A randomized-controlled trial of the Triple P seminar series to increase parenting competence of Indonesian parents

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Overview

- **Background** (literature and studies)
- **Aims**
- **Methods** (participants, measures, procedures)
- **Results**
- **Conclusions**
- **Implications**
Parent-child relationships and parenting practices contribute to the development of child emotional and behavioural problems (Patterson, 1989).

Risk and Protective factors

- dysfunctional parenting practices
- parenting stress
- parent efficacy
- family support
- parental teamwork

Evidence-based parenting programs reduce risk factors for conduct problems and increase protective factors for children and families (de Graaf, et.al., 2008; Thomas & Zimber-Gembeck, 2007; Webster-Stratton, 2001).
Background: What the literature tells us

Triple P is a widely disseminated evidence-based parenting program.
It is a multi-level intervention program.

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**Triple P-Positive Parenting Program as a Public Health Approach to Strengthening Parenting**

Matthew R. Sanders
University of Queensland

Parenting programs have considerable potential to improve the mental health and well-being of children, improve family relationships, and benefit the community at large. However, traditional clinical models of service delivery reach relatively few parents. A public health approach is needed to ensure that more parents benefit and that a societal-level impact is achieved. The Triple P-Positive Parenting Program is a comprehensive, multilevel system of parenting interventions that is evidence-based and has been shown to be effective in enhancing parenting skills and, in turn, in reducing children’s emotional and behavioral problems (Cox, 1998).

There is substantial evidence that social learning theories (Bandura, 1990) are effective, and even quite early onset conduct problems (1996), however, they result in many children with clinically significant problems (Elliott, 1999). This article describes the use of a public health model of prevention.

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**Adopting a Public Health Approach to the Delivery of Evidence-Based Parenting Interventions**

Matthew R. Sanders
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**Abstract**

A public health perspective to the delivery of parenting programs has the potential to greatly increase the impact of evidence-based psychological interventions targeting parents and families. However, a population-level benefit is unlikely to be achieved unless targeted programmatic efforts are undertaken to further increase the outreach of efficacious interventions. In addition, such programmatic efforts need to be adapted to local circumstances, be delivered in a culturally relevant manner, and be used in a sustained way by adopter organizations if the potential benefits of these interventions are to be realized. The modified Triple P system of parenting interventions is used as an example to determine the benefits and challenges involved in delivering a comprehensive system of parenting interventions, services, and programs. Practical implications for large-scale implementation and possible future directions for research are identified.

**Keywords:** Triple P, public health, parenting, evidence-based intervention

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There is little doubt that parenting interventions based on behavioral and social learning theories are effective in the management of behavioral and emotional problems in children and adolescents (Elliott, 1999; Sanders, 2005). Although the evidence is strongest for parents of children with conduct problems, parenting interventions can also be effective for a range of other social, emotional, behavioral, and health-related problems, including parents of children with learning difficulties, pain syndromes, and children with various developmental disabilities and for motivating parents (see de Graaf, Spoor, & van den Hoofdakker, 1998).

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**Policy Support for Evidence-Based Parenting Programs**

There has been substantially increased international recognition of the value of positive parenting programs, particularly toward"
Dissemination of evidence-based parenting programs in developing country is still limited, especially in Asia, the most populated continent in the world.

- Lower-middle income country.
- 61 millions families.
- 30 children under 5 years in every 100 families.

No evidence-based parenting program available
Survey: Indonesian parenting practices

Parents’ Use of Ineffective Strategies (Mean)

- Making the child apologize: Mean 2.66
- Giving the child a lecture: Mean 2.11
- Shouting: Mean 1.72
- Making the child feel bad: Mean 1.43
- Arguing: Mean 1.36

(N = 249)
Survey: Parent’s views of a Parenting Program

- 78% of parents were somewhat likely or very likely to participate in a parenting program in the future.
- Parents preferred delivery method:
  - Newspaper article
  - Individually tailored program
  - Parent seminar
Pilot study with Indonesian parents in Brisbane, Australia (N = 30)

**Results: Triple P seminar (1)**

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<tr>
<th>Culturally Acceptable</th>
<th>High level of satisfaction</th>
<th>Dysfunctional parenting practice &lt;</th>
<th>Child behavior problems &lt;</th>
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**Limitations**

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<th>Small sample size</th>
<th>Single seminar delivery</th>
<th>One-group design</th>
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**Recommendation: RCT in Indonesia**

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<tr>
<th>Broader sample</th>
<th>3 seminars @ 90 minutes</th>
<th>Control group</th>
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**Recommendation:** RCT in Indonesia
Aims of Study

- To examine the efficacy of the Triple P seminar series:
  - Parental efficacy
  - Child emotional and behavioral problems
  - Dysfunctional parenting practice
  - Parental stress
  - Family relationship problems
  - Parental teamwork problems.

- To describe parent acceptability and satisfaction to the program.
Methods: Participants

158 made a contact
143 parents randomized

15 excluded (2 did not meet inclusion criteria, 11 declined, 2 did not return questionnaire)

72 (Intervention)
64 received allocation
64 analysed
6 did not attend seminar and 2 did not return questionnaire

71 (Control)
70 received allocation
70 analysed
1 did not return questionnaire
Demographic characteristics

- 94% mothers; 37 years old (SD = 6)
- 50% girls; 6 years old (SD = 3)
- 97% married;
- 71% nuclear family, 25% extended family
- 55% undergraduate, 20% postgraduate
- 57% full time, 19% part time;
- 72% meeting the household expenses
Measures

- Family Background Questionnaire (FBQ)
- Child Adjustment and Parent Efficacy Scale (CAPES)
- Parenting and Family Adjustment Scale (PAFAS)
- Parenting Scale (PS)
- Parent Acceptability Questionnaire
- Parent Satisfaction Survey
Procedures

- Parents attended the Triple P seminar series: (3 x @90 minutes)
  - The power of positive parenting
  - Raising confident, competent children
  - Raising resilient children
- Delivered in Indonesian and used translated materials.
Results: Program efficacy

Significant intervention effect ($p = .001$), $d = 0.48$
Results: Program efficacy

Parental Efficacy

Significant intervention effect ($p = .001$), $d = 0.47$
Results: Program efficacy

Parenting practice

Significant intervention effect ($p < .001$), $d = 0.75$
Results: Program efficacy

Parenting style: LAXNESS

Cut off score

Significant intervention effect (p = .005), d = 0.29
Results: Program efficacy

Parenting style: OVERREACTIVITY

Cut off score

Significant intervention effect (p < .001), d = 0.67
Results: Program efficacy

Parenting style: VERBOSITY

- Significant intervention effect ($p < .001$), $d = 0.65$

Cut off score

- Pre-intervention
- Post-intervention

Intervention group
- Wait-list control group
Results: Program efficacy

Parental Stress

- Pre-intervention
- Post-intervention

Significant intervention effect ($p = .011$), $d = 0.46$
Results: Program efficacy

- Child emotional problems
- Family relationship problems
- Parental teamwork problems

Not significant

Floor effects
Results: Parent acceptability

- Seminar 1: 6.52, 6.78, 6.75
- Seminar 2: 6.69, 6.7, 6.85
- Seminar 3: 6.7, 6.78, 6.85
Results: Parent satisfaction

- Presentation: 6.22
- Question time: 5.84
- Interesting seminar: 6.59
- Clear example: 6.41
- Clear explanation: 6.46
- Sufficient knowledge: 6.35
- Seminar content: 6.48
- Understanding on child: 6.41
- Tipsheets: 6.67
- Intention to implement: 6.65
I received practical tips to help my child manage his own emotions. I hope the seminar will have a ‘positive parenting mailing list.’

The information was very useful, we applied some strategies and began to see positive changes in our son as well as ourselves (based on the materials given two weeks ago).

My suggestion, a short movie or film would make the seminar more interesting and engaging.

The seminar was good, but the time for a discussion was not enough, we couldn't discuss all the issues and problem-solved potential solutions. It would be better if participants can work in small groups and use case examples to discuss the points from the seminar presentation.”
Conclusions

- The results are consistent with other studies (Leung, et al., 2003; Matsumoto, Sofronoff, & Sanders, 2007; Sanders, Prior, & Ralph, 2009; Morawska, et al., 2010).
- The results confirm and extend the findings in the pilot study → positive impacts on parenting and child outcomes.

- The Triple P seminar is effective in increasing parental efficacy and reducing child behavioural problems, dysfunctional parenting practices, and parental stress.
- The program is culturally acceptable.
Next steps...

- Maintenance effect for parenting and child behaviour outcomes (6-month follow up).
- Dissemination of the Triple P seminar → involving decision makers, relevant practitioners, and other stakeholders.
- A brief parenting program shows a promising effect!
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Questions or comments?

THANK YOU