Enhancing parenting of adolescents with Standard Teen Triple P

Alan Ralph, Raziye Salari & Matthew R. Sanders
University of Queensland
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

- Intensive family intervention
- Broad focus parent training
- Narrow focus parent training
- Brief selective intervention
- Communications strategy

Breadth of reach

Intensity of intervention
The Triple P system of intervention

- Intensive family intervention (Level 5)
- Broad focus parent training (Level 4)
- Narrow focus parent training (Level 3)
- Brief selective intervention (Level 2)
- Communications strategy (Level 1)

Breadth of reach
Intensity of intervention
Level 4 Standard Teen Triple P

- 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

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
• 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
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
300 contacts

162 excluded/rejected:
90 did not meet criteria
72 declined to participate

138 sent the questionnaires

58 dropped out

80 completed PRE assessment

18 not eligible

62 allocated

29 allocated to waitlist control

29 entered and analysed

26 completed POST assessment

26 analysed

33 allocated to intervention

29 entered and analysed

21 completed POST assessment
19 completed intervention
2 discontinued intervention

20 analysed

17 completed FU assessment

17 analysed

4 excluded
2 psychotic symptoms
2 withdrew the consent

5 failed to start
3 dropped out

1 excluded
attended 2 sessions only

3 dropped out
SDQ Total score

SDQ Total
\[ d = 0.64 \text{ (pre to post); } d = 0.92 \text{ (pre to follow up)} \]
SDQ Emotional Symptoms

$d = 0.05$ (pre to post); $d = 0.52$ (pre to follow up)
SDQ Conduct Problems

$d = 0.88$ (pre to post); $d = 1.28$ (pre to follow up)
SDQ Hyperactivity

$d = 0.86$ (pre to post); $d = 0.35$ (pre to follow up)
SDQ Peer Problems

$d = 0.14$ (pre to post); $d = 0.41$ (pre to follow up)
SDQ Total impact

d = 0.90 (pre to post); d = 1.07 (pre to follow up)
Conflict Behaviour Questionnaire

$d = 1.21$ (pre to post); $d = 1.19$ (pre to follow up)
Parenting Scale - Laxness

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

d = 1.15 (pre to post); d = 1.03 (pre to follow up)
Parent Problem Checklist

$d = 0.64$ (pre to post); $d = 0.33$ (pre to follow up)
Conclusion

- 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

- 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.
• 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.
• 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

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<th>Score</th>
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<td>Total</td>
<td>Clinical</td>
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<td>Emotional</td>
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<td>Hyperactivity</td>
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<td>Peer Problems</td>
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<td>Prosocial</td>
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<td>Impact</td>
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### Parenting Scale - Adolescents

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<td>Laxness</td>
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<td>Overreactivity</td>
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<td>Total</td>
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### Depression/Anxiety/Stress Scale

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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.
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<td><strong>Conflict Behaviour Questionnaire</strong></td>
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<td>Mother</td>
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<td>Lucy</td>
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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

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

• Contact: a.ralph@psy.uq.edu.au
• www.pfsc.uq.edu.au