

# Enhancing parenting of adolescents with Standard Teen Triple P



Triple P - Positive Parenting Program®



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# Teen Triple P objectives - teenagers

- Promote teenager development
- Increase teenager competence in managing personal issues
- Reduce conflict over parents' use of methods of discipline
- Improve communication between teenagers and parents
- Reduce anxiety and stress associated with being a teenager

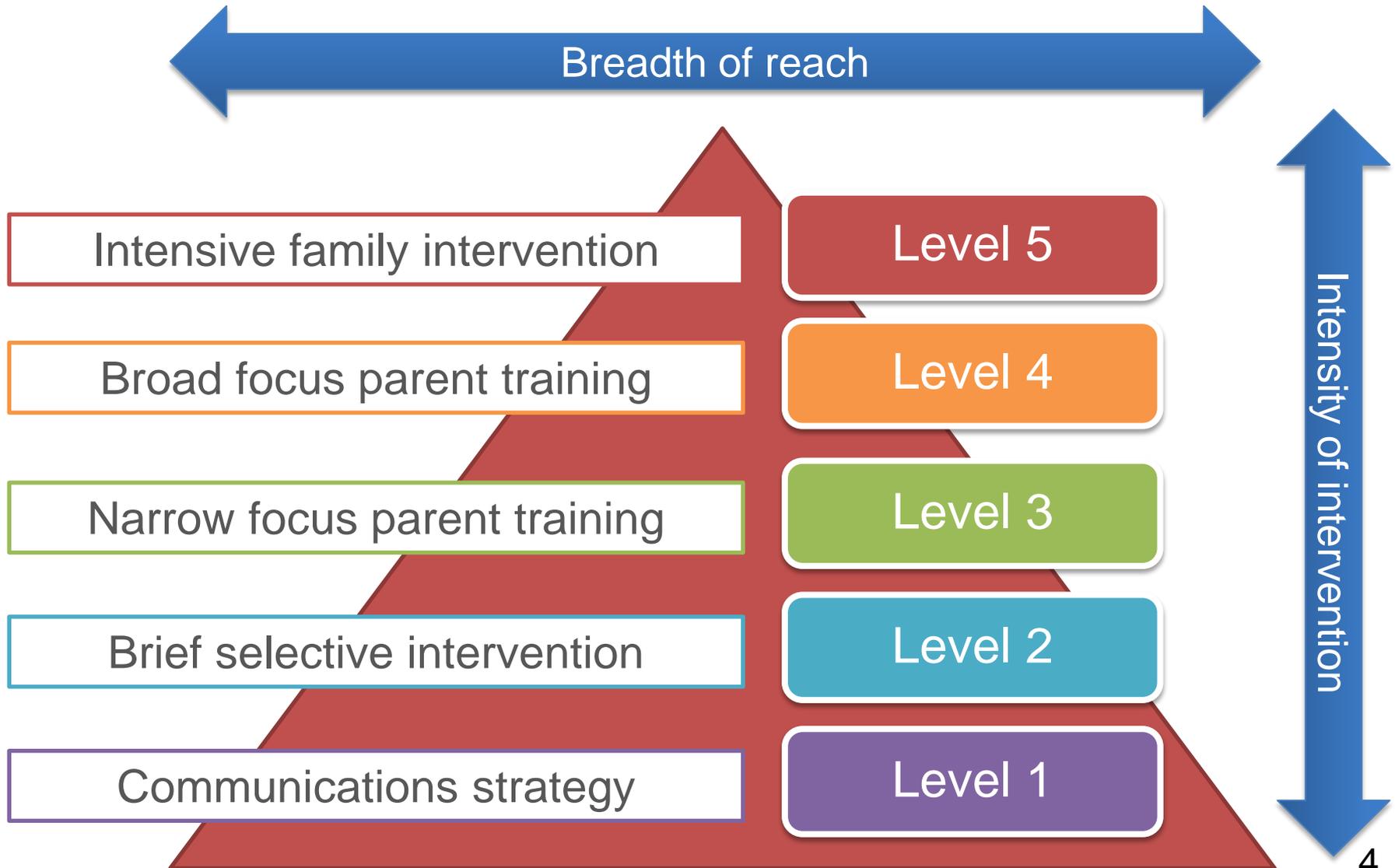


# Teen Triple P objectives - parents

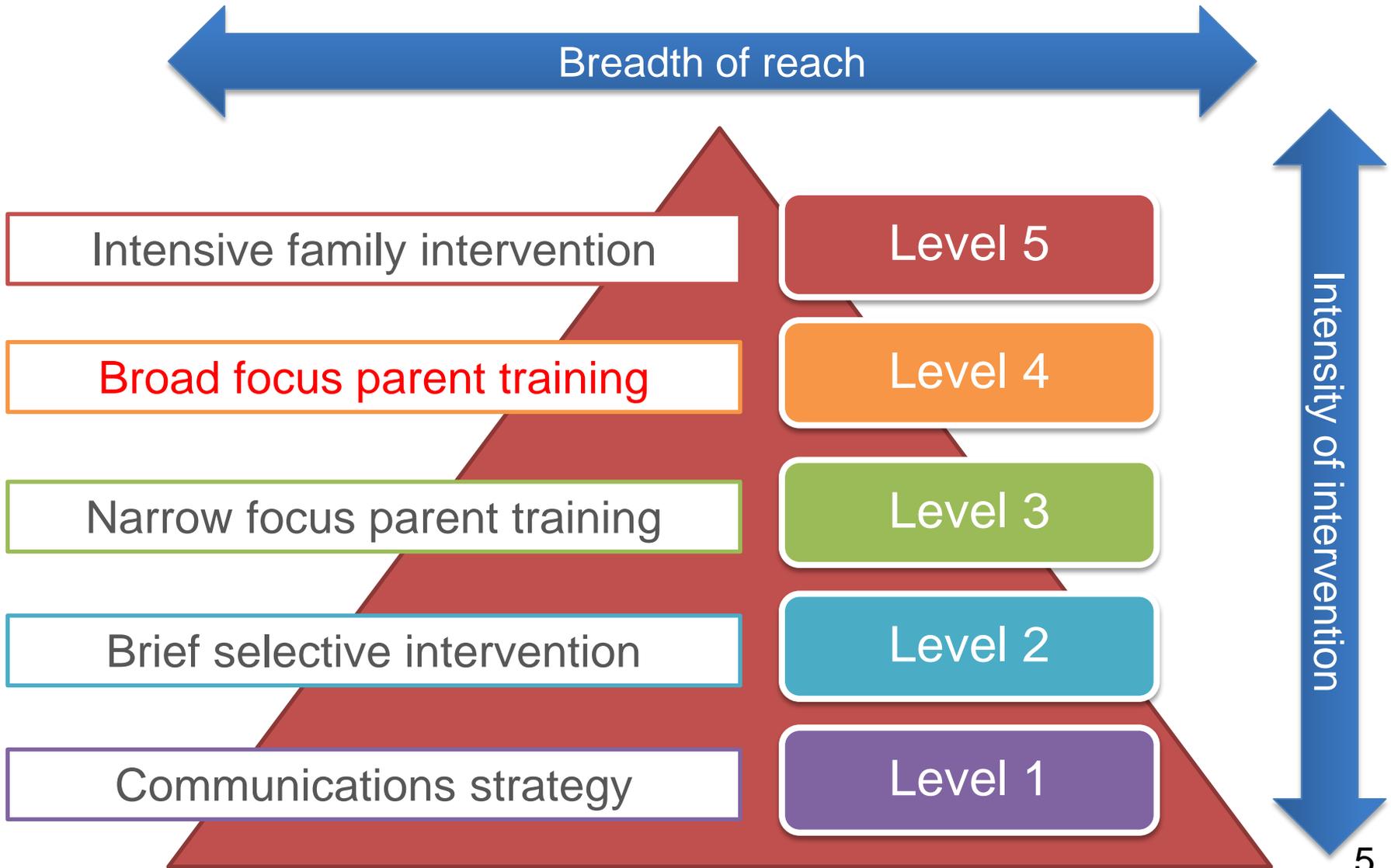


- Increase parents' competence in promoting teenager development
- Increase parents' competence in managing common behaviour problems and developmental issues
- Reduce parents' use of coercive and punitive methods of discipline
- Improve communication between parents and teenagers
- Reduce parental stress associated with raising teenagers

# The Triple P system of intervention



# The Triple P system of intervention



## Level 4 Standard Teen Triple P

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- 10 session individual program
- Includes some participation by teenager
- Parent/s coached to improve communication with teenager
- Emphasis on negotiation and problem-solving

# Session structure

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1. Interview and assessment with parent/s
2. Interview with teenager and family observation\*
3. Feedback of assessment, discussion of influences and goal setting
4. Strategies for promoting positive development
5. Family observation and goal setting\*
6. Strategies for managing problem behavior
7. Family observation and goal setting\*
8. Routine for dealing with risky behavior
9. Family observation and goal setting\*
10. Final assessment and program close

\* Teenager encouraged to attend session

# Salari, Ralph & Sanders. An efficacy trial: Positive Parenting Program for parents of teenagers, *Behaviour Change*, in press

- Program delivered by clinical psychology interns at the Parenting and Family Support Centre and the Psychology Clinic at the University of Queensland
- Recruitment process
  - School newsletters
- Standardised interview used to determine eligibility

# Eligibility criteria

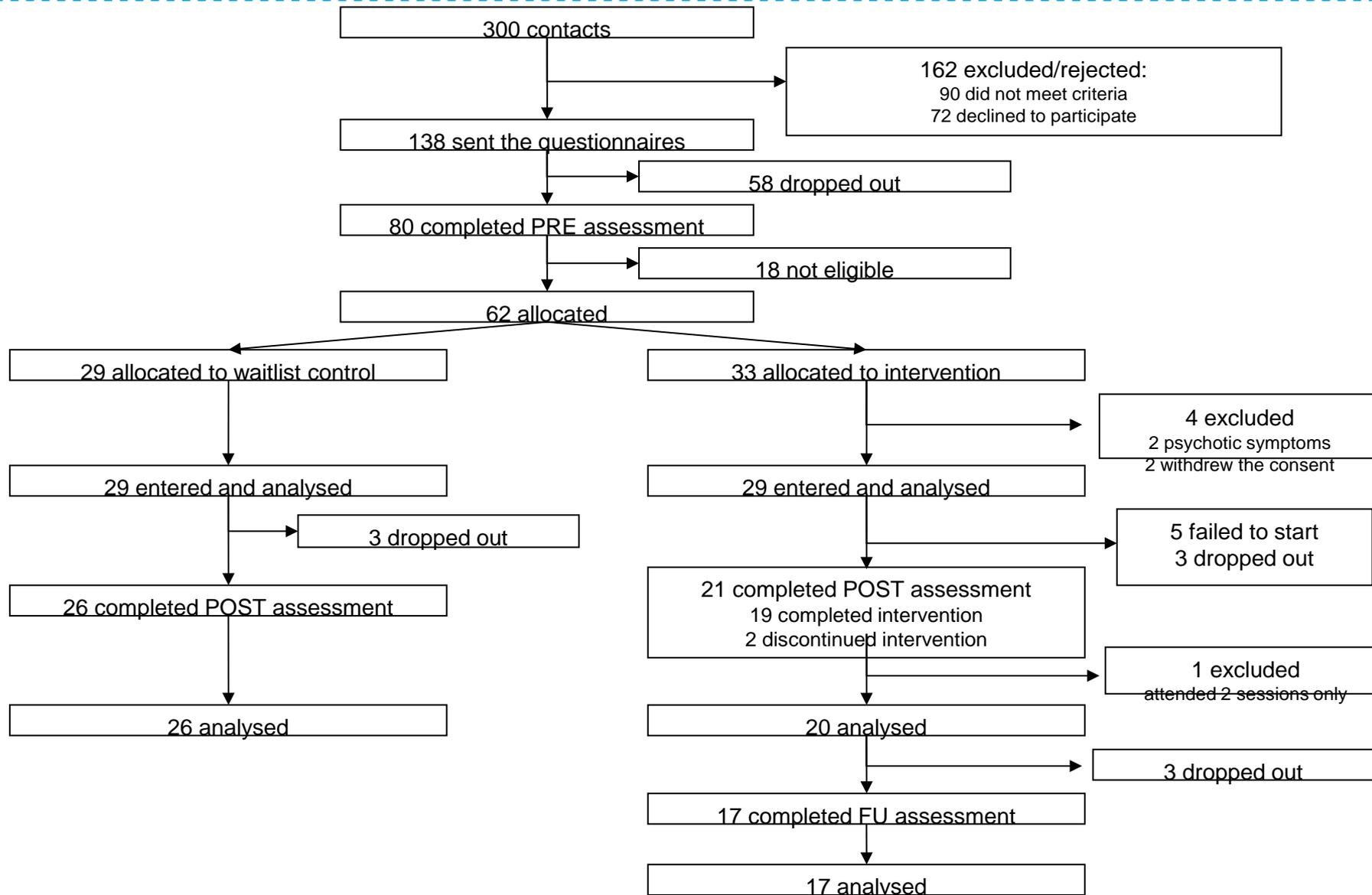
- Initial criteria
  - Parents of 11 – 16 year old teenagers
  - Parent(s) concerned about their teen's behaviour
  - No developmental disorder or significant health impairments
  - No current treatment for psychological problems (teen or parents)
- Further criteria
  - Elevated score on Strengths and Difficulties Questionnaire
  - Consent for sessions to be recorded

# Participants

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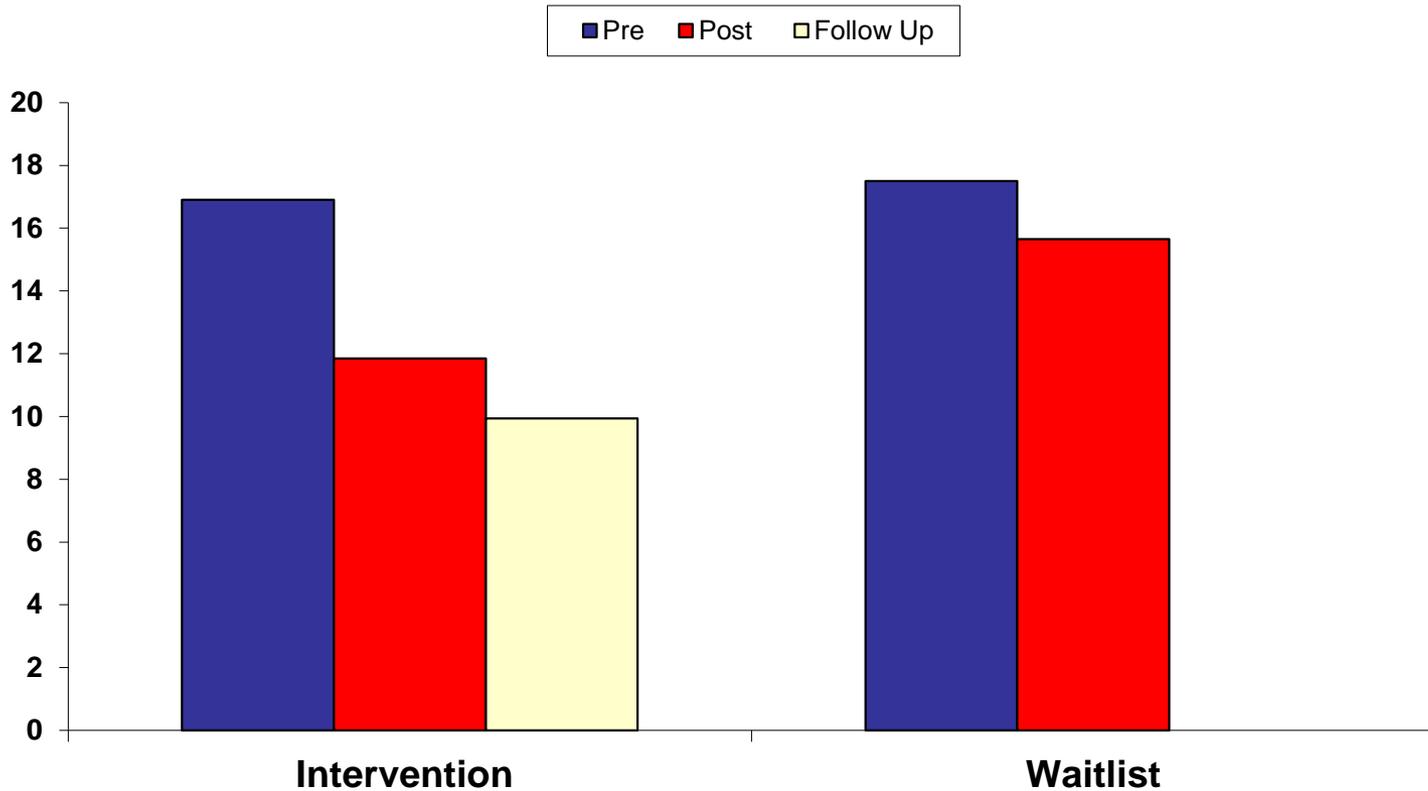
- From 300 families who showed interest, 46 were allocated to one of the following conditions:
  - Standard Teen Triple P
  - Waitlist control
- Teenagers
  - Mean age 12.9
  - 21 girls, 25 boys

# Participant flow chart



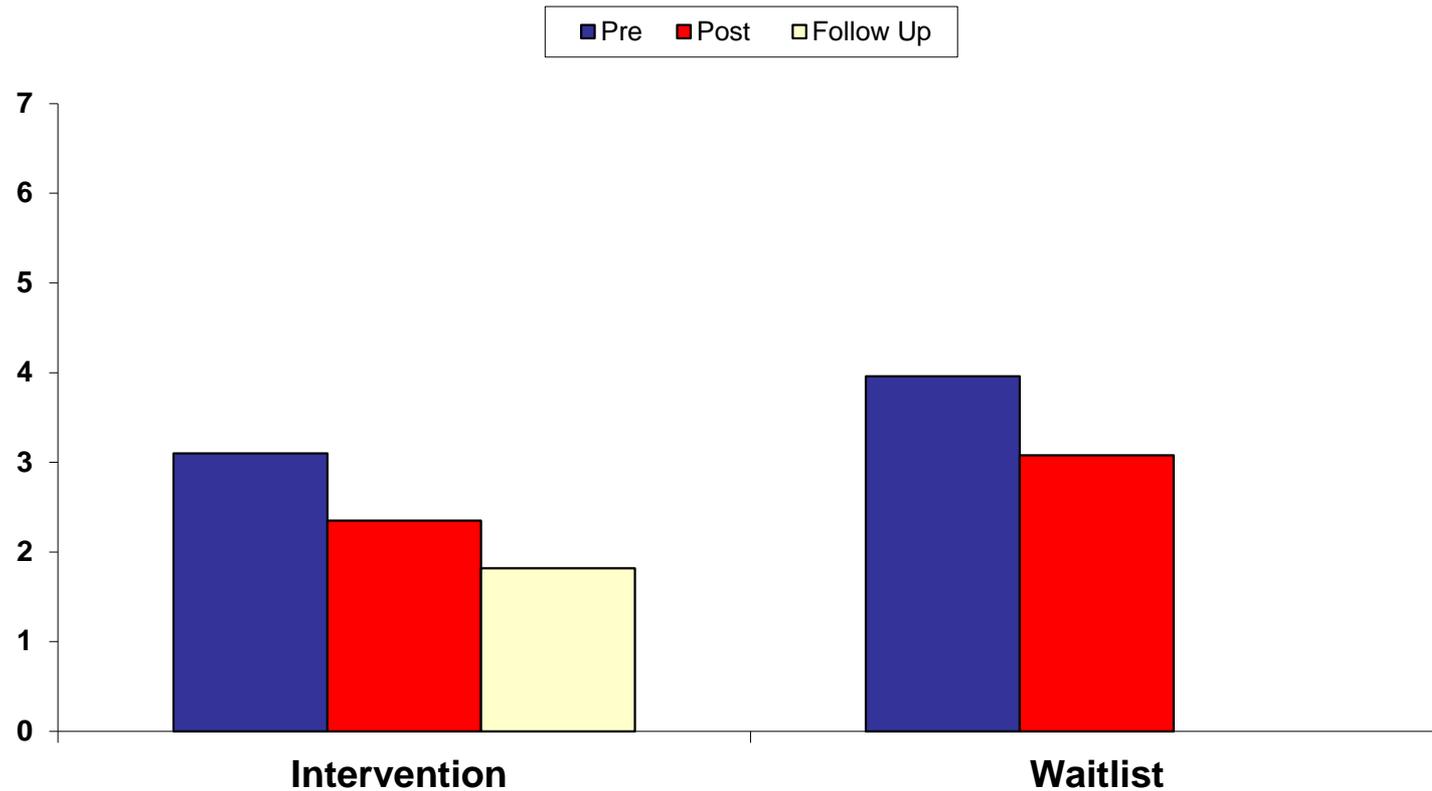
# SDQ Total score

**SDQ Total**  
 **$d = 0.64$  (pre to post);  $d = 0.92$  (pre to follow up)**



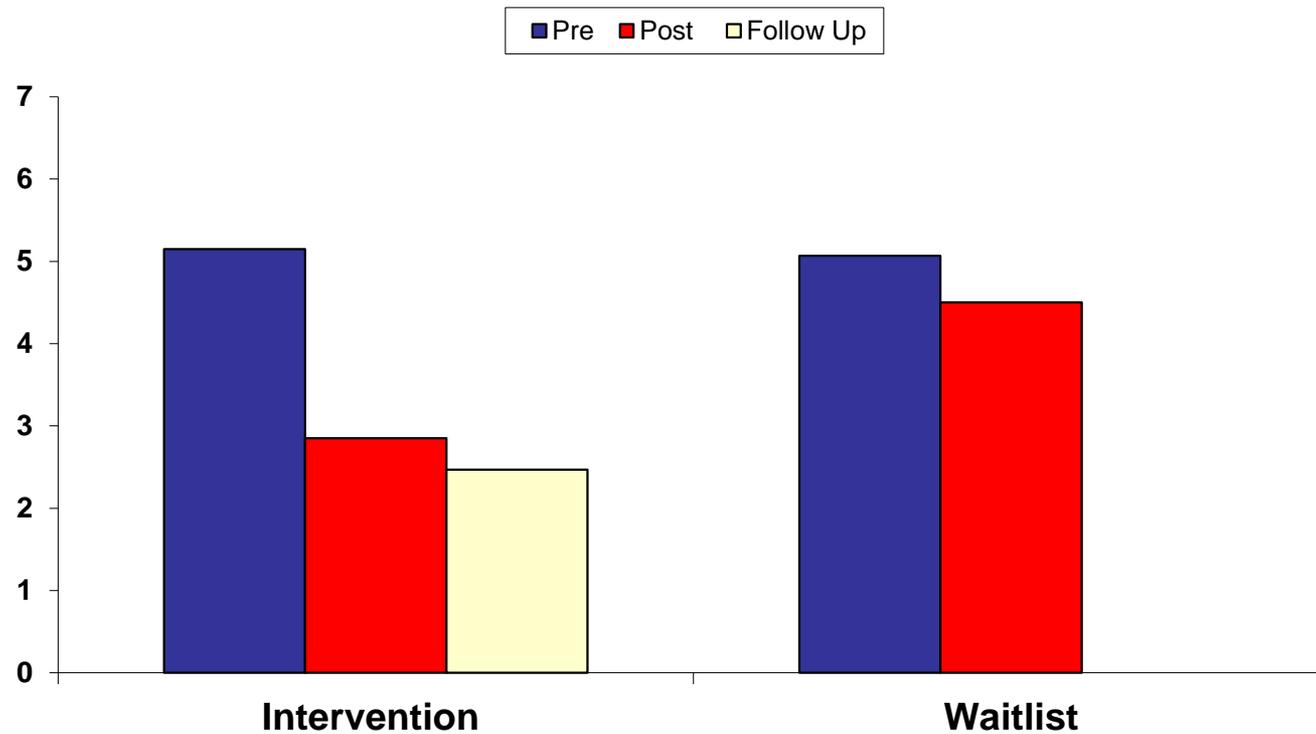
# SDQ Emotional symptoms

**SDQ Emotional Symptoms**  
 $d = 0.05$  (pre to post);  $d = 0.52$  (pre to follow up)



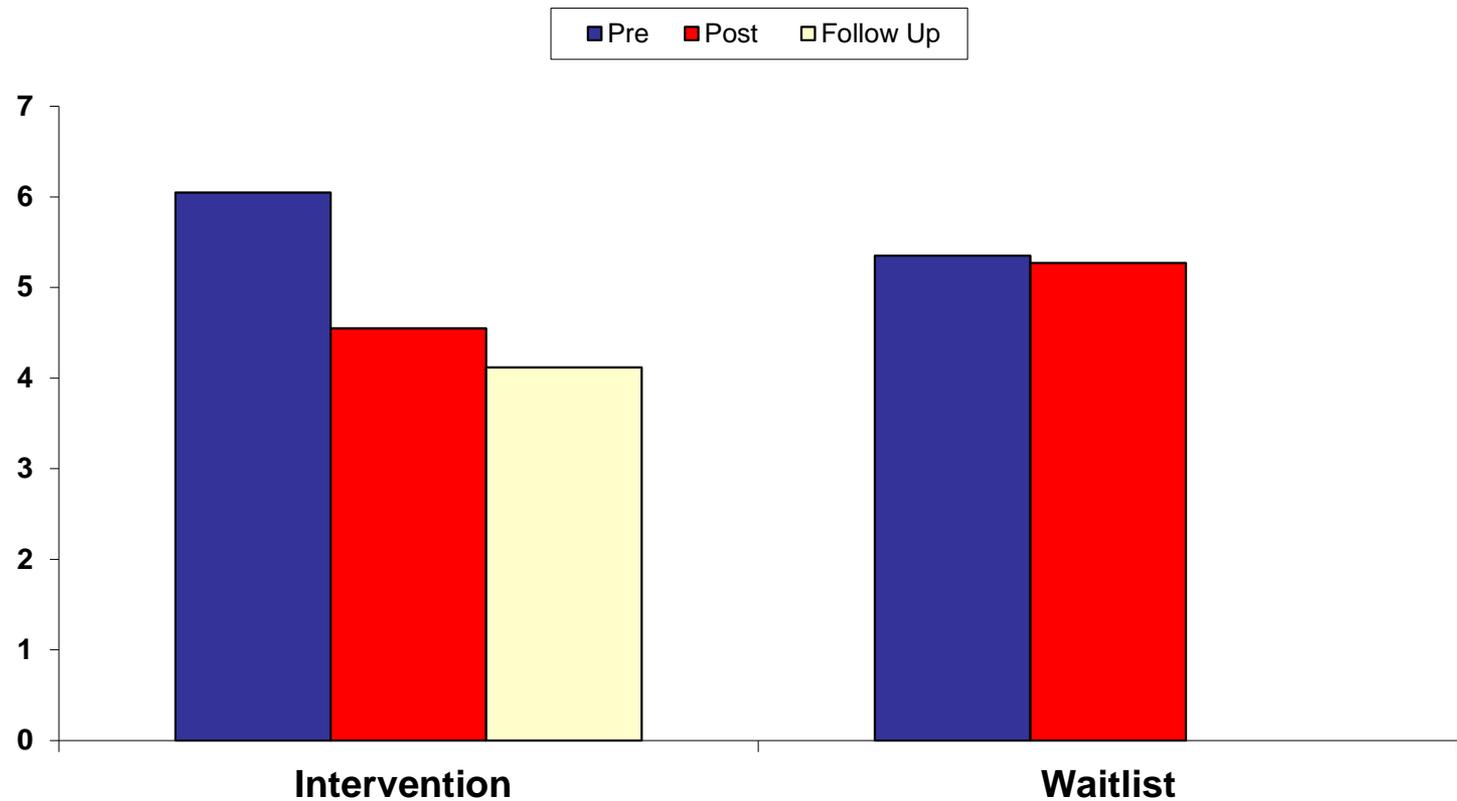
# SDQ Conduct problems

**SDQ Conduct Problems**  
 $d = 0.88$  (pre to post);  $d = 1.28$  (pre to follow up)



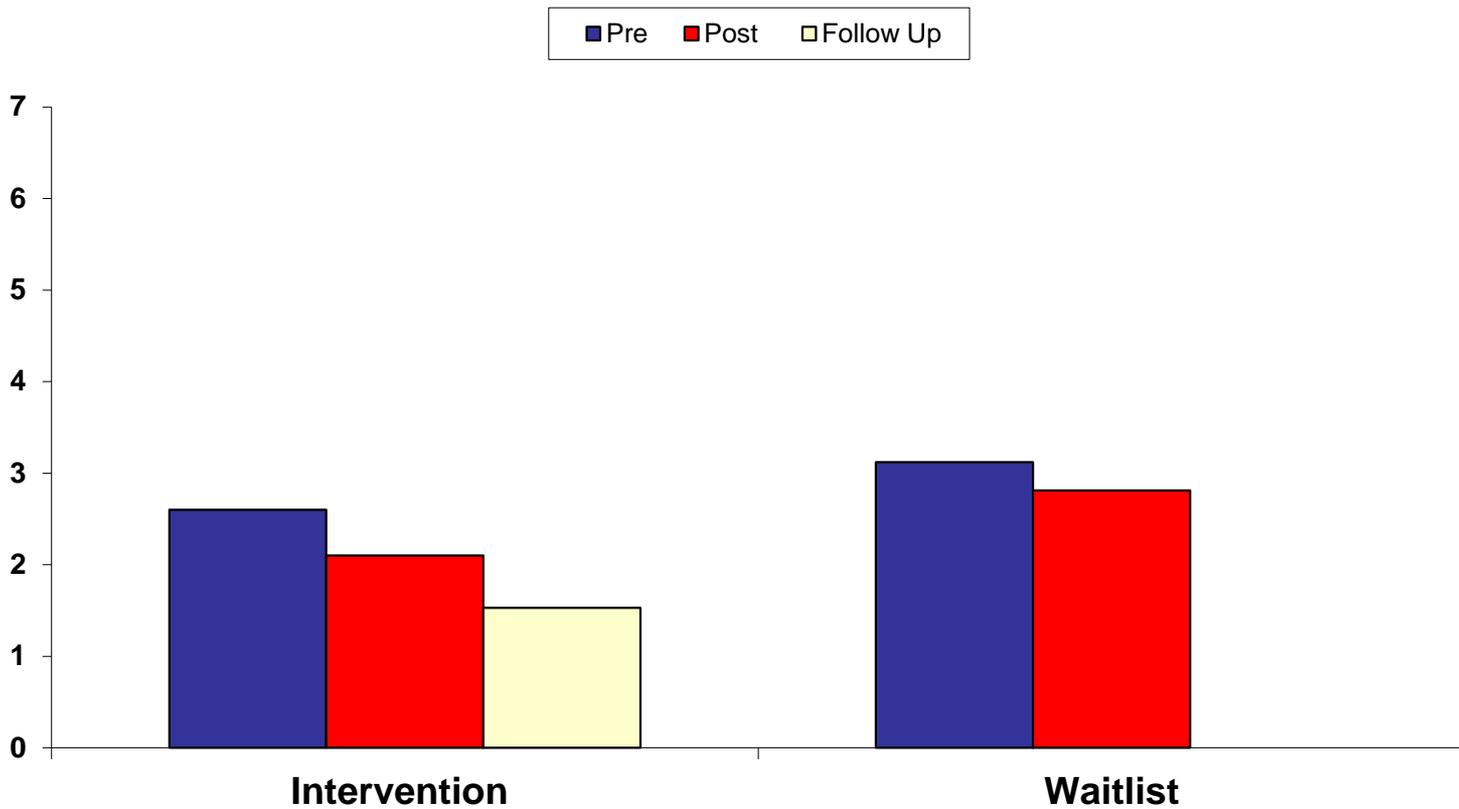
# SDQ Hyperactivity

**SDQ Hyperactivity**  
 **$d = 0.86$  (pre to post);  $d = 0.35$  (pre to follow up)**



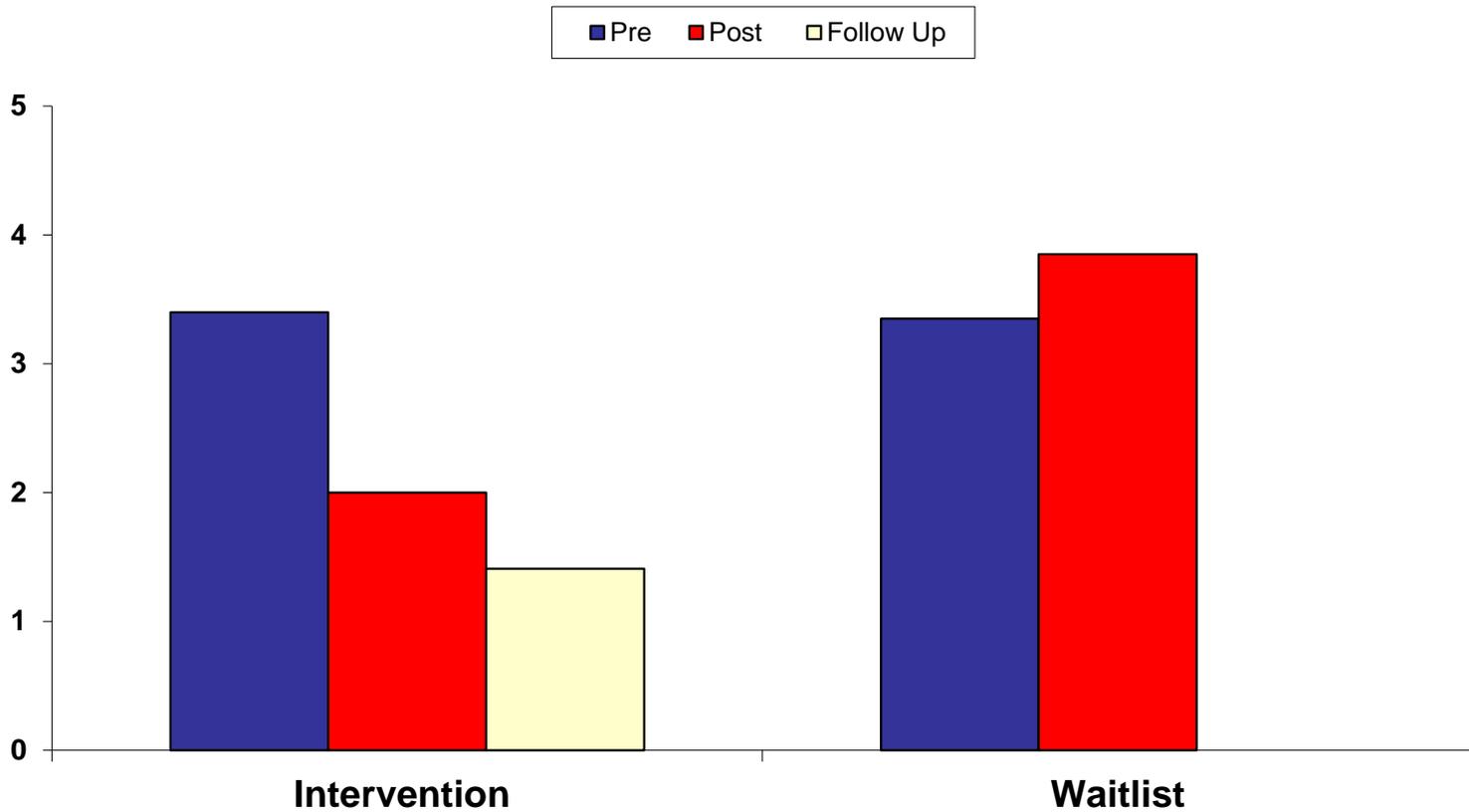
# SDQ Peer problems

**SDQ Peer Problems**  
 $d = 0.14$  (pre to post);  $d = 0.41$  (pre to follow up)



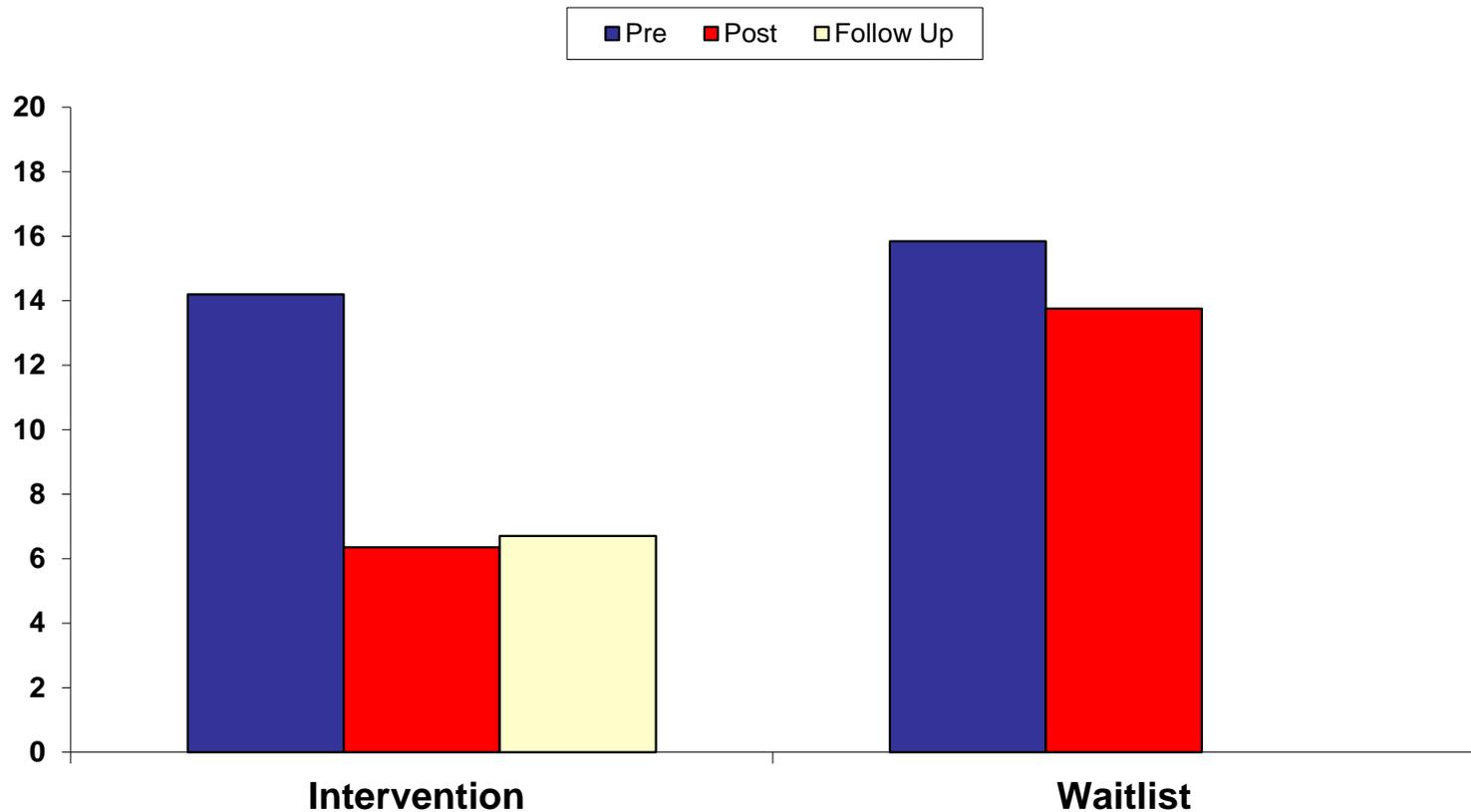
# SDQ Total impact

**SDQ Total Impact**  
 **$d = 0.90$  (pre to post);  $d = 1.07$  (pre to follow up)**



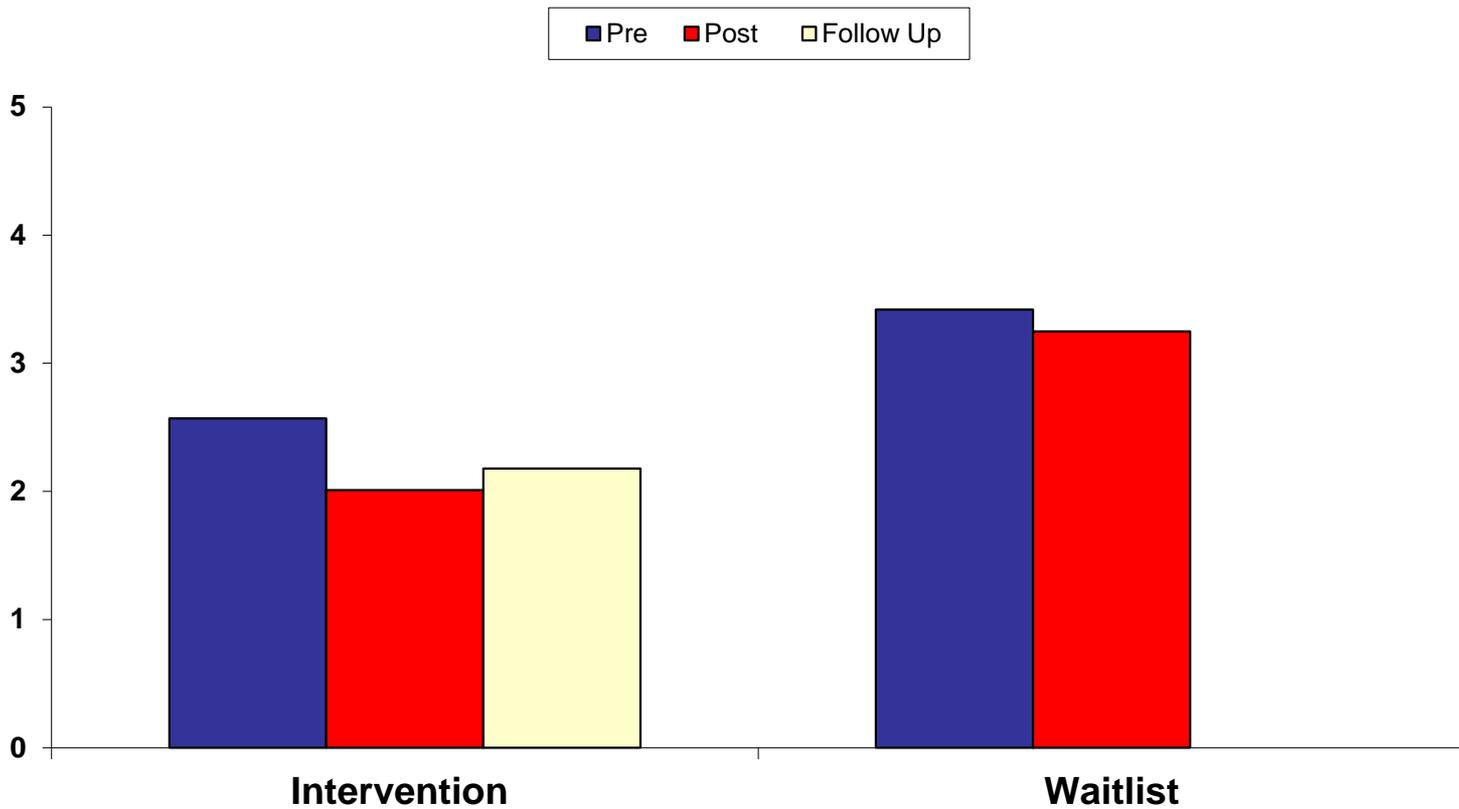
# Conflict Behaviour Questionnaire

**Conflict Behaviour Questionnaire**  
 $d = 1.21$  (pre to post);  $d = 1.19$  (pre to follow up)



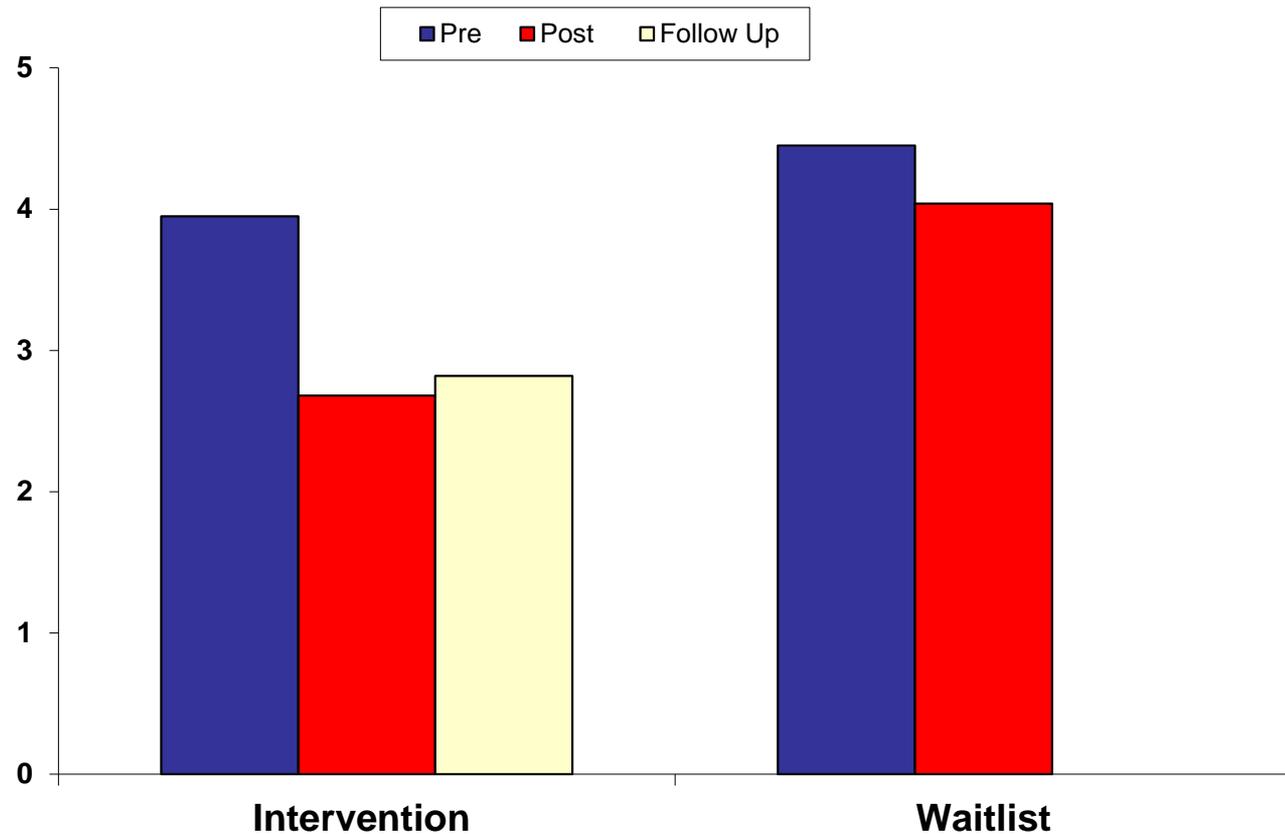
# Parenting Scale - Laxness

Parenting Scale - Laxness  
 $d = 0.50$  (pre to post);  $d = 0.43$  (pre to follow up)



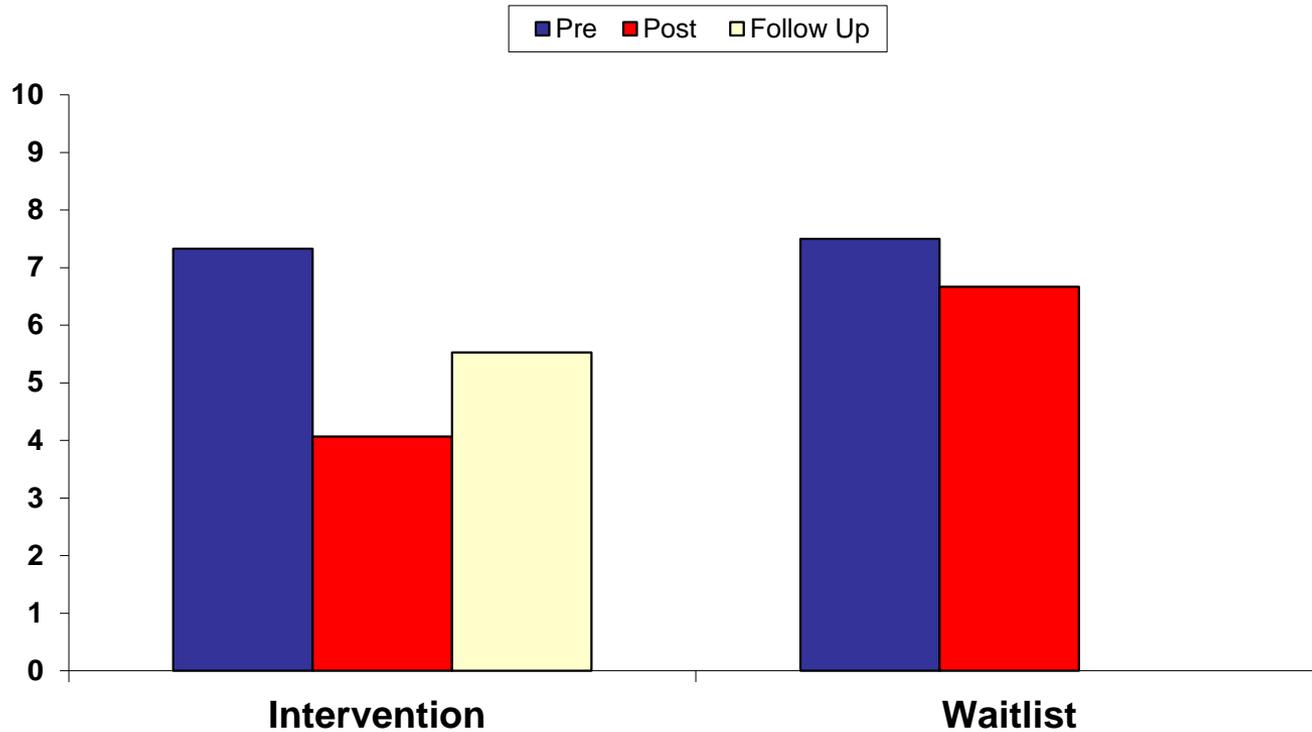
# Parenting Scale - Overreactivity

**Parenting Scale - Over reactivity**  
 $d = 1.15$  (pre to post);  $d = 1.03$  (pre to follow up)



# Parent Problem Checklist

**Parent Problem Checklist**  
 $d = 0.64$  (pre to post);  $d = 0.33$  (pre to follow up)



## Conclusion

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- Moderate to large effect sizes across the salient outcome measures
- Encouraging preliminary validation of assisting parents to bring about improvements in adolescent functioning

## Case study – Lucy, aged 15

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- Referred by the YIST service (UK - Level 1 youth offending service) following Lucy refusing to attend school, behavioural difficulties and aggression at home, and significant risk taking behaviour e.g., staying out late, drinking, smoking, unsafe sexual behaviours, antisocial behaviours with peers.
- Lucy's mother was 16 yrs when she gave birth and was involved in a domestically violent relationship with Lucy's father for 15yrs.
- Lucy's mother described horrific physical and emotional abuse including having her back broken. Lucy had been witness to most of the violence within the relationship including sexual violence towards mum, and was subject to physical violence herself.

## Case study – Lucy, aged 15 (continued)

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- Lucy's mother acknowledged that a great deal of her behaviour reminded her of Lucy's father and that this would trigger flashbacks and displays of aggression towards Lucy both verbally and at times in the form of physical threats. Lucy would in turn be aggressive towards her mother and often 'smashed up' the house.
- Mum described feeling numb after these outbursts and a dip into depression. Lucy and mum did not discuss past abuse and both parties found this difficult to cope with.

## Case study – Lucy, aged 15 (continued)

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- Mum had previously been on anti-depressants for 6 yrs but had recently stopped taking them. She described feelings of depression at the time of initial assessment.
- Lucy had changed school five times, and found it difficult to adjust to high school, where she made few friends and was bullied by other girls.
- Lucy and mum had little family support as they had relocated across the country to escape the domestic violence. Mum was on benefits due to ongoing pain associated with injury to her back and money was in short supply.

# Pre-assessment

## Strengths and Difficulties Q'aire

Total	Clinical
Emotional	Clinical
Conduct	Clinical
Hyperactivity	Clinical
Peer Problems	Borderline
Prosocial	Normal
Impact	Clinical

## Conflict Behaviour Questionnaire

Mother	Clinical
Lucy	Clinical

## Parenting Scale - Adolescents

Laxness	Clinical
Over reactivity	Clinical
Total	Clinical

## Depression/Anxiety/Stress Scale

Depression	Borderline Clinical
Anxiety	Borderline Clinical
Stress	Borderline Clinical
Total	Borderline Clinical

# Intervention

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- Mum was initially referred for Group Teen Triple P but did not engage.
- Mum was then offered Standard 1-to-1 Teen Triple P sessions carried out over a 4 month period. Four sessions were spent addressing the shared formulation and the causes of teenage behaviour, particularly the impact of domestic violence on mum, Lucy and their relationship.
- Lucy was also seen for 10 1-to-1 counselling sessions by a trainee clinical psychologist.

### Strengths and Difficulties Q'aire

Total	Normal
Emotional	Normal
Conduct	Normal
Hyperactivity	Normal
Peer Problems	Borderline
Prosocial	Normal
Impact	Normal

### Conflict Behaviour Questionnaire

Mother	Normal
Lucy	Normal

### Parenting Scale - Adolescents

Laxness	Normal
Over reactivity	Normal
Total	Normal

### Depression/Anxiety/Stress Scale

Depression	Normal
Anxiety	Normal
Stress	Normal
Total	Normal

# Outcome

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- All scores at post-assessment are now within the normal range.
- Lucy is in full time education, by her own choice.
- Mum has commenced retraining and is working toward gaining entry level English and maths with a view to attend a college course.
- The quality of Mum and Lucy's relationship is greatly improved; they spend regular time together doing mutually enjoyable activities.
- Lucy is no longer staying out and is not engaging in risky or antisocial activities.
- She has gained casual employment doing an early morning paper round with a friend.
- There is little conflict in the house; mum and Lucy are able to deal with problems in a calm and non-aggressive way.

# Conclusion

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Teen Triple P is effective in

- Reducing disruptive problem behaviours in teenagers
- Improving parent-teen relationship
- Reducing dysfunctional parenting style
- Reducing parents' disagreements over child rearing issues

# Questions



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- [www.pfsc.uq.edu.au](http://www.pfsc.uq.edu.au)