Enhancing impact through community-wide parenting and family support interventions

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HFCC2013, Los Angeles
At a glance

Why a whole of community approach

Challenges ahead

Enhancing outcomes

Taking stock
Effects of early experience can last a lifetime

- The quality of family life and in particular parenting has a pervasive long term impact on children’s well being and development
- Early family based experiences lay the foundation for life long learning
- Self-control at age 3 predicts health, wealth and criminality 30 years later (Moffitt et al, 2011)

Parenting influences many aspects of development:

- Secure attachment
- Emergent language
- Emotion regulation

- Social skills
- Early literacy
- School readiness

- Antisocial behavior/drug use
- Sexuality/HIV

- School attainment
- Peer relationships
- Obesity

Early years

Preschool transition to school

Adolescence

Middle childhood
...and continues over a lifetime

Emergent adulthood

Transition to parenthood

Transition to great grandparenthood

Transition to grandparenthood
• Physical and mental health consequences of children’s exposure to family violence are serious and long term (Moffitt et al, 2013)

• Self-reported incidence of physical abuse **40 times greater** than official records (Chang, Runyan, et al, 2005)

Many children experience problematic parenting practices
No group has a monopoly on either coercive or positive parenting practices.
Globally violence against children is common
Children aged 2-14 experiencing violent discipline in 29 countries

Any violent discipline: 86%
Psychological aggression: 81%
Minor physical punishment: 62%
Severe physical punishment: 19%

Positive parenting: A common pathway to better outcomes

- Child well being
- Child maltreatment
- Child social, emotional, behavioral problems
- Risk for later problems (academic failure, substance abuse, delinquency)
The benefits for children

- Conduct problems
- Risk of substance abuse
- ADHD
- Internalizing problems
- Peer relationship problems
- School problems
- Heath related behavior

- Improved social and emotional skills
- Positive relationships with parents, siblings, and peers
- Enhanced emotion regulation
- School readiness
The benefits for parents

- Positive interaction
- Consistency
- Teamwork
- Self efficacy
- Problems solving and communication
- Positive relationships with children
- Better functioning work

- Coercive, inconsistent parenting
- Child maltreatment
- Negative attributions
- Parental distress
- Marital conflict
- Work family conflict
- Occupational stress
Child benefits + Parent benefits = Changes in quality of family life
Parenting as a whole of community issue

Enhancing outcomes

Challenges ahead

Taking stock
Building the foundations for a public health approach to parenting support takes time.

Core program development and trialing with different populations.

Testing multiple levels as a system.

Testing different levels in isolation.

- 1978-2000: Core program development and trialing with different populations.
- 2000-present: Testing multiple levels as a system.

Key milestones:

- First published evaluation
- Program gets a name
- International dissemination begins
- First population level evidence emerges
Not a “one size fits all” approach

- Intensive family Intervention
- Broad focused parenting skills training
- Narrow focus parenting skills training
- Brief parenting advice
- Media and communication strategy

Breadth of reach

Intensity of intervention
Different types of evidence
140 evaluation studies

- 17,577 families included
- 460 Researchers
- 129 Institutions
- 14 Countries
- 43% Independent evaluations
- 25% developer led

Meta-analysis: 8
N=1: 13
Population trials: 3
Effectiveness/Service-based studies: 46
RCTs: 70
How effective is Triple P?
Child and parent effects

N=17,577 families

Parenting practices overall $d=.57$

Child outcomes overall $d=.45$

Establishment of the Triple P Research Network (TPRN)

- Promote knowledge exchange
- Enhance high quality research into all aspects of the Triple P system
- Clinical trials register
- Data repository
Parenting as a public health issue

Challenges ahead

Enhancing outcomes

Taking stock
How can we enhance outcomes for families?

Strengthening consumer/end user focus

Adaptations with vulnerable families

Adaptations for low Income countries
Triple P uses an iterative model of program development.
Enhanced engagement with consumers leads to better solutions

Theory development

Knowledge gained from consumers

Existing evidence

Tailored variant ready for empirical testing

RCT
Effects of Grandparent Triple P

ECBI Intensity

$d = .73, p < .001$

$d = .82, p < .001$

N=54

I = Intervention
C = Control

ECBI Problem* (GP: $d = .73$)
Depress* ($d = .89$)
Anxiety* ($d = .95$)
Stress* ($d = .86$)
QRI Biol Support* ($d = .56$)

No significant results in parenting style or grandparent partner relationship quality.
Enhancing outcomes

Strengthening consumer/end user focus

Adaptations with vulnerable families

Tailoring interventions for low Income countries
Parents of children who are bullied by peers
School bullying has severe consequences.

- Anxiety
- Loss of friendships
- Behaviour problems
- Health problems
- Lower self-esteem
- Depression
- School absenteeism
- Increased long-term risk of severe mental health problems, school dropout, involvement in criminal justice system.
Parenting practices that promote better peer relationships

Facilitative Parenting

Talk to child about issues
Enjoy child’s company
Help child resolve peer conflicts
Avoid over protectiveness
Encourage appropriate independence

Facilitate peer interaction
Communicate well with child’s teacher
Avoid being aggressive in defense of child
Resilience Triple P

A program to assist families concerned about their child being bullied at school

Facilitative parent training

Social and emotional skills for children

LESS Peer Victimization?

Funded by Australian Research Council
Effects of Resilience Triple P

### Outcome

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<tr>
<th>Bullying of Child:</th>
<th>Effect size</th>
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<tr>
<td>CTPV Overt bullying (teacher)</td>
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<td>( \eta_p^2 = .08 ) (med/large)</td>
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Bar chart showing Child Depression (Parent report) from 0 to 6 months, with intervention and control groups, and 0, 3, and 9 months data points.
Enhancing outcomes

Strengthening consumer/end user focus

Adaptations with vulnerable families

Tailoring interventions for low income countries
Parents of children with a developmental disability
The Challenge

Increase the number of parents of children with a disability who complete evidence-based parenting programs

To enhance parenting competence and confidence at a population level

To reduce the prevalence of child social, emotional and behavioral problems
• Children with disabilities have higher rates of behavioral and emotional problems (Einfeld & Tonge, 1996)
• Parents experience greater parental stress and this stress is predicted by the level of behavioural problems their child experiences
Parents of children with a disability experience more personal distress than other parents

Sanders et al (in prep)

Parents of typically developing children

- I feel stressed and worried: 32.00% (Parents of typically developing children: 88.00%)
- I feel satisfied with my life: 58.50% (Parents of typically developing children: 82.80%)
- I feel sad or depressed: 9.10% (Parents of typically developing children: 32.00%)
- I feel happy: 68.50% (Parents of typically developing children: 86.50%)
- I feel stressed and worried: 32.50% (Parents of typically developing children: 70.50%)

[Bar chart showing comparisons]
Using consumer/end user feedback to plan implementation

My Say Survey

For Parents or Caregivers

Survey for parents and caregivers of children with a disability

Complete survey and register your interest to receive free Stepping Stones Triple P parenting programs

For Professionals

Survey for professionals working with families of children with a disability

Complete survey and register your interest to receive free Stepping Stones Triple P training and resources
Types of disability
N=430 practitioners
My Say Survey

Parents and Caregivers

Survey for parents and caregivers of children with a disability

This is your chance to tell us about your experiences as a parent or caregiver of a child with a disability. We want to know how your child’s disability impacts on your family, and you personally. Do you receive enough support to deal with challenging behaviour? What sort of extra help do you think you need?

Your participation in this survey will help to improve parenting services across Queensland, New South Wales and Victoria.

- Who can fill out the survey?
- How long will the survey take?
- What will I be asked?
- Contact information
- Go to the Survey

Who can fill out the survey?

All parents and caregivers of children with a disability aged between 2 and 10 years in Queensland can fill out the survey.

The survey will become available for parents in Victoria in 2013 and for parents in New South Wales in 2014.

The survey has been developed for parents of children with:

- Intellectual disability/developmental delay
- Autism Spectrum Disorder (including Autism, Asperger’s Disorder, PDD-NOS)
Parents preferences for different delivery formats

- Radio segment: 6.70% PTDC, 15.70% N=560 PTDC
- Religious organization access: 7.10% PTDC, 13.20% N=560 PTDC
- Newspaper article: 11.00% PTDC, 24.30% N=560 PTDC
- Self-directed with phone: 17.10% PTDC, 30.40% N=560 PTDC
- Self-directed: 24.50% PTDC, 35.70% N=560 PTDC
- Television program: 24.00% PTDC, 37.80% N=560 PTDC
- Parent seminar: 37.00% PTDC, 45.50% N=560 PTDC
- Web-based program: 37.90% PTDC, 47.30% N=560 PTDC
- Group program: 49.40% PTDC, 49.20% N=560 PTDC
- Home visits: 26.60% PTDC, 38.40% N=560 PTDC
- Individually tailored program: 45.70% PTDC, 76.50% N=560 PTDC

N=560 PTDC

N=241 PCDD
The perspectives of managers and front line staff: a formula for conflict

“Reasons that would stop you from training employees to deliver or from using manualized parenting interventions”

N=430

- Financial reasons e.g., too expensive to train employees and stock resources: 45
- Employees do not have enough time with clients: 36
- Workload too heavy (too many clients) for employees: 36
- Resistance from parents: 27
- Employees too busy to learn programs well enough: 14
- Organisation does not have the capacity to supervise employees who deliver program: 17
- Does not fit with the goals, objectives, or priorities of the organisation: 14.5
- No support from workplace/managers: 13
- Other: 10
- Issues associated with working in an isolated community: 3
- Don't like available parenting interventions: 0.2

- Workload too heavy (too many clients) for employees
- Employees do not have enough time with clients
- Financial reasons e.g., too expensive to train employees and stock resources
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- No support from workplace/managers
- Other
- Issues associated with working in an isolated community
- Don't like available parenting interventions

Note: The numbers in the bars represent the percentage of respondents.
How can we enhance outcomes for families?

Strengthening consumer/end user focus

Adaptations with vulnerable families

Adaptations for low Income countries
Parents in low and middle income families
On a global scale problematic parenting and violence towards children is widespread.
The context

• Parents living in poverty (70% living on less than $300 per month)
• Most parents struggling to get money for covering their basic needs (food, clothing etc).
• Living in very small houses (all the family sleeping in the same room common) in very poor communities.
• High urban crime rates (gang participation common)
• Most parents did not finish high school
• Parents very concerned about their child getting involved in gang activity and/or the child failing or quitting school

Funded by: National Secretariat of Science, Technology and Innovation (SENACYT)
Bringing evidence-based parenting programs to LMIC

• Establish cultural relevance and acceptability to parents and practitioners (Mejia et al, under review)

• Establish effectiveness (with the highest possible standard of evidence)
Effects of Triple P
Disobedience Discussion Group
Mejia, Calam & Sanders (under review)

Measure                           Effect sizes
Parenting Scale                   d= 0.4
Parental distress                 d=0.3
Small changes
big differences
Individual practitioners capacity to make a difference

- **Model 1**: 4 g
- **Model 2**: 4s, 2 g, 40 OL
- **Model 3**: 6s, 2g, 5DG, 40OL's

- N = 1550
- N = 800
- N = 200
An organization’s capacity to make a difference over a five year period

<table>
<thead>
<tr>
<th>Model of delivery</th>
<th># of practitioners</th>
<th># of families served</th>
<th># of children positively influenced 1.6 children per family</th>
<th># of clinical cases averted</th>
<th>Cost per family</th>
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<tbody>
<tr>
<td>Model 1</td>
<td>10</td>
<td>2000</td>
<td>3200</td>
<td>1800</td>
<td>900</td>
</tr>
<tr>
<td>Model 2</td>
<td>10</td>
<td>8000</td>
<td>12,800</td>
<td>7200</td>
<td>360</td>
</tr>
<tr>
<td>Model 3</td>
<td>10</td>
<td>15,500</td>
<td>24,800</td>
<td>13,950</td>
<td>5400</td>
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Percentage reduction in child problems: ↓ 50%  ↓ 25%  ↓ 12.5%
## Full Triple P System Implementation – High Practitioner Delivery Rates

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<th>% of families reached per year</th>
<th># of cases averted</th>
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<td>Full Triple P System</td>
<td>295 Training places</td>
<td>74,045</td>
<td>118,472</td>
<td>22%</td>
<td>800</td>
<td>$10</td>
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**Total cost over 5 years (assuming use of existing workforce)**: $740,000

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1. Conservatively assumes that 13.1% of participating parents (Merikangas et al., 2010) are in the clinically elevated range and that 25.8% move to the normal range on the ECBI based on Zubrick et al. (2005)
# Full Triple P System Implementation

## Low Practitioner Delivery Rates

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Challenges ahead

Parenting as a public health issue

Enhancing outcomes

Taking stock
Childhood exposure to violence and lifelong health: Clinical intervention science and stress biology research join forces. What will this mean for the field?

The success of our efforts will depend on our capacity to:

- Value our differing perspectives
- Broaden the scope of what we consider useful “evidence”
- Never forget the reason for it all
To create a world of happy, healthy, and capable children and young people
Thank you for your attention

For further information on Triple P Research: [www.pfsc.uq.edu.au/evidence](http://www.pfsc.uq.edu.au/evidence)
Training and materials: [www.triplep.net](http://www.triplep.net)