Primary Care Stepping Stones Triple P

Results from a Randomised Controlled Trial with Parents of Children with an Autism Spectrum Disorder

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Outline

- Background
- Method
- Conclusion
- Results
Children with ASD are at increased risk of developing behavioural and emotional problems (Brereton, Tonge & Einfeld, 2006).

Parents of children with ASD are at increased risk of suffering stress (e.g., Epstein et al., 2008; Lee et al., 2008).

Behavioural family interventions have been shown to be an effective intervention.
Stepping Stones Triple P

- A system of parenting programs for families of children with disabilities
- Adapted from Triple P-Positive Parenting Program

Aims:
- *Children*: decrease social, emotional, behavioural, developmental problems
- *Parents*: Reduce stress and increase confidence
Stepping Stones Triple P: 5 Levels

Breadth of reach

- ENHANCED: Intensive family Intervention
- STANDARD/GROUP/SELF-DIRECTED
  Broad focused parenting skills training
- PRIMARY CARE STEPPING STONES
  Narrow focus parenting skills training
- STEPPING STONES SEMINARS
  Brief parenting advice
- Media and communication strategy

Intensity of intervention

Level 1
Level 2
Level 3
Level 4
Level 5
Primary Care Stepping Stones

Triple P

- 4 brief (30 mins) individual sessions
- Primary health care providers
- Target 1-2 child problems

<table>
<thead>
<tr>
<th>Session</th>
<th>Overview</th>
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<tbody>
<tr>
<td>1</td>
<td>Intake</td>
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<tr>
<td>2</td>
<td>Develop a parenting plan</td>
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<td>3</td>
<td>Review</td>
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<td>4</td>
<td>Final session (after 2-4 wks)</td>
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Rationale

- Brief programs can be more cost-effective, time-efficient

- Parents of children with ASD who are likely to be already accessing a range of services → brief programs are less burden
A Randomised Controlled Trial (RCT) to evaluate the efficacy of PCSSTP in a sample of parents of children with ASD
Participants

- 64 parents/carers of children aged 2-9 (mean = 5.67 years)
- ASD diagnosis
- Children:
  - 31% comorbid diagnosis
  - 38% reported health problems
  - 45% accessing other services
Randomised Controlled Trial

- Treatment (PCSSTP) vs care-as-usual
- Pre-, post- and 6-month follow-up assessments
Program details

- Average session times:
  - Session 1 = 66 mins
  - Session 2 = 73 mins
  - Session 3 = 52 mins
  - Session 4 = 42 mins
Problems targeted

Most common booklets used:
- Disruptive Behaviour: 16
- Social Skills: 6
- Self-Care Skills: 4
- Mealtimes: 4
Case Examples

a guide to mealtimes
Child Behaviour Problems: ECBI Problem ($d = .56, p = .018$)
Parenting Scale: Overreactivity
($d = .79$, $p < .001$)
Parenting Confidence (PTC Behaviour) ($d = .91$, $p < .001$)
DASS Stress \( (d = .62, p = .004) \)
Parental Conflict
PPC Extent ($d = .73$, $p = .003$)
Relationship Quality Inventory

\(d = .71, \ p = .001\)
Home Observations

- No intervention effects
- No correlation with parent reported child behaviour problems
- Probable floor effects
Long-term effects: 6 month

- The majority of intervention effects were maintained at 6-mth follow-up.

- Exception:
  - PS Overreactivity: worse at follow-up, still significantly better than pre-intervention.
Goal Achievement Scales

- GAS administered:
  - Session 2: set at least one goal
  - Session 4: evaluate success as a %

- Average success for goal 1: 74%

- 7 out of 24 families achieved 100%
Goal Achievement Scales
Client Satisfaction

- Client Satisfaction Questionnaire

- Average response: Satisfied to very satisfied for aspects of program
Conclusion

- Pre-post intervention results show significant changes in parent and child outcomes

- Effects maintained over 6 months

- Brief interventions for families with children with ASD can significantly impact on many aspects of family functioning
Questions/Comments???