



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



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ABSTRACT

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

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

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

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

1. Introduction

Although parenting can be stressful for many parents, ethnic minority parents are particularly vulnerable to the experience of parenting stress (Emmen et al., 2013; Nomaguchi & House, 2013). Parenting stress is defined as feelings of anxiety that arise when the demands of the childrearing process are perceived to be greater than the personal and social resources (Abidin, 1995; Mulrow, Caldera, Pursley, Reifman, & Huston, 2002). Whether a person is resilient or vulnerable to the experience of parenting stress is influenced by three domains: characteristics of the parent, characteristics of the child, and contexts surrounding the parent providing stressors and resources (e.g. family income, social support) (Belsky, 1984; Emmen et al., 2013). In most countries, ethnic minority families are overrepresented in the lower socioeconomic status groups, subjecting them to different contextual

stressors (Crul & Doornik, 2003; Emmen et al., 2013). They not only experience heightened stress related to economic difficulties, but also experience stressors and structural disadvantages specific to their ethnic minority status, including discrimination, acculturation stress, and low social support (Emmen et al., 2013; Leidy, Guerra, & Toro, 2010; Martinez, 2006; Nomaguchi & House, 2013). These contextual stressors make parents vulnerable to the experience of parenting stress and have been linked to less-than-optimal parenting (Deater-Deckard & Panneton, 2017; Kotchick, Dorsey, & Heller, 2005; White, Roosa, Weaver, & Nair, 2009).

Parenting stress has a long-lasting effect on the wellbeing of parents and children due to the direct influence on parenting practices and family dynamics (BeLue, Halgunseth, Abiero, & Bediako, 2015; Deater-Deckard, 2004; White, Liu, Nair, & Tein, 2015). It increases levels of mental distress, non-optimal parenting (e.g. harsh parenting), and child

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problem behaviors (Anthony et al., 2005; Mesman, van Ijzendoorn, & Bakermans-Kranenburg, 2012; Mistry, Stevens, Sareen, De Vogli, & Halfon, 2007; Rousseau et al., 2013). Research among parents living in multi-ethnic deprived neighborhoods confirmed the influence of contextual stressors, such as acculturation stress, discrimination and lack of social support, on parenting stress and parenting behavior (van Mourik, Crone, Pels, & Reis, 2016). Being a good parent was perceived as a challenge when feeling overwhelmed by unhelpful emotions (e.g. insecurity, distress) resulting from parenting stress.

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

The decision was made to develop a module on coping resources following a qualitative research among ethnic minority and low socioeconomic status parents ($n = 61$) (van Mourik et al., 2016). When asked what would support them in their parental role, parents emphasized the importance of managing parents' emotional reactions to stressors to minimize its effect on parenting behavior and the child's development. They believed that coping with stress and unhelpful emotions in an effective manner would minimize the impact of (contextual) stressors and emotions on the child and their own parenting behavior (van Mourik et al., forthcoming). Although parenting interventions generally assist parents in acquiring various parenting skills to handle their child's undesirable behavior and stimulate desirable behavior, attention for coping strategies to handle stress and unhelpful emotions is not a standard component in parenting interventions (van Mourik et al., forthcoming). This resulted in the development of the module 'Coping with stress and unhelpful emotions' to be integrated in an existing parenting intervention.

This study examines the relevance of the module 'Coping with stress and unhelpful emotions' provided to parents living in multi-ethnic deprived neighborhoods in the Netherlands. The module forms part of a systematic approach to increase the sociocultural fit of an existing evidence-based intervention by paying attention to the needs and stressors of parents living in multi-ethnic deprived neighborhoods (van

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

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

2. Methods

2.1. Intervention module

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

The 'Coping with stress and unhelpful emotions' module is delivered during a single 2.5-h session in a group format, with two facilitators using a structured manual.

2.2. Triple P Extra

The module was integrated in Group Triple P. Group Triple P is delivered over eight weeks to parents of children up to 12 years old who are interested in learning a variety of parenting skills. Parents learn about the causes of child behavioral problems, setting specific goals, and using strategies to promote child development, manage misbehavior and plan for high-risk situations. The program is delivered by accredited Triple P professionals and, during the delivery of the intervention, a parent handbook and DVD footage is used. The program

involves four (2-hour) group sessions and three (15–30 min) individual telephone consultations (Turner, Markie-Dadds, & Sanders, 2014).

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

2.3. Participants and providers

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

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

Recruitment was facilitated by an organisation that delivered family and child services to ethnic minority and low socioeconomic status families. Their contacts with the families, their good reputation, and a personalized approach towards recruitment resulted in the attendance of eligible participants. Nineteen parents expressed an interest in the program, of which five eventually decided not to participate. Reasons were: lack of childcare facilities, limited Dutch language skills, no permission of the Social Security Department to attend a course during daytime when being unemployed, and for reasons unknown. The fourteen parents who attended the program had a mean age of 38 (SD 4.7) years. Participants had a target child aged 6 (SD 2.5) years and had (on average) two children. Most participants were part of two-parent

households (85.7%). The majority of parents had an average to low level of education (64.3%) (UNESCO, 2012), were not employed (71.4%), and received social welfare payment (50%). Two participants were of native Dutch origin whereas the remainder were first-generation migrants originating from Turkey (n = 5), Morocco (n = 3), Syria (n = 2), Iraq (n = 1), and Mexico (n = 1).

2.4. Data collection

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

2.5. Data analysis

Thematic data analysis was performed on the whole dataset, including the semi-structured interviews, observational data and process evaluation forms (Braun & Clarke, 2006; Rize & Ezzy, 1999). All codes and themes emerged in an inductive manner from the data. First, each interview transcript and other data sources were read several times by the primary researcher (KvM) who generated an initial list of topics and meanings. Second, the entire dataset was coded and organized into categories based on salient themes, and coded data were sorted into emergent themes and sub-themes. Third, emergent themes were discussed with the co-authors (MC, RR) to establish coherent thematic

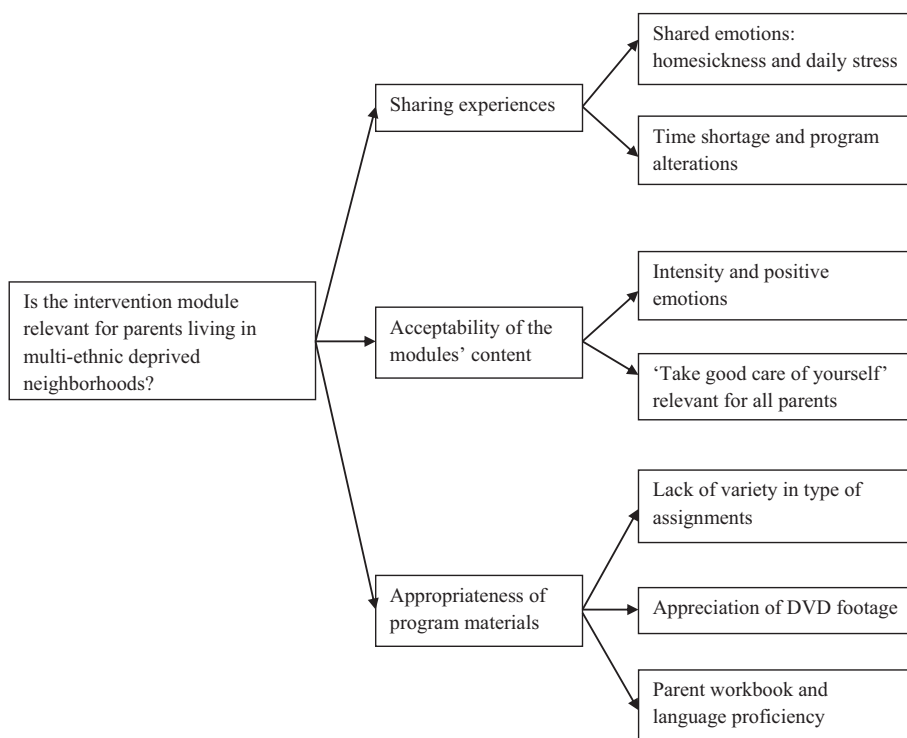


Fig. 1. Themes emerging from interviews with parents with diverse cultural backgrounds.

patterns and to discuss discrepancies. The themes presented here are grounded in examples and represent recurrent themes within and across cases (Elliott, Fischer, & Rennie, 1999). Citations are presented as examples to provide a rich description of the themes. Saturation was monitored throughout the data analysis process to check for the emergence of new themes and repetition of existing themes. Data analysis was facilitated by Atlas.ti 7.5 software.

3. Results

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

3.1. Sharing experiences

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

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

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

3.1.1. Shared emotions: homesickness and daily stress

During the module, participants were invited to reflect on different emotions (i.e. stress, anxiety, anger and depression) and the possibility was provided to discuss certain emotions in more detail. Observations revealed that, based on the input of participants, specific emotions were discussed in more detail. In one of the locations where the module was delivered, the central topic was homesickness. One parent introduced this topic, others could relate to it and contributed by sharing their

experiences. Participants indicated that homesickness was related to feeling anxious and depressed due to not being able to frequently see/speak to their mother and/or other relatives. In the other location, stress was the central topic. Participants recognized the influence of stress on their parenting behavior and could identify with stories shared by others. Stress was experienced in relation to daily hassles, e.g. when parents felt rushed to prepare their children to go to school.

3.1.2. Time shortage due to sharing experiences

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

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

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

The topic of emotions came up, and parents talked about their feelings of sadness, homesickness and missed family members. I found it difficult because there was so little time ... I would prefer

more time to talk about the important topics that parents bring in - and react to that - rather than feeling the need to focus on providing all the elements of the program (group leader 3). Emotions were related to the lack of social support as a result of their family, their parents and siblings, living abroad. More time would help ... (group leader 4) [It would help to] discuss this and for the parents to share stories (group leader 3)

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

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

3.2. Acceptability of the module's content

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

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

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

3.2.1. Lack of attention for positive emotions

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

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

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

To improve the acceptability of the module it is important to create a balance between the positive and negative experiences around parenthood. It was advised to stimulate participants to share the positive experiences they have as a parent and in interacting with their child.

3.2.2. "Take good care of yourself" relevant for all parents

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

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

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

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

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

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

3.3. Appropriateness of program materials

3.3.1. Lack of variety in type of assignments

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

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

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

3.3.2. Appreciation of DVD footage

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

on how to act in certain parenting situations.

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

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

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

3.3.3. Parent workbook and language proficiency

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

4. Discussion

This study reveals the relevance of the module 'Coping with stress and unhelpful emotions'. The module was delivered to parents from diverse cultural backgrounds living in deprived neighborhoods in the Netherlands. Three core themes emerged: i) the relevance of the module's theme regarding parents' experiences of stress and unhelpful emotions, ii) the value of sharing experiences with other parents, and iii) the appropriateness of the program materials.

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

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

elongate the module, to allow more time to share experiences and deliver all program elements.

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

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

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

The present study has several limitations. First, to participate in this study the parents needed to understand Dutch, which may have limited the linguistic diversity of the sample. However, participants were diverse regarding the country of birth and had a mix of limited and more advanced Dutch language skills. Second, we noticed that participants initially provided general and positive reactions to interview questions, which could be the result of social desirability (Kelly, Soler-Hampejsek, Mensch, & Hewett, 2013). Method triangulation provided the possibility to strengthen and compare insights from different data sources (Bauwens, 2010). Observations during the module, and process evaluation forms provided the opportunity to ask focused questions. In addition, participants and providers were stimulated to provide detailed information by asking for further specification of their answers, examples based on their first-person experiences, as well as advice to improve the module. Third, our qualitative approach resulted in rich information on the appropriateness and relevance of the module for the target group. However, the small sample size of the current study provides limited insight into the generalizability of findings to a larger population (Leung, 2015). Fourth, although this study provides insight in the relevance of the module for parents with diverse cultural backgrounds, it does not include information about the module's effectiveness. Future studies should examine the effectiveness of the module, preferably including a direct measure of stress from daily hassles, parenting stress, and coping ability.

5. Conclusions

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

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Ethical approval

The Medical Ethics Committee of Leiden University Medical Center considered approval for this study as not necessary under the Dutch Law (P15.199). Informed consent was obtained from all individual participants included in the study.

Conflict of interest

The authors declare that they have no conflict of interests.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.childev.2018.03.036>.

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