

Designing and Evaluating Parenting Interventions for Childhood Chronic Illness

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Childhood Chronic Illness

- Ongoing impairment characterised by a physical condition causing use of health services beyond routine care
- Common & rates on the rise
- Burden of illness is greatest in childhood (AIHW, 2005)
- Prescribed medical regimen; but adherence is low (AIHW, 2005)
- Impact on child and family (Halterman, et al., 2004; Moore, et al., 2006)

Childhood Chronic Illness & Emotional and Behavioural Problems



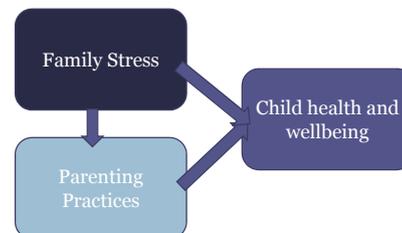
Existing interventions

- Most focused on medical adherence and health outcomes
- Meta-analytic data for interventions to improve adherence
 - moderate effect sizes
 - combinations of behavioural and educational interventions highest effect size
 - significant variability between studies in outcomes (Graves, et al., 2010)
- Limited data on parenting interventions for chronically ill children:
 - single case studies (Bagner, et al., 2004; Gorski, et al., 2004)
 - interventions for adolescents (Bruzzese et al 2008)
 - single disorder studies (Applegate et al., 2003).

Triple P Research & Development Cycle



Pathways of Impact



Wood, et al., 2007

Common parenting traps

- Different expectations for behaviour (Walker, et al., 1995)
- Discipline child less often and more inconsistently (Walker, et al., 1995; Wilson, et al., 1993)
- Disagreement between parents about severity and management (Eiser, et al., 1991)
- Reluctant to discipline their child to prevent distress that results worsening of the condition (Daud, et al., 1993)

Intervention elements Morawska et al 2014

1. brief psychoeducation component
2. strategies for effective illness management
3. information to assist parents to understand the link between illness and behavioural and emotional adjustment and impact of family environment
4. strategies to prevent emotional and behavioural problems
5. strategies to assist parents in preventing and managing their child's anxiety
6. strategies to prevent and manage child behavioural difficulties

Delivery Considerations

- in conjunction with appropriate medical management
- in the context of the child's existing treatment
- burden of intervention for families
- viability and sustainability → effective for variety of chronic illnesses
- consideration of how illness specific information communicated to parents

Pilot Testing and Efficacy Trials

Triple P for Asthma

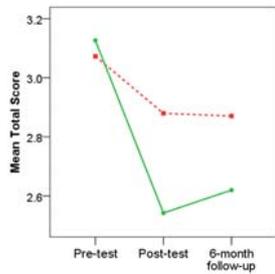
Clarke, S.-A., Calam, R., Sanders, M. R., & Morawska, A. (2013). Developing web-based Triple P 'Positive parenting programme' for families of children with asthma. (Short communication). *In Press: Child, Care, Health and Development*. doi: 10.1111/cch.12073

- Aim: evaluate the feasibility of self-directed, web-based Triple P with families of children with asthma
- Home page views: 668
- Information sheet views: 195
- Consent form views: 140
- Consents: 14
- Baseline completion: 13
- Drop out: 12 families by week 1

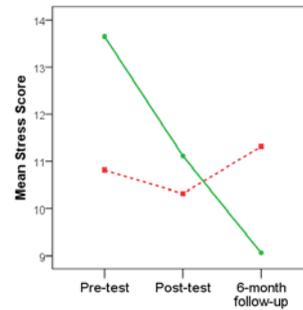
Asthma & Eczema RCT Morawska et al

- Positive Parenting for Healthy Living
- 107 parents of 3-10 year old children suffering asthma and/or eczema
- Assessment: self-report, monitoring, observation

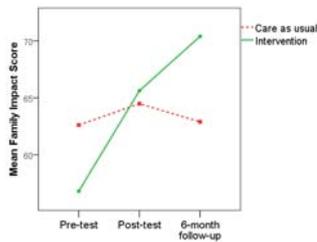
Use of ineffective parenting strategies (Parenting Scale) $p=.006$



Parent stress (DASS-21) $p=.041$



Impact of child's illness on family (PedsQL FIM) $p=.001$



Triple P for Diabetes

Doherty, F. M., Calam, R., & Sanders, M. R. (2013). Positive Parenting Program (Triple P) for Families of Adolescents With Type 1 Diabetes: A Randomized Controlled Trial of Self-Directed Teen Triple P. *Journal of Pediatric Psychology*, 38(8), 846-858. doi: 10.1093/jpepsy/jst046

- Parents of 11-17 year olds
- Self-directed Teen Triple P & illness tip sheet
- N=90
- Significant improvements in:
 - family conflict about diabetes
 - parenting practices
 - parenting confidence
 - child behaviour
- No change in parental stress

What's next?

- Asthma & eczema:
 - Adherence measurement
 - Health outcomes
- Other illnesses & acute illnesses
- Service delivery & training