

Primary Care Stepping Stones Triple P

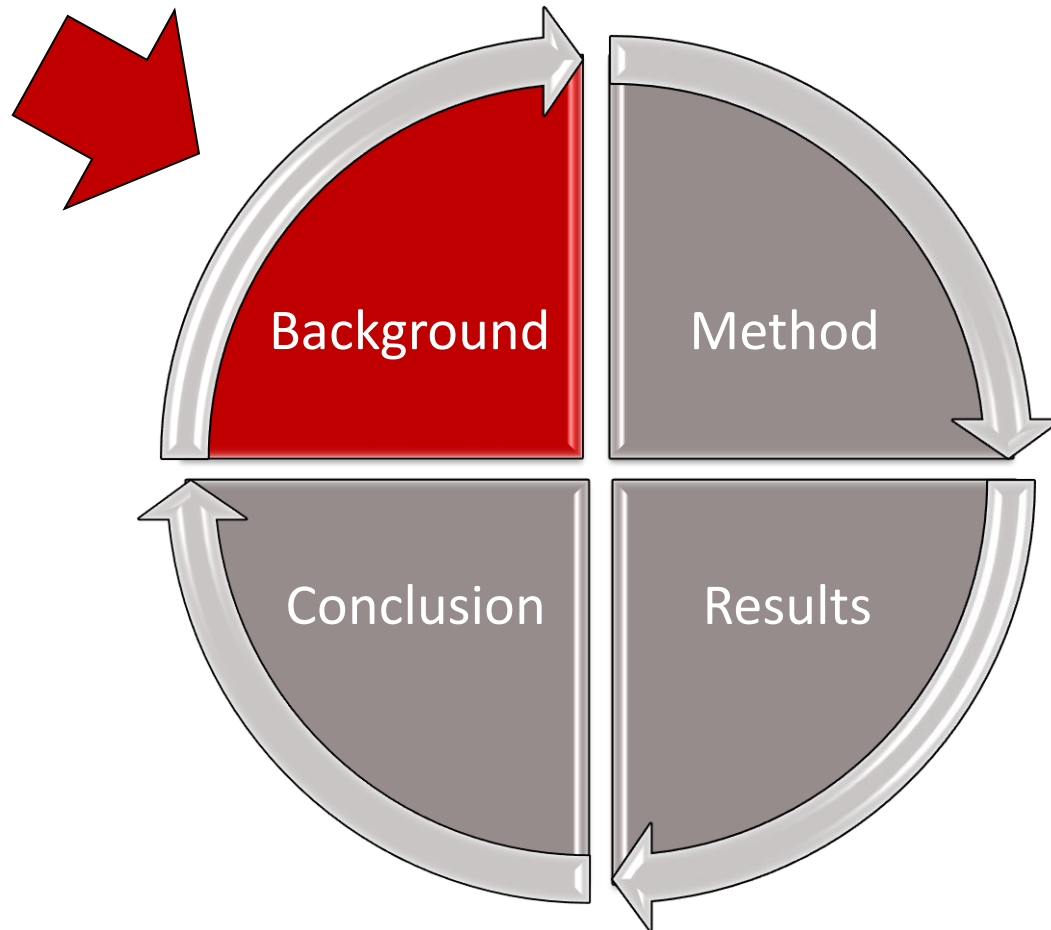
Results from a Randomised Controlled Trial with Parents of Children with an Autism Spectrum Disorder

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Outline



Parenting and ASD



- 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



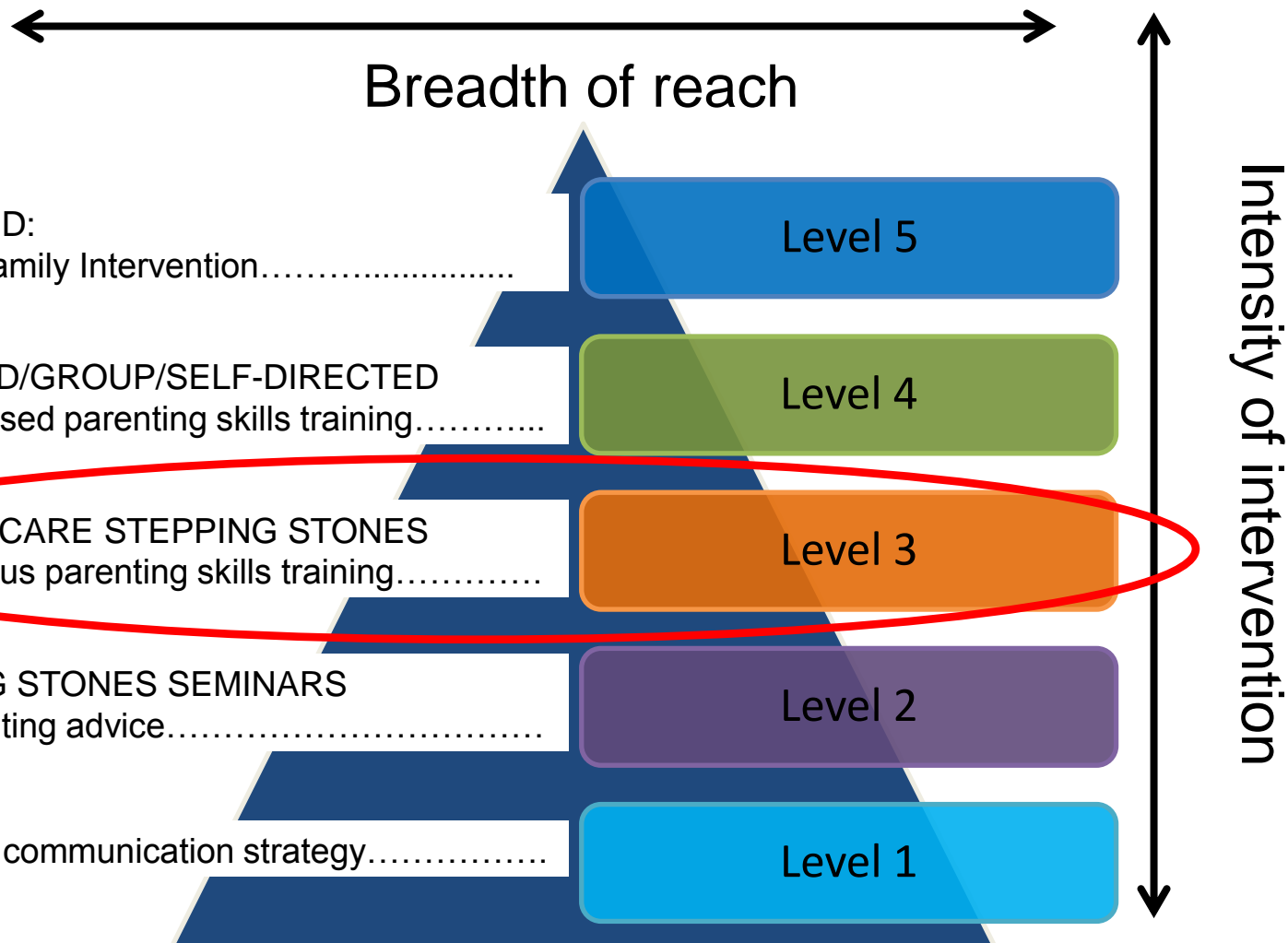
- A system of parenting programs for **families of children with disabilities**
- Adapted from Triple P-Positive Parenting Program

Aims:

- *Children:* decrease social, emotional, behavioural, developmental problems
- *Parents:* Reduce stress and increase confidence



Stepping Stones Triple P: 5 Levels



Primary Care Stepping Stones Triple P



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

Session	Overview
1	Intake
2	Develop a parenting plan
3	Review
4	Final session (after 2-4 wks)

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



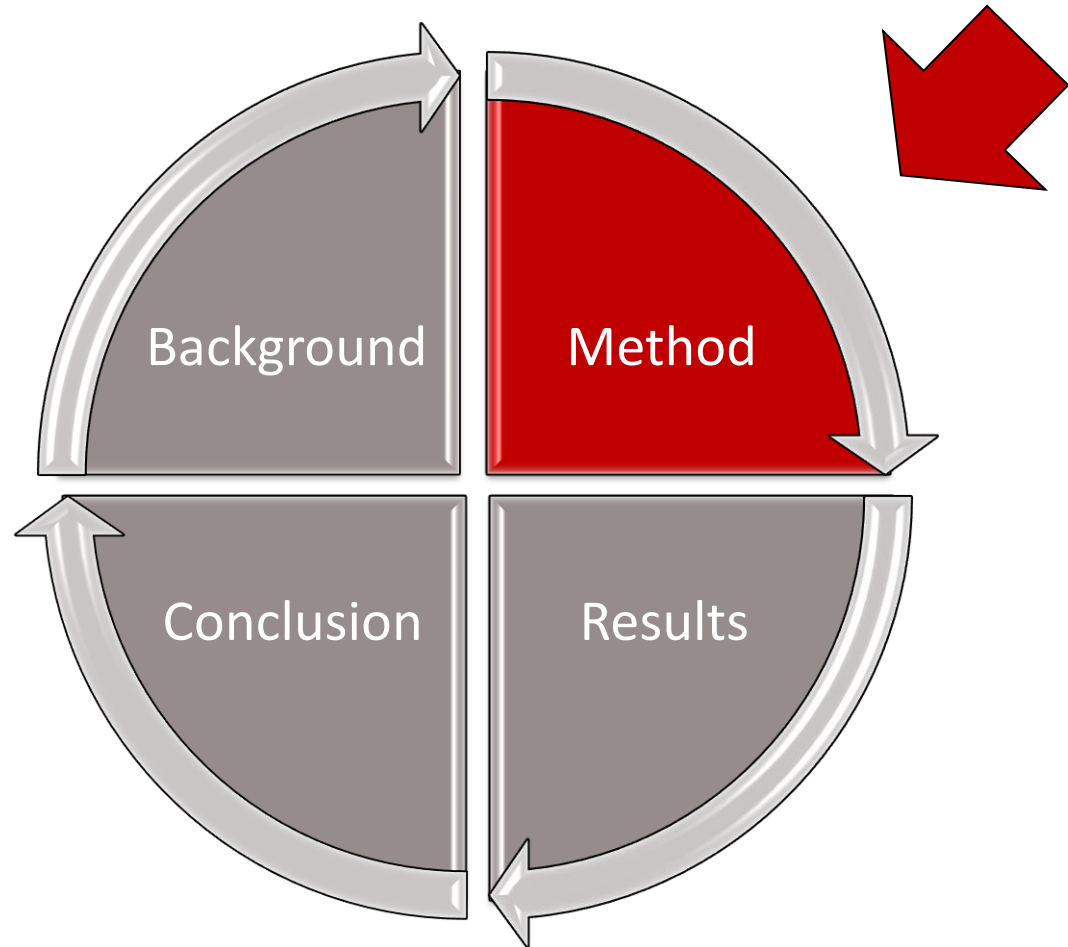
Aim of Study



A Randomised Controlled Trial (RCT) to evaluate the efficacy of PCSSTP in a sample of parents of children with ASD



Outline



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

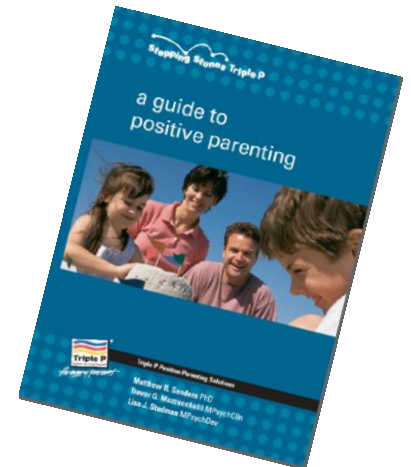


Problems targeted

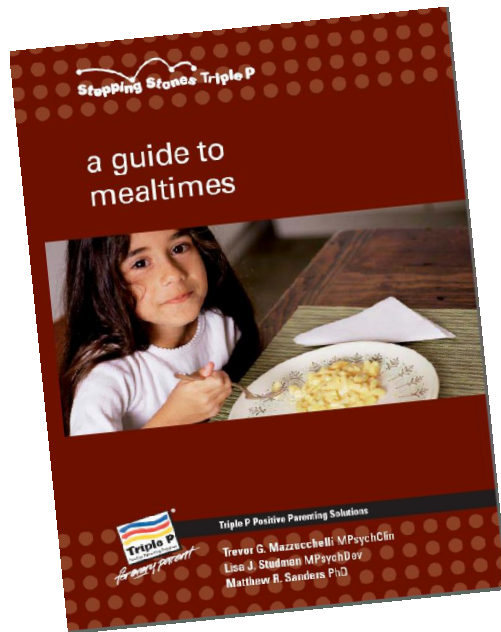


Most common booklets used:

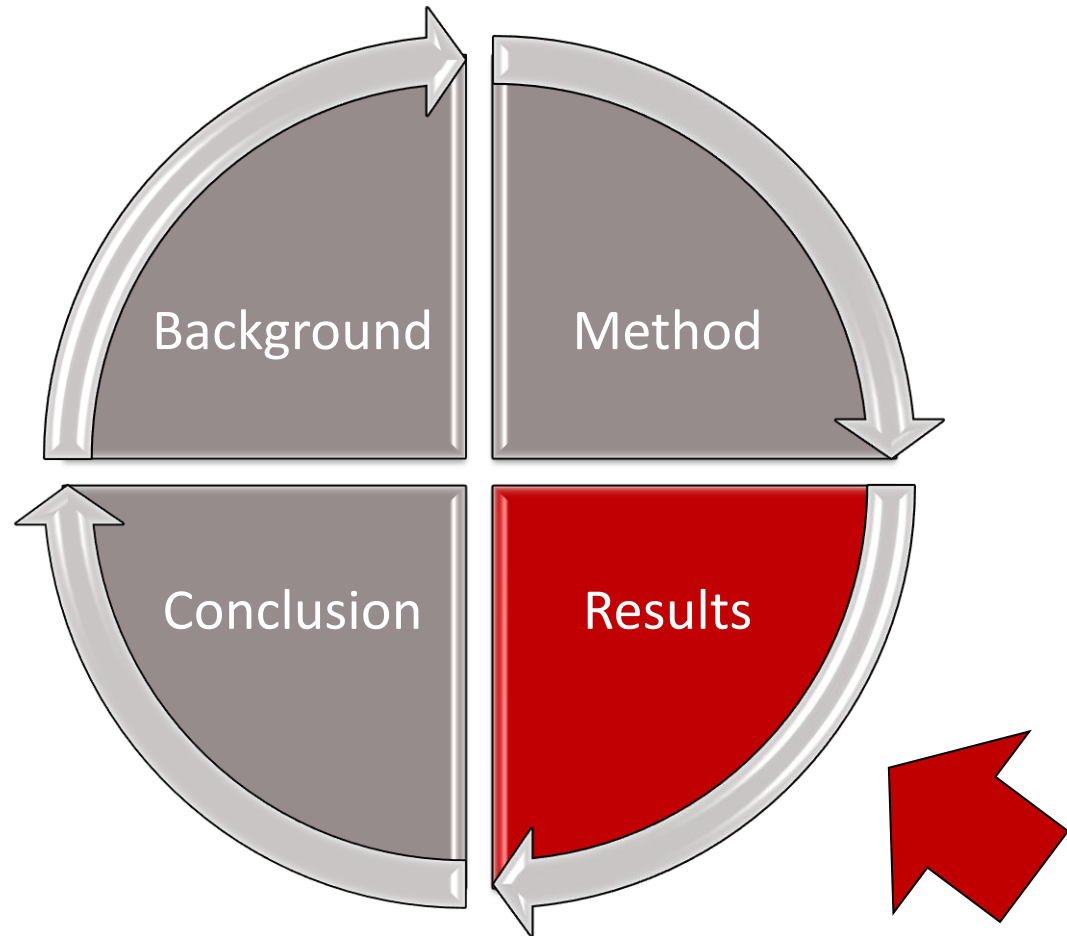
- Disruptive Behaviour: 16
- Social Skills: 6
- Self-Care Skills: 4
- Mealtimes: 4



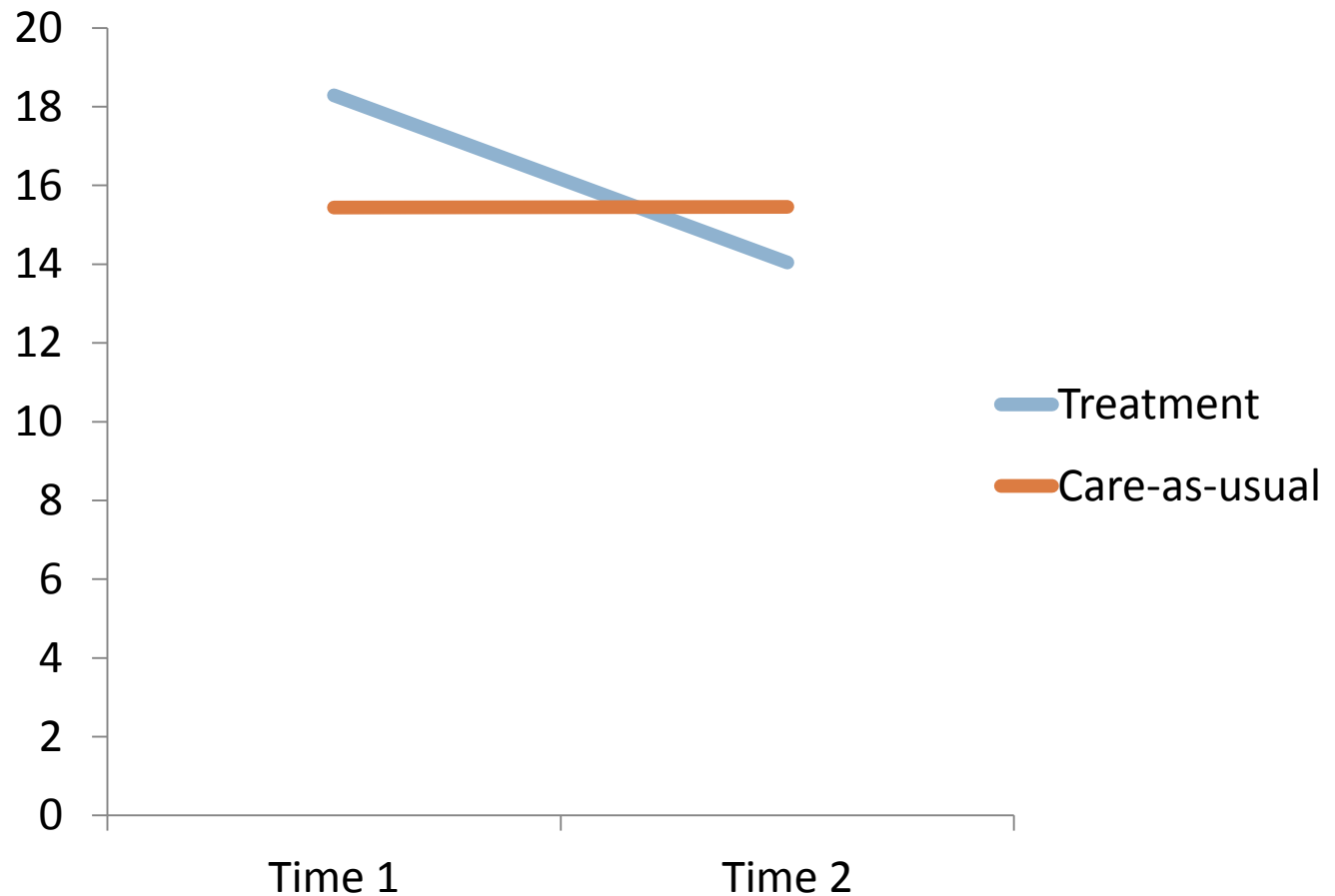
Case Examples



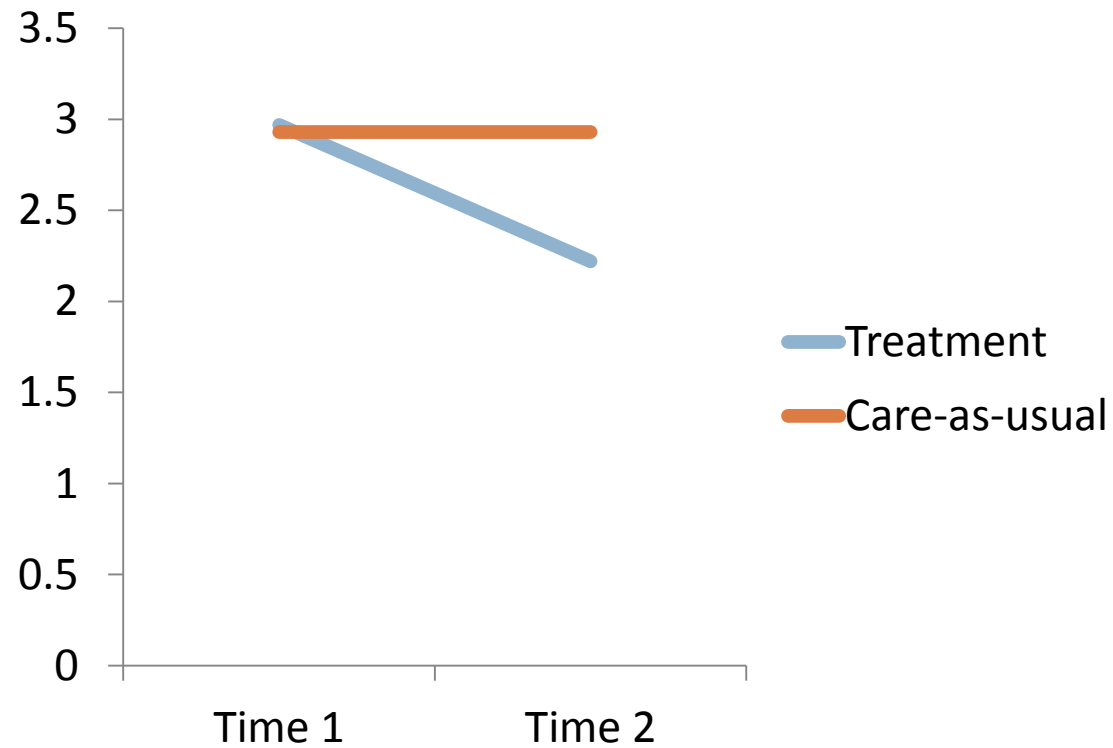
Outline



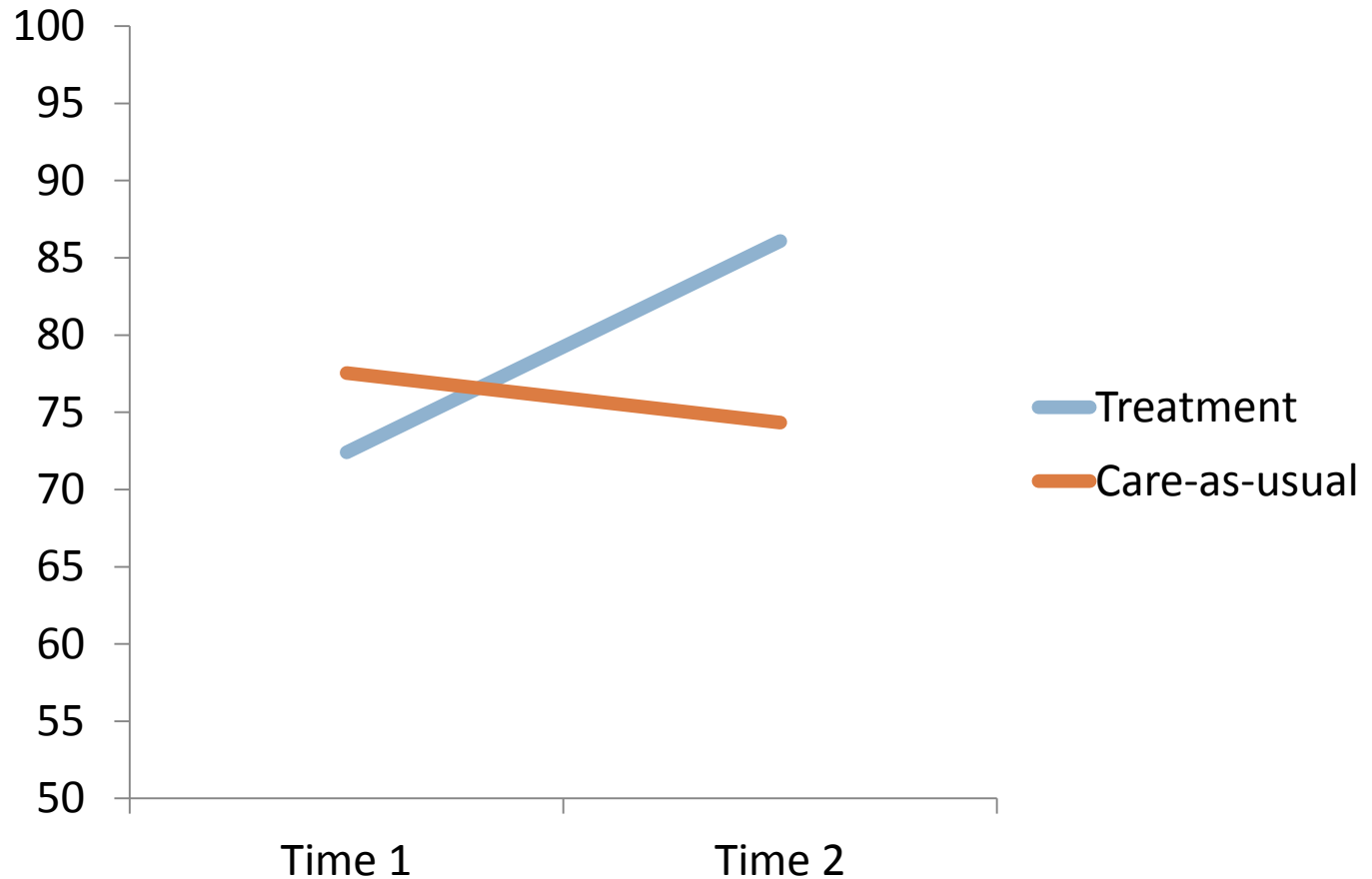
Child Behaviour Problems: ECBI Problem ($d = .56, p = .018$)



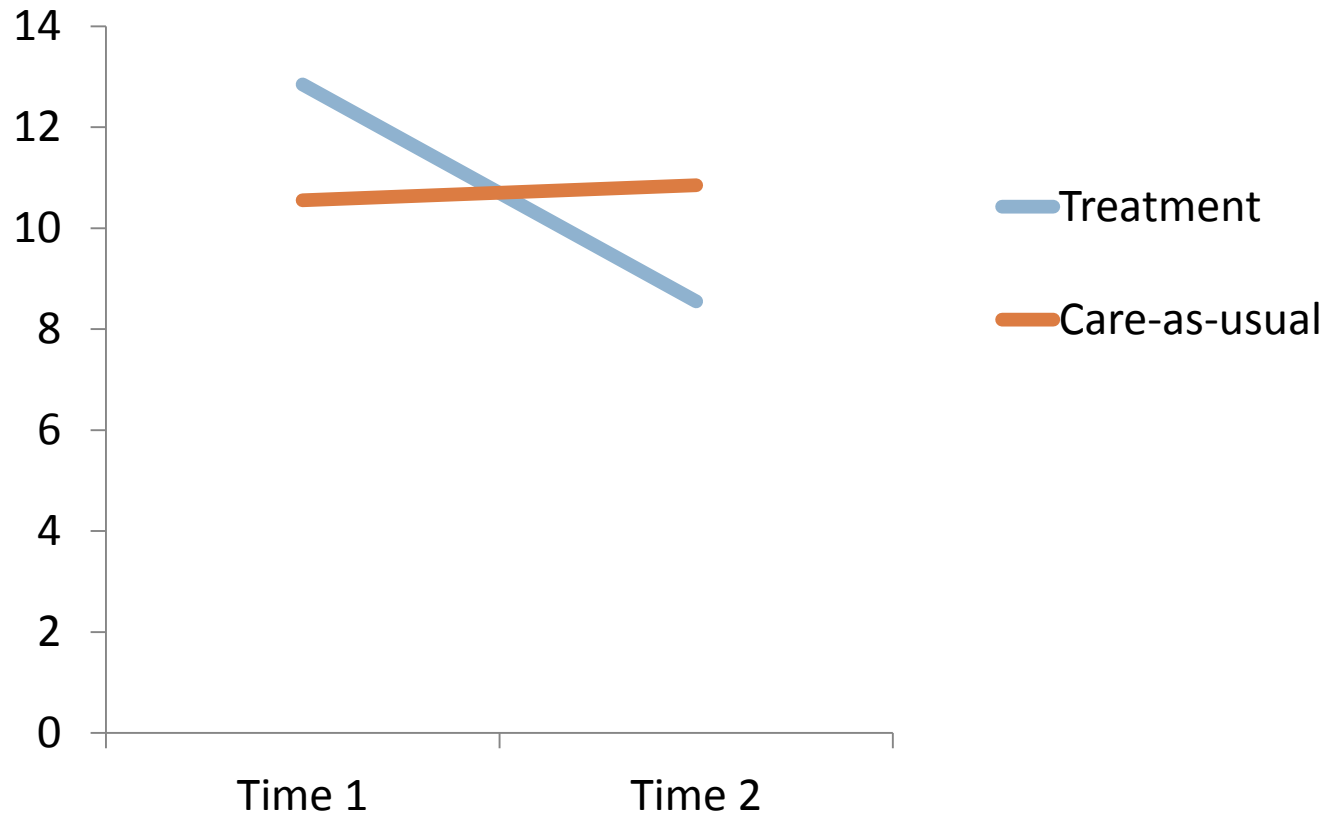
Parenting Scale: Overreactivity ($d = .79, p < .001$)



Parenting Confidence (PTC Behaviour)($d = .91, p < .001$)

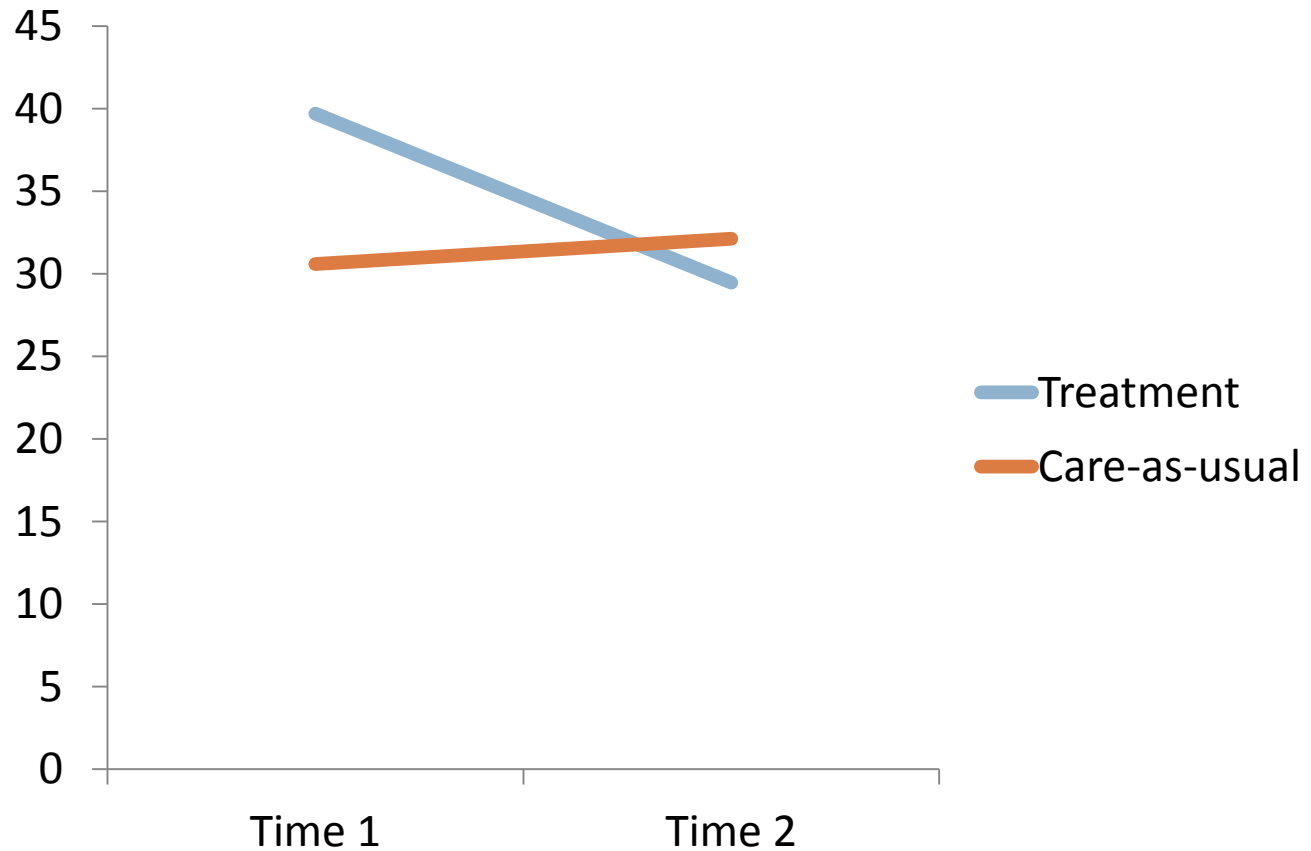


DASS Stress ($d = .62$, $p = .004$)

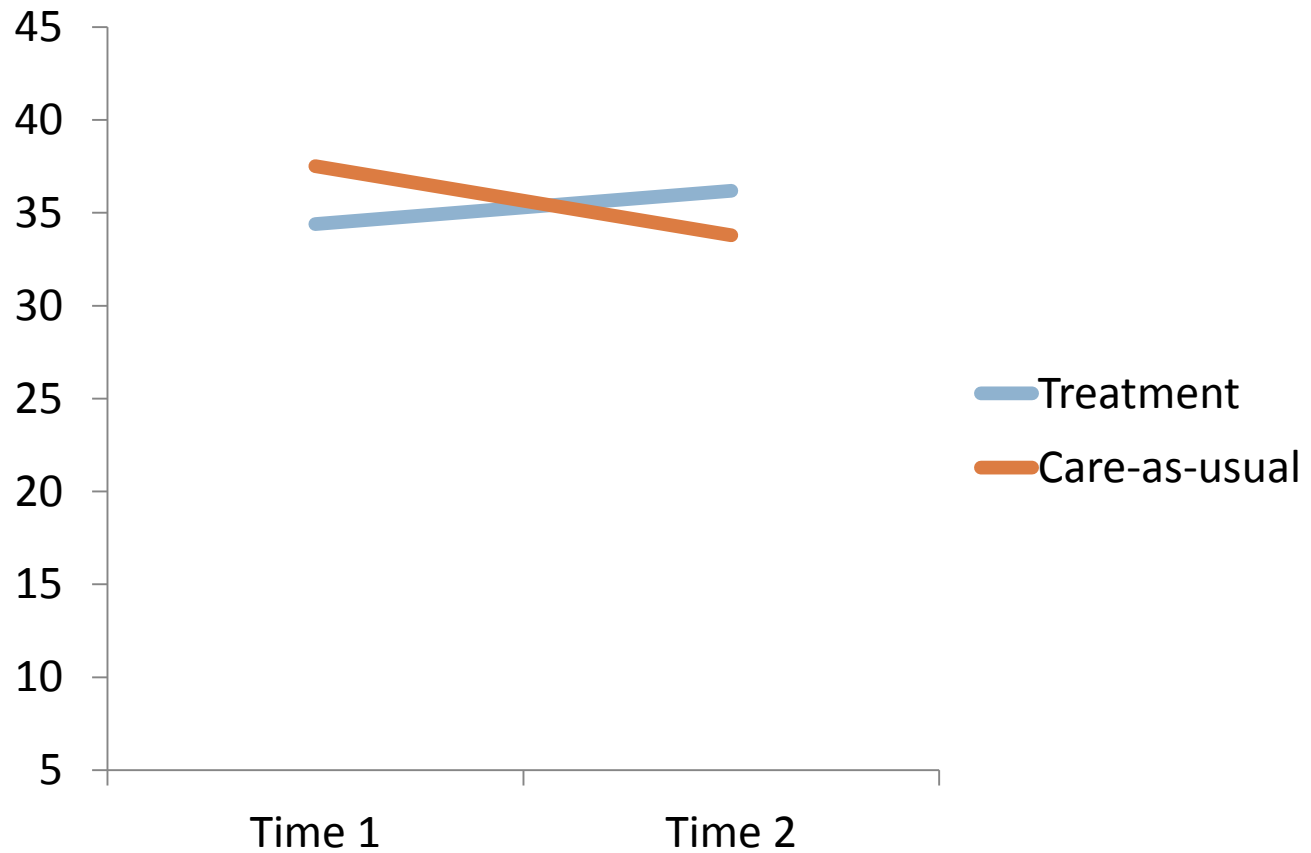


Parental Conflict


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



100%



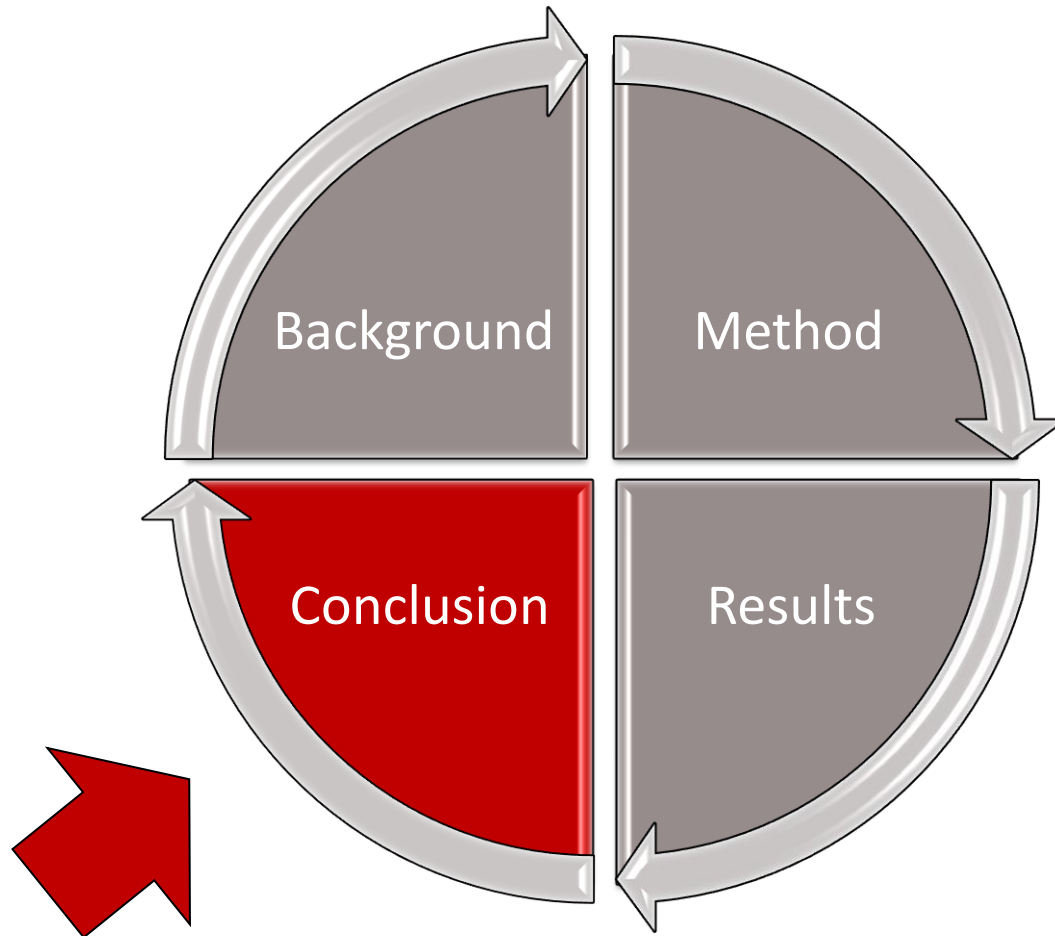
Client Satisfaction



- Client Satisfaction Questionnaire
- Average response: Satisfied to very satisfied for aspects of program



Outline



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???

