

Telephone-assisted Triple P Online

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Long title:

*The role of brief practitioner support in online parenting interventions:
Does telephone support improve outcomes in Triple P Online?*

Background

Methodology

Recruitment

Assessment

Intervention

Preliminary findings

Satisfaction

Module completion

Primary outcomes

Closing thoughts

Background

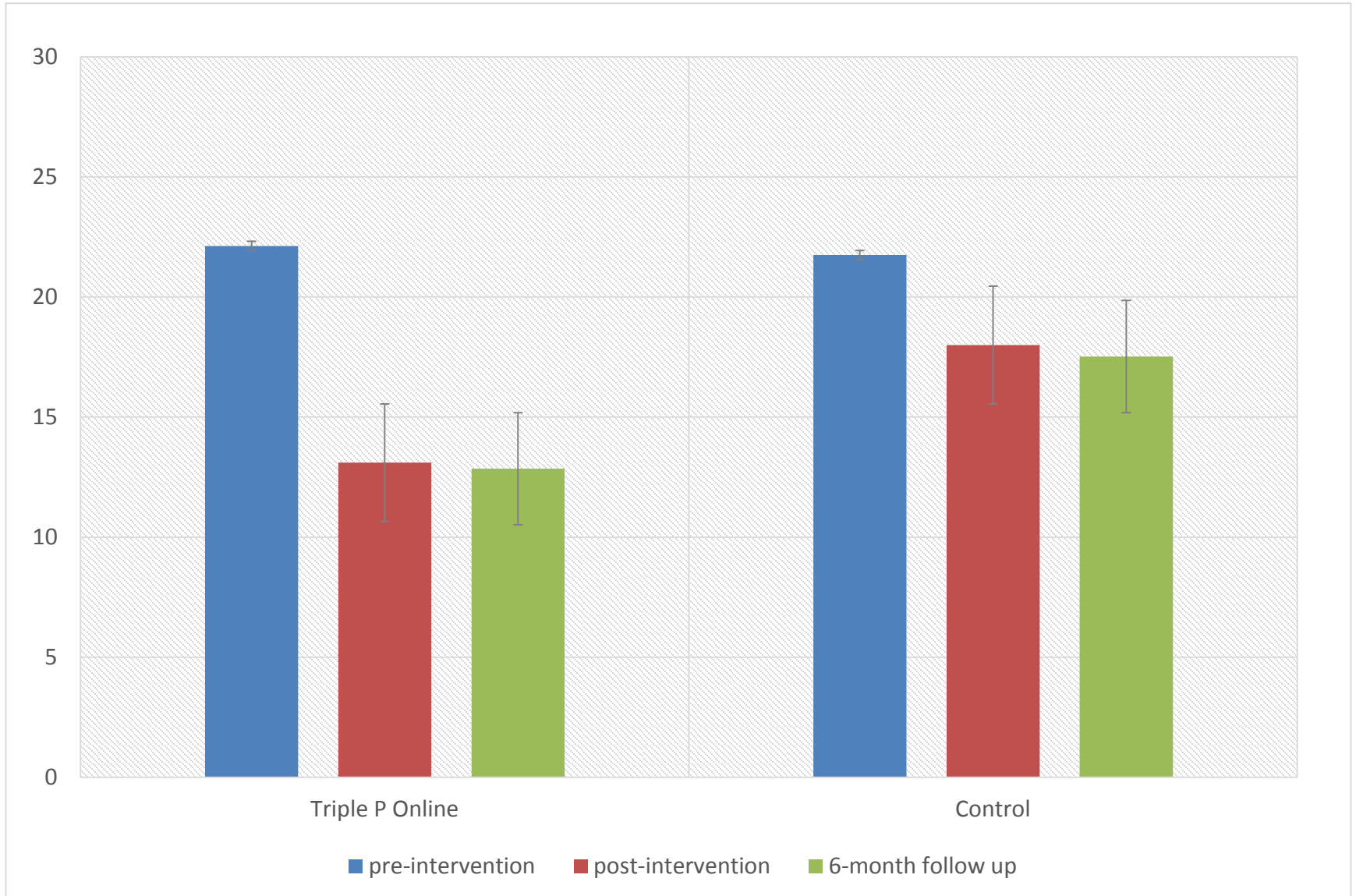




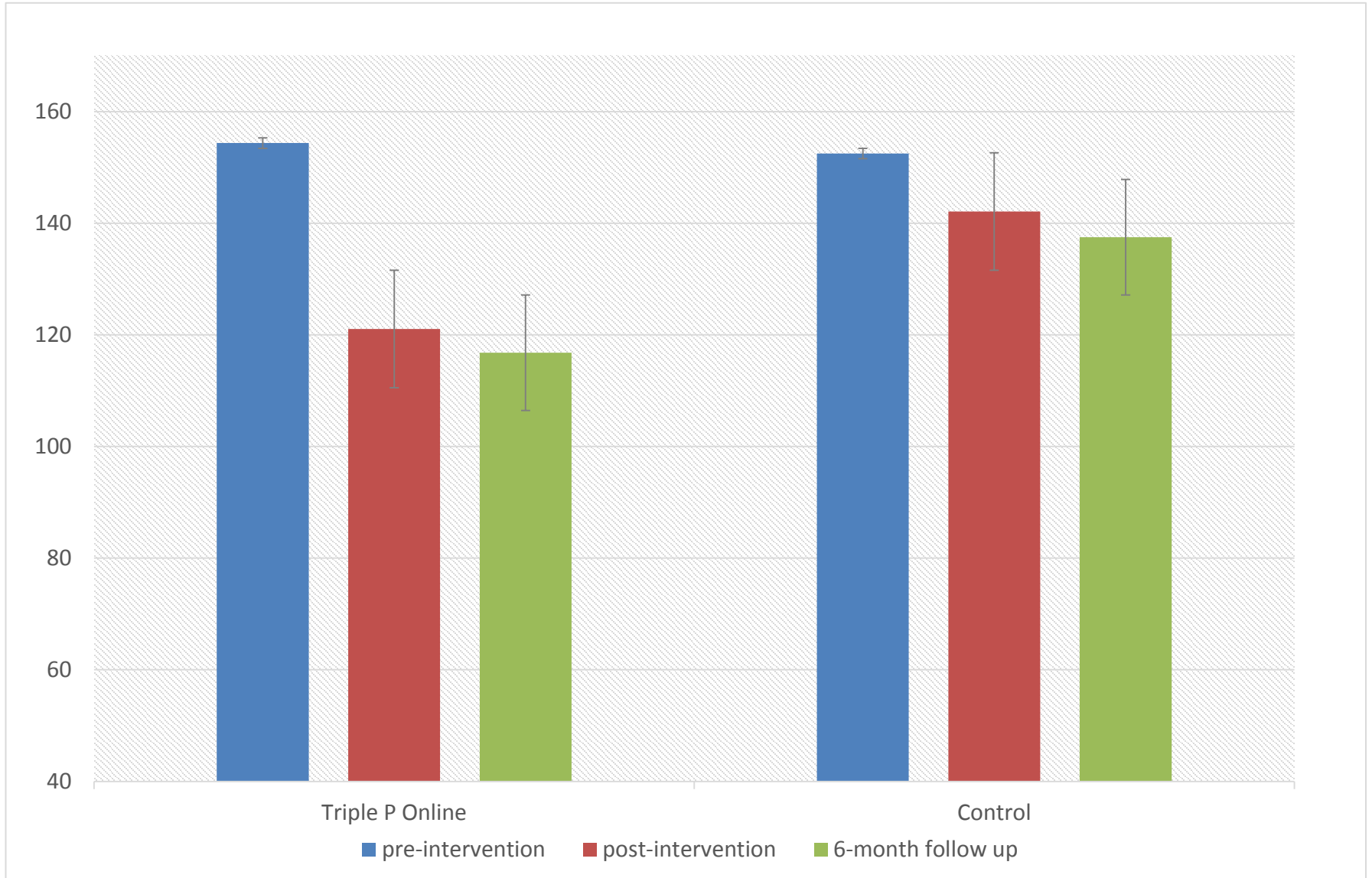
Effective

$d = 0.53$

ECBI Problem Score (number of problems)

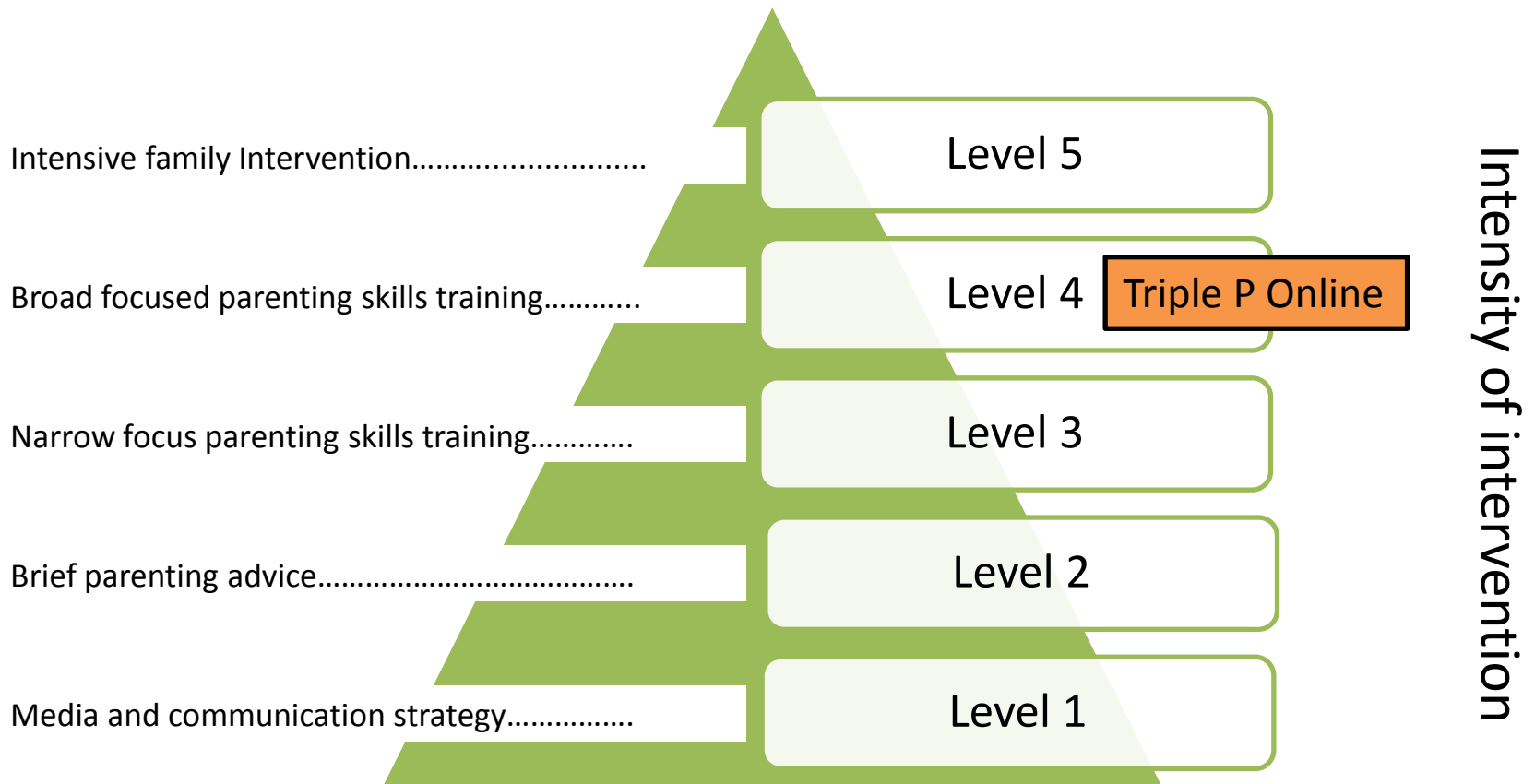


ECBI Intensity Score (frequency of problems)

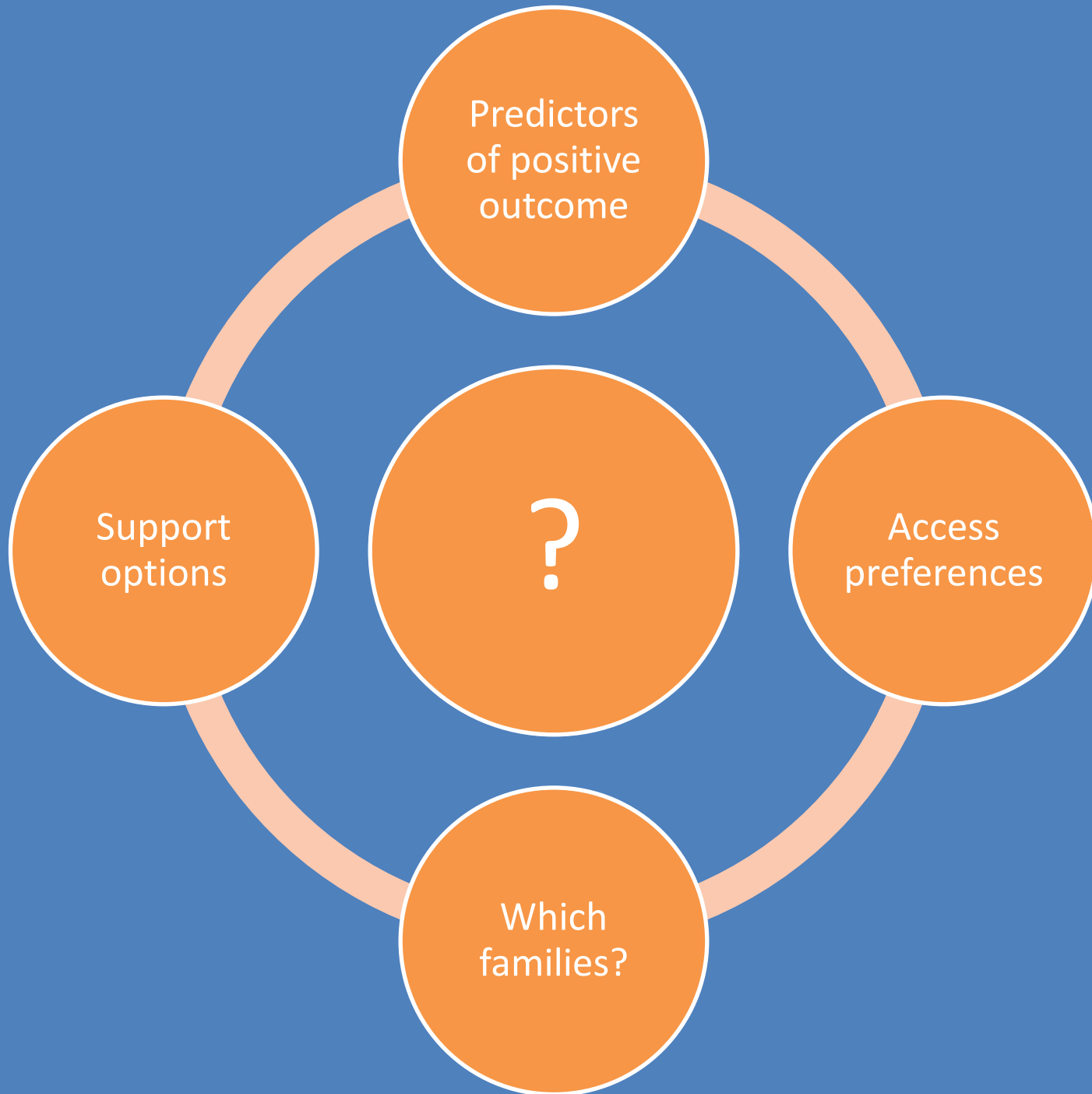


Triple P System

Breadth of reach

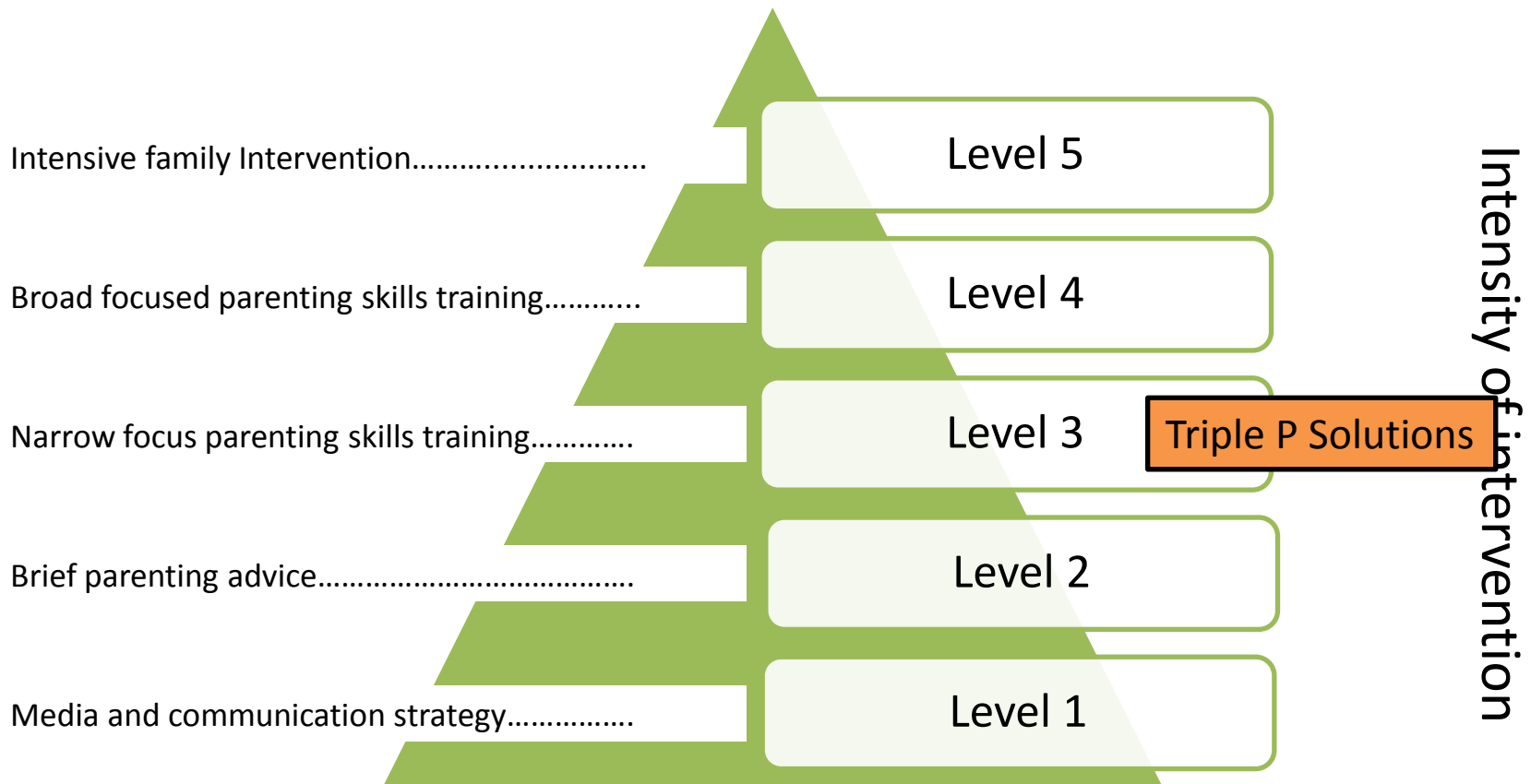






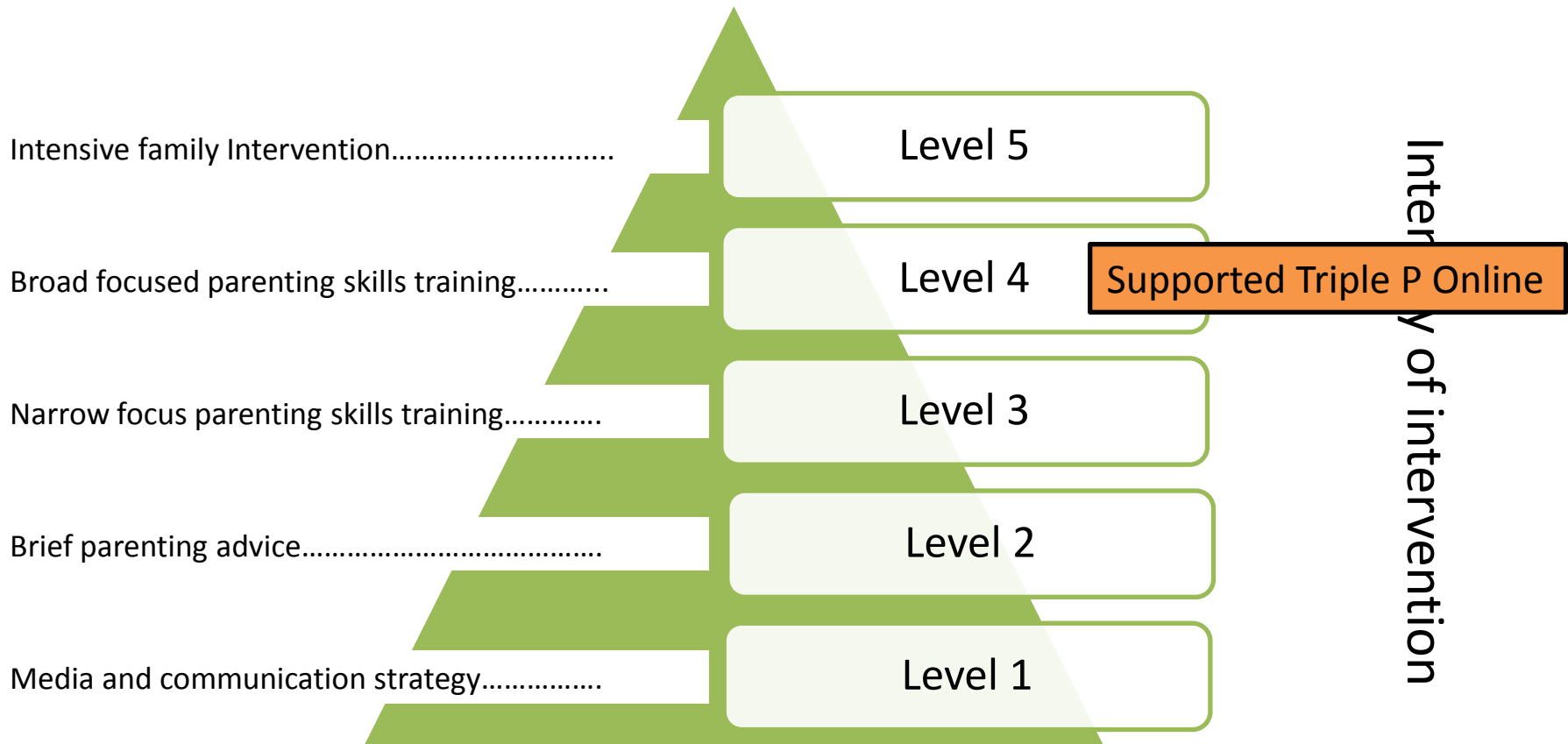
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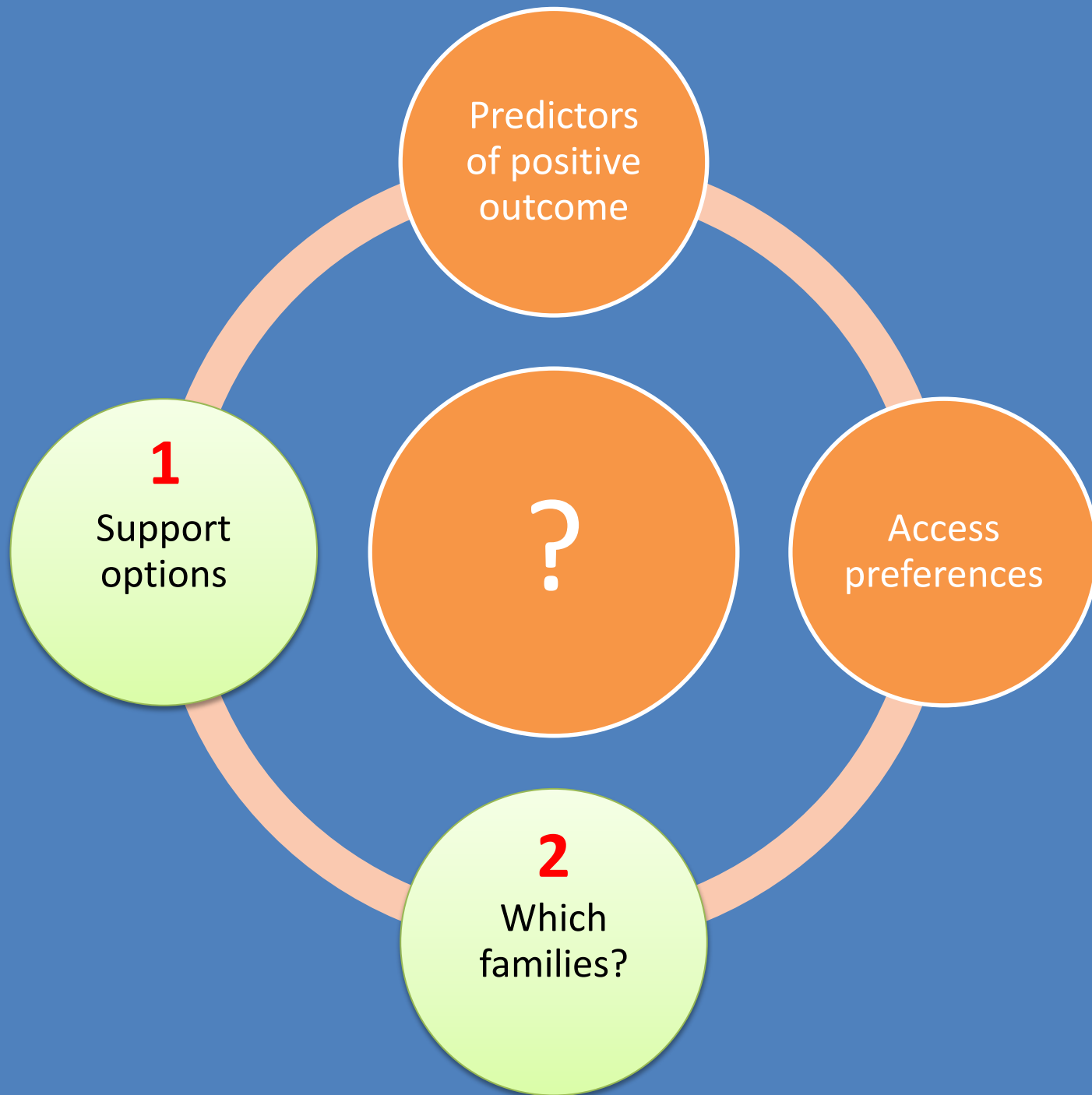
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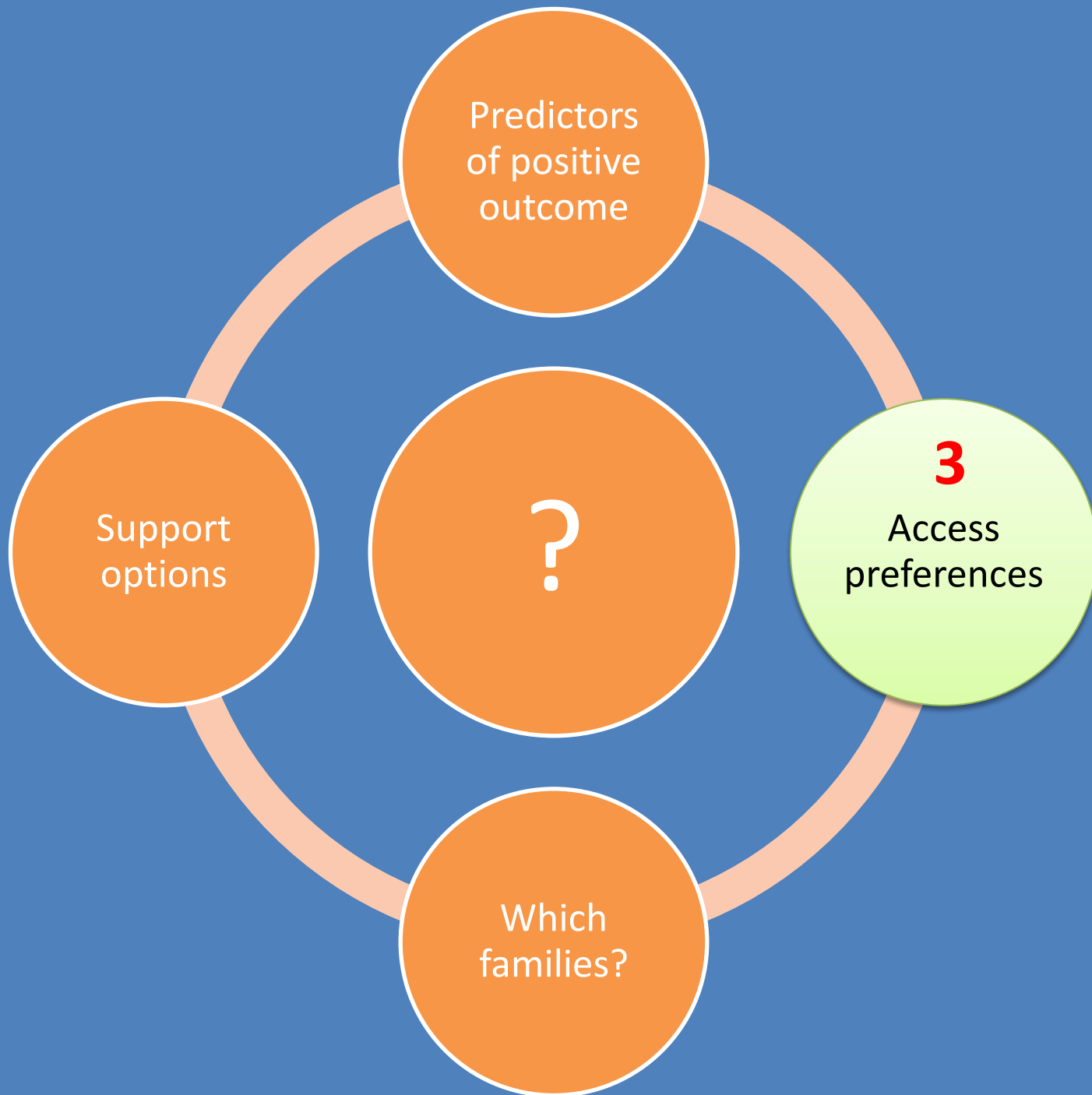


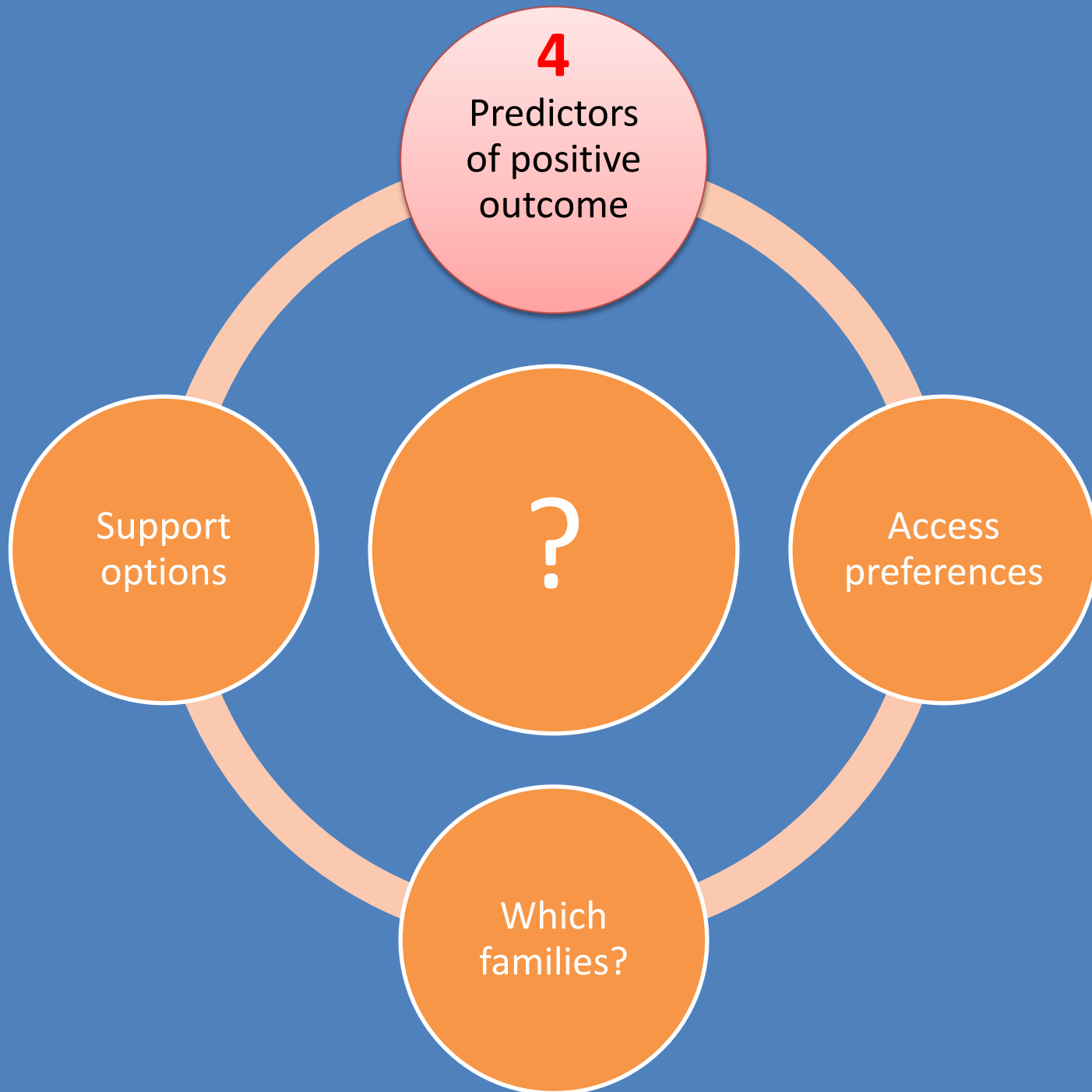
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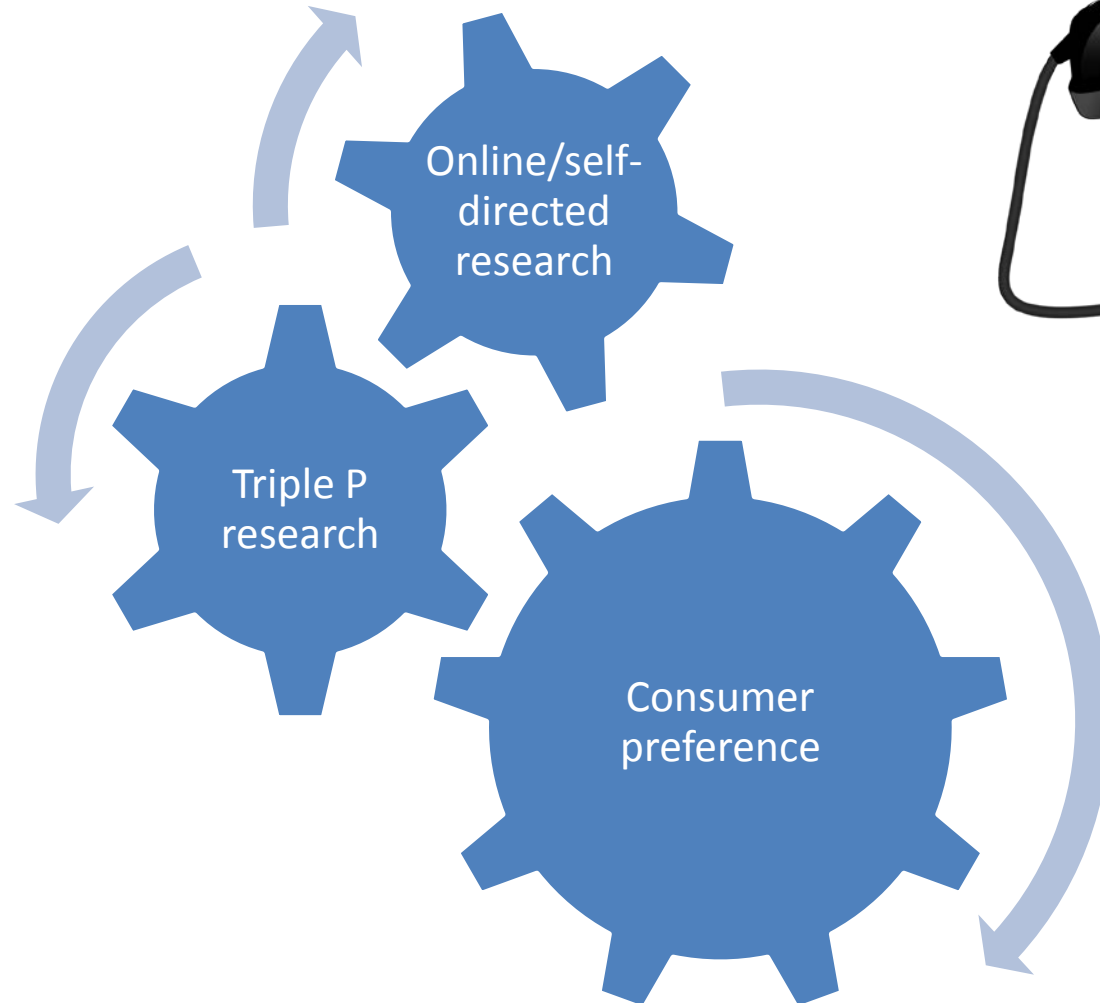


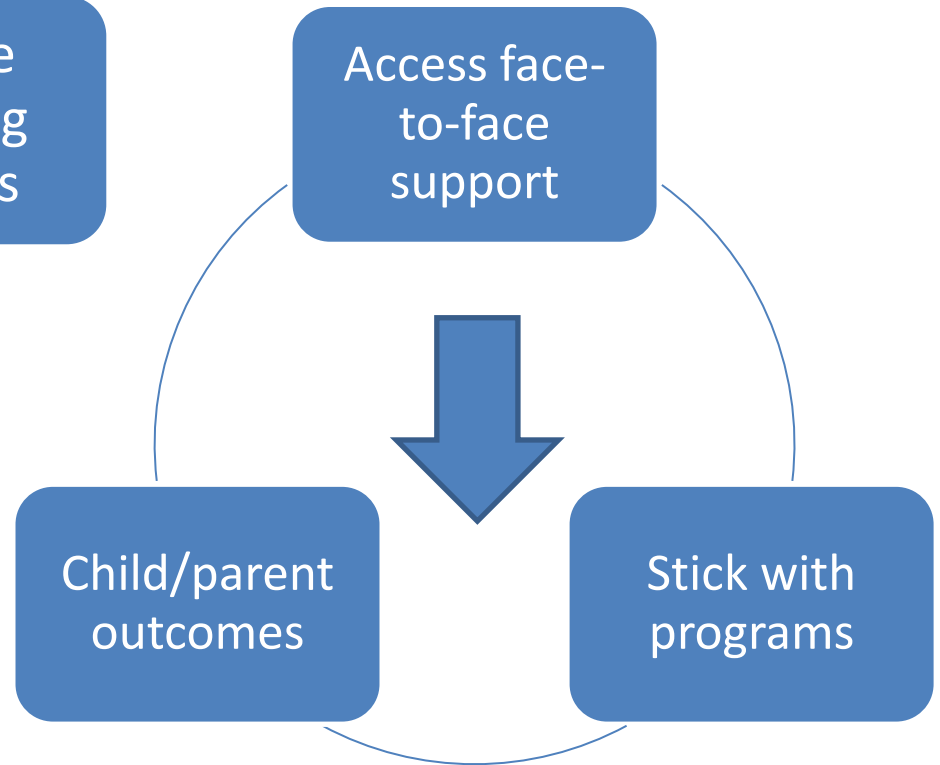
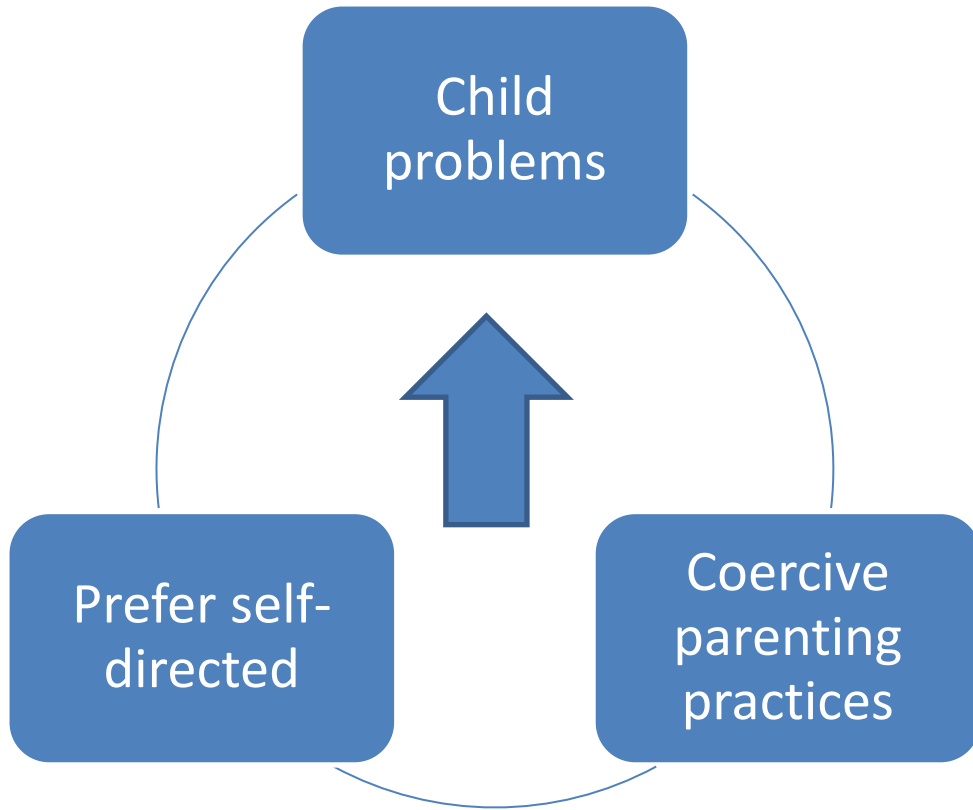
Key questions

1. Are outcomes improved through brief, regular practitioner support?
2. Does TPOL maintain effectiveness when targeting families typically less likely to benefit from face-to-face?



Why phone support?





Key questions

Practitioner support

Completion/attrition

Consumer satisfaction

Child and parent
outcomes



Risk factors

Behaviour concerns

SES

- Limited education
- Financial difficulties
- Unemployment

Poor parental adjustment

Single parent

High levels of conflict

Hypotheses

1) Families receiving phone support will:

- Complete more modules
- Report greater satisfaction
- Report fewer child behaviour problems
- Show greater reductions in dysfunctional parenting

... than parents without phone support

2) Target parents will demonstrate improvements on all key outcomes

Methodology

Eligibility criteria

Three main eligibility requirements

1. Child aged 2 – 9 years
2. Parent has concerns about child's behavior
3. One additional risk factor



Risk factors

Unemployed

Financial difficulties/financial stress

Education (High School)

Adjustment difficulties

Single parent

Partner conflict



Study design

Three groups

- Online only
- Online + phone support
- Wait-list control



Target: 100 per group

Access to Triple P Online expires after 4 months

Phone support

Up to 8 weekly telephone consultations with a Triple P practitioner

3 key purposes

- Discuss parenting-related questions/issues
- Promote parent's self-regulatory skills
- Encourage program adherence

Collaboration with Parenting WA



Assessments

Measure name	Area(s) being assessed
Family Background Questionnaire	Demographics
Eyberg Child Behaviour Inventory	Child behaviour
Parenting Scale	Dysfunctional parenting
DASS	Parental adjustment
Parental Anger Inventory	Anger response to child beh
Relationship Quality Index	Relationship quality
Parent Problem Checklist	Conflict over parenting
Parent Daily Report	Multi-informant: semi-structured phone interview
Client satisfaction questionnaire	Satisfaction

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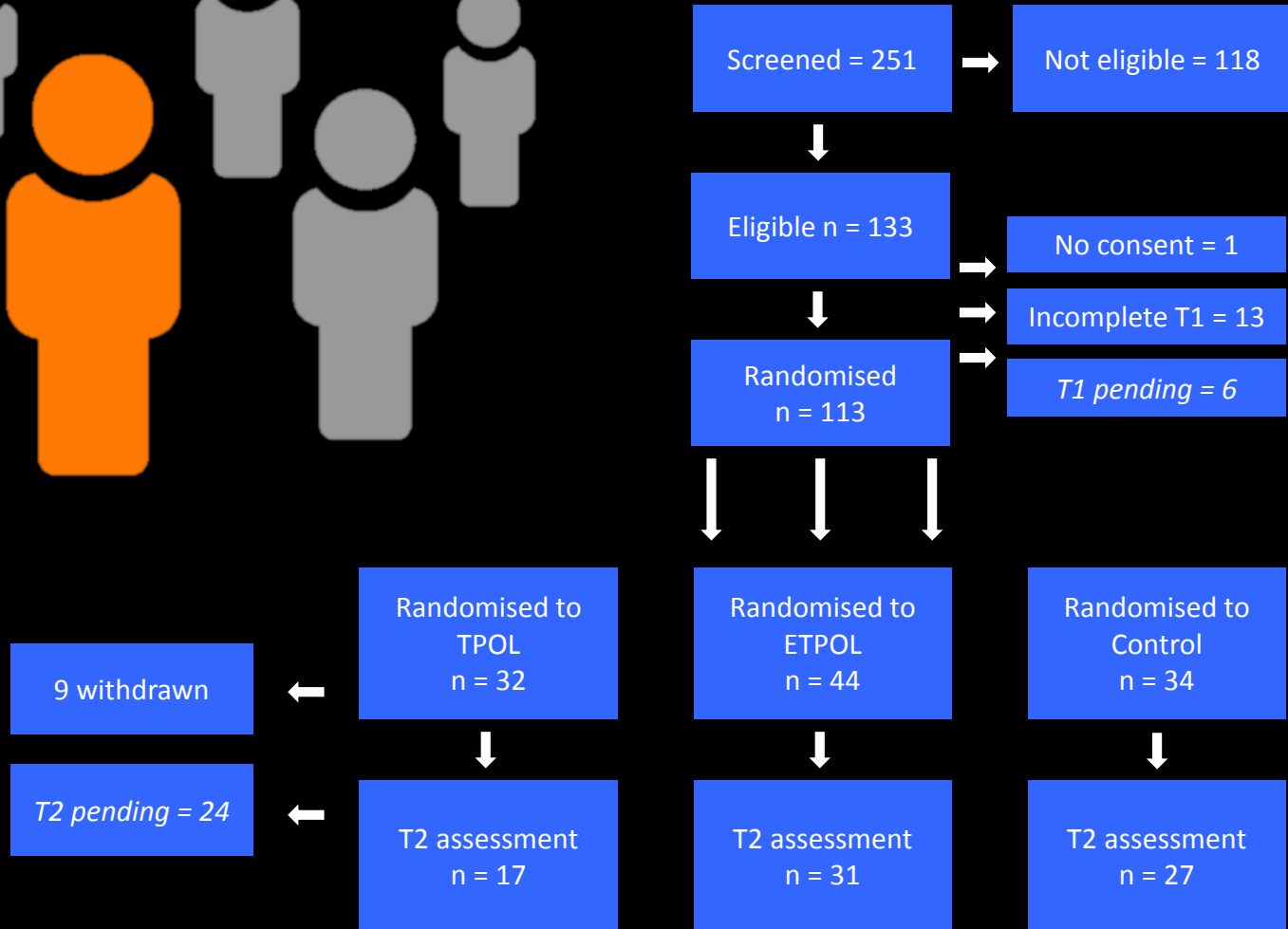
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Participant flow



Waiting for screening: 108



Preliminary findings

Sample

Sample characteristics

- N = 113
- Four fathers
- Parent: 34 yrs
- 85% have partner
- 50% boys
- Child: 3.7 yrs

Employment status

- 40% not working (parent)
- 85% full time (partner)

Education

- 52% university; 29% high school (parent)
- 32% university; 29% high school (partner)

Financial

- 16.7% - could not afford essential expenses
- 20% - not able to purchase non-essentials



Clinical levels

ECBI

Intensity: 65% clinical range

Problem: 61% clinical range

Parenting Scale

Total: 44% clinical range

Parental Anger Inventory

13% clinical

Parent Problem Checklist

60% clinical

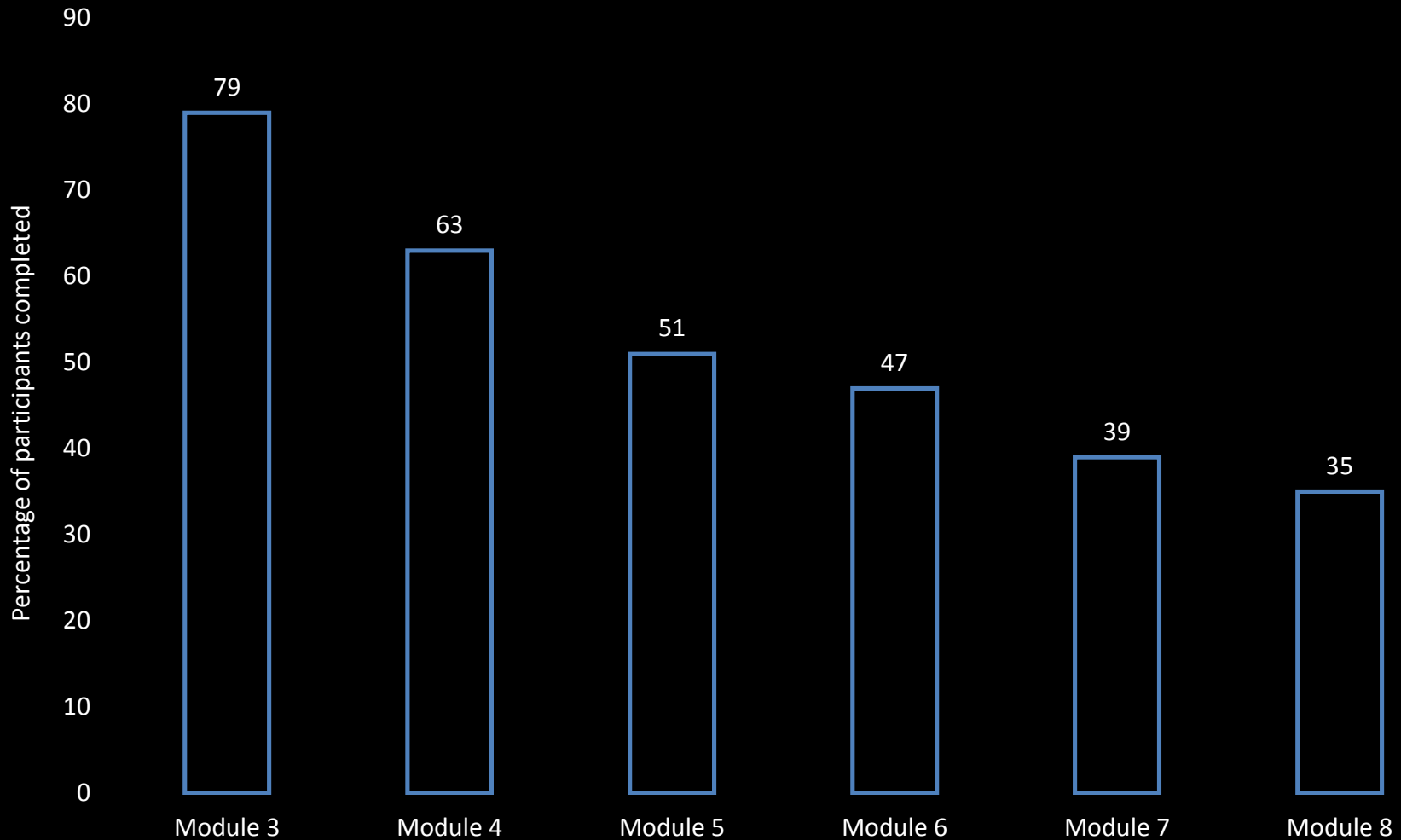
DASS

Depression: 19% clinical

Anxiety: 19% clinical

Stress: 25% clinical

Module completion rates



Avg module completion time: 65 mins (16 mins – 227 mins)

Satisfaction

Mean satisfaction:

- 5.14 (scale of 1 – 7)
- Total 66.86 (out of 91)
- Normal TPOL: 5.10
- Enhanced TPOL: 5.76 ($p < .05$)
- 83% would return to Triple P

Support preferences

Overall

- 34% phone support only
- 9% email support only
- 34% phone + email
- 23% no practitioner support

TPO group

- 80% prefer phone and/or email support

Enhanced group

- 50% happy with phone support
- 37% prefer phone + email
- 9% prefer no support

Consumer preferences

Social network preferences

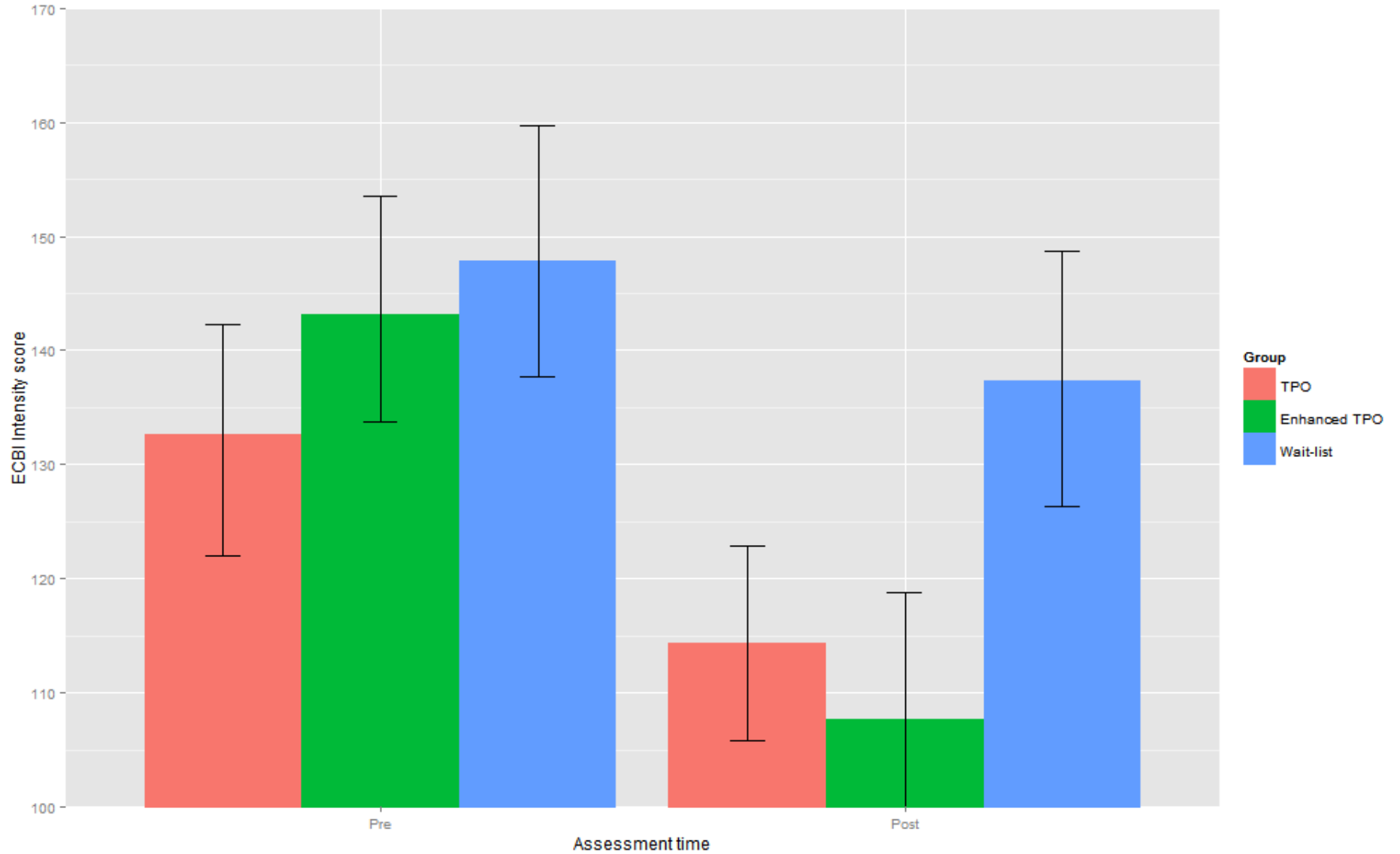
- 56% moderated social network
- 0% unmoderated social network
- 43% no social network

Device access preferences

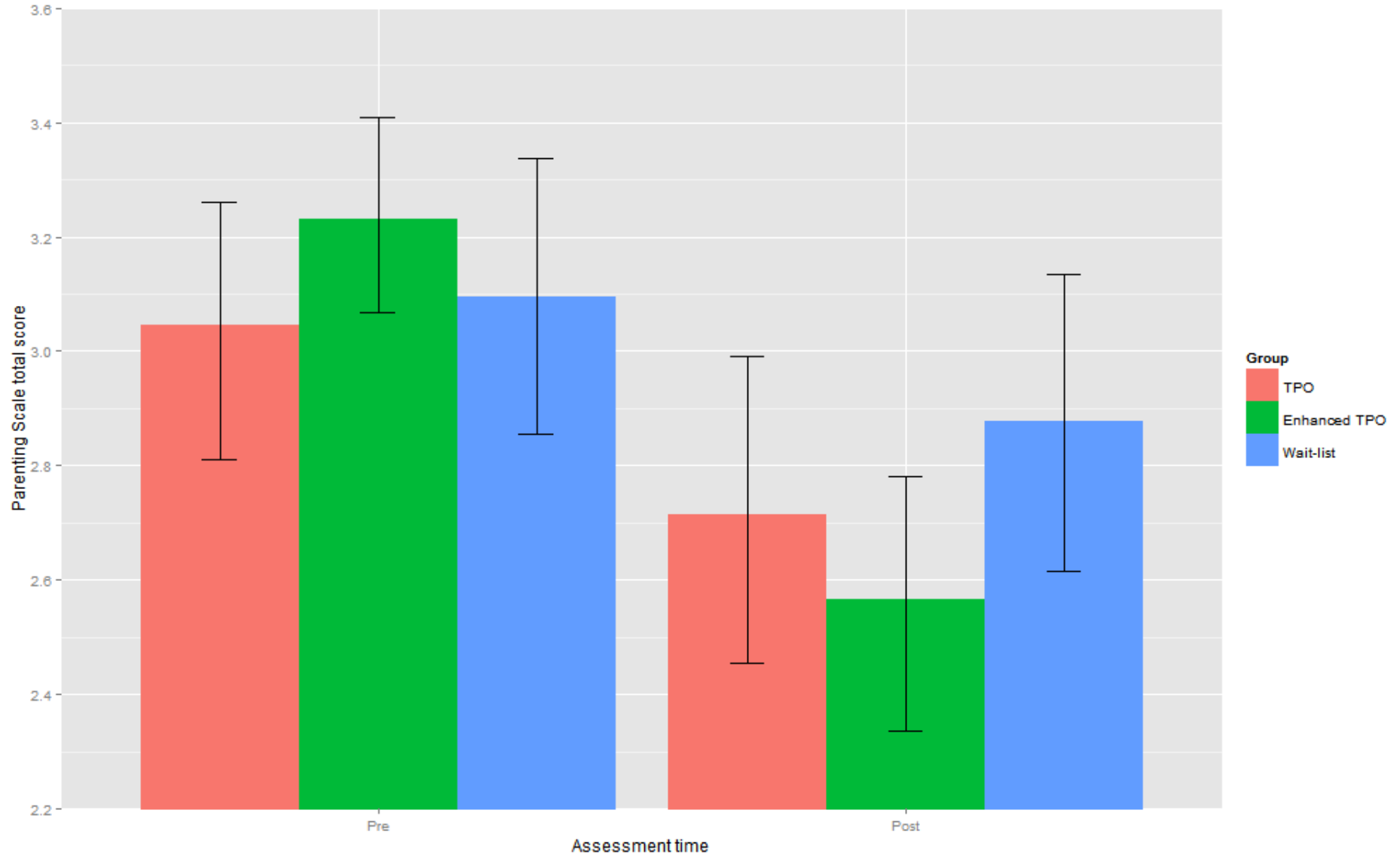
- 26% access from smartphone
- 16% access from tablet
- 40% access from both

80% own smartphone and/or tablet

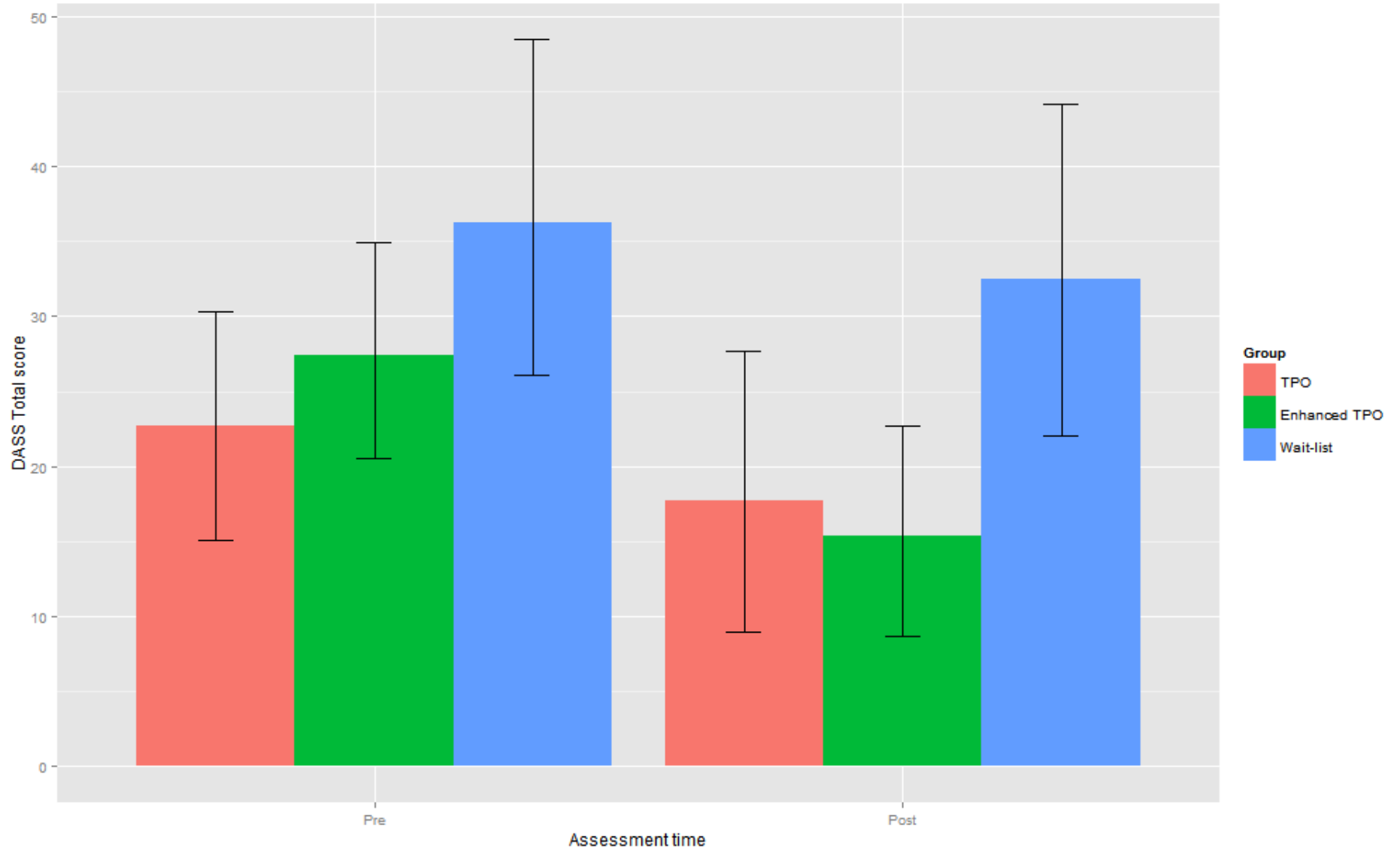
ECBI Intensity



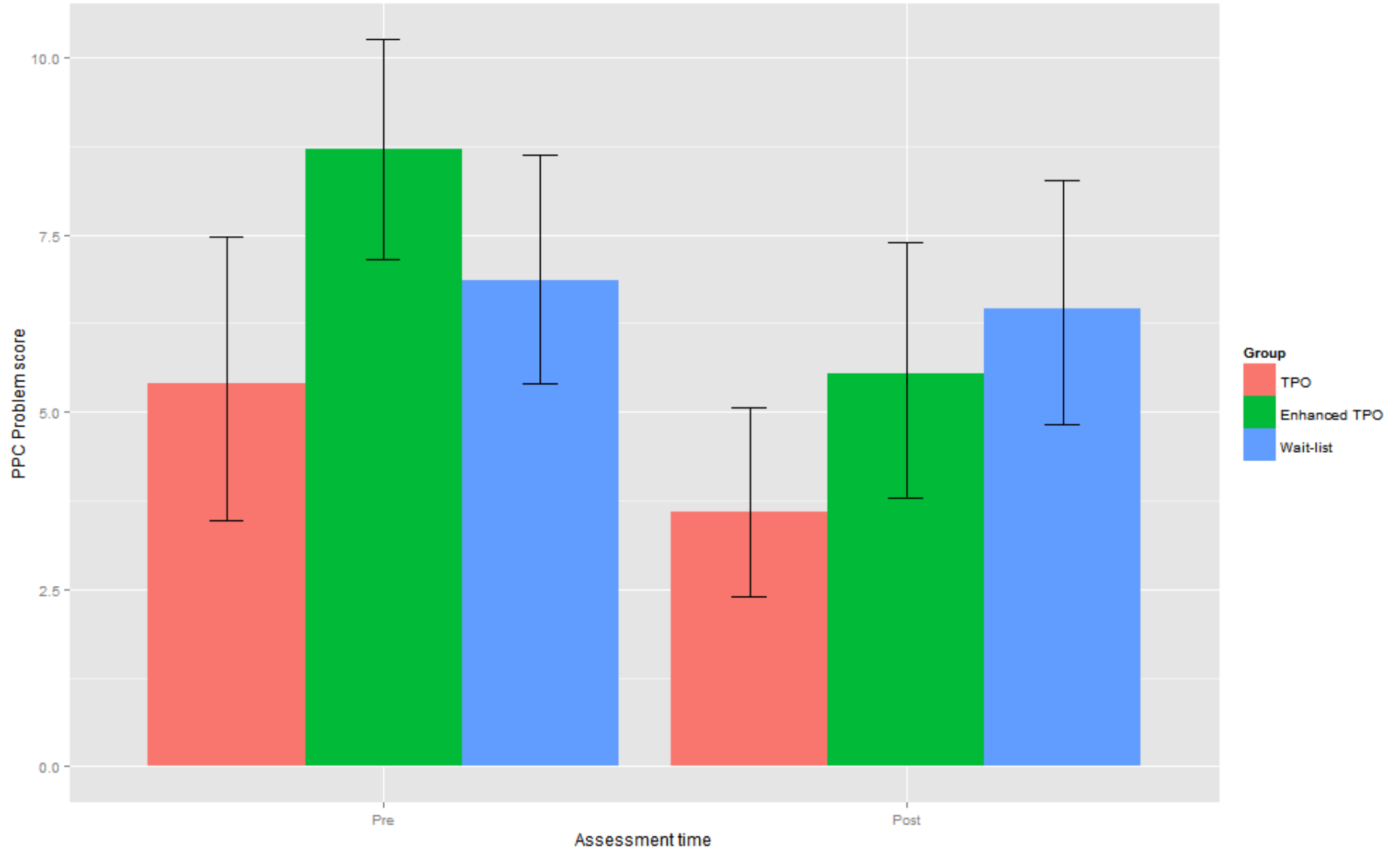
Parenting Scale



DASS Total



PPC Problem



Closing thoughts

Preliminary results

- Preliminary support for hypothesis one
 - Enhanced group > normal group
- Hypothesis two
 - Active groups > controls
 - Sample capturing target families?

More analyses to come

- Remaining assessments (pre-post)
- Follow-up data (5 months)
- Number of phone sessions completed
- Number of modules completed
- Influence of consumer preference
 - Module completion
 - Adherence/satisfaction



Questions raised so far

- Preference only asked post-intervention
- Flexibility of phone sessions



Feedback

“It was fantastic to be able to access Triple P online together with my husband (ie after work hours), and at whatever time/location suited us (eg when the kids were in bed and at home so we didn't have to organise baby sitters). Having phone and/or email contact with a professional just would have enhanced the experience by providing answers to specific questions we had and also provide other ideas how to manage behaviours (rather than just using quiet time and time out, which were the main two strategies my husband took away from the program!).”

“The phone support was invaluable to me. [Practitioner] was a wonderful support and I miss her! :) Her weekly calls ensured that I was progressing in the program and not just letting it pass for another week. It encouraged me to be proactive which I believe is a key element to parenting and discipline...”

Thank you for listening!

Acknowledgements

- Professor Matthew Sanders
- Dr Alina Morawska
- Dr Karen Turner
- Parenting WA (Department for Communities), Western Australia
- PFSC colleagues

