Triple P-Positive Parenting Program and the prevention of child maltreatment

Matthew R Sanders, Ph.D
Parenting and Family Support Centre
The University of Queensland
Australia

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Parenting is related to many different outcomes

- Parenting is a lifelong commitment
- Parenting has a pervasive impact on children’s development (Collins et al, 2000)
- Intergenerational continuities for both positive and harsh parenting (Conger, Belsky & Capaldi, 2009)
Parenting has a pervasive impact throughout the lifespan.

- Language, communication
- Physical health and well being
- Social skills and peer relationships
- Exposure to poverty
- Emotional regulation, risk of mental health problems
- Academic achievement
- Exposure to violence and abuse

Reduced social, emotional, behavioural and health problems
Significant improvements in the health and well being of children including the level of child maltreatment cannot be achieved without strengthening the skills, knowledge and confidence of parents in the task of raising their children at a population level.
Too many children continue to be abused

- Worldwide, an estimated 40 million children under age of 15 experience child abuse and neglect (Gautam, UNICEF, 2004)
- We are rightly concerned about the extent, seriousness and horrific nature of the experiences endured by some children
Coercive parenting practices are common

- Telephone survey data from 3500 households in South Carolina of parents of children under the age of 9
- 49% used coercive or ineffective parenting practices; 10% spanked their children with an object on a frequent or very frequent basis
- Costs of responding to child maltreatment estimated to be $103.8 billion annually
No SES group has a monopoly on coercive parenting

![Bar chart showing percentage of parents using inappropriate strategies](chart.png)

Source: Sanders et al (2008) *Journal of Primary Prevention*
From small beginnings
Building an evidence base takes time

The evidence
92 studies

- 13 Single case experiments
- 46 Efficacy trials
- 27 Effectiveness trials
- 2 Population trials
- 4 Meta analyses

25 further trials in progress

as at June, 2009
Triple P Intervention Studies

Cumulative No. of Triple P Intervention Studies

Year we gave Triple P a Name

Year Triple P International began
Population-Based Prevention of Child Maltreatment: The U.S. Triple P System Population Trial

Ronald J. Prinz · Matthew R. Sanders · Cheri J. Shapiro · Daniel J. Whitaker · John R. Lutzker

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Abstract The prevention of child maltreatment necessitates a public health approach. In the U.S. Triple P System Population Trial, 18 counties were randomly assigned to either dissemination of the Triple P—Positive Parenting Program system or to the services-as-usual control condition. Dissemination involved Triple P professional training for the child protection and educational fiscal and health ps.

Every Family: A Population Approach to Reducing Behavioral and Emotional Problems in Children Making the Transition to School

Matthew R. Sanders · Alan Ralph · Kate Sofronoff · Paul Gardiner · Rachel Thompson · Sarah Dwyer · Kerry Bidwell

Published online: 7 May 2008 © Springer Science+Business Media, LLC 2008

Abstract A large-scale population trial using the Triple P-Positive Program (TPS) was evaluated. The target population was all parents of 4-10 year olds residing in ten geographical catchment areas in Brisbane (i.e., ten sociodemographically matched catchment areas for ten usual (CAU) comparison communi...
Multi-level system of parenting support

- Universal Triple P
  - Level One
- Selected Triple P
  - Level Two
- Primary Care Triple P
  - Level three
- Standard Triple P
  - Level four
- Enhanced Triple P
  - Level five
Collaborate with parents in ways that empower them

- **Ultimate goal is parental independence and autonomy**
- **Parent decides on goals, strategies and values**
- **Parent has plan, monitors, evaluates outcome and revises accordingly**
- **Provide parent with support and advice to “minimally sufficient” degree needed**
Principles of Positive Parenting

• Ensuring a safe, engaging environment
• Creating a positive learning environment
• Using assertive discipline
• Having realistic expectations
• Taking care of yourself as a parent
Triple P system population trial to prevent child maltreatment

- **Sponsored by the US Centers for Disease Control and Prevention**
Randomized study of 18 counties

• The first randomized control study at a population-level to prevent child maltreatment.
• Counties between 50,000 and 175,000 people.
• Counties matched on level of child-maltreatment, poverty, and size.
• Counties randomly assigned to Triple P or care as usual.
• About 85,000 in all the Triple P counties.
Key features of population trial

- Train hundreds of service providers in wide variety of settings
- Make Triple P readily accessible to parents throughout the communities
- Coordinate media strategies with concurrent program delivery
- Track population-level indicators
Population outcomes

• Key indicators:
  – Child out-of-home placements (Foster Care System)
  – Maltreatment injuries resulting in hospitalization or emergency-room visit (Hospitals)
  – Substantiated cases of child maltreatment (Child Protective Services)

• Stable pre-intervention baselines
• Analyses control for baseline levels
Prevention Effects

• Triple P system counties:
  – Lower rates of child out-of-home placements
  – Lower rates of child maltreatment injuries

• Substantiated/founded cases of CM showed differential effects
  – Triple P system slowed the growth of substantiated cases, compared with the control counties
Translation of effects into human terms

• Assume a population with 100,000 children under 8 years of age

• With the observed effects, there were……..
  – 688 fewer substantiated cases of child maltreatment per year
  – 240 fewer child out-of-home placements per year
  – 60 fewer hospitalized or ER treated children with child-maltreatment injuries per year
How to Leverage Change at a Population level
Leveraging solutions using the RE-AIM formula
Reach is the percentage of parents reached by the intervention strategy.

0% to 100%—higher number, leverages more result.
Improving reach

Develop interventions that have a better “ecological fit” to the concerns of parents.
Listen to professionals and parents

* Under development
Develop and test different delivery formats

- Individual
- Large group
- Small group
- Web *
- Self directed
- Over the phone
- TV series

* Under development
Tailor more effectively by becoming much more consumer focused
Adopting a consumer perspective helps to:

- Tailor program content to needs and aspirations of target group
- Optimize program delivery
- Develop stronger parent advocacy
- Improve engagement and program reach
Seek direct consumer input to ensure programs are culturally acceptable

Help us help families in your community

Connecting Communities Project
Brisbane South Divisions of General Practice
Parenting and Family Support Centre
The University of Queensland

Funded by
FACSIA, Commonwealth Government of Australia
How do parents want to receive information about effective parenting?

Source: Metzler et al (in prep)

Percent indicating "quite" or "very interested" in receiving parenting information in each of nine formats

- TV program
- Online program
- Written materials
- One-time workshop/seminar
- Self-paced workbook
- Resource center
- Group/class, several weeks
- Sessions with therapist
- Home visits

Programs with strongest evidence

Clinical: [Bars]
Nonclinical: [Bars]
Acceptability of Triple P parenting strategies
Efficacy/Effectiveness is the impact of Triple P on child outcomes.

Higher **efficacy** X more **reach** = more **leverage**
Develop “light touch” interventions for common problems to reach many parents
Modern parents grow up in an age of technology
Primary Care Group Triple P Parent Discussion Groups

- Hassle Free Shopping
- Fighting and aggression
- Disobedience
- Bedtime
Hassle Free Shopping
2 hour large group session plan

• Activity 1: Common shopping hassles
• Activity 2: Parent traps
• Activity 3: How to prevent shopping problems
• Activity 3: How to manage shopping problems
• Activity 4: Getting started
• If problems persist
Effects on Child Behaviour
Joachim, Sanders & Turner (under review). Hassle-free shopping with children - Evaluation of a brief Triple P parent discussion group.

- Fewer shopping specific problems ($d=1.6$)
- Lower levels of dysfunctional parenting ($d=0.72$)
- Increased task specific self efficacy ($d=1.31$)
- High consumer satisfaction ($M = 34.3; SD = 5.80$)
Engagement

Enablers & barriers

**Parental concern about child’s behavior**
- Perceived vulnerability
- Severity of child problem
- Level of parental distress or anxiety

**Motivational variables**
- Perceived need
- Anticipated benefits/costs
- Incentives
- Competing demands

**Cognitive/Affective variables**
- Expectancies of benefit
- Parental self efficacy
- Access to models
- Parental attributions

**Program variables**
- Message
- Providers-ethnicity, experience, skills
- Cost/Accessibility
- Program format
- Acceptability of parenting advice

**Social influence Variables**
- In home support
- Extended family support
- Community and neighborhood support

Parental concern about child’s behavior
Adoption

Adoption is the percentage of providers or organizations that use the prevention strategy.

High efficacy $\times$ large reach $\times$ many adoptions = more leverage
Public policy that supports good parenting remains essential to prevent maltreatment and improve the well being of children and young people.
<table>
<thead>
<tr>
<th>% reduction in prevalence</th>
<th>Potential cost savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>48%</td>
<td>$683,000,000</td>
</tr>
<tr>
<td>26%</td>
<td>$370,000,000</td>
</tr>
<tr>
<td>20%</td>
<td>$290,000,000</td>
</tr>
<tr>
<td>15%</td>
<td>$210,000,000</td>
</tr>
<tr>
<td>2%</td>
<td>$29,000,000</td>
</tr>
<tr>
<td>1%</td>
<td>$14,000,000</td>
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</tbody>
</table>

**Point at which Intervention pays for itself**

Percentage of trained providers who implement the program

\[(\text{efficacy} \times \text{reach} \times \text{adoptions}) \times \text{robust implementation} = \text{Hi leverage}\]
Identify what promotes movement along this trajectory

Completes Initial training
Becomes accredited
Starts to use program
Continues to use program
Being a high impact parenting practitioner
<table>
<thead>
<tr>
<th>Individual practitioner variables</th>
<th>Organizational variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Workforce very diverse</td>
<td>• Non recurrent funding</td>
</tr>
<tr>
<td>• Wide range of experience and expertise</td>
<td>• Many poorly paid for the type of work they do</td>
</tr>
<tr>
<td>• Inadequate pre-service and in-service training in evidence based approaches</td>
<td>• Inadequately supervised</td>
</tr>
<tr>
<td>• Low self efficacy</td>
<td>• High occupational stress and turnover</td>
</tr>
<tr>
<td></td>
<td>• Organizational leadership</td>
</tr>
<tr>
<td></td>
<td>• Delivery of parenting programs not mainstream</td>
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</table>
Strengthen organizational support for good implementation
Ensure delivery is matched to clients needs

- Use of evidence based practices does not mean prescriptive, rigid, non responsive delivery
- Tailoring means responding to parents needs
- Doing Triple P well is skillful work
- Session delivery
  - Setting used
  - Longer sessions
  - Extra sessions (as required)
  - Examples used
  - Increasing or decreasing the amount of practice within session for specific skills
  - Respond to the challenge of low literacy
  - Between session tasks set
Maintenance is the percentage of people or organisations that make a strategy a routine part of their work.
Allow the system to evolve through responding to new evidence
International trials of Triple P

- Belgium (University of Antwerp)
- The Netherlands (Trimbos Institute)
- Sweden (University of Uppsala)
- Germany (University of Braunschweig; University of Bielefeld)
- Switzerland (University of Friborg)
- Canada (University of Manitoba)
- USA (Oregon Research Institute, USC)
- England (University of Manchester, Oxford University, Cambridge University, University of East Anglia)
- NZ (University of Auckland, University of Waikato, University of Canterbury)
- Iran (Medical University of Tehran)
- Japan (University of Tokyo, Medical University of Wakayama)
- Hong Kong (DOH)
Parenting interventions concurrently addresses child and parent problems.
Take home messages

- Population based parenting programs can be effective
- They are very cost effective
- Principles of positive parenting appear to be cross culturally robust
For further information

• Re-evidence base and current research
  www.pfsc.uq.edu.au

• Re-training and dissemination
  www.triplep.net

• Next *Helping Families Change Conference*, Brisbane, Queensland, Australia Feb 17-18, 2010