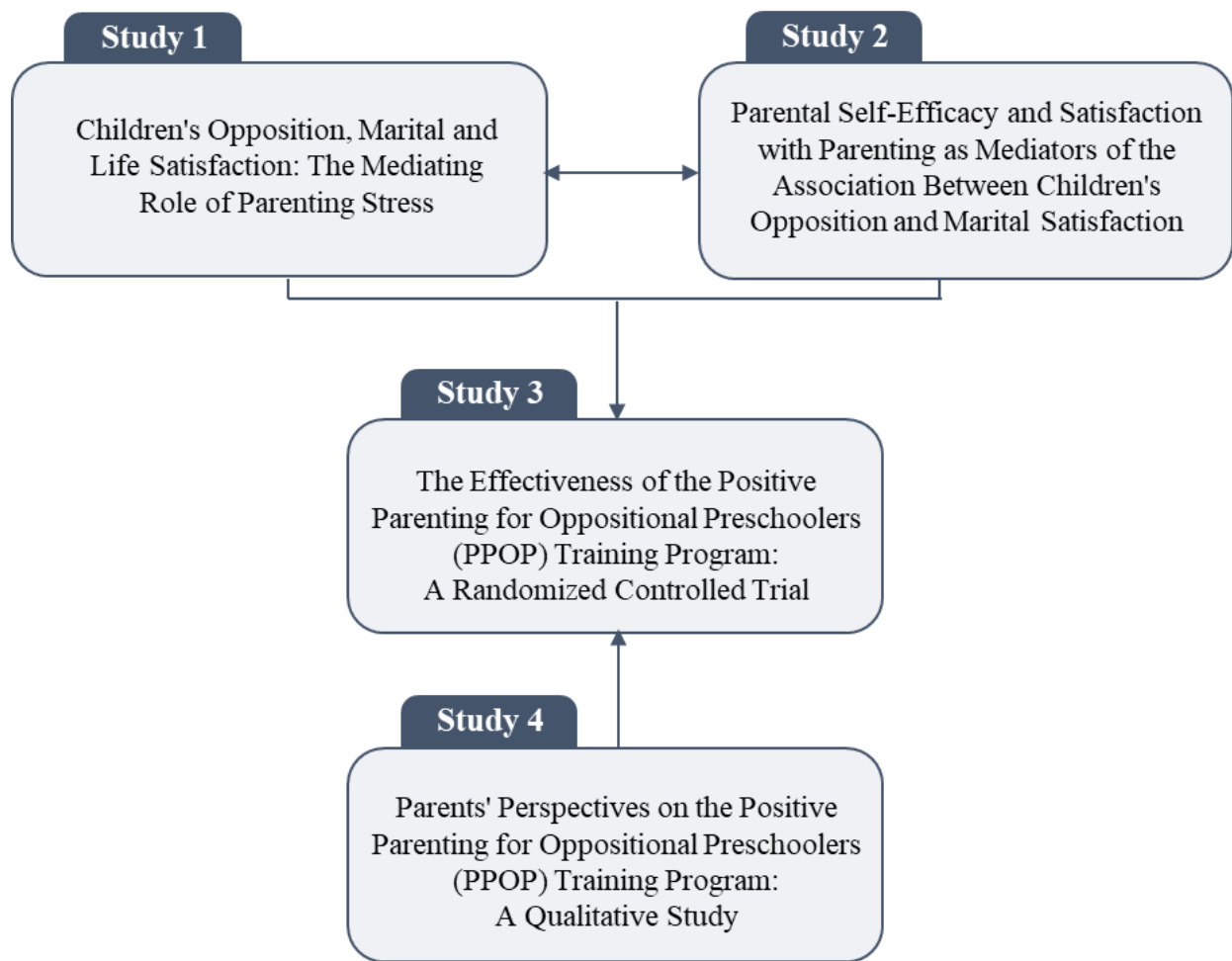
Four independent studies were conducted to address the research questions mentioned above. *Study 1* aims to assess the effect of non-clinical oppositional behavior of typically developing preschool children on their mothers' and fathers' parenting stress, marital satisfaction, and life satisfaction using dyadic data analysis. Study 1 examines whether parenting stress mediates the associations between children's opposition and marital satisfaction and between children's opposition and life satisfaction. Additionally, the study examines marital satisfaction as a mediator of the association between parenting stress and life satisfaction.

Study 2 aims to confirm and extend the findings of Study 1 by examining two additional indirect mechanisms using dyadic data analysis. Study 2 assesses the mediating role of parental self-efficacy and satisfaction with parenting in the association between non-clinical oppositional behavior of typically developing preschool children and their parents' marital satisfaction.

Study 3 aims to examine the effectiveness of the *Positive Parenting for Oppositional Preschoolers* (PPOP), a newly developed, individual, in-home PMT intervention for treating preschool children's opposition and accompanying behavioral problems, using a randomized controlled trial (RCT). Study 3 assesses PPOP's effectiveness in reducing children's behavioral problems and improving parental factors proximal to parenting (parenting stress, parental self-efficacy, and satisfaction with parenting) and distal to parenting (marital satisfaction and life satisfaction). Additionally, Study 3 evaluates mothers' and fathers' session attendance rates, treatment attrition rates, and satisfaction with the parent training program.

Study 4 aims to explore parents' perceptions of the PPOP intervention using a qualitative approach. This study examines parents' views of PPOP's acceptability, relevancy, and usefulness, including its delivery method, structure, content, and support. Additionally, Study 4 assesses parents' perspectives of the barriers and difficulties associated with participating in the program and evaluates whether strategies for improving parents' engagement incorporated in PPOP indeed contributed to their engagement.

Figure. 2.1. Overview of the Thesis Studies



CHAPTER 3. STUDY 1: CHILDREN'S OPPOSITION, MARITAL AND LIFE SATISFACTION: THE MEDIATING ROLE OF PARENTING STRESS¹

The study assessed the effect of non-clinical oppositional behavior of typically developing preschool children on their mothers' and fathers' parenting stress, marital satisfaction, and life satisfaction. The study examined whether parenting stress mediates the associations between children's opposition and marital satisfaction and between children's opposition and life satisfaction through dyadic data analysis. Additionally, the study evaluated marital satisfaction as a mediator of the association between parenting stress and life satisfaction.

¹ **Matalon, C., Turliuc, M. N., & Mairean, C. (2022).** Children's opposition, marital and life satisfaction: the mediating role of parenting stress. *Family Relations*, 1–17.
<https://doi.org/10.1111/fare.12670> (IF 3.082)

Study Hypotheses

1. Higher levels of children's oppositional behaviors would be associated with lower levels of marital and life satisfaction and higher levels of parenting stress.
2. Parenting stress would mediate the association between children's oppositional behavior and marital satisfaction.
3. Parenting stress would mediate the association between children's oppositional behaviors and parents' life satisfaction.
4. Marital satisfaction would mediate the association between parenting stress and life satisfaction.

Method

Participants

Two hundred eleven parental couples ($N = 422$ individuals, 211 fathers, and 211 mothers) participated in the study. The families all lived in Israel and were Jewish. Each married couple had a child aged 3–6 years ($M = 4.56$, $SD = 0.76$). The children in the sample were 53.1% male and 46.9% female, all with typical development and non-clinical behaviors.

Procedure

Participants were recruited via advertisements on social media. A face-to-face meeting was scheduled for the parents and a research assistant at their home. In this meeting, parents filled out a brief demographic questionnaire, and each one of them completed the four study questionnaires independently, without consulting the other parent.

Measures

1. Eyberg Child Behavior Inventory (ECBI; Eyberg & Pincus, 1999).
2. Parenting Stress Index-Short Form (4th edition) (PSI-4-SF; Abidin, 2012).
3. Couple Satisfaction Index (CSI-4; Funk & Rogge, 2007).
4. Satisfaction with Life Scale (SWLS; Diener et al., 1985).

Data Analyses Overview

The preliminary analyses produced descriptive statistics using means and standard deviations for all variables. Correlations among study variables were assessed using Pearson correlations. Differences between fathers' and mothers' reports were assessed using paired samples t-tests. The Common Fate Model (CFM; Kenny et al., 2006) was used to test the study hypotheses.

Results

The findings supported the first hypothesis, postulating that higher levels of children's oppositional behaviors would be associated with lower levels of marital and life satisfaction and higher levels of parenting stress. Negative associations were found between children's oppositional behaviors and marital satisfaction (mothers: $r = -.48, p < .001$; fathers: $r = -.49, p < .001$), and between oppositional behaviors and life satisfaction (mothers: $r = -.48, p < .001$; fathers: $r = -.46, p < .001$). A positive association was found between oppositional behaviors and parenting stress for both parents (mothers: $r = .70, p < .001$ fathers: $r = .74, p < .001$).

The findings supported the second hypothesis, postulating that parenting stress would mediate the association between children's oppositional behavior and marital satisfaction. The CF mediation model showed that parenting stress fully mediates the association between oppositional behaviors and marital satisfaction ($\beta = -.54, p < .01$) at the dyadic level. The model explained 39% of the variance in marital satisfaction, with a total standardized effect of $-.57$ of oppositional behavior on marital satisfaction.

The findings supported the third hypothesis, postulating that parenting stress would mediate the association between children's oppositional behavior and life satisfaction. The CF mediation model showed that parenting stress fully mediates the association between oppositional behaviors and life satisfaction ($\beta = -.72, p < .01$) at the dyadic level. The model explained 53% of the variance in life satisfaction, with a total standardized effect of $-.65$ of oppositional behavior on life satisfaction.

The findings supported the fourth hypothesis, postulating that marital satisfaction would mediate the association between parenting stress and life satisfaction. The CF mediation model showed that marital satisfaction partially mediates the association between parenting stress and life satisfaction ($\beta = -.37, p < .001$) at the dyadic level. The model explained 75% of the variance in life satisfaction, with a total standardized effect of $-.71$ (of parenting stress on life satisfaction), split into a direct standardized effect of $-.34$ and an indirect standardized effect of $-.37$.

Discussion

Most research on the associations between children's behavioral problems and parental factors, as well as on the impact of children's behavior on their parents, has primarily focused on children with severe disruptive behaviors, emotional or behavioral disorders, autism spectrum disorders, or mental disabilities (e.g., Postorino et al., 2019). Similarly, most research on parenting stress and its detrimental effects have focused on various family risk conditions, such as chronic illness, developmental and intellectual disabilities, and parental psychopathology (Crnic & Coburn, 2019). The present study goes beyond previous research by providing evidence for the associations among

the examined factors and indicating child effects in a non-clinical sample of parents of typically developing preschool children who exhibit moderate oppositional behaviors.

The findings add to the existing knowledge by revealing several influence mechanisms and demonstrating spillover processes across family subsystems, in which stress related to parenting "spills" into other domains of the family system (e.g., Zemp et al., 2018). In particular, the findings suggest that parents who perceive their child to display higher levels of oppositional behavior experience more parenting stress. This child-related stress does not remain localized to the parental role. Instead, it spills over into other life domains, harming parents' perception of their intimate relationship and their life as a whole. Moreover, the findings add to the existing literature by following the spillover hypothesis and the bottom-up theory of life satisfaction (Pavot & Diener, 2008) and indicating that parenting stress leads to lower life satisfaction both directly and indirectly through a mechanism of reduced marital satisfaction.

Most previous studies on children's behavioral problems and their associations with other factors in the family context relied mainly on mothers (e.g., Cabrera et al., 2018). The inclusion of both the mother and father of each dyad in the present study adds to existing knowledge by providing both parents' perspectives, thus allowing for a broader understanding of the family system. The findings indicate that both parents are affected by their young child's oppositional behaviors and the daily parent-child conflicts accompanying them. As a result, both parents experience parenting stress, which further spills over from the parent-child subsystem to other subsystems, resulting in a shared experience of decreased marital and life satisfaction.

CHAPTER 4. STUDY 2: PARENTAL SELF-EFFICACY AND SATISFACTION WITH PARENTING AS MEDIATORS OF THE ASSOCIATION BETWEEN CHILDREN'S OPPOSITION AND MARITAL SATISFACTION²

The study aimed to confirm and extend Study 1's findings by examining two additional indirect influence mechanisms using dyadic data analysis. Study 2 assessed the mediating role of parental self-efficacy and satisfaction with parenting in the association between non-clinical oppositional behavior of typically developing preschool children and their parents' marital satisfaction.

² Matalon, C. & Turliuc, M. N. (2022). Parental self-efficacy and satisfaction with parenting as mediators of the association between children's noncompliance and marital satisfaction. *Current Psychology*, 1-14. <https://doi.org/10.1007/s12144-022-02770-3> (IF 4.297)

Study Hypotheses

1. Higher levels of children's oppositional behavior would be associated with lower parental self-efficacy, satisfaction with parenting, and marital satisfaction.
2. Parental self-efficacy would mediate the association between children's oppositional behavior and marital satisfaction.
3. Satisfaction with parenting would mediate the association between children's oppositional behavior and marital satisfaction.

Method

Participants

One hundred eighty-eight parental couples (N = 376 individuals, 188 fathers, and 188 mothers) participated in the study. Each couple had a child aged 3–6 years (M = 4.55, SD = 0.78). All families were Israelis and Jewish, and the parents were all married. The children in the sample were 54.3% male and 45.7% female, all with typical development and non-clinical behaviors.

Procedure

Participants were recruited via advertisements on social media. Parents were scheduled for a face-to-face meeting with a research assistant at their home. In this meeting, parents filled out a brief demographic questionnaire, and each one of them completed the study questionnaires independently, without consulting the other parent.

Measures

1. Eyberg Child Behavior Inventory (ECBI; Eyberg & Pincus, 1999).
2. Couple Satisfaction Index (CSI-4; Funk & Rogge, 2007).
3. Parenting Sense of Competence Scale (PSOC; Gibaud-Wallston & Wandersman, 1978).

Data Analyses Overview

The preliminary analyses produced descriptive statistics using means and standard deviations for all variables. Correlations among study variables were assessed using Pearson correlations. Differences between fathers' and mothers' reports were assessed using paired samples t-tests. The Common Fate Model (CFM; Kenny et al., 2006) was used to test the study hypotheses.

Results

The findings supported the first hypothesis, postulating that higher levels of children's oppositional behavior would be associated with lower parental self-efficacy, satisfaction with parenting, and marital satisfaction. Negative associations were found between oppositional behaviors

and parental self-efficacy (fathers: $r = -.69, p < .01$; mothers: $r = -.67, p < .01$), between oppositional behaviors and parents' satisfaction with parenting (fathers: $r = -.68, p < .01$; mothers: $r = -.72, p < .01$), and between oppositional behaviors and marital satisfaction (fathers: $r = -.48, p < .01$; mothers: $r = -.46, p < .01$). The intra-dyadic correlations were positive and strong for all study variables ($.67 < r < .83$). These results suggest they represent common dyadic factors and indicate that the Common Fate Model (CFM; Kenny et al., 2006) is the appropriate approach for the dyadic analysis. The CF model showed that higher levels of children's oppositional behaviors are associated with lower levels of marital satisfaction, $\beta = -.53, p < .001$ in the dyadic level, which explained 29% of the variance in marital satisfaction.

The findings supported the second hypothesis, postulating that the association between children's oppositional behavior and marital satisfaction would be mediated by parental self-efficacy. The CF mediation model showed that parental self-efficacy fully mediates the association between oppositional behaviors and marital satisfaction ($\beta = -.35, p < .001$) at the dyadic level. The model explained 44% of the variance in marital satisfaction, with a total standardized effect of $-.62$ of oppositional behavior on marital satisfaction. A post-hoc power analysis revealed that the sample had a statistical power of 0.957 to detect the effect reported for this mediation model.

The findings supported the third hypothesis, postulating that the association between children's oppositional behavior and marital satisfaction would be mediated by satisfaction with parenting. The CF mediation model showed that satisfaction with parenting fully mediates the association between oppositional behaviors and marital satisfaction ($\beta = -.40, p < .001$) at the dyadic level. The model explained 43% of the variance in marital satisfaction, with a total standardized effect of $-.62$ of oppositional behavior on marital satisfaction. A post-hoc power analysis revealed that the sample had a statistical power of 0.986 to detect the effect reported for this mediation model.

Discussion

One of the most well-supported explanations for the interdependency between the parent-child relationship and the marital relationship is the "spillover hypothesis" (Zemp et al., 2018). Most previous studies have shown spillover effects from the marital relationship to the parent-child relationship (e.g., Warmuth et al., 2020). Fewer studies have examined the opposite direction of influence, in which children's behavioral problems affect the marital relationship. The few studies that did focus on this direction found spillover effects among children diagnosed with behavioral disorders (Ben-Naim et al., 2019), autism spectrum disorder (Sim et al., 2017), and developmental delays (Robinson & Neece, 2015). The present results add to the existing literature in two respects: First, by supporting the existence of a spillover process from the parent-child subsystem to the marital subsystem, which is a less researched direction of influence. Second, by showing this effect among

non-referred, typically developing preschool children who exhibit moderate behavioral problems at a non-clinical level.

Furthermore, the present study revealed that young children's oppositional behaviors influence marital satisfaction indirectly through parental self-efficacy and satisfaction with parenting. Previous research suggests that parenting a child with behavioral problems can compromise parental self-efficacy since parents may interpret their child's inappropriate behavior as their failure as parents (Van Eldik & Prinzie, 2017). Indeed, in the case of an oppositional child, parents are usually compelled to handle daily situations in which the child ignores or actively refuses their instructions. Daily failure to gain their child's compliance can undermine parents' perception of their parenting skills and spill over into their marital relationship. Similarly, the results also suggest that marital dissatisfaction among parents of children with behavioral problems points to a complex process in which engaging with an oppositional child impairs parents' satisfaction with their parenting leading to lesser marital satisfaction. This process aligns with the spillover hypothesis, suggesting that children's opposition decreases parenting satisfaction. The negativity aroused in the parent-child subsystem spills over into the marital relationship subsystem, resulting in low marital satisfaction.

Given that most previous research on the associations between children's behavioral problems and parental factors relied primarily on mothers (Cabrera et al., 2018), the results of the present study contribute to the existing body of research by providing a deeper understanding of processes within the family system, as reflected in both parents' perceptions. The results indicate that opposition can be seen as a shared event external to the interparental relationship that influences both parents (Galovan et al., 2017). Parents share the family circumstances of having an oppositional child and the frequent parent-child struggles involved. As a result, parents' perceptions of self-efficacy and parenting satisfaction are impaired, leading to a shared experience of marital dissatisfaction.

CHAPTER 5. STUDY 3: THE EFFECTIVENESS OF THE POSITIVE PARENTING FOR OPPOSITIONAL PRESCHOOLERS (PPOP) TRAINING PROGRAM: A RANDOMIZED CONTROLLED TRIAL

The study examined the effectiveness of the *Positive Parenting for Oppositional Preschoolers* (PPOP), a new PMT intervention for treating children's opposition and accompanying behavioral problems, using a randomized controlled trial (RCT). The study assessed PPOP's effectiveness in reducing children's behavioral problems and improving parental factors proximal and distal to parenting. Additionally, the study evaluated mothers' and fathers' session attendance rates, treatment attrition rates, and satisfaction with the parent training program.

Study Hypotheses

At post-intervention (T2), there would be significant differences between the intervention group (PPOP) and the control group (WLC) regarding children and parental outcomes. At post-intervention (T2), parents in the PPOP group, but not those in the WLC group, would report: (H1) fewer children's behavioral problems, (H2) lower parenting stress, (H3) increased parental self-efficacy, (H4) increased satisfaction with parenting, (H5) increased marital satisfaction, and (H6) increased life satisfaction.

Method

Participants

Participants were recruited via social media, online parenting forums, and preschools. Following advertising, 238 families applied for participation in the program and were screened for eligibility through a telephone assessment interview. The final sample consisted of 85 Israeli parental couples (N = 170 individuals, 85 fathers, and 85 mothers). The parents were all married. Each couple had a child aged 3–6 years (M = 4.51, SD = 0.67). The children were 75% male and 25% female, with typical development. All children exhibited oppositional behaviors toward their parents in the non-clinical range.

Procedure

The 85 couples were randomly assigned to either the intervention group (PPOP) or the waitlist control group (WLC) in a 1:1 ratio, resulting in 42 families allocated to the PPOP group and 43 to the WLC group. Participants completed the study questionnaires at three-time points: pre-assessment (T1, at baseline), post-assessment (T2, after completing the program or after the 8-week waiting period), and at the 3-month follow-up (T3). In each of the three assessments, mothers and fathers completed the study questionnaires independently without consulting each other.

Positive Parenting for Oppositional Preschoolers (PPOP)

The *Positive Parenting for Oppositional Preschoolers* (PPOP) is an individual in-home parent management training intervention. Guided by behavior analysis and social learning principles, the program aims to treat preschool-aged children's opposition and associated behavioral problems by teaching their parents effective parenting skills. The author developed the program based on existing research on PMT and parental engagement in such interventions, and clinical experience with Israeli parents of young children exhibiting behavioral problems. The program incorporates common elements of evidence-based PMT programs, which have proven highly effective in PMT research (e.g., Leijten et al., 2021) and several strategies suggested for enhancing parents' engagement (e.g.,

Chacko et al., 2016). PPOP consists of eight weekly 90-minute sessions held at the family's home, with both parents' participation. The program instructors received an initial 16-hour training in administering the PPOP program. Instructors followed a detailed training manual, completed checklists, and submitted meeting summaries after each session to maintain treatment integrity. Two weekly supervision sessions were held with the author during the study. The program sessions were audio-recorded and evaluated weekly to provide prompt and continuous feedback.

Measures

1. Eyberg Child Behavior Inventory (ECBI; Eyberg & Pincus, 1999).
2. Parenting Stress Index-Short Form (4th edition) (PSI-4-SF; Abidin, 2012).
3. Parenting Sense of Competence Scale (PSOC; Gibaud-Wallston & Wandersman, 1978).
4. Couple Satisfaction Index (CSI-4; Funk & Rogge, 2007).
5. Satisfaction with Life Scale (SWLS; Diener et al., 1985).
6. Parent's Consumer Satisfaction Questionnaire (PCSQ; McMahon & Forehand, 2005).

Data Analyses Overview

The treatment effects were assessed using a mixed-model ANCOVA. The independent between-subjects variable was the treatment Group (PPOP vs. WLC), and the independent within-subjects variables were Time (T1 vs. T2 vs. T3) and Parent (father vs. mother). The two-way interaction between Parent and Group was used to assess treatment effects for the child's and parents' dependent variables. The three-way interaction between Parent, Time, and Group was used for testing differences in treatment effects between fathers and mothers. Significant effects were further analyzed to assess the source of change using Sidak Analysis.

Results

Table 5.1. Treatment Effects

| | Time X Group | | PPOP | | | | | | WLC | | | | | | Parent X Time X Group | |
|---------------|-----------------|---------|----------|------|-------|------|----------|------|-------|------|-------|------|-------|------|-----------------------------|---------|
| | | | T1-T2 | | T2-T3 | | T1-T3 | | T1-T2 | | T2-T3 | | T1-T3 | | | |
| | F | μ^2 | t | d | t | d | t | d | t | d | t | d | t | d | F | μ^2 |
| ECBI | 409.25*** | .84 | 22.93*** | 2.74 | 0.97 | 0.00 | 18.49*** | 3.16 | 0.13 | 0.00 | 1.33 | 0.17 | 0.31 | 0.01 | 2.01 | .03 |
| PSI | 489.21*** | .87 | 35.00*** | 5.51 | 1.65 | 0.26 | 21.56*** | 1.49 | 1.99 | 0.28 | 1.22 | 0.23 | 0.16 | 0.01 | 7.01** | .08 |
| PSOC-E | 250.19*** | .77 | 21.11*** | 3.32 | 1.01 | 0.21 | 12.32*** | 1.69 | 0.13 | 0.13 | 0.87 | 0.00 | 1.03 | 0.05 | 1.44 | .02 |
| PSOC-S | 197.97*** | .72 | 18.82*** | 2.98 | 2.21* | 0.34 | 13.35*** | 1.30 | 1.06 | 0.16 | 1.47 | 0.20 | 1.52 | 0.06 | 0.29 | .00 |
| CSI | 36.45*** | .32 | 10.61*** | 1.72 | 1.57 | 0.25 | 5.83*** | 0.26 | 0.65 | 0.14 | 1.31 | 0.22 | 0.53 | 0.02 | 2.36 | .03 |
| SWLS | 9.74*** | .06 | 6.00*** | 0.22 | 1.44 | 0.12 | 2.34*** | 0.51 | 0.32 | 0.08 | 0.23 | 0.00 | 0.51 | 0.02 | 0.49 | .00 |

The findings supported the first hypothesis, postulating that at post-intervention (T2), parents in the PPOP group, but not those in the WLC group, would report fewer children's behavioral problems. A significant two-way interaction between Time and Group was found for child behavior outcomes ($F(2, 152) = 409.25, p < .001, \eta^2 = .84$). Probing the interaction showed that in the PPOP group, children's behavioral problems decreased between baseline (T1) and post-intervention (T2) ($t(39) = 22.93, p < .001, \text{Cohen's } d = 2.74$), and the changes were maintained at follow-up. In the WLC group, no significant effects were found between baseline and post-intervention ($t(39) = 0.13, p = .90, \text{Cohen's } d = 0.00$) or between baseline and follow-up, indicating that parents who did not participate in the PPOP program reported no changes in their child's behavior.

The findings supported the second to sixth hypotheses, postulating that at post-intervention (T2), parents in the PPOP group, but not those in the WLC group, would report lower parenting stress and increased parental self-efficacy, satisfaction with parenting, marital satisfaction, and life satisfaction. Significant two-way interactions (Time X Group) were found for all five parental dependent variables as follows. For parenting stress ($F(2, 152) = 489.21, p < .001, \eta^2 = .87$), parental self-efficacy ($F(2, 152) = 250.19, p < .001, \eta^2 = .77$), satisfaction with parenting ($F(2, 152) = 197.97, p < .001, \eta^2 = .72$), marital satisfaction ($F(2, 152) = 36.45, p < .001, \eta^2 = .32$), and life satisfaction ($F(2, 152) = 9.74, p < .001, \eta^2 = .06$). Probing these interactions showed that in the PPOP group, all the parental variables improved between baseline (T1) and post-intervention (T2), and all the changes were maintained at follow-up. In the WLC group, no significant effects were found between baseline and post-intervention or between baseline and follow-up, indicating that parents who did not participate in the PPOP program reported no changes in any parental variables.

Differences between Mothers and Fathers. The three-way interaction (Parent X Time X Group) was significant only for parenting stress. Probing this interaction showed that mothers in the PPOP group showed a more considerable decrease in parenting stress between baseline and post-intervention than fathers. The non-significant three-way interactions regarding the child's behavior and the other parental outcomes suggest that mothers and fathers benefited equally from the parent training in those areas.

Additional results. Two families out of 42 who began treatment dropped out before its completion, indicating a minimal attrition rate of less than 5%. A very high attendance rate at training sessions was recorded for both mothers (100%) and fathers (98.7%). Parents reported high levels of satisfaction with the new parent training program.

Discussion

As expected, following their participation in PPOP, parents reported significant improvement in their child's behavior, and the immediate treatment effects were maintained at a 3-month follow-

up. These results are consistent with those reported in previous studies indicating that PMT is an effective intervention for reducing young children's behavioral problems with significant immediate treatment effects maintained over follow-up periods (e.g., Mingeback et al., 2018). It is important to note that most RCT studies and most of the studies included in meta-analyses of parent training effectiveness are studies on group parent training programs rather than individual programs, with even fewer of the programs being delivered at home. The author could not locate a previous RCT that examined the effectiveness of an in-home PMT intervention for preschool-aged children without a clinical condition or developmental delay from non-risk families. The current RCT study adds to the existing literature by indicating the short- and long-term effects of an individual, home-based parenting training program on reducing behavioral problems in preschool children.

Following their participation in PPOP, parents reported improvements in all the parental variables that were maintained at a three-month follow-up. These results are consistent with previous research, indicating that following their participation in PMT, parents reported lower parenting stress (e.g., Booker et al., 2018), increased parental self-efficacy (e.g., Colalillo & Johnston, 2016), and greater satisfaction with parenting (e.g., Graf et al., 2014). PMT studies that examined parental outcomes paid less attention to domains distal to parenting, such as marital satisfaction and life satisfaction. The present study results are consistent with the relatively small amount of research that examined such outcomes. Several studies have shown that following parent training that improved children's behavior, marital satisfaction (Zemp et al., 2016) and life satisfaction (Solholm et al., 2019) also improved.

Since studies on PMT effectiveness are often based on mothers exclusively or on samples that include a low number of fathers relative to mothers, it is challenging to analyze the differences in PMT effects on mothers and fathers. Further research on this issue has been recommended (Colalillo & Johnston, 2016); thus, in the current RCT, the treatment effects on mothers and fathers were analyzed separately. The results showed that PPOP had large treatment effects on mothers and fathers regarding children's and parents' outcomes, suggesting that the training was highly beneficial for both parents.

CHAPTER 6. STUDY 4: PARENTS' PERSPECTIVES ON THE POSITIVE PARENTING FOR OPPOSITIONAL PRESCHOOLERS (PPOP) TRAINING PROGRAM: A QUALITATIVE STUDY

The study was conducted along with a randomized controlled trial (RCT) that examined the *Positive Parenting for Oppositional Preschoolers* (PPOP) effectiveness. The study explored parents' perceptions of the PPOP intervention using a qualitative approach. It examined parents'

views of PPOP's acceptability, relevancy, and usefulness, including its delivery method, structure, content, and support. Additionally, the study assessed parents' perspectives of the barriers and difficulties of participating in the program and evaluated whether strategies for improving parents' engagement incorporated in PPOP indeed contributed to their engagement.

Method

Participants

Forty couples completed PPOP, and twenty of them (N = 40 individuals, 20 fathers, and 20 mothers) participated in this study. The interviewed parents did not differ demographically from those who completed the program but were not interviewed. The parents were all married, Hebrew-speaking, and lived in central Israel. Each couple had a child aged 3–6 years (M = 4.51, SD = 0.66), who was the focus of the PPOP intervention. The target children were 75% male and 25% female.

Procedure

Data were collected through semi-structured interviews. Interviews were conducted by the author at the parents' homes, with both the mothers and fathers participating. Interviews ranged in length from 40 to 90 minutes. All the interviews were audio-recorded with the parents' consent. A semi-structured interview protocol guided the interviews. Interviews covered parents' experiences of the PPOP program, including its delivery method, structure, duration, content, program acceptability, relevance to their family needs, and implementation feasibility. Parents were encouraged to share their views on both positive and negative aspects of the program, the difficulties they experienced during their participation, and whether anything helped them overcome these difficulties. All interviews were transcribed verbatim, and the author verified the accuracy of the data by examining each transcript while carefully listening to the original audio recording of the relevant interview.

Data Analyses Overview

The data were coded and analyzed using thematic analysis, following the six phases of thematic analysis as outlined by Braun and Clarke (2006). An inductive approach to coding has been adopted, according to which codes, and ultimately themes, were developed by identifying topics and patterns that emerged from the data itself, and not according to a predetermined coding framework (Terry et al., 2017). To pursue credibility, three families were phone interviewed to verify whether the views they reported during the first interview were correctly interpreted (Birt et al., 2016). Direct quotes from the interviews of multiple participants, both mothers and fathers, are included to provide an authentic representation of parents' perspectives on the training program.

Results

Table 6.1 Overview of the Emergent Themes and Sub-Themes and Examples of Quotes

| Main Theme | Sub-Themes | Example Quotes |
|---|---|---|
| The program as a transformative process | Developing new insight into parenting | <i>We thought we had a difficult child, and that's it, that's our life. Then we started to realize that the key to making a change is in our hands. We're not stuck anymore; we actually have the power to influence the situation. (father, family #14)</i> |
| | Changing parental habits and behaviors is challenging | <i>We realized that we are the ones who needed to change, and we felt committed to the process. But it was tough! There were ups and downs and we had to be very strong there. It's not a simple process, it's not easy. (mother, family #18)</i> |
| | Program's brief duration creates optimism and motivates parents | <i>It made me optimistic. If they think a significant change can be made in such a short period of time then they probably know it is possible. worth trying... (mother, family #15)</i> |
| | Rapid positive changes keep parents engaged in the process | <i>I didn't believe there would be a change so fast, it's like our kids were waiting for us to do it. They needed it. And once we started managing things, they straightened out, it was like magic. It gave me a lot of strength to keep going on. (mother, family #10)</i> |
| An individual in-home process | Logistically convenient | <i>There's nothing better than that, it's much more comfortable, no need for a babysitter, you don't have to leave your house, umm... If it wasn't here, no way, I would have probably missed like five sessions. (father, family #11)</i> |
| | Promotes openness | <i>You see, we talked here about a lot of things that are beyond parenting; we revealed a lot of aspects of our personal and also marital lives, which I don't think I would have been able to expose in an office conversation and certainly not in a group. The couch in our living room became like the psychologist's couch ... (father, family #12)</i> |
| | Increases the program's accuracy and effectiveness | <i>When she summed up the observation, we felt she actually saw us. Me as a mother, him as a father, my daughter. She, like, understood who we are. Afterward, the fact that she took all her examples during the training from these events... umm ... I think that's what made it very real for us, it was no longer a theory. I felt she knew us, that she was talking about us, it helped me understand. (mother, family #15)</i> |
| Perspectives on PPOP's content | Aspects viewed as valuable or important | <i>I've used to see only the negative things in her, I feel like I was constantly focused on: Why are you doing this? Why don't you do that? I didn't see the good things and even if by chance I saw something good, I took it for granted, I didn't pay attention to it, I kept focusing on the negative. I feel that since I started giving the positive reinforcements, I really see the positive things in her. Suddenly I notice... (father, family #2)</i> |
| | Elements viewed as challenging | <i>Time out was the hardest thing for me. I hated it. He wouldn't sit on the chair, he would run around the house, laughing, screaming, hiding from us. Those few minutes felt like forever. (mother, family #5)</i> |
| Support sources for parents | Participating in the program together | <i>Sometimes I helped my husband apply all kinds of practices we learned; sometimes he reminded me of things ... it made us more coordinated, we became a team. (mother, family #2)</i> |
| | Program instructor | <i>Her dedication and the way she "held our hand" helped us a lot, it's really not a given. That's why I did my homework for example ... because she was so committed, it made us feel more committed on our part as well. (father, family #16)</i> |
| | Suggestions for additional support | <i>Especially because the program was very intense, it is stressful that it suddenly ends and you don't know if you will manage on your own ... a bit like a child left alone. I think it's important to have a follow-up meeting after two or three months, even by phone, you know, just to give parents that confidence. (mother, family #4)</i> |

Discussion

The qualitative analysis of parents' reflections provides valuable insights into their experiences with the PPOP program. The findings indicate that most parents perceived the delivery of the program at their homes as a significant advantage of the program. Parents noted that the in-home delivery format removed a substantial logistical burden and facilitated their ongoing engagement. For some, this was what made possible the enrollment and attendance of both parents. The decision to design PPOP as a home-based program rather than a group-based program relied on existing PMT research in which logistical barriers were often cited as barriers to parents' engagement (Chacko et al., 2016). Using an in-home delivery method has been suggested to overcome such obstacles (Duppong Hurley et al., 2020). Parents regarded the in-home delivery method (and the direct observations included) as a significant contributor to the program's accuracy and effectiveness. Parents thought it enabled the process to be tailored to their specific needs, thus making it less general and easier to implement. The existing literature supports the importance of program flexibility and customizability (Koerting et al., 2013). Programs that address specific children's behavioral concerns are often more readily accepted by their parents (Chacko et al., 2016).

Parents noted that learning to recognize positive behaviors and praising their child was one of the significant benefits they, their child, and the entire family gained from the program. These findings are consistent with previous studies, indicating that parents often consider providing praise and rewards the most valuable component of parenting programs (Butler et al., 2020). Parents noted two specific strategies—Extinction (withholding reinforcement for a child's inappropriate behavior) and Time-out—as being the most difficult to implement. The research suggests that parents struggle with applying the extinction strategy due to encountering children's resistance (Agazzi, 2020). Similarly, the time-out strategy can also be challenging and often inaccurately implemented (Agazzi, 2020). A recent systematic review of parents' perceptions of parent training programs cited time-out strategy as an aspect of the programs that parents frequently disliked (Butler et al., 2020).

Parents perceived their joint participation in the PPOP program as a key strength of the intervention. They expressly referred to the empowering experience of having a common agenda and goals as a couple, practicing consistent parenting, and supporting each other. Both parents' involvement in PMT interventions resulted in significantly better outcomes for children's behavior and parenting practices (Lundahl et al., 2008). However, despite the widespread agreement regarding the importance of fathers' engagement in parent training programs, logistical issues often limit both parent participation, and fathers are usually underrepresented in such programs (Fabiano & Caserta, 2018). The current study's home delivery method made logistical obstacles easier to overcome and allowed both parents to participate.

CHAPTER 7. GENERAL DISCUSSION

Key findings and implications for theory

There are direct associations between children's behavioral problems and parental factors, both proximal and distal to parenting, and several indirect mechanisms by which children's behavior influences these parental factors. Previous research has found similar associations between children's behavioral problems and parenting stress, reduced parental self-efficacy, and parents' lower satisfaction with their parenting, marital relationship, and life; however, most studies examined clinical samples of children with behavioral disorders or atypical development (e.g., Manti et al., 2019; Robinson & Neece, 2015). The present research strengthens and extends previous results theoretically by replicating the findings with a non-clinical sample of young children with typical development and moderate behavioral problems. Furthermore, research has established that parents and children have mutual effects (Paschall & Mastergeorge, 2016), but most studies have focused on parent effects (e.g., Warmuth et al., 2020). The first two studies of the thesis focused on child effects, a less studied direction of influence. The findings contribute to the literature by showing that children's moderate behavioral problems negatively affect various aspects of parents' lives. The results extend knowledge on spillover processes across family subsystems by demonstrating spillover effects from the parent-child relationships into other domains of the family system. Both studies found that oppositional behaviors indirectly impact factors distant from parenting through their effects on factors related to parenting. Children's opposition adversely affects parents' experience, including creating parenting stress and impairing parents' sense of self-efficacy and satisfaction with their parenting. These stress and feelings of failure and dissatisfaction are transferred into other life domains, harming parents' perception of their intimate relationship and overall life.

The Positive Parenting for Oppositional Preschoolers (PPOP) is an effective intervention for reducing children's behavioral problems. There has been considerable evidence that PMT is an effective intervention for reducing behavioral problems in young children (e.g., Mingeback et al., 2018). However, access to PMT programs worldwide is limited (Weisenmuller & Hilton, 2021). Due to a lack of branded PMT programs in Israel, no study has previously assessed such programs with Israeli parents. The PPOP intervention was designed to address the current shortage and provide Israeli parents with access to an effective PMT. PPOP's success is consistent with previous research indicating the effectiveness of other locally-developed programs in different countries, including Denmark (Chacko & Scavenius, 2018), Ireland (Hickey et al., 2020), and Spain (Vázquez et al., 2019). This thesis makes a significant theoretical contribution by providing evidence of the effectiveness of a locally-developed PMT intervention in a new cultural context.

The Positive Parenting for Oppositional Preschoolers (PPOP) program produces favorable parental outcomes. The results indicated that the PPOP intervention also led to multiple positive parental outcomes in domains proximal and distal to parenting. Previous research indicated decreased parenting stress and increased parental self-efficacy and satisfaction following PMT interventions (e.g., Booker et al., 2018; Wittkowski et al., 2017). PMT research gave less attention to domains more distant from parenting, such as marital and life satisfaction, and the present study results support the relatively limited research that has examined these outcomes (e.g., Solholm et al., 2019; Mark & Pike, 2017). As a theoretical contribution, the thesis provides evidence regarding the effectiveness of the new PMT program in achieving positive parental outcomes. Additionally, it expands the existing research by examining parental factors that are not directly related to parenting and showing that PMT can positively affect those factors. Further, the results contribute to the existing literature by suggesting that interventions such as PPOP that do not include specific treatment components for improving parental factors may still affect these factors.

The Positive Parenting for Oppositional Preschoolers (PPOP) program is acceptable and feasible. The PPOP program had a very high training attendance rate and minimal attrition (less than 5%). PPOP's high effectiveness supports and strengthens existing literature, indicating that program completion and both parents' involvement increase PMT's effectiveness (Pruett et al., 2017). It can be concluded that parents' mutual participation, high session attendance, and the low dropout rate contributed significantly to PPOP's success. Previous research on parents' engagement in PMT suggested that in-home delivery, convenient session timings, and brief interventions might help overcome obstacles and reduce dropout rates (Duppung Hurley et al., 2020). Following previous recommendations, the PPOP intervention was brief (8 sessions), home-based, and allowed for flexible scheduling of sessions (in the evenings). A theoretical contribution of this thesis is that implementing these previously suggested strategies was indeed effective in addressing parents' barriers to engagement and facilitated their participation and retention in the program. Moreover, providing personalized content (Chacko et al., 2016) and maintaining contact with parents between sessions (Pereira & Barros, 2019) have been suggested as possible strategies to enhance PMT acceptability and parents' engagement. These previous recommendations were also incorporated into PPOP. PPOP's home-based format enabled tailoring the program to parents' specific needs, making it less generic, and the between-session support promoted parents' active engagement with the program. Therefore, an additional theoretical contribution of the present thesis is providing evidence of the effectiveness of these previously suggested strategies.

Including both parents in the thesis's studies allows for a deeper understanding of the family system. Research on the associations between children's behavioral problems and parental factors and on the effectiveness of PMT programs has relied primarily on mothers, with only a few

studies involving both parents (Cabrera et al., 2018; Colalillo & Johnston, 2016). Nevertheless, including fathers in such studies has been increasingly recognized and interest in dyadic-level research has grown (Galovan et al., 2017). The present thesis makes significant theoretical and methodological contributions by adopting a family systems approach and including both mothers and fathers in all studies, thus allowing for a broader understanding of the family system. Obtaining data from both parents allowed for assessing the intercorrelations, differences, and similarities between mothers' and fathers' reports and examining the associations among variables at the dyadic level. It also enabled analyzing the effect of the treatment on both parents, examining mothers' and fathers' engagement in treatment, and exploring both parents' perspectives of the program.

Clinical implications

Addressing children's moderate behavioral problems. The present thesis focuses on typically developing preschool-aged children who exhibit moderate behavioral problems within a non-clinical range. According to all four studies, although not severe or related to other risk conditions, such behavioral problems adversely affect parents and the entire family system. These adverse effects of moderate behavioral problems on parents suggest that what might seem to be "minor problems" should not be overlooked. Addressing children's moderate behavioral problems that do not meet the criteria for a clinical diagnosis is essential to preventing their negative influences. Also, treating such problems requires less intensive and shorter interventions (Perle, 2019).

Aside from directly addressing children's behavioral problems, other directions for interventions are possible. The thesis's findings regarding the influence mechanisms of children's behavioral problems on the parental factors point to several directions for intervention that are worth considering. Teaching parents stress-management techniques and helping them cope with daily child-related stress may prevent stress from influencing other life domains, thus reducing marital and life satisfaction impairments. Increasing parenting satisfaction may also prevent the negativity arousing in the parenting domain from spilling over into the marital relationship. Similarly, by increasing parents' self-efficacy, negative emotions about failure and incompetence related to the parental role can be prevented from spreading to the marital relationship and affecting parent satisfaction. Self-efficacious and satisfied parents are less likely to engage in harmful parenting (Peacock-Chambers et al., 2017), preventing additional behavioral problems.

Including both parents in interventions for young children's behavioral problems is essential. The thesis findings suggest that preschool-aged children's behaviors similarly influence their mothers and fathers and that the difficulties related to parenting impact both parents' marital relationship and well-being. These findings imply that including both parents in interventions for young children's behavioral problems is essential. Study 3's findings further support both parents'

inclusion by showing the high effectiveness of the parent training program in which both parents participated jointly. Both parents similarly reported positive effects on child behavior and themselves as parents. Study 4 expands the current clinical implication by presenting the parents' views on their joint participation in the intervention. Parents acknowledged the contribution of participating together to their active engagement and the program's effectiveness. The importance of both parents' inclusion accords with previous research suggesting that interventions in which both parents are involved result in better child and parent outcomes (Carr, 2019).

The Positive Parenting for Oppositional Preschoolers (PPOP) program is an effective brief PMT program. Study 3 showed that PPOP is an effective PMT intervention for early behavioral problems in young children. As branded PMT programs are not available in Israel, the current thesis has important clinical implications in that it enables Israeli parents to access a new PMT intervention that has been studied in the local context and found to be effective and acceptable. The program's acceptability and feasibility were evident by the low dropout rate, the high attendance rate at sessions and parents' high satisfaction with the new PMT program. Study 4 findings, along with those of Study 3, have additional clinical implications by highlighting potential barriers to engagement in parent training programs and helpful ways to address these barriers. The insights gained are clinically significant because they make it possible to modify further and improve the PPOP program. Parents' experiences, perceptions, and preferences, as reflected in Study 4's findings, may benefit developers and implementers of other PMT programs. They may suggest directions for such programs to make them more accessible to parents, encourage their engagement, and reduce dropout rates.

Limitations and Future Directions

Several limitations should be considered when interpreting the present thesis findings. Studies 1 to 3 were based solely on self-reported data from parents; therefore, ratings of children's behavioral problems may not necessarily reflect children's actual behavior. Future studies may address this limitation by obtaining additional data using direct observations. Studies 1 to 3 examined the influence mechanisms and PPOP's effects using five parental factors. Future investigations of these issues may address additional variables. Examples can be parenting practices, parent-child relationships, and co-parenting alliances, and domains less related to parenting, such as social support, marital communication, and quality of life. Several aspects of the inclusion criteria utilized in the four studies of the thesis affected the nature of their samples, resulting in samples of two-parent families and children with typical development and moderate behavioral problems, limiting the generalizability of the findings to other populations. Future research is necessary to examine the direct and indirect effects of children's behavior on parents and the effectiveness and acceptability of

PPOP with more diverse samples of families Since no well-validated, branded PMT interventions are available in Israel, study 3 of the thesis examined PPOP's effectiveness using a comparison condition of a control waitlist and not another type of intervention. Future research comparing PPOP to other individual and group parent training programs could provide better insights into PPOP's effectiveness. Study 4 of the thesis relied solely on parents' perspectives. Future evaluations of the PPOP program may benefit from incorporating instructors' perspectives, providing additional insights into the challenges parents face during the program, their process of change, and the support they need, allowing a more holistic view of the program experience.

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