

## Wednesday 28 February 2018

### Keynote Address 1

9.00-10.00am Alexander Valley I, II

#### *Transforming lives through positive parenting*

**MATTHEW SANDERS\*** – The University of Queensland, Australia

Positive parenting has enormous potential to transform the lives of children, parents and communities. Parents' capacity for self-regulation influences many aspects of family life including how parents interact with their children, their use of positive parenting skills, avoidance of coercive parenting practices, mental health, managing their own emotions, and their relationships with partners, extended family and at work. Parenting programs such as Triple P seek to promote parents' capacity to self-regulate and parents, in turn, are taught skills that promote children's capacity to self-regulate their behavior and emotions and their relational competency. This presentation explores how the enhancing the self-regulation capacities and relational competence of parents and children affects the broader community. New directions for research and development of Triple are discussed, along with implications for policy and practice.

### A1 – Symposium

10.30am-12.00pm Alexander Valley I, II

#### *Wisdom from the field: Lessons learned in 10 years of Triple P implementation in California*

**GRACE HARRIS\*** – Child Parent Institute, USA

**MEG LUCE\*** – Nevada County Superintendent of Schools, USA

**STEPHANIE ROMNEY\*** – Parent Training Institute, USA

**TONY YADON\*** – Parents by Choice, USA

**TOWNLEY SAYE\*** – First 5 Mendocino, USA

Triple P has stood the test of time. It has been offered as a parenting strategy for over 25 years. It is offered in 20 languages. The Triple P system has been offered in the United States for almost 10 years through non-profits, individual practitioners and other agencies. Parenting challenges and concerns have changed in those 10 years. There is more concern about media use and how it impacts family interactions and even bullying online. Drug use has changed over the past 10 years with some harsher drugs being used less while alcohol and marijuana use has increased. Prescription opiates are another problem that families and adolescents have struggled with over this time period. Children have become much more open in discussing gender identity issues and issues about emerging sexuality. Triple P providers have acknowledged the importance of these issues to parents and have looked for ways to incorporate these discussions into seminars and groups. Additionally, Triple P practitioners have looked for ways to reach populations that may see themselves as having differing needs as parents. These needs are perceived in military families, child welfare families and other families involved with the justice system in America. Families with varying cultural and socioeconomic backgrounds also wonder if these parenting programs can work for them. Our panel will include 5 program managers/practitioners who will lead a discussion on how we have used Triple P to address changing family concerns and multiple populations. Our panel presentation is a starting point to encourage a conversation among all symposia attendees about strategies that have proven effective over time.

### A2 – Symposium

10.30am-12.00pm Dry Creek Valley I

#### *Quality and Fidelity Monitoring Process #1: A process to support fidelity, and build organizational capacity in monitoring and evaluation*

**RANDY AHN\*** – Triple P America, USA

**JACQUIE BROWN\*** – Triple P International, USA

**MARY HASKETT\*** – North Carolina State University, USA

There are significant challenges in developing and supporting a quality and fidelity monitoring process (QFMP) in keeping with the principles of minimal sufficiency and self-regulation. Triple P International has developed the QFMP to support organizations interested in improving the efficacy and effectiveness of the Triple P variants they deliver. Core components of both practices

and processes are identified, and methods and measures suggested, enabling QFMP to be tailored to the specific settings and capacities of implementing organizations.

This symposium will present the Quality and Fidelity Monitoring Process developed by TPI, the role of the Implementation Consultant (IC) in supporting its use and the perspective of an implementing organization with respect to its utility.

1) Core components for all practices and specific measures for each practice have been identified yielding a multi-method set of strategies to assess implementation quality and intervention fidelity. The TPI team of ICs has been instrumental in developing this, in consultation with Professor Matthew Sanders. The presentation will introduce the identified components and the recommended methods and measures being suggested.

2) The Triple P Implementation Framework is contributing to more effective implementation of Triple P. The QFMP is seen as an essential development for promoting sustainability with fidelity. The role of the IC is to support the implementing organization to increase its awareness of components and measures for quality and fidelity monitoring and develop a process that fits its needs and resources. Through this process the IC will encourage capacity building in those organizations for whom quality and fidelity processes are not established. This presentation will describe the process and tools used by the IC to support the establishment of QFMP at implementing organizations.

3) The use of quality and fidelity measures can be challenging for implementing organizations. This presentation will describe how an organization, as part of a larger initiative, has informed quality and fidelity monitoring. The utility of the QFMP and how it can support an implementing organization in developing an effective quality and fidelity monitoring process will be discussed.

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### **A3 – Symposium**

10.30am-12.00pm Dry Creek Valley II

#### ***Beyond parents: An ecological perspective on parenting***

**APRIL HOANG\*** – The University of Queensland, Australia

**GRACE KIRBY\*** – The University of Queensland, Australia

**EMINA PRGUDA\*** – The University of Queensland, Australia

**JANICE MARCH\*** – Child Parent Institute, USA

**CAROLINA GONZALEZ\*** – The University of Queensland, Australia

While parenting is the basis of positive child development and wellbeing, parenting does not happen in isolation. Rather, according to Ecological Systems Theory, child development is the result of a complex interplay between the environmental contexts within which a child interacts and develops. The aim of this symposium is to use an ecological perspective to explore how to look beyond the immediate family context and engage parents within broader contexts; specifically, the extended family, schools, and government organizations. The first presentation will discuss the role of grandparents in the care of grandchildren and how this varies among different cultures. This presentation will also propose suggestions to build cooperative and nurturing relationships between parents and grandparents which is beneficial to the child's development. The second presenter will focus on the important relationship that is formed between children's home and their school. Research consistently shows that when parents and schools work together as partners in education, there are numerous positive academic and well-being related outcomes for children. The third presentation will focus on engaging parents who are serving community-based corrections orders in parenting support that is offered through a government organization (Corrective Services). The feasibility of this approach will be discussed and recommendations will be made based on the preliminary results of a pilot study of Triple P within a Community Corrections context. Combined these studies offer a comprehensive perspective on engaging parents within broader contexts. To help address the gap between research and practice, insight will be provided by a parent presenter who will discuss their experiences of parenting across these broader ecological systems. The symposium will end with a summary and discussion around the implications of an ecological perspective in the dissemination of parenting support. This will provide suggestions for other areas of research that need to be addressed in the future.

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### **A4 – Symposium**

10.30am-12.00pm Alexander Valley III, IV

#### ***Working with Triple P in a culturally safe way in First Nations communities***

**CRYSTAL McLEOD\*<sup>1</sup>** – Dilico Anishinabek Family Care, Canada

**WILMA KLEYNENDORST\*<sup>1</sup>** – Dilico Anishinabek Family Care, Canada

**MICHELLE ANDERSON\*<sup>2</sup>** – NIL TU,O Child and Family Services Society, Canada

**CARI McILDUFF\*<sup>3,4</sup>** – The University of Queensland

**MICHELL FORSTER**\*<sup>4</sup> – Triple P International, Australia  
**KAREN GUIVARRA**\* – Mookai Rosie Bi-Bayan, Australia  
**KAREN TURNER**<sup>3,4</sup> – The University of Queensland, Australia  
**CHRISTINE BROWN WILSON**<sup>4</sup> – The University of Queensland, Australia  
**MATTHEW SANDERS**<sup>4</sup> – The University of Queensland, Australia  
**JANDU YANI U TEAM** – Marninwarntikura Women’s Resource Centre and University of Sydney, Australia

A core value in delivering Triple P in First Nations communities is to offer support in a culturally safe manner that incorporates the values and teachings of the community. In delivering Triple P services in Indigenous communities trust, respect and/or literacy issues can get in the way of parents benefiting from the program. Papers include:

- 1) *Staff training for sensitive delivery of Triple P with Indigenous families.* Our staff are trained to work with Indigenous parents in a culturally safe way. This staff training will be described along with strategies to tailor Triple P to the Indigenous population of north western Ontario, including the use of ceremony and land-based activities, adaptations to program delivery, and strategies that ensure service is delivered through a trauma lens.
- 2) *Flexible delivery of Triple P to meet families’ needs.* This presentation will describe ways of involving families in services including the collective preparation of a meal prior to group, inviting family members to read and explain chapters if literacy is an issue, and developing flashcards to reduce the reliance on written material and allow us to cover the material in a game-like way. It will also explain how we pace sessions to match group needs and ensure that services are sensitive to trauma.
- 3) *Engaging communities collaboratively towards positive change.* The Jandu Yani U (For All Families) Project has shown that engaging communities collaboratively through consultation, gaining support of local Aboriginal community organizations, and providing ongoing facilitator support has been essential for the successful implementation of Triple P throughout the Fitzroy Valley. Partnering with community in program delivery and evaluation is important for program efficacy and sustainability.
- 4) *Community empowerment through community capacity building.* The abundance of resources in rural communities come in the form of the strength of the people. Building the capacity of the local people in rural communities, creates a 'ripple effect' of positive change, this social contagion will be discussed in relation to the practitioner and parenting skills developed through Triple P.

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#### Panel Discussion

1.00-2.00pm Alexander Valley I, II

#### *Disaster response and recovery*

**MOIRA KENNEY (Chair)** – First 5 California, USA

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#### B1 – Symposium

2.00-3.00pm Alexander Valley I, II

#### *When it all comes together: What happened when the home of Triple P backed a state-wide rollout of the program*

**CAROL MARKIE-DADDS**\* – Triple P International, Australia  
**JONATHON McWILLIAM**\* – Triple P International, Australia  
**EVA MEESTER-BUMA** – Triple P Communications, Netherlands  
**MICHELL FORSTER** – Triple P International, Australia

An estimated 135,000+ parents and carers have accessed Triple P in two years as part of a state-wide rollout of Triple P in Queensland, Australia - one of the largest rollouts of Triple P in the world and the first to be coordinated by Triple P International Pty Ltd. Under this initiative, the Queensland Government gave all families with children under 16 years, voluntary, free access to the Triple P multi-level system of support in the dose and delivery format of their choosing, including self-help, group, and one-on-one sessions from August 2015. Drawing on findings from an independent evaluation, this symposium will share how the team was able to reach so many families in such a short period of time. Particular details will be provided on the reach of the program and the participation of vulnerable families from across the geographical expanse of the state. The strategic implementation of this initiative included a number of unique components such as a 'Fast Start', unlimited availability of online programs, and a significant communications and marketing campaign. Each of these components was identified by an independent evaluator as success factors in the rollout, and consequently will be discussed in the symposium. The Fast Start approach to delivery of the seminar series increased public exposure across the community and ensured some delivery was available while practitioners were being recruited and trained. Online variants of Triple P proved very popular with almost 30,000 parents and carers opting to access parenting support online. The Queensland model shows the success of integrating service delivery around a central website and the need for a dedicated communications campaign to enable parents to find out where to gain help. After an initial investment of \$6.6million over 2 years, the Queensland Government has now committed

another \$5.35million over 3 years to continue to make Triple P freely available across the state. Lessons learnt are informing the implementation strategy for this next phase.

***What engagement strategies are more effective to engage parents? Preliminary results from a systematic review***

**CAROLINA GONZALEZ\*** – The University of Queensland, Australia

**ALINA MORAWSKA** – The University of Queensland, Australia

**DIVNA HASLAM** – The University of Queensland, Australia

Parenting intervention studies have commonly reported low participation rates, which undermine the generalization of research outcomes and the intervention reach at the population level. As a consequence, parental engagement has emerged as a priority for further research. However, the emphasis remains during intervention whereas stages prior to intervention have been covered less frequently. We introduce the concept of initial parental engagement to highlight that recruitment, enrolment, and first attendance are critical stages to ensure parents' involvement and their benefit from adequate intervention dose. Although a wide range of strategies has been used to engage parents during these stages of initial parental engagement, little is known regarding which of those strategies are the most effective. The aim of this systematic review was to explore effective engagement strategies to encourage initial parental engagement (recruitment, enrolment, and first attendance) in parenting interventions for parents of children aged 2 to 8 years old. This review was conducted in line with the Cochrane Handbook for Systematic Reviews of Interventions (Higgins and Green, 2011) and the Preferred Reporting Items for Systematic Review and Meta-Analysis, PRISMA (Moher et al., 2009). Electronic systematic searches were performed for five databases (PsycINFO, Scopus, ProQuest Social Sciences Journals, CINAHL, and PubMed) from January 1996 to August 2017. There were eight studies that met the inclusion criteria representing 1,952 parents from four different countries. There were three engagement strategies showing a significant impact on a stage of engagement, but none of them significantly increased engagement during all stages of recruitment, enrolment, and first attendance. Conclusions: Existing evidence is not sufficient to inform current practice regarding effective engagement strategies to increase recruitment, enrolment, and first attendance rates in parenting interventions. There is an urgent need to provide more methodologically rigorous research in order to inform researchers and practitioners how to engage parents more effectively from early stages of parenting interventions.

***Triple P, a family, faith institutions, provider, community and school engagement tool - Innovation Triple P intersection with dual capacity framework***

**ALICE FARRELL\*** – Church of God of Prophecy, USA

Students across the nation are performing poorly academically. Many of their performance issues are due in part to adverse childhood experiences, exposure to persistent and adverse community trauma, parents not having consistent access to evidence-based parenting information and interventions, lack of appropriate interventions and school/community infrastructure and support as well as students' social and emotional developmental challenges. To combat this underperformance, in addition to a focus on academic related policies and practices, curriculum redesign and support strategies, parents, family members, schools, traditional/non-traditional organizations, faith based institutions and communities must foster value based working relationships directed toward the well-being and overall success of children. It is important that stakeholders prioritize raising their levels of awareness and knowledge and develop the skills necessary for the cultivation and sustaining of trauma sensitive schools and environments. This presentation will highlight the impact of level 2 Triple P both brief intervention and seminar series on diverse stakeholder groups and the outcome on students' wellbeing. It will demonstrate how these tools can be effective in engaging parents, schools and communities and promoting the importance of investing in the social emotional development of all children. It will highlight examples of effective implementation practices that involved presentations to faith community, school staff and administrators, early childhood care and education staff, librarians and group home/residential facility of teen parents. Discussions specific to the use of Triple P as a tool that schools can use as one of their strategies to support their vision related to engaging families will be facilitated. Scenarios of how to successfully innovate around the dual capacity framework will be presented. Implementation of Triple P work in CT will be presented from the perspective of a consultant as well as a level 2, 3, 4 and group accredited practitioner. The presentation will conclude with discussion on maintenance strategies. Highlights on the transformative aspect of Triple P will be discussed and examples shared. As self-reflection and introspection are crucial to transformational interventions, participants will be encouraged to share the processes

they use regarding their participation/nonparticipation in partnership development initiatives specific to child and family wellbeing.

**Qualitative reports on collective efforts for building implementation capacities to scale-up the Triple P System of interventions in two North Carolina counties**

**RENEÉ BOOTHROYD\*** – University of North Carolina at Chapel Hill, USA

**WILLIAM ALDRIDGE** – University of North Carolina at Chapel Hill, USA

**DEBRA SKINNER** – University of North Carolina at Chapel Hill, USA

**CLAIRE VEAZEY** – University of North Carolina at Chapel Hill, USA

**DESIREE MURRAY** – University of North Carolina at Chapel Hill, USA

**RONALD PRINZ** – University of South Carolina, USA

BACKGROUND: Complexities for building the infrastructure and capacities for ‘what it takes’ to support effective use of EBPs increase in multi-level system environments and when local prevention coalitions include agencies across sectors. In 2016, investigators added a qualitative component to the NC Triple P Implementation Evaluation (TPIE, <http://ncic.fpg.unc.edu/lessons-learned-triple-p-implementation-evaluation-tpie>) to better understand initial TPIE quantitative results regarding the active implementation of Triple P in two North Carolina counties. OBJECTIVES: (1) describe the utility of qualitative methods for examining the validity of quantitative results from TPIE; (2) describe local system partner perspectives on context factors, decision points, and co-creation partner roles in scaling-up Triple P in cross-sector community systems; and (3) identify priority processes and capacities for ensuring Triple P implementation success and sustainability. METHODS: Investigators conducted semi-structured interviews with agencies previously involved in TPIE and still active in delivering Triple P. Triple P America (TPA) and the North Carolina Division of Public Health (DPH), involved in supporting Triple P scale-up during the original TPIE evaluation period, also participated in qualitative interviews. Investigators conducted a content analysis of the interview data, and compared responses to identify themes. RESULTS: Overall, respondents indicated agreement with the initial TPIE findings. Key themes emerged regarding organizational and system influences and how Triple P as a program or TPA as a purveyor may have influenced the development of county capacity and agency infrastructure to support the use of Triple P. Themes also identified key decision points that influenced building sufficient capacity to support local implementation and optimize supports from TPA and other implementation technical assistance providers. Finally, key themes suggested important roles of local county Triple P coalitions, funders and policymakers, local community members, TPA and other implementation support providers, and Triple P researchers and developers to support local implementation. CONCLUSIONS: Mixed-methods findings from multi-level system partners increase the utility of lessons learned across TPIE quantitative and qualitative evaluations. Practice and policy recommendations about ensuring readiness, cross-system collaborations, active implementation support, dedicated implementation and leadership teams and processes, and co-creation partner roles may strengthen Triple P implementation and scale-up efforts.

**B3 – Paper session**

2.00-3.00pm Dry Creek Valley II

***When a grandparent is the other caregiver: Parent-grandparent conflict and child outcomes***

**APRIL HOANG\*** – The University of Queensland, Australia

**MATTHEW SANDERS** – The University of Queensland, Australia

**DIVNA HASLAM** – The University of Queensland, Australia

**JAMES KIRBY** – The University of Queensland, Australia

This study is a part of an ongoing project to examine the joint care practice between parents and grandparents in the Vietnamese context. This data set was collected from 501 Vietnamese parents of children between 2 and 12 years of age; having A grandparent involve in their children’s care. Results show that 45.5% of parents have conflict with their own parents regarding childcare. This level of conflict is significantly associated with harsh parenting ( $p < .001$ ). After controlling for demographics and parent well-being using hierarchical regression modelling, the co-parenting conflict between parents and grandparents together with parents’ harsh parenting emerged to be the two strongest predictors for child emotional and behavioral problems ( $p < .05$ ). Findings from this study emphasize the role of extended family and its impact on child outcomes. Also, this research highlights the need for a parenting support program adapted for the Vietnamese parents to reduce the prevalence of harsh parenting among Vietnamese families. This program, however, needs to take into account the role of extended family in the care of young children in the Vietnamese context.

### ***Implementing Stepping Stones in five Danish municipalities: Adapting Stepping Stones to a Scandinavian welfare model***

**SINE MØLLER\*** – The National Board of Social Services, Denmark

**SIGNE DANØ ANDERSEN\*** – The National Board of Social Services, Denmark

**BACKGROUND:** By pilot testing Stepping Stones in five municipalities the National Board of Social Services has supported the implementation of Stepping Stones in Denmark since 2016. Denmark differs considerably when it comes to culture, tradition and conditions for child rearing compared to an Australian/UK or an American perspective. Examples of these differences are: 1) The welfare system – funded by an overall high rate of taxation, the public sector and public institutions in Denmark have a relatively higher quality and form a substantial part of the welfare system with regards to funding and influence, compared to several other countries; 2) Use of praise – Denmark has less tradition for emphasizing the positive in many contexts. Some practitioners and parents show initial resistance to, what seems to them as, excessive use of praise and positive reinforcement. 3) Parents' use of discipline – any act of physical discipline or violence against a child is forbidden by law, and the majority of Danish parents are strongly against physically disciplining children. When Stepping Stones literature and practitioners encourage Danish parents not to physically punish their child, the parent(s) will sometimes find this either very obvious (banal) or may even become insulted and feel like they are being accused of doing something illegal; 4) Gender specific issues – the general gender roles in Denmark (and some other Scandinavian countries) vary from that of a number of other countries, where Triple P is more prevalent (e.g. fathers often take paternal leave 3 n 6 months during the child's first year, and are very involved in the upbringing of the child). **OBJECTIVES:** The objective is to identify and present how cultural, and societal factors particular for the Danish (and possibly also Scandinavian) welfare society and Danish child rearing context affect the implementation of Stepping Stones in five different parts of Denmark. **METHOD:** Information of implementation issues is continuously being collected in connection with meetings with practitioners and project managers, and validated questionnaires answered by the parents, are collected to give indication of the effect of the program.

### ***Exploring the effects of school-based Stepping Stones Triple P on parents, children and home-school partnership***

**ANAGHA AERY** – The University of Queensland, Australia

**JULIE HODGES** – The University of Queensland, Australia

**JAMIN DAY** – The University of Queensland, Australia

**ALAN RALPH\*** – Triple P International

The present study aimed to explore whether delivering Stepping Stones Triple P (SSTP) in a special education setting and by an education professional, positively influenced parent and child outcomes (Study 1). Study 2 investigated whether the context of program delivery provided additional benefits for the partnership between a child's home and their school, that is, the HSP in special education settings. Results from a series of MANOVAs and ANOVAs based on the responses of 216 parents of children with disabilities revealed significant improvements in parent-reported child behavior, parenting practices, parental adjustment and parental efficacy with results were maintained at 12-month follow-up. Study 2 involved semi-structured interviews with parents and educators who took part in Study 1 to explore the perceived influence of participating in a school-based SSTP on the HSP. Planned thematic analyses were conducted to examine the content of the interview data. Responses from participants indicated that participation in a school-based SSTP program facilitates the formation of a supportive community between home and school, enhances consistency of responding across their home and school, and developed the knowledge and self-efficacy of parents and education professionals. Practical benefits of school-based delivery of SSTP were also noted. Taken together, these findings suggest that school-based parenting programs provide a practical solution for bridging the gap between a child's home and school, and thus have capacity to facilitate wide-reaching benefits for children's learning and development.

### **B4 – Paper session**

2.00-3.00pm Alexander Valley III, IV

#### ***Partnering with parents to treat anxiety in children: Fear-Less Triple P***

**VANESSA COBHAM\*** – The University of Queensland, Australia

**MATTHEW SANDERS** – The University of Queensland, Australia

**THOMAS OLLENDICK** – Virginia Tech, USA

Anxiety is the most common form of psychopathology reported by youth. Efficacious interventions exist for the treatment of child anxiety disorders, and yet, less than 20% of children and adolescents who would benefit ever receive any kind of intervention. Two potential ways to increase our capacity to reach anxiety-disordered youth are to: 1) work with parents only; and 2) offer brief versions of efficacious interventions. The first RCT to be presented evaluated a 6-session parent program

("Fear-less" Triple P) in the treatment of anxiety-disordered children. The second RCT compared the 6-session version of Fear-less with a ½ day workshop version of the intervention. **METHOD:** 61 anxiety-disordered children (aged 7-14) and their parents participated in the first RCT. Families were randomly assigned to either Fear-Less Triple P (6 group sessions for parents only) or to a waitlist (WL) control group. Diagnostic and questionnaire data were collected at post-treatment, 3-, 6- and 12-month follow-up. In the second RCT (which is ongoing), preliminary data for 60 anxiety disordered children (7-12 years) and their parents will be presented. Families were randomly assigned to either the 6-session group version of Fear-Less or to a ½ day group workshop (4 hours duration) version of Fear-Less. Diagnostic and questionnaire data for post-treatment, 6- and 12-month follow up will be presented. **RESULTS:** In the first RCT, children in the Fear-Less condition demonstrated significantly greater diagnostic gains compared to children in the WL condition. Diagnostic gains for children whose parents received the Fear-Less intervention continued to improve at each follow-up point. Results from the second trial indicate that the ½ day Fear-Less workshop is producing comparable outcomes to the 6-session group version. **CONCLUSION:** Our capacity to reach anxiety-disordered youth with any kind of intervention is arguably the most pressing issue facing clinicians and researchers working with this population. These data provide strong support for the efficacy of a brief (6 sessions) program for parents of anxiety-disordered children. The ongoing trial provides support for a low intensity version (½ day workshop) of the same program. This will have important implications for service delivery and accessibility.

***The Role of the Parent Adolescent Relationship in Adolescent Wellbeing: Development of New Parent-Adolescent Questionnaires and Outcomes from a Brief Parenting Intervention***

**KYLIE BURKE\*** – The University of Queensland, Australia

**CASSANDRA DITTMAN** – The University of Queensland, Australia

This paper will describe a program of research to develop a set of theoretically-linked and behaviorally-specific measures to assess multiple and interconnected facets of the parent-adolescent relationship, parenting and adolescent adjustment and the use of those tools within a brief parenting interventions: Teen Triple P's Reducing Family Conflict. The development of the scales was guided by the need for brief, freely available, and multi-dimensional scales that could be flexibly used across research, evaluation, clinical and community contexts. We aimed to develop measures that were applicable across the pre-teen to emerging adult developmental period and that reliably and validly assessed both positive and negative dimensions of adolescent functioning, the parent-adolescent relationship and parenting practices from the perspective of both parents and adolescents. Participants were parents and adolescents who completed the new measures as part of a series of survey studies and randomized controlled trials conducted by the Parenting Teenagers Research Group at the Parenting and Family Support Centre at The University of Queensland. We will present the development and initial validation including factor structure, reliability (internal consistency and test-retest) and validity (content, convergent and discriminant) of: a) the Adolescent Functioning Scale; b) the Parent-Adolescent Functioning Scale; and c) the Parenting of Adolescents Scale. In the Reducing Family Conflict trial to date, 90 parents were randomly allocated to the Intervention ( $N = 44$ ) or Waitlist ( $N = 46$ ) conditions. Post-intervention findings indicated that, in comparison to control parents, intervention parents reported significantly greater declines in adolescent oppositional-defiant behavior and in hostility in the parent-adolescent relationship.

***Strengthening communities through building the capacity of families, the workforce and local organizations: implementing Triple P in low and middle income countries***

**JACQUIE BROWN\*** – Families Foundation, Netherlands

**CECILE WINKELMAN** – Families Foundation, Netherlands

Increasing the competence and confidence of parents provides a building block for strengthening communities. Triple P, combined with implementation science, has tremendous potential to promote positive change. To support majority world contexts to successfully adopt Triple P, and other evidence-based programs, Families Foundation has developed an approach for implementation that integrates the use of the Triple P Implementation Framework (TPIF) with a set of core operating principles to guide implementation. The presentation will describe the five areas in which capacity building is achieved: Family, Workforce, Community, Monitoring and evaluation, and Sustainability. We will also discuss the guiding principles, as well as the critical processes integrated into the TPIF specific to working with local organizations in majority world countries. To illustrate this, results reported from an independent evaluation of Triple P in Nairobi and a recent evaluation of the implementation of Triple P in Tshwane, South Africa will be referenced. In addition, the technical assistance and implementation consultation being undertaken in Rwanda, Liberia and Uganda to secure funding for the implementation of Triple P will be described. Families Foundation is a global not-for-profit whose mission is to strengthen communities through supporting the implementation of positive parenting strategies. A five-pillared capacity building model, guiding principles and use of the TPIF when partnering with local Non-Governmental Organizations, Community-Based Organizations and International Non-Governmental

Organizations to implement Triple P has been developed to support contextually appropriate implementation in majority world countries.

## **C1 – Symposium**

3.30-5.00pm Alexander Valley I, II

### ***Stepping Stones Triple P: What we have learned from taking a population approach***

**KYLIE GRAY\*** – Monash University, Australia

**KATE SOFRONOFF\*** – The University of Queensland, Australia

**ROSS BORLAND\*** – Monash University, Australia

**NAN HU** – Monash University, Australia

The four presentations will report data from the large-scale community implementation of the Stepping Stones Triple P (SSTP) parenting support system in three states of Australia from 2012 to 2017. This trial has taken a population approach to meeting the needs of families with a child with a developmental disability. The trial has been conducted by teams working in Queensland, Victoria and New South Wales in Australia and the rollout was staggered across states. Each state started with a large-scale survey of parents and professionals – the *My Say Survey* – to allow parents to provide insight into the lived experience of raising a child with a disability, as well as to gather information about the level of available support, and to access information about the type of support and mode of delivery parents preferred. Professionals working in community settings with families with a child with a disability were trained to deliver the SSTP program. Approximately 3000 families have participated in the trial to date, with each family selecting the level of intervention that best suited their needs. Families were followed up post intervention, and then 12 months post intervention. One presentation will describe the mechanisms that seem to account for positive changes in child outcomes for families who have a child with a developmental disability and intellectual impairment. A second presentation will look at the possible explanations for why some families show early benefits while others showed delayed benefits and others show no benefits or quickly relapse. A third presentation will address the issue of barriers to accessing programs and a final presentation will report outcomes that describe the health economic analysis of this large-scale rollout, is it worth the costs expended? The symposium will provide an overview of lessons learned from a large-scale implementation that will potentially inform future trials and discuss issues implementing evidence-based programs in community settings.

## **C2 – Symposium**

3.30-5.00pm Dry Creek Valley I

### ***Quality and Fidelity Monitoring Process #2: Monitoring and managing flexible delivery of Triple P***

**PEGGY GOVERS\*** – Triple P Parenting Canada

**CATHERINE LEE\*** – University of Ottawa, Canada

**ALAN RALPH\*** – Triple P International, Australia

Flexibility is recognized as a key component in the successful delivery of Triple P in a wide range of cultures and contexts. Selection of adjustments to delivery processes and explanations of content are based on assessment of unique client circumstances, but how is integrity of the evidenced-based program then maintained? Training provides practitioners with knowledge of the essential content and sequence to deliver Triple P with fidelity, and practitioners are a sound source of information that enable them to tailor the delivery of Triple P to best meet the needs of the parents with whom they are working. The Quality and Fidelity Monitoring Process (QFMP) provides a framework to support identification and assessment of adaptations for tailored delivery while maintaining fidelity of the program. This symposium will present three perspectives: 1) How can the QFMP Measurable Components be used to assist in determining appropriate adaptations? 2) Having adapted delivery it is essential to monitor and evaluate the experience and success of parents participating in Triple P. This presentation will discuss how the QFMP can contribute to monitoring the adjustments and results. 3) How could this contribute to researched adaptations of Triple P? When does contextual adaptation become widespread practice and how can that then be established and confirmed by research to verify success? The QFMP can contribute to framing the research questions. This presentation will discuss effective research for adaptations.



***How do we really reach every parent? The importance and opportunity for integrating parenting support into healthcare settings*****DIMITRI CHRISTAKIS\*** – Seattle Children’s Hospital and University of Washington, USA**SHERI JOHNSON\*** – Medical College of Wisconsin, USA**MARJORIE FUJARA\*** – John H. Stroger Jr. Hospital of Cook County and Chicago Children's Advocacy Center, USA**SUZANNE KERNS\*** – University of Denver, USA**MARTHA KAUFMAN\*** – Partners of Behavioral Health Management North Carolina, USA**COURTNEY TOWNE\*** – Triple P America, USA (Discussant)

Promotion of safe, stable, nurturing relationships and environments for children can have positive, long-term impacts on health and well-being. Implementation of evidence based parenting programs is a key recommendation to reduce child maltreatment and there is growing recognition that healthcare settings are important sites for promotion of positive community norms regarding parenting and implementation of evidence based parenting programs. In fact, up to one-fourth of visits to the pediatric primary care setting involve concerns about child behavior and development. Thus, the integration of behavioral health with physical health care, and the movement towards preventive and ecological/person-centered models of care, creates an important opportunity for the integration of evidence-based parenting programs, such as Triple P. The expansion of Triple P into healthcare systems has steadily increased in recent years and this panel will offer multiple perspectives on such efforts. Each panelist will share their respective experiences on the promise and potential of integrating parenting supports into primary care to include the following topics: 1) Initial vision and current scale; 2) Provider workflow; 3) Parent engagement; 4) Practitioner support; 5) Adaptations; 6) Challenges and successes; 7) Future planning. Additionally, there will be time for questions and discussion on future directions and how Implementation Consultants with Triple P are working to support such efforts; not just in the U.S. but using the Implementation Framework with providers around the world.

***Lessons in parenting research from low and lower-middle income countries*****MEGHNA SINGHAL\*<sup>1,4</sup>** – The University of Queensland, Australia**KAREN TURNER<sup>1,4</sup>** – The University of Queensland, Australia**MATTHEW SANDERS<sup>1,3</sup>** – The University of Queensland, Australia**ABHA SINGH<sup>1</sup>** – Amity University, India**YULINA EVA RIANY\*<sup>2</sup>** – The University of Queensland, Australia**DIVNA HASLAM\*<sup>2,3</sup>** – The University of Queensland, Australia**NAJAHAN MUSYAFAK<sup>2</sup>** – Islamic State University of Walisongo, Indonesia**JAUHAROTUL FARIDA<sup>2</sup>** – Islamic State University of Walisongo, Indonesia**SYAMSUL MARARIF<sup>2</sup>** – Islamic State University of Walisongo, Indonesia**NICOLE PENMAN<sup>3</sup>** – The University of Queensland, Australia

This symposium presents the latest research on parenting practices and interventions in three LMICs: India, Indonesia, and Kenya. It facilitates understanding of how parenting programs can be made to work and what parenting beliefs influence them in low-resource countries with high rates of developmental, mental health and family wellbeing concerns. Papers include:

- 1) *Insights on parenting practices in India from the Indian National Parenting Survey.* This study explores the parenting practices and needs of Indian families through the Indian National Parenting Survey (INPS). Conducted across 1000 parents, the INPS comprises several standardized measures as well as items eliciting preferences and perceived barriers for accessing parenting programs. Identifying risk factors in the Indian context is the first step in designing a family support system tailored to the needs of Indian families.
- 2) *Does parenting play a role in the development or prevention of radical beliefs?* This qualitative study uses focus group discussions to investigate how parents who are former members of Islamic radical organizations and parents from moderate Islamic communities in Indonesia ( $N=27$ ) understand their roles to prevent their families from radicalization. This study provides baseline data for further research on introducing counter-radicalism strategies using family intervention programs.
- 3) *Evaluating evidence-based programs in low resource settings.* This paper outlines the logistics and issues associated with conducting an RCT of the Triple P Disobedience Discussion Group intervention with disadvantaged parents ( $N=89$ ) living in semi-urban areas outside Nairobi, Kenya. The benefits and challenges of conducting research in low resource settings will be discussed.

4) *A feasibility study of brief parenting support for Indian corporate employees.* This paper presents one of the first studies of the feasibility of a brief parenting intervention with Indian families who otherwise lack access to evidence-based parenting programs. Using a quasi-experimental design, 120 parents from four organizations were assigned to the Triple P seminar 'Raising Confident, Competent Children' or a waitlist control. Acceptability and effectiveness results will be presented.

#### *Smarter crime control: Investing in people-centered solutions to build safer communities*

**IRVIN WALLER\*** – University of Ottawa, Canada

Violence is not inevitable, it is preventable (WHO). The challenge is to get governments to shift from spending on reacting to violence to investing in evidence-based and people-centered prevention that sustains community safety. Smart investment can save lives and taxes. This presentation will draw on accumulated knowledge from 50 years of research and examples of best practice. Issues addressed include: where to invest in positive parenting and outreach to troubled youth rather than over-incarcerating young men; how to solve social problems instead of policing problem places; how to stop intimate and sexual violence instead of over-relying on criminal justice; and how modest changes to school curricula and data collected in hospital emergency rooms are more effective than wars on drugs and crime.

### Invited Address 1

#### *Honoring cultural difference in the mental health, child welfare and foster care systems*

**BARBARA STROUD\*** – Barbara Stroud Training, USA

Culture is an important aspect of identity, as practitioners address emotional health, cultural identity plays a significant role. Research indicates micro-aggressions in psychotherapy hamper the working alliance. Thus, increasing cultural awareness may enhance client engagement. This session will investigate client/practitioner relationships for a place of cultural humility, requiring practitioners to be open to what they don't know, while allowing the client to serve as the cultural expert. We will look at individuals as the embodiment of multiple cultures, uncovering the complex nature of culture as not merely an external label but rather a complex set of internalized values that shape self-understanding and behavior.

### D1 – Symposium

#### *Triple P as a community-wide approach: How to get started*

**JENNA McWILLIAM\*** – Triple P International, Australia

**SINE MØLLE\*** – National Board of Social Services, Denmark

**SIGNE DANØ ANDERSEN\*** – National Board of Social Services, Denmark

**MARSHALL TYSON\*** – North Carolina Division of Public Health, USA

This symposium unites experience from leadership on the ground from three community-wide rollouts, to share learnings for building successful community implementations. Through case examples, the contexts, aims and structures of these rollouts will highlight the diverse ways Triple P can be implemented to suit local needs. Implications are discussed for how to approach the early phases of implementation, focusing on cross sector/region collaboration and funding, and how to put plans in place to support program scale up at a pace that allows for maximum community benefit. Three case examples will be presented. 1) In Queensland, Triple P has been delivered in a state-wide rollout since 2015, funded by the Department of Communities, Child Safety and Disability as an early intervention strategy to reduce child maltreatment and improve outcomes for families. Coordinated by Triple P International this rollout had an ambitious parent reach target which necessitated a strong focus on communication strategies, access to Triple P Online and building partnerships with local service delivery agencies. 2) In North Carolina the North Carolina Division of Public Health began a rollout of Triple P in 2012 in five counties, with the idea of soliciting other funders to replicate the rollout across all 100 counties—our goal: 'Triple P Spoken Here.' Triple P has been replicated in 46 counties through local implementation teams. Our plan for 2017-2018 is to expand coverage to all 100 counties using NC Division of Social Services funding. Our focus has been on developing a strong local implementation structure and supporting that with a State Leadership Team, State Learning Collaborative, and a state-wide data collection, reporting and evaluation system. 3) In Denmark, the National Board of Social Services (NBSS) supports the implementation of Stepping Stones in five municipalities. Focus has been on adapting and implementing Stepping Stones in a Danish setting, where practitioners usually have a more eclectic and independent style of working. To obtain funding, the municipalities committed to supportive and continuous leadership, and the NBSS supports Stepping Stones practitioners and project managers networking (through

supervision, all-day meetings etc.) across the country, to facilitate sharing experiences and a feeling of belonging to the Stepping Stones 'community'.

## D2 – Symposium

10.30am-12.00pm Dry Creek Valley I

### ***Parenting adolescents: Results, implementation and adaptation in three successful Triple P demonstrations (Diverse populations in the Netherlands, communities in South Africa, and parents of adolescents with developmental disabilities)***

**ALAN RALPH\*** – Triple P International, Australia  
**WILLEMIJN ROORDA\*** – Hogeschool Inholland, Netherlands  
**CECILE WINKELMAN\*** – Families Foundation, Netherlands  
**JACQUIE BROWN\*** – Families Foundation, Netherlands

There are unique challenges to parenting adolescents. This Symposium will comprise three presentations describing the research, evaluation results and implementation process for Triple P in three different settings. The first presentation will discuss results of delivering the program to parents from diverse cultures in the Netherlands, the second to parents in three townships and SOS Village in Tshwane, South Africa and the third presentation will share the results of the evaluation of a recently developed adaptation Building Bridges Triple P, specifically to meet the needs of parents of adolescents with a developmental disability. 1) This presentation will discuss the results of a quasi-experimental research on Triple P Teen Group in the Netherlands. We compared 103 parents who participated in Triple P Teen Group with 397 parents of a control group. Compared to the control group, parents who received Triple P Teen Group reported some significant improvements of their parenting skills. Also on the level of the teenagers, some positive results were found. The main findings of our research will be presented and discussed. 2) The evaluation results from the Triple P pilot in the City of Tshwane, South Africa, pre- and post-assessments, confirm the value of Triple P as an evidence-based positive parenting program in a different cultural setting and also informs areas for further development and adaptation to improve impact in different cultural contexts. These will be discussed through the presentation as well the implementation challenges and successes experienced through the pilot will be shared. 3) This presentation will describe an evaluation of one of the few parenting programs designed to provide tailored support to parents raising adolescents with a developmental disability. To our knowledge it is the first evaluation of such a program to demonstrate pre-post improvements not only in parental adjustment, but also in adolescent behavior problems, parenting practices, and parenting self-efficacy. As such, preliminary support is provided that Building Bridges Triple P is a feasible, efficient, effective and acceptable program for providing support to parents of adolescents with autism spectrum disorder. This paper provides a platform for further evaluation of this promising intervention.

## D3 – Symposium

10.30am-12.00pm Dry Creek Valley II

### ***Building child behavior management skills in incarcerated parents***

**DEBBIE CURLEY\*** – University of Arizona Cooperative Extension, USA  
**GRACE HARRIS\*** – Child Parent Institute, USA  
**MELISSA RUIZ** – First 5 Inyo County, USA  
**MISTY SMITH** – COPE Family Support Center, USA  
**RANDY AHN\*** – Triple P America, USA

In the United States, an estimated 5 million children in 2015 had at least one parent incarcerated at one time or another; this represented 7% of the US child population. Given that a majority of inmates are parents, jurisdictions are becoming increasingly aware of the issues surrounding the social-emotional wellbeing of impacted children. As most incarcerated parents will eventually re-enter the free community, forward-thinking jurisdictions are including parenting support and education to facilitate this. Is Triple P 'for every parent' even when incarcerated? Yes! This symposium will be guided by a moderator who will offer perspective on parent education in the prison setting. He will introduce the speakers who are part of a working group in the US, comprised of six Triple P practitioners with a combined total of 26 years' experience teaching parent education to incarcerated populations. Over the past year, this group has come together to share best practices and maximize the impact of Triple P. The objective of this session is to encourage fellow Triple P practitioners to expand their program offerings to serve incarcerated populations. Following will be three presentations covering:

- 1) *Impact of incarceration on families.* This presenter will provide statistics from a US and global perspective including the scope of mass incarcerations and the associated impacts incarceration has on children of inmates.
- 2) *Special considerations of offering classes in correctional facilities.* More than 70% of prison inmates read below 4th grade level

(Department of Justice, 2000). The presenter will discuss adaptations necessary to teach in the prison as well as provide tips for building a parent/practitioner alliance in the prison setting.

3) *Strategies to help inmates communicate with their children and caregivers on the outside.* Helping parents have reasonable expectations of their child's emotions is a valuable role Triple P can play. This presentation will also share strategies to promote communication with children and caregivers on the outside.

Finally, the moderator will tie the presentations together and invite questions from the audience so ensure that audience members have the tools to approach correctional facilities in their area.

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#### D4 – Symposium

10.30am-12.00pm Alexander Valley III, IV

##### ***Importance of early years: Opportunities for early identification, prevention, professional and parent support***

**GRACE KIRBY**\*<sup>1</sup> – The University of Queensland, Australia  
**KAREN TURNER**\*<sup>2</sup> - The University of Queensland, Australia  
**CASSANDRA DITTMAN**<sup>2</sup> - The University of Queensland, Australia  
**MATTHEW SANDERS**<sup>2</sup> - The University of Queensland, Australia  
**JULIE RUSBY**<sup>2</sup> – Oregon Research Institute, USA  
**SHAWNA LEE**\*<sup>3</sup> – Seneca College of Applied Arts and Technology, Canada  
**MELISSA LEE**\*<sup>3</sup> – Kinark Child and Family Services, Canada  
**SUSAN O'NEILL**\*<sup>3</sup> – Seneca College of Applied Arts and Technology, Canada  
**WANDA DAVIS**\*<sup>4</sup> – First 5 Contra Costa, USA

The importance of the early years in children's brain and social development is well documented, and the role of the early childhood educator (ECE) is valuable for early detection of developmental and mental health concerns. Enhancing the confidence of teachers and ECEs, particularly in managing challenging behavior, has been identified by the sector as a significant need.

1) *How interactions with parents impact teacher wellbeing: A call for professional support.* Parents and teachers both want the best outcomes for children, however they can end up as adversaries with relationships characterized by conflict. This presentation will discuss teachers' perspectives about their interactions with parents, in particular, how parent interactions impact teachers' occupational wellbeing. Research outcomes support the importance of positive relationships between parents and teachers and highlight the need for additional teacher support in this area.

2) *The development of the Positive early Childhood Education Program (PECE).* The Positive Early Childhood Education (PECE) Program combines online professional development and peer-coaching within a self-regulatory framework and draws on best practice for working with young children. It is aligned with the Triple P principles and strategies to create consistency between ECEs and parents. The rationale for and development of the approach will be discussed.

3) *Evaluation of PECE outcomes.* A recent RCT exploring the effectiveness PECE in EC settings in Alberta, Canada will be presented, and key qualitative and quantitative outcomes for ECEs and children will be shared, including clinically significant change in children's behavior. A second study currently under way in York, Canada will also be presented. Implementation considerations for research and program success in real world delivery will be reviewed.

4) *Determining the right fit for ECEs in meeting children's developmental needs, nurturing prosocial behaviors, and successfully maintaining children in early education settings.* This presentation will identify local needs and challenges in providing coaching services that are sustainable and effective. It will explore key considerations when contemplating if PECE is the right fit in ensuring children are ready for kindergarten and the right model for capacity building. Potential advantages and challenges in folding PECE into our local Triple P structure will also be discussed.

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#### Keynote Address 3

1.00-2.00pm Alexander Valley I, II

##### ***Frontiers in the science and practice of social-emotional learning in preschools and schools***

**STEPHANIE JONES**\* – Harvard Graduate School of Education, USA

There is a growing body of evidence describing the critical role that social-emotional skills and related interventions play in children's mental health, and behavioral and academic success. However, those working with children in schools and other contexts are confronted with a large, sometimes confusing array of terms, definitions, and approaches. This presentation will review research on the nature, content, and efficacy of social and emotional learning strategies and programs designed for early

and middle childhood. It will describe new translational work designed to build connections between the major conceptual and practice-focused frameworks for the field, summarize a number of tensions in this area, and discuss the opportunities they present for future research and practice.

## E1 – Symposium

2.00-3.00pm Alexander Valley I, II

### *Enhancing Triple P with community supports: Birth to 5*

**RANDY AHN\***<sup>1</sup> – Triple P America, USA

**CARLA DENNER\***<sup>2</sup> – First 5 Sonoma, USA

**WANDA DAVIS\***<sup>3</sup> – First 5 Contra Costa, USA

This symposium highlights some of the community, agency, and informational supports available to practitioners serving families with infants and very young children. While Triple P clinical trials performed in isolation demonstrate the efficacy of the intervention, in the real world, additional supports are also needed to assist parents and strengthen family relationships - this is especially true when serving families with children 0-5 years. First 5 and partner organizations across California strive to bring relevant resources to Triple P practitioners and the families they serve. Three brief presentations cover ideas and strategies to help local practitioners in providing similar supports to families with infants and toddlers during and after Triple P sessions:

1) *Infant strategies for Level 4 practitioners*. When working with families with infants and toddlers, practitioners may find themselves wondering how to best convey the material at an appropriate developmental level. This presentation will offer some ideas drawn from the American Academy of Pediatrics on how practitioners may scale positive parenting strategies so that they are age appropriate and consistent with the principles of positive parenting.

2) *Ages and Stages Questionnaire: Social/emotional/development screenings*. Notably absent from the Triple P scientific literature, the ASQ is a popular tool among agencies working with infants and young children. First 5 encourages the use of the ASQ to help organizations enhance the impact of parenting programs such as Triple P. Provision of developmental guidance and relationship-based strategies, informational resources, and linkages to allied programs and initiatives help parents extend their positive parenting and their understanding of their family's social-emotional/developmental needs.

3) *Case Example: Help Me Grow*. Triple P plays well with others. A key partner agency, Help Me Grow, is known for the provision of referral information within the US 211 system. Learn other ways that Help Me Grow can assist Triple P practitioners and families requiring additional support. We will share with you how our practitioners conduct developmental screenings (e.g. ASQ) and the process and successes of connecting Triple P families to additional resources.

The symposium will then conclude with a Q and A session.

## E2 – Paper session

2.00-3.00pm Dry Creek Valley I

### *Predictors of practitioner self-efficacy in delivering evidence-based programs to children, youth or families*

**EMILIE CHAREST\*** – Université Laval, Canada

**CHERI SHAPIRO** – University of South Carolina, USA

Understanding factors that influence implementation of evidence-based programs by practitioners is critical to both implementation research and practice in the field of child, youth, and family intervention. Provider self-efficacy, or confidence in program delivery, has been found in prior research to predict implementation of evidence-based interventions such as Triple P (e.g. Shapiro, Prinz & Sanders, 2012). However, despite the impact of self-efficacy on implementation process, far less research has examined predictors of provider self-efficacy. This exploratory study was thus designed to examine predictors of provider self-efficacy in delivering evidence-based programs (EBPs) to children, youth, or families in a multidisciplinary group of real-world practitioners in one southern state in the U.S. A total of 149 behavioral health practitioners completed an online survey regarding training in and use of EBPs, as well as information on a range of known facilitators and barriers to implementation of these interventions. A series of binary logistic regressions were conducted to predict a low level of self-efficacy and a high level of self-efficacy. Linear regressions were conducted to predict program adherence and number of EBPs used by practitioners. The results showed that the number of EBPs practitioners were accredited or certified to use had a significant incremental benefit in the prediction of both low and high self-efficacy, compared to the number of EBPs providers were trained to use. Interestingly, the results also suggested that the predictors of high self-efficacy and low self-efficacy are not the same. The only predictor of low self-efficacy was the number of EBPs practitioners are accredited or certified to use, suggesting that the extent of training might be the foundation of practitioner self-efficacy. Some practitioner characteristics, organization-level facilitators, and

practitioner-level barriers were shown to predict a high level of self-efficacy. The results will be further presented and discussed, as well as the implications and limitations of the present study.

***Practitioners' reports of barriers and facilitators to use of Triple P in a state-wide adoption of the program***

**MARY HASKETT\*** – North Carolina State University, USA

**SAMANTHA SCHILLING** – University Of North Carolina Chapel Hill, USA

**AMY LEONARD** – North Carolina State University, USA

**CAITLYN OWENS** – North Carolina State University, USA

A challenge of large-scale adoptions of Triple P is low uptake among accredited practitioners. The purpose of this study was to understand factors that facilitate use of Triple P among 283 practitioners in 6 counties involved in a large-scale adoption of Triple P in a south eastern state. Practitioners completed an online survey about their experiences with Triple P delivery. Number of caregivers served varied widely; 25% had not served any caregivers. Using logistic regression models accounting for length of accreditation and clustering by county, we examined the association of number of caregivers served (none, 1-5, 6-20, 21 or greater) with (a) perceived fit of Triple P with typical services provided, (b) perceived response of parents to Triple P, and (c) perceived agency support for Triple P. Results indicated that number of families served was significantly predicted by all three factors, with a higher number of caregivers associated with a perception that Triple P fit well with the practitioner's services, that parents enjoyed and/or benefited from Triple P, and that there was moderate or high support from practitioners' agencies for use of Triple P (all p's < .05). Additional analyses are in progress to explore interactions among these and other predictors of delivery of Triple P.

***A longitudinal study on the implementation of Triple P: Changes in practitioners' perspectives***

**MARIE-KIM CÔTÉ\*** – Université Laval, Canada

**MARIE-HÉLÈNE GAGNÉ** – Université Laval, Canada

Since fall 2014, the Triple P – Positive Parenting Program has been implemented in two communities in the province of Quebec, Canada. Under a university-community partnership, over one hundred practitioners from various organizations (primary care and child protection agencies, primary schools, daycare centers and non-profit organizations) had received training to deliver Triple P Seminars, Primary Care, Group, and/or Pathways. Several studies and meta-analyses have shown empirical evidence of Triple P's efficacy for preventing child maltreatment, improving the parent-child relationship, and reducing emotional and behavioral problems among children. When implemented in real-world settings, the high quality of an evidence-based parenting program (EBPP) is, however, not sufficient. Indeed, the quality of the implementation process can impact on the EBPP efficacy to improve the well-being of children and families. In particular, it has been demonstrated that practitioners' self-efficacy, attitudes and perceptions of organizational readiness to implement the program could influence implementation outcomes (e.g. program's acceptability, adoption, adherence and sustainability). In return, the experience of being involved in a program's implementation process could change the point of view of practitioners about the relevance of EBPPs in their practice, potentially diminishing resistance, which is sometimes considered as a major barrier to the systematic adoption of such programs in communities. In order to document the evolution of practitioners' perspectives during the implementation process, 115 practitioners have answered questionnaires on two occasions, shortly before their Triple P training and one or two years later. Changes in their confidence to conduct consultations with parents, in their attitudes towards EBPPs as well as in their appraisal of organizational variables (e.g. allocation of resources, staff stability and adequacy of premises) were investigated. A series of repeated measures MANOVAs were performed on collected data. Preliminary analyses indicate positive, large and significant effects of the Triple P implementation process on practitioners' self-efficacy. Their attitudes and perceptions of organizational readiness remained rather stable over time, with a slight increase or decrease on some subscales. We hypothesize that the extent to which changes on all variables occur will vary depending on practitioners' initial stance towards the initiative. Findings on the latter question will also be presented."

**E3 – Symposium**

2.00-3.00pm Dry Creek Valley II

***Parenting support in an age of technology: Parent engagement and outcomes from the implementation of Triple P Online***

**KAREN TURNER\*<sup>3</sup>** – The University of Queensland, Australia (Chair)

**CAROL METZLER\*<sup>1</sup>** – Oregon Research Institute, USA

**RYANN CROWLEY<sup>1</sup>** – Oregon Research Institute, USA

**JONATHON McWILLIAM**\*<sup>2</sup> – Triple P International, Australia  
**SABINE BAKER**\*<sup>3</sup> – The University of Queensland, Australia  
**JAMIN DAY**<sup>3</sup> – The University of Queensland, Australia  
**CASSANDRA DITTMAN**<sup>3</sup> – The University of Queensland, Australia  
**MATTHEW SANDERS**<sup>3</sup> – The University of Queensland, Australia  
**SUSAN LOVE**<sup>3</sup> – California State University, Northridge, USA  
**NIKE FRANKE**<sup>3</sup> – The University of Auckland, New Zealand  
**SHARON HINTON**<sup>3</sup> – The University of Queensland, Australia

In response to increasing use of the Internet as a preferred method for parents seeking parenting advice and support, Triple P has been developed into a suite of online programs of varied intensity. This symposium reports the latest findings from research into the delivery of Triple P Online.

1) *Predictors of parent engagement and satisfaction with the Triple P Online System, a tiered online parenting intervention.* The Parenting Help Online study is testing a three-level Triple P Online System (TPOS) disseminated through pediatric practices. Preliminary parent data from parents who received the TPOS program will be presented. This paper will focus on parents' reports of their usage of TPOS and their satisfaction with the program, and family factors that predict engagement and satisfaction.

2) *Lessons from dissemination of Triple P Online.* Globally, policy makers are increasingly looking for digital solutions to some of society's biggest challenges. Online interventions offer an immediate way to reach parents effectively, at low-cost and to scale. Delivery of an online intervention such as Triple P Online (TPOL) requires new ways of thinking and service delivery planning. This paper will present how Triple P International works with organizations to embed the program within their referral pathways, plan communications support, integrate digital data collection, and provides a client management system, including a data dashboard, to support parents undertaking the program.

3) *Predictors of completion and positive outcomes in Triple P Online Programs.* While online interventions offer many advantages over face-to-face programs, they tend to report high attrition and variable outcomes. While a number of trials have shown the efficacy of TPOL in improving parent and child outcomes, it is not clear who benefits most, and if outcomes could be enhanced by increasing engagement and dosage. This paper pools data from seven published trials of TPOL variants to examine baseline child, parent and family characteristics that influence the effectiveness and completion of TPOL, and the influence of factors such as program variant and provision of adjunctive support.

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#### **E4 – Paper session**

2.00-3.00pm Alexander Valley III, IV

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##### ***Implementing Triple P in Ciudad Juarez, a border city***

**MARIANA LOYA**\* – Techo Comunitario A.C., Mexico

Ciudad Juarez is a Mexican city located at the north of the country in the State of Chihuahua, next to El Paso, Texas, USA. According to a study presented by Colegio de la Frontera Norte de Mexico in 2015, 75% of the population lived in poverty, a pressing situation as is the context under which children develop in our city. Poverty and the associated set of stressful risk factors, have harmful effects on parenting. In our day to day, we find that behavior problems are not often explored beyond the 'label'. Labels that are often extended to the family, labeled as problematic. Therefore, children and families requiring support and guidance, face stigma and isolation that only increase the development of secondary risk factors which impact on the health and emotional well-being of the whole community. Given the above, namely: the situation of poverty present in the area, stigmatizing attitudes in the population and the effects of violence experienced in recent years in our city, we understand why behavioral disorders in childhood are increasing. Parental education can be an effective way to address behavior problems. Under this premise we developed a project that was presented and approved by Paso del Norte Health Foundation to implement the Positive Parenting Program -Triple P and create an evidence-based offer to provide parents with tools for raising their children that have repercussions in the construction of healthy communities. Besides preventing and treating behavioral problems, emotional difficulties and promoting healthy development of children and adolescents, Triple P aims to develop self-regulation skills in both parents and children. This aim relates to the mission and philosophy of Techo Comunitario A.C., the implementing agency, to which we attribute the success in its synergy during implementation. This presentation will describe the process carried out during the first phase that included 100 families. It will describe how we planned the implementation, where the programs were delivered, the results achieved and some challenges are lessons learned, besides describing our experience with the implementation support carried out by Triple P Latam.



### ***Effects of Primary Care and Group Triple P in a French-Canadian context***

**MARIE-HÉLÈNE GAGNÉ\*** – Université Laval, Canada  
**SYLVIE DRAPEAU** – Université Laval, Canada  
**MARIE-ÈVE CLÉMENT** – Université du Québec en Outaouai, Canada  
**TRISTAN MILOT** – Université du Québec à Trois-Rivières, Canada  
**LIESETTE BRUNSON** – Université du Québec à Montréal, Canada  
**MARIE-CLAUDE RICHARD** – Université Laval, Canada

Since January 2015, a continuum of Triple P services covering all five levels of the Triple P system has been offered to parents of children aged 0 to 12 in two Canadian French-speaking communities. This project was initiated by a university-community partnership dedicated to the prevention of child maltreatment. In each community, a local coalition of public primary care and child welfare agencies, primary schools, child daycare centers, and non-profit community organizations deliver Triple P Seminars, Primary Care, Group, and Pathways. The initiative also includes a local social marketing campaign (flyers, posters, web site). An extensive research trial assessed implementation processes as well as the program's efficacy. Since the intent was to make Triple P available to every parent in the targeted communities, the general research design was configured as a community trial. Each experimental community was matched with a control community comparable in terms of the size of the child population, family poverty rate, and child maltreatment rates. This presentation will focus on the short-term effects of Primary Care and Group Triple P in this context. The sample includes 388 parents (22 % fathers) from the experimental communities. Among them, 295 received Primary Care, Group, or both. The control group includes 93 parents from the control communities who received services as usual. All parents who participated in at least one Triple P session were included in the sample, regardless of intervention dosage. Parents were asked to complete pre-test and post-test questionnaires including various measures related to parenting (e.g.: parental stress, parenting practices) and child behavior (a target child was identified). Family characteristics were similar in both groups, except that children were slightly younger in the experimental group. A series of repeated measures 2 (group) X 2 (time) MANOVAs were performed on the data. Findings globally support large, significant effects of Triple P on most dimensions of parenting and child behavior, and a greater efficacy of Triple P compared to usual family support services. Moreover, the program appears as efficient for disadvantaged families as for middle or high-income families. On the basis of these results, partner agencies are in the process of sustaining and expanding Triple P.

### ***Our journey thus far: The Children's Aid Society of Oxford County's Child and Family Support Services Team and programing development***

**JACQUELINE MCGANN\*** – Children's Aid Society, Canada

The Children's Aid Society of Oxford County is a relatively small child welfare agency serving families in a largely rural area within South Western Ontario Canada. Partly because of our size and partly because of our Agency's leadership and vision, we have been able to innovate and change the way we engage with and provide services to families, while still meeting the provincial regulatory standards. Grounded in a systems approach to service, we have been evolving our collective practice towards evidence-based planning and interventions. Triple P is one of the key components of that evolution. It, along with our ongoing adoption of a Signs of Safety approach, as well as a Networks approach to child welfare, has allowed us to provide customized services and supports that put families in charge of their own goal setting and trajectory planning. Triple P, in conjunction with a Signs of Safety and Networks approach to planning has become our go to interventions that helps the network of care givers create safe, lifelong, sustainable and meaningful relationships in children's lives. Our service evolution continues and has been strategically planned and implemented over the course of the past six years. This presentation will outline:

- Changes to our organizational structure, including the CFSS team with a new job description and a vision for leading the Agency's service evolution.
- The Agency's investment in the Triple P training and implementation and how that influenced the team's development.
- The role of Triple P in giving the team the legitimacy and respect that comes from being accredited to provide internationally recognized programing.
- How Triple P's approach compliments and reinforces our Signs of Safety and Networks philosophy and planning.

### **F1 – Symposium**

3.30-5.00pm Alexander Valley I, II

### ***Providing parenting supports within pediatric primary care: Perspectives of pediatricians and parents, outcomes of training pediatricians, and predictors of implementation***

**CAROL METZLER\*<sup>1,2,3</sup>** – Oregon Research Institute, USA  
**DIMITRI CHRISTAKIS\*<sup>1,2,3</sup>** – Seattle Children's Research Institute, USA

**FREDERICK RIVARA**<sup>1,2,3</sup> – University of Washington, USA  
**JULIE RUSBY**<sup>\*2</sup> – Oregon Research Institute, USA  
**RON PRINZ**<sup>\*</sup> – University of South Carolina, USA (Discussant)

Pediatric primary care is a promising setting for delivery of evidence-based parenting supports. Most pediatricians, however, often feel inadequately trained and unequipped to provide effective guidance for children's behavior problems or parenting difficulties. This symposium reports on the findings of the Parenting Help Online (PHO) study, which is testing the delivery of the Triple P Online System (TPOS) through pediatric clinics to improve pediatricians' ability to meet families' needs. This study is evaluating TPOS' effects on child/family outcomes and the effects of the Primary Care Triple P training on pediatricians' protocols and self-efficacy for assisting parents of children with behavior problems. In particular, this symposium will focus on pediatricians' perspectives on integrating parenting supports into their practices, outcomes of the training on their protocols and self-efficacy for helping parents with children's behavior challenges, and their implementation of Triple P in their practices.

*1. The pediatric primary care landscape for integrating parenting supports.* This presentation will discuss the benefits of the pediatric primary care environment for delivering parenting supports and the potential barriers and facilitators to doing so. Data from the PHO study will be presented on the behavior problems parents discuss with their pediatricians, the physicians' self-efficacy and typical practices for addressing those concerns, and factors that predict physicians' confidence in their ability to provide effective parenting supports and parents' satisfaction.

*2. Outcomes of Primary Care Triple P training for pediatricians.* This presentation will present data from the PHO study on the effects of the Level 3 Primary Care Triple P training on pediatricians' parenting support practices and self-efficacy for doing so, and the moderators of those effects, one year after the training.

*3. Pediatricians' implementation of Triple P in primary care and perceptions of feasibility and clinic support.* This presentation will present PHO study data on pediatricians' actual implementation of Triple P, their perceptions of the feasibility of integrating parenting supports into their practices and clinic support for doing so, and factors that predict these perceptions.

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## **F2 – Symposium**

3.30-5.00pm Dry Creek Valley I

### ***Developing capacity to successfully scale Triple P: The North Carolina Implementation Capacity for Triple P Project***

**WILLIAM ALDRIDGE**<sup>2,4\*</sup> – FPG Child Development Institute, University of North Carolina at Chapel Hill, USA (Chair)  
**RENEE BOOTHROYD**<sup>1,2\*</sup> – FPG Child Development Institute, University of North Carolina at Chapel Hill, USA  
**LATANYA MOORE**<sup>1</sup> – FPG Child Development Institute, University of North Carolina at Chapel Hill, USA  
**ASHLEY LINDSAY**<sup>1</sup> – Project Enlightenment, Wake County Public School System, USA  
**MARY HASKETT**<sup>1</sup> – North Carolina State University, USA  
**REBECCA ROPPOLO**<sup>2\*</sup> – FPG Child Development Institute, University of North Carolina at Chapel Hill, USA  
**WENDY MORGAN**<sup>3</sup> – FPG Child Development Institute, University of North Carolina at Chapel Hill, USA  
**JULIE CHIN**<sup>3\*</sup> – FPG Child Development Institute, University of North Carolina at Chapel Hill, USA  
**ROBIN JENKINS**<sup>4\*</sup> – FPG Child Development Institute, University of North Carolina at Chapel Hill, USA  
**SHARON HIRSCH**<sup>4</sup> – Prevent Child Abuse North Carolina, USA  
**KARLA BUITRAGO**<sup>4</sup> – Prevent Child Abuse North Carolina, USA  
**NICOLE YOUNG**<sup>\*</sup> – Optimal Solutions Consulting, USA (Discussant)

With funding from multiple state agencies and foundations, the Triple P - Positive Parenting Program (Triple P) system of interventions is being scaled across 36 counties in North Carolina. The North Carolina Implementation Capacity for Triple P (NCIC-TP) project is a collaborative effort to help counties in North Carolina successfully and sustainably implement Triple P at scale. Results from a two-and-a-half year implementation evaluation of Triple P in North Carolina and findings and models from implementation science and support are the foundation of the information, learning, and resources offered by NCIC-TP to North Carolina stakeholders scaling Triple P. NCIC-TP is a partnership between FPG Child Development Institute at UNC-Chapel Hill, The Duke Endowment, and the North Carolina Divisions of Public Health and Social Services; operates in close collaboration with Triple P America; and is supported by the National Prevention Science Coalition. This organized paper symposium will cover NCIC-TP implementation support from various angles. Dr Will Aldridge, NCIC-TP Director, will chair the symposium and introduce the NCIC-TP theory of change for achieving and sustaining community-wide outcomes. 1) Dr Renee Boothroyd, Advanced Implementation Specialist, will describe how this theory of change has been used to identify and pursue, in partnership with community-based implementation support staff, a series of implementation goals, strategies, and early wins in one North Carolina Triple P community. 2) Rebecca Roppolo, NCIC-TP Evaluation and Improvement Specialist, will introduce the core components NCIC-TP implementation support and describe a process monitoring system for improving NCIC-TP implementation support to local communities. 3) Julie Chin will focus in the third formal presentation on NCIC-TP online learning strategies

designed to increase learner knowledge and skills for effective Triple P implementation. 4) Dr Robin Jenkins, Advanced Implementation Specialist, will share lessons and experiences working with a state-wide non-profit organization to increase intermediary supports for Triple P in North Carolina. Following these presentations, Nicole Young, a California-based provider of implementation support for communities scaling Triple P, will serve as the symposium's discussant and offer observations and recommendations based on the NCIC-TP project.

### F3 – Symposium

3.30-5.00pm Dry Creek Valley II

***Baby Triple P: Latest findings from research aimed at giving babies the best start in life through enhancing parents' knowledge, skills and confidence in early parenting practices alongside supporting their mental and emotional well-being***

**LEANNE WINTER\*** – The University of Queensland, Australia  
**PAUL COLDITZ** – The University of Queensland, Australia  
**MATTHEW SANDERS** – The University of Queensland, Australia  
**ROSLYN BOYD** – The University of Queensland, Australia  
**MARGO PRITCHARD** – The University of Queensland, Australia  
**PETER GRAY** – Mater Mothers' Hospital, Australia  
**MICHAEL J O'CALLAGHAN** – Mater Mothers' Hospital, Australia  
**KOA WHITTINGHAM** – The University of Queensland, Australia  
**PETER O'ROURKE** – QIMR Berghofer Medical Research Institute  
**LUKE JARDINE** – Mater Mothers' Hospital, Australia  
**VIRGINIA SLAUGHTER** – The University of Queensland, Australia  
**ALINA MORAWSKA\*** – The University of Queensland, Australia (Discussant)  
**KERRI McPHERSON\*** – Glasgow Caledonian University, Scotland  
**KIRSTY WISEMAN** – Glasgow Caledonian University, Scotland  
**KAREENA McALONEY-KOCAMAN** – Glasgow Caledonian University, Scotland

Triple P for Baby is an adaptation of Triple P that focuses on the key modifiable risk factors for negative outcomes in infancy. The intervention aims to prevent parental psychopathology by reducing parental stress associated with the transition to parenthood, increasing the use of adaptive emotional coping strategies, improving the quality of the couple relationship, and by improving the extent and quality of the parents' social support network. This symposium will include four papers:

1) *Prem Baby Triple P: A randomised controlled trial of enhanced parenting capacity to improve developmental outcomes in preterm infants.* This presentation outlines the findings of a RCT designed to test the efficacy of Prem Baby Triple P in improving outcomes for very preterm babies (<32 weeks ga) and their parents. Data will be presented for child behavior, cognitive, language and motor skill outcomes at 24 months corrected age and for parent outcomes including parenting style, relationship quality and mental health. The implications for the future delivery of Prem Baby Triple P will be discussed.

2) *Baby Triple P: What do parents want?* There is a need for early parenting support to ease the transition to parenthood, yet existing interventions show limited evidence of efficacy. The aim of this study was to give parents the opportunity to speak in their own words and so to explore their views on parenting difficulties, quality and amount of support and information, to help inform further development of Baby Triple P.

3) *Understanding parental engagement in Triple P for Baby.* Recruitment and retention of parents in parenting interventions is notoriously problematic, and it is hypothesized that patterns of engagement may be associated with individual, family and social factors linked with poorer child outcomes. This presentation describes the recruitment and retention of first-time parents in a 24-month RCT designed to test the efficacy of Triple P for Baby. We will describe the sample and present findings of analyses exploring the relationship between engagement across 24-months and individual- and family-level risk factors (e.g. social support, relationship status and acceptance). Understanding factors that might impede/promote participation is important for the development of tailored engagement strategies to improve uptake of parenting programs.

Triple P for Baby: Findings from the Glasgow trial

4) *Triple P for Baby: Findings from the Glasgow trial.* A randomized controlled trial (RCT) to test the efficacy of Triple P for Baby has recently been completed in Glasgow, Scotland. The study was a two-arm, longitudinal (pre-intervention, post-intervention, 12 and 24 month follow up) RCT. In total, 156 first time parent couples were recruited and randomly allocated to the intervention and control arms (78 in each). The intervention was delivered in a total of eight sessions: four 2-hour group sessions that are delivered prenatally, followed by four weekly 30-minute telephone consultations with the Triple P facilitator starting when each couple's baby was approximately six weeks old. The control arm received care as usual (CAU). The primary outcome measure was the Depression, Anxiety and Stress Scale (21 item) and there were eleven secondary outcome measures assessing a range of variables, including: satisfaction with life, aspects of the couple relationship, social support, mother-infant bonding,

infant behavior, and parenting satisfaction and competence. Independent data analysis is currently underway to examine changes in primary and secondary outcome measures from baseline to post-intervention and subsequent follow-ups, and differences between intervention and control groups. We will report findings relating to the primary research question - what impact does Triple P for Baby have on parents' mental health as measured by the DASS? - and additional secondary research questions.

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***Delivering evidence-based parenting interventions to refugee background families, empowering communities and building sustainability: Learnings from Aotearoa New Zealand***

**MARGARET WESTON\*** – Refugees as Survivors, New Zealand

**FAHIMA SAEID\*** – Refugees as Survivors, New Zealand

**AREEJ ARIF\*** – Refugees as Survivors, New Zealand

Fahima Saeid and Margaret Weston jointly lead the Refugees as Survivors New Zealand (RASNZ) Family Service; their colleague Areej Arif is an Auckland-based practitioner who is completing her Masters degree in psychology. They hope the ideas presented in this symposium will contribute to a culturally versatile and internationally relevant template for the delivery of Positive Parenting Programs to refugee background families. People who take the refugee path often do so for the sake of their children. They must deal with the loss of country, community and in many cases, of key family members. They may be grandparents or other relatives acting as parents. The impact of the multiple traumas families are likely to have experienced are added to the challenge of arriving in a country of settlement with different language, social norms and legislation. Many of the laws and practices relating to child-rearing may be new and can be accompanied by the threat of sanctions. For many parents this can be confusing and distressing. We will present three perspectives on our approach to making the Triple P Discussion Group series available to families of diverse refugee backgrounds in Auckland. These will include:

- 1) Fahima Saeid will present two case studies on how the program has been delivered to an Afghani Women's Group, and to a group of Rohingya women. Fahima will talk about tailoring delivery to achieve a cultural fit, and about how participation in the program has contributed to the broader wellbeing of refugee background mothers and grandmothers.
- 2) Areej Arif will present her Masters research – a qualitative exploration of the usefulness of Triple P for refugee families. She will present preliminary findings and talk about the issues she encountered along the way, limitations of the study, and suggestions for future research.
- 3) With particular reference to her collaboration with Eritrean families, Margaret Weston will describe a model for the dissemination of Triple P that illustrates the empowering self-regulatory principle in action at a community level.

#### *Community Safety Partnership: Relationship based policing – learning about forgiveness and understanding the culture of communities*

**EMADA TINGIRIDES\*** – Los Angeles Police Department, USA

The Los Angeles Police Department's Community Safety Partnership (CSP) Program began in the community of Watts and East Los Angeles in 2011. The CSP Concept is not an enforcement/suppression focused program. Instead, the team of officers are divided into four inter-related units; community engagement, schools/safe passages, critical enforcement and youth programming. Collectively, the CSP program wants to impact four outcomes: reduce violence, improve community perception of safety, improve community-law enforcement relationships and improve youth educational outcomes. Since the inception of the CSP Program the number of Officers assigned and trained has increased to a total of 80 Officers and 8 Supervisors spread across two Bureaus and five Divisions.

### Invited Address 2

#### *Local capacity for Triple P scale-up and sustainability: Collaborative applications of implementation science over the next decade*

**WILLIAM ALDRIDGE\*** – FPG Child Development Institute, University of North Carolina at Chapel Hill, USA

The successful use of evidence-based family programs requires effective practitioner training and coaching, active leaders and implementation teams, and data-based quality improvement. These are empirically-supported conditions around which the field of implementation science has been uniting. However, making successful use of implementation science at local levels has its own challenges: new terminology, abstract concepts, and difficult fit and feasibility. Where does the science and practice of implementation go from here? How do we collectively develop capacity to locally sustain programs like Triple P? Successfully addressing these challenges will be key to achieving and sustaining population-level impacts over the next decade.

### G1 – Paper Session

#### *Triple P Seminars delivered in shelters: Perceptions of parents experiencing homelessness*

**MARY HASKETT\*** – North Carolina State University, USA

**JENNA ARMSTRONG** – North Carolina State University, USA

**SARAH CARRUTHERS** – North Carolina State University, USA

Positive parenting has been identified as a potential protective factor for vulnerable children who experience homelessness; unfortunately, many parents experiencing homelessness struggle to provide the consistent warmth and appropriate discipline their children need. This study was designed to examine the opinions of parents residing in shelters about a brief, group evidence-based parenting intervention, Triple P – Positive Parenting Program. We used a mixed-methods sequential explanatory design using quantitative and qualitative methods. In phase I, we analyzed extant quantitative data on parents' satisfaction with Triple P seminars via a survey administered following 66 seminars. Results showed the 284 sheltered parents' ratings of satisfaction were very high and were significantly more positive than ratings of a convenience sample of 128 parents who attended Triple P seminars delivered in agencies that served parents having parenting challenges. In phase II, we explored sheltered parents' views more deeply via qualitative data derived from 16 parents who attended one of three focus groups following seminars. Results were integrated across methods and indicated that parents held generally positive views of Triple P facilitators, content, and delivery methods. However, when given the opportunity to discuss the seminars, they pointed to several limitations of the seminars and they recommended revisions to the content and methods of delivery. Most of their recommendations were made in response to the specific parenting challenges they faced while parenting in a crowded, highly structured shelter environment. Recommendations for slight adaptations of seminars for parents living in shelters and suggestions for future research are provided.

#### *Accessibility to evidence-based parenting support with an at-risk population*

**RHONDA VAN ALLEN\*** – Children's Aid Society of Stormont, Dundas and Glengarry, Canada

**CARRIE OUIMET\*** – Children's Aid Society of Stormont, Dundas and Glengarry, Canada

**CHRISTINE STEER\*** – Children's Aid Society of Stormont, Dundas and Glengarry, Canada

Research shows that infants and children are particularly vulnerable to the effects of maltreatment and there is an urgent need for immediate and targeted action to improve outcomes. Data reported by the Public Health Agency of Canada (2010) demonstrates children's developmental vulnerability to the destructive effects of maltreatment; these effects can span across a lifetime, including being at increased risk for mental, emotional, medical, relationship and substance use problems into adulthood. Parent qualities that may be the greatest predictors of a child's likelihood to be maltreated are children who have primary caregivers with mental health issues (27%), substance abuse issues (48%), who have a lack of social supports (39%), or who are victims or perpetrators of domestic violence (46%). Program evaluation demonstrates that quality, evidence-based intervention programs that begin early can improve the odds of positive outcomes for Canada's youngest and most vulnerable children well into their adult years. Services must be accessible in a timely manner to prevent the consequences of early adversity in infants and toddlers. This presentation outlines the formative and process evaluation of the Teach and Learn with Your Child (TLC) program. This program is a multi-sectoral initiative to provide timely access to Triple P as part of a 'one-stop-shop' for community services. The program was piloted in 2014 and has been successfully run 7 times. It involves 11 community agencies with varying mandates, including education, child welfare and Early Years Centers. The target population is mothers between the ages of 16-25 with children under the age of 6, and who are on social assistance. The goal of the program is to help at-risk families with young children build strong friendships and community connections that reduce isolation while learning positive parenting skills and strategies through an evidence-based program. This presentation demonstrates the need for community coordination to identify and overcome accessibility issues for young parents and develop an evaluation plan. It goes on to demonstrate that Triple P is an effective early intervention program that focusses on the well-being of parents and their children.

***Parenting in the criminal justice system context: The role of parenting interventions***

**EMINA PRGUDA\*** – The University of Queensland, Australia

**KYLIE BURKE** – The University of Queensland, Australia

The intergenerational cycle of crime is well documented and there exists strong evidence that children of offenders are more likely to be involved in the Criminal Justice System than children of non-offenders. Parenting is important to children's life outcomes, both generally and in the context of offending. However, little attention has been paid to the role of parenting programs and parenting support services for parents who are involved in the Criminal Justice System and this is particularly evident in the Community Corrections context. We know very little about the accessibility, uptake, and effectiveness of parenting programs that are available to offending parents in the community. To address this, we conducted a survey with professional staff who provide parenting programs and support services in Queensland, Australia. We found differences in how parenting programs and support services are delivered to offending parents compared to non-offending parents and identified barriers to service access. We further examined the parenting needs of this population through focus groups with parents who are serving community-based corrections orders and professional staff from Corrective Services and community agencies. Converging and diverging perspectives were identified leading to recommendations on how to best deliver an evidence-based parenting intervention to offending parents in an attempt to improve child and parent outcomes.

**G2 – Paper Session**

11.00-12.00pm Dry Creek Valley I

***Parents' experiences with encouraging healthy habits in young children: An Australian cross-sectional parent survey***

**SABINE BAKER\*** – The University of Queensland, Australia

**ALINA MORAWSKA** – The University of Queensland, Australia

**AMY MITCHELL** – The University of Queensland, Australia

Lifestyle factors can have a tremendous impact on the incidence and prevalence of many diseases, including, but not limited to, obesity, cardiovascular disease, diabetes, and some cancers. Health-related behaviors and preventive practices can be learned and habituated at a young age and can lay the foundation for a lifelong healthy lifestyle and therefore a reduced risk of lifestyle-related disease. Parents are in a unique position to influence their child's lifestyle from birth and encourage the development of healthy habits that will positively impact their child's health and wellbeing throughout their life span. Current data indicates that day-to-day preventive health practices of parents and children are often falling short of current recommendations. Little is known about the challenges parents face when trying to develop healthy habits with their children, or the extent to which support is required. For example, parents may be unaware of national recommendations, confused about them, or unsure how to meet them. Even when parents have the knowledge of relevant guidelines, they may face barriers (e.g., child's lack of cooperation) in implementing the recommended strategies with their children. This research aims to better understand parents'

experiences and struggles with establishing healthy habits across a range of key domains of child health behavior (oral health, nutrition, physical activity, sleep, technology use, sun protection, medical care, personal hygiene, pedestrian and road safety). A cross-sectional survey methodology is employed to assess areas of greatest concern to parents. Specifically, the Australia-wide online survey explores (i) the extent to which Australian children between 0-4 years are engaging in recommended health-related practices and if parents are concerned about this, (ii) barriers parents face when trying to implement day-to-day preventive health practices, and (iii) whether parents are interested in receiving tips and assistance in developing healthy habits across a range of topic areas. Results suggest that Australian children fall short in a number of recommended preventive practices. Identified barriers such as inconsistent parenting and lack of routine are discussed in the context of opportunities for parenting support and intervention.

***Positive Parenting for Healthy Living (Triple P): Preliminary findings from a randomized controlled trial of a brief group program for parents of children with type 1 diabetes***

**ALINA MORAWSKA\*** – The University of Queensland, Australia

**AMY MITCHELL** – The University of Queensland, Australia

**ADITI LOHAN** – The University of Queensland, Australia

**ANIA FILUS** – University of Southern California, USA

**KATE SOFRONOFF** – The University of Queensland, Australia

**JENNIFER BATCH** – Lady Cilento Children's Hospital, Brisbane

Type 1 diabetes has a significant and ongoing impact on the health and wellbeing of affected children and their families. Problems with non-adherence to management plans are common and put children at risk of short- and long-term health complications. Parents are key to successful management, and parenting and family factors are important predictors of variation in child wellbeing, treatment adherence, and glycemic control. In this study, we aimed to test the efficacy of a brief, group-based parenting intervention for parents of young children with type 1 diabetes. A community sample of parents of 2-10-year-old children with type 1 diabetes was recruited from June 2014 until October 2017. Families were randomly assigned to intervention or care-as-usual. Assessment at pre-intervention, 4-weeks post-intervention, and 6-month follow up included parent-report measures (parenting behavior, child behavior/adjustment, health-related quality of life, parental self-efficacy, and parental stress); behavioral observations coded for parent-child interactions; and routine blood glucose and HbA1c levels, which provide an indication of short- and longer-term glycemic control. The intervention consisted of two 2-hour group sessions delivered by trained, accredited Triple P practitioners. Preliminary results of intent-to-treat analyses for key outcome variables will be presented. This study contributes to the emerging literature examining the role of parenting interventions in improving outcomes for this clinical group. While a life-long condition such as diabetes is unchangeable, parenting behaviors are readily modifiable, and more effective parenting strategies can be developed. Parenting interventions are a promising avenue to improving outcomes for children and their families.

***Parenting factors influencing teenage drinking and marijuana use in U.S. rural and suburban communities***

**JULIE RUSBY\*** – Oregon Research Institute, USA

**JOHN M LIGHT** – Oregon Research Institute, USA

**ERIKA WESTLING** – Oregon Research Institute, USA

**RYANN CROWLEY** – Oregon Research Institute, USA

The quality of relationships that parents have with their teenagers likely influences many decisions and behaviors made by teenagers, including their alcohol and marijuana use. We investigated how parent-youth relationship quality, parental monitoring, and parent substance use were associated with teenagers' alcohol use, binge drinking, and marijuana use with a sample of 400 adolescents living in rural and suburban communities in the Northwestern U.S. Initiation of alcohol use, binge drinking, and marijuana use when youth were ages 13-14 and changes in initiation through the following year was measured. Both parents and teenagers reported on the quality of relationship they had (e.g., conflict, communication, enjoyment) and on parental monitoring, as we expected that the perspectives of teenagers and their parents would differ and would uniquely contribute to alcohol and marijuana initiation. Teenagers rated the quality of their relationship with their parents significantly poorer than parents rated the quality of relationship with their teenager. Teenagers also rated parental monitoring significantly lower than did parents. Poorer quality relationship and lower parental monitoring from the teenager's perspective were associated with alcohol, binge drinking, and marijuana onset. These associations were stronger for girls than boys. Parents' binge drinking, predicted youth alcohol onset. Parent perspective of the quality of their relationship with their teenager also predicted youth marijuana onset. Parenting programs that target both relationship building and parental monitoring are likely to

help prevent an early start to alcohol and marijuana use by teenagers. Parents' own problematic drinking may also be important to focus on. The importance of obtaining teenagers' perspectives on the relationship with their parents and on how well they are monitored by their parents is valuable.

***Centers of excellence: Supporting implementation of evidence-based interventions in the United States***

**CHERI SHAPIRO\*** – University of South Carolina, USA

This presentation will focus on the creation of Centers of Excellence in the United States, designed to improve services for youth with behavioral health challenges being served within systems of care. One specific example, the South Carolina Center of Excellence in Evidence-Based Interventions, designed to support the Palmetto Coordinated System of Care, will be described, and the Center role in supporting evidence-based interventions including Triple P will be discussed. Centers of Excellence are an important and growing category of intermediary organizations designed to support systems of care that have evolved on a national and local level better serve the behavioral health needs of children, youth, and families. One important goal of systems of care is to increase access to high quality, evidence-based services and supports for families and youth in need. However, implementation of evidence-based interventions in real world settings is complicated and impacted by factors operating at multiple levels of the social ecology. Thus, as systems of care have evolved, Centers of Excellence have been developed specifically to support the implementation of evidence-based programs and policies in targeted jurisdictions (e.g. state or county) through a range of implementation activities such as training, technical support, and data collection to monitor process and outcome variables. As the number of youth with serious behavioral health concerns who do not have access to high quality intervention services that adequately address family needs and desires remains high, the movement toward developing and enhancing systems of care, and thus organizations dedicated to supporting implementation of evidence-based interventions, will continue to grow. To illustrate this growth, a local example, the South Carolina Center of Excellence in Evidence-Based Interventions, designed to support the Palmetto Coordinated System of Care, will be described. Results of a state-level provider survey on use of evidence-based behavioral health interventions including Triple P will be described. Current and future implementation support and research functions of the Center as they relate to Triple P and other evidence-based interventions being used in the state will be discussed.

***Systems thinking for co-creation: Exploring locus of responsibility for implementation capacity in multi-level systems***

**RENEÉ BOOTHROYD\*** – University of North Carolina at Chapel Hill, USA

**CLAIRE A. VEAZEY** – University of North Carolina at Chapel Hill, USA

**WILLIAM A. ALDRIDGE, II** – University of North Carolina at Chapel Hill, USA

**DESIREE W. MURRAY** – University of North Carolina at Chapel Hill, USA

**RONALD J. PRINZ** – University of South Carolina, USA

**BACKGROUND:** Successful implementation of evidence-based programs in complex, multi-level systems involves more than service-delivery agencies. Informed by a co-creation framework, the development and performance of core implementation capacities also require active involvement of policy makers, researchers and program developers, implementation and other support organizations, and community members. Role ambiguity among stakeholders is an identified challenge, particularly in terms of role functionality and expectations for active, ongoing roles in building and carrying out core capacities necessary for effective implementation. **OBJECTIVES:** (1) design and test approach to investigate locus of responsibility for implementation within multi-level system environments; (2) identify co-creation partners' assignment of responsibility for implementation capacity components; and (3) understand how to utilize co-creation partners to share responsibility across implementation capacity and performance. **METHODS:** Assessing Locus of Responsibility (LOR) was part of a qualitative evaluation of implementation capacities for supporting the use of Triple P in North Carolina. Using a standard protocol, investigators interviewed 32 agencies delivering Triple P in two North Carolina counties, asking about their perceived responsibility for doing, assessing the quality of, and ensuring a set of seven core implementation capacities. Investigators visually analyzed the distribution of counties regarding responsibilities for each component of implementation capacity. **RESULTS:** Lead Agencies ('backbone') and Service Agencies (delivery) were the most frequent partner cited as responsible across all implementation capacity components, especially 'Recruitment & Selection' and 'Ongoing Coaching'. Overall, Practitioners were the least cited partner regarding a role in implementation capacities. The most consensus in responses was reported for 'Improving Policies to Support Implementation Inside the Agency' (Service Agency) and 'Addressing Larger System Needs' (Lead/Backbone Agency). The least consensus in responses was reported for 'Assessing Fidelity: Gathering, Sharing, and Using Data to Improve



Implementation.’ The greatest number of Unknown responses was provided for the ‘Ongoing Coaching’ component.  
CONCLUSIONS: This LOR evaluation helped to identify role expectations of various co-creation partners, and clarify ongoing communications necessary for the collaborative planning and development of necessary implementation infrastructure. Data from cross-partner assessments of service agencies, backbone organizations, funders, and purveyors are informing role clarity to support effective scale-up of Triple P across North Carolina.

***Flexibility with fidelity: Triple P implementation within a large community mental health agency***

**ERIN TEBBEN\*** – Big Lots Behavioral Health at Nationwide Children's Hospital, USA  
**ERIN ZELINSKI-RIGHTER** – Big Lots Behavioral Health at Nationwide Children's Hospital, USA  
**KRISTOPHER WEST** – Big Lots Behavioral Health at Nationwide Children's Hospital, USA  
**SARAH DETLING** – Big Lots Behavioral Health at Nationwide Children's Hospital, USA  
**PITTY JENNINGS** – Big Lots Behavioral Health at Nationwide Children's Hospital, USA  
**JOI WORSHAM** – Big Lots Behavioral Health at Nationwide Children's Hospital, USA  
**VICTORIA TKAC** – Big Lots Behavioral Health at Nationwide Children's Hospital, USA  
**LISA GOLDEN** – Big Lots Behavioral Health at Nationwide Children's Hospital, USA

Effectively implementing evidence-based parent support interventions within large community mental health organizations can be challenging. Families present for treatment with varying symptomology, different levels of functional impairment, and diverse perspectives on the nature and etiology of the presenting problems, as well beliefs about what may help. Community mental health organizations may provide services in a variety of settings, which may all affect the modalities of treatment that are offered, length of the interventions, and delivery methods. All of these elements can impact an organization’s ability to deliver an effective intervention that is faithful to the original model. With this presentation, we will present an example of how one organization was able to design a system of implementation for parent support programs that address many of the above concerns, ultimately leading to the provision of high-quality, evidence-based parent support programming, namely Triple P, throughout the community. First, we will examine the challenges and opportunities that arise when working within a large organization, particularly one with multiple levels of care and departmental divisions. Then, we will take note of the barriers and facilitators of successful implementation that arose throughout the process. Finally, we will provide an overview of the current framework within which we implement the Triple P model and review the successes and opportunities for growth we have experienced thus far. In providing an account of our experiences, we hope to inspire other community mental health organizations to be agile and innovative in their implementation design while still retaining the fidelity to the model that is essential in the implementation of evidence-based practices.

**G4 – Round Table Discussion**

11.00-12.00pm Alexander Valley III, IV

***Sharing insights and future directions for Triple P implementation in First Nations communities***

**CARI McILDUFF\*** – The University of Queensland  
**MICHELL FORSTER\*** – Triple P International, Australia  
**KAREN GUIVARRA\*** – Mookai Rosie Bi-Bayan, Australia  
**CRYSTAL McLEOD\*** – Dilico Anishinabek Family Care, Canada  
**WILMA KLEYNENDORST\*** – Dilico Anishinabek Family Care, Canada  
**MICHELLE ANDERSON\*** – NIL TU,O Child and Family Services Society, Canada  
**KAREN TURNER\*** – The University of Queensland, Australia

This discussion group will invite stories from the field about successful program delivery in diverse First Nations communities. Areas for discussion include community engagement, training supports, cultural fit, implementation processes, and enhancing family outcomes. Practitioners and agencies will be invited to discuss barriers and enablers, and future directions for sustained successful program delivery.

**Keynote Address 5**

1.00-2.00pm Alexander Valley I, II

***Congregational Home Visiting: How houses of worship can promote parental-infant mental health***

**DARRELL ARMSTRONG** – Shiloh Baptist Church, USA

The Rev. Darrell Armstrong will use his ‘Family Strengthening Covenant’ as a central tool for helping congregations employ “Congregational Home Visiting,” (CHV) a promising approach to better engage mothers and fathers in the promotion of positive mental health for their children. The premise of the CHV is to encourage faith-leaders not to conduct baby/child dedication rituals (i.e. blessings, christenings, etc.) without first facilitating several sessions on the neuroscience of brain development, the

impact of trauma on the brain, and the fundamentals of child development, just to name a few. By so doing, the Rev. Armstrong believes that he will enrich the short-range meaning and long-range impact of a dedication ritual, and ultimately better equip parents to better promote protective factors and minimize risk factors as they raise their children.

## H1 – Symposium

2.00-3.00pm Alexander Valley I, II

### *Triple P Santa Cruz County: An effective population-based approach to strengthening families*

**NICOLE YOUNG\*** – Optimal Solutions Consulting, USA (Chair)

**DAVID BRODY\*** – First 5 Santa Cruz County, USA

**DEBORAH PINEDA\*** – Central California Alliance for Health, USA

**RANDY AHN\*** – Triple P America, USA (Discussant)

Since 2009, First 5 Santa Cruz County has partnered with other public agencies, funders and service providers to build a countywide, bilingual Triple P - Positive Parenting Program system that includes all levels (1-5) and variants (0-12, Teen and Stepping Stones). This organized paper symposium will present key evaluation findings from Santa Cruz County's population-based implementation of Triple P.

1) Nicole Young, Triple P Coordinator, will chair the symposium and present an overview of Santa Cruz County's Triple P system, evaluation methodology, and descriptive statistics for the client and practitioner population.

2) David Brody, Executive Director of First 5 Santa Cruz County, will present key findings from the organization's 5-year evaluation report (2010-15), including:

- Statistical analyses demonstrate significant improvements with moderate to large effect sizes in child behaviors, parenting style, conflict over parenting, and parental confidence.
- The majority of parents who completed Level 4 services reported improved child behavior (80.2%, n=595), parenting style (77.4%, n=653), and stress (62.7%, n=569). These percentages are higher among participants who began Level 4 with clinically significant levels of concerns about child behavior (91.7%, n=333), parenting style (81.7%, n=152) and stress (90.1%, n=218).
- On average, Level 3 Primary Care participants (N=208) reported a 24% increase in parental confidence.
- Ninety-five percent of follow-up survey respondents (n=118) continued to use Triple P parenting strategies. Nearly all (98%) would recommend Triple P to friends and family.
- The county's rate of substantiated allegations of child maltreatment has decreased and remained below the state rate since 2012. Triple P is viewed as a contributing factor.

3) Deborah Pineda, Health Programs Supervisor, Central California Alliance for Health (Medi-Cal managed health care plan), will present results from a pilot of Lifestyle Group Triple P in Santa Cruz County. Seventy-one percent of parents who completed Lifestyle (n=29) reported improvements in children's health and weight-related behaviors on the Lifestyle Behavior Checklist. Further statistical analyses are pending.

Randy Ahn, Implementation Consultant for Triple P America, will be the symposium's discussant, offering observations and recommendations for scaling and sustaining Triple P as part of a population health approach.

## H2 – Symposium

2.00-3.00pm Dry Creek Valley I

### *Integrating Triple P and trauma informed care in rural Appalachian counties of North Carolina*

**TIMOTHY JONES\*** – Appalachian State University, USA

**JENNIFER SCHROEDER\*** – Appalachian District Health Department, USA

**CRYSTAL KELLY\*** – Children's Council of Watauga County, USA

North Carolina has had the unique opportunity to implement the Positive Parenting Program (Triple P) state-wide. North Carolina is diverse in geography, culture and population across the various regions of the state. In 2012, AppHealthCare, the local district health department in rural, north western North Carolina, received funding to implement Triple P in three counties through the North Carolina Division of Public Health. In 2016, a successful application for another funding stream allowed AppHealthCare to serve two additional counties and expand capacity of the program. One of the first agencies to collaborate with the local health department was the Children's Council of Watauga County. Crystal Kelly, the Executive Director, had the foresight to work through the initial roll out of the program and cater the implementation for the unique demographics and population of one county in the project area. Through the integration of trauma informed care and home and center-based delivery of Triple P, hundreds of families have benefitted from the tools and principles of the program. To date across the five-

county project, 55 unique agencies, organizations and consumers have been trained serving an estimated 2,337 families and 4,391 children. This symposium will highlight important factors in integrating Triple P and the self-regulatory framework with trauma informed care, as well as the way AppHealthCare is able to serve disadvantaged communities through interagency collaboration and blending internal processes and funding streams. Local Triple P coordinators and staff from the Children's Council will present successes, challenges, lessons learned so far and opportunities moving forward. Presenters will then lead a discussion as well as facilitate small group activities based on the following themes: 1) coaching practitioners and stakeholders in the self-regulatory framework and trauma informed care 2) interagency collaboration to strengthen implementation 3) funding and sustainability, and 4) systems level change.

### **H3 – Symposium**

2.00-3.00pm Dry Creek Valley II

#### ***Supporting non-clinical staff in the implementation of Triple P***

**LEA BUSH** – Los Angeles Department of Mental Health, USA  
**OSCAR GOMEZ\*** – Los Angeles Department of Mental Health, USA  
**TOWNLEY SAYE\*** – FIRST 5 Mendocino County, Canada  
**KERI PESANTI\*** – Los Angeles Department of Mental Health, USA

Jewish Family Service of San Diego, Mendocino, and Los Angeles County differ in the populations that we serve; Mendocino County utilizes Triple P as their approved parenting program for Child Welfare Services, San Diego County's scope of work for Triple P is to serve as a prevention/early intervention program for Head Start/Early Head Start families, and Los Angeles County uses Triple P as both prevention and early interventions services through community-based programs, contracted agencies, and directly operated clinics. Our common ground resides in the fact that employees in each county are non-clinical para-professionals. Recently, Mendocino County trained all Social Worker Assistants and Wrap Around providers in multiple levels of Triple P leading to an increased need for peer support to ensure fidelity and correctly implemented evaluations. In order to ensure facilitators are successful, Mendocino offers supplemental trainings in supportive modalities like Motivational Interviewing and Signs of Safety. JFS has held the Health and Human Service Agency, Behavioral Health Services PEI parenting program contract for 8 years with para-professionals. JFS's educators are bi-cultural and ethnically resemble the predominately Latino San Diego County population. Los Angeles County has trained parent partners, librarians, and other para-professional staff in several levels of Triple P in a variety of community settings. The implementation has strongly focused on increasing access and reducing stigma in receiving support for parenting concerns. Obstacles we've encountered, regardless if we're a long-standing program or start-up, include ensuring staff understanding and maintaining a self-regulatory framework when conversations are driven outside of Triple P teaching parenting strategies in a way that feels culturally appropriate, dealing with issues of counter transference, setting appropriate client-worker boundaries, and ensuring that our programs' data demonstrates our work is leading to change. Our panel will include discussions on how non-clinical staff can be effective in the delivery of Triple P, and the lessons we've learned in developing comprehensive programs for diverse populations in all three counties. We would also like to introduce that Triple P is currently working on identifying different fidelity domains that'll be the pillars for fidelity monitoring in the future.

### **H4 – Symposium**

2.00-3.00pm Alexander Valley III, IV

#### ***Supporting vulnerable families in high-income countries***

**DIVNA HASLAM\*** – The University of Queensland, Australia  
**DANA SHESHKO\*** – University of Ottawa, Canada  
**CATHERINE LEE\*** – University of Ottawa, Canada  
**ANIA FILUS\*** – University of Southern California, USA  
**ASHLESHA DATAR** – University of Southern California, USA  
**STEPHANIE ROMNEY\*** – San Francisco Department of Public Health, USA  
**ALINA MORAWSKA** – The University of Queensland, Australia

This symposium addresses disadvantaged families in high-income countries. Data will be presented from three papers each focusing on a different type of family vulnerability including families with a refugee background, families facing economic instability and, culturally diverse families with English as second language. Paper One: Studies examining adjustment among immigrant or refugee children have highlighted the needs of these vulnerable children. Few, however, have calculated the size of the effect comparing these children to their counterparts who have never migrated, and many have included weak or

untested measures. This paper will describe the meta-analytic results of adjustment among children of newly-arrived immigrant and refugee families from approximately 30 studies with psychometrically adequate measures assessing emotional and behavioral adjustment. We will review the challenges these diverse children may manage as they adjust to a new country and the implications for parenting support. Paper Two will present preliminary results from a project investigating the effects of the recent Great Recession (GR) on children. A 5-wave longitudinal data from the National Longitudinal Study of Youth comprising information from over 2,000 US children ages 5-12 years old was analyzed to examine the effects of GR on children's cognitive and socioemotional outcomes as well as family-level mechanisms through which the GR affected children. Implications for policy interventions aimed at reducing child health disparities will be discussed. Finally, paper three will outline the impact of Triple P implementation across 30 non-profit programs coordinated by the Parent Training Institute. These programs serve caregivers who reflect San Francisco's diversity with regard to language, ethnicity, family composition, and socio-economic status. This presentation will highlight some of our learnings around data collection, program autonomy, and racial equity when working with diverse communities and present outcome data from Triple P groups delivered in English ( $n=1420$ ), Chinese ( $n=759$ ), and Spanish ( $n=538$ ). Together these papers represent the wide diversity of vulnerability that exists in high-income settings. The symposium aims to provide empirically supported recommendations about how to best support these families and improve child and family outcomes.

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**Invited Address 3 and Panel Discussion**

4.00-5.00pm Alexander Valley I, II

***The public health challenge of substance misuse: How does parenting support fit?*****RON PRINZ** – University of South Carolina, USA

Parents and families are not immune from the problems of substance misuse and addiction that plague society. Professionals who address parenting face many challenges in how to navigate both disclosed and undisclosed substance misuse. This presentation identifies some of the emerging issues and obstacles that are emerging in this area, and how the field of parenting support will need to come to grips with parental substance misuse to better serve children and families.

## Posters

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### *Understanding the alignment between Triple P and approaches to early learning and care*

**MONA AHMADI\*** – Seneca College of Applied Arts and Technology, Canada  
**SHAWNA LEE\*** – Seneca College of Applied Arts and Technology, Canada  
**NICOLE PAUL** – Seneca College of Applied Arts and Technology, Canada  
**JENNIFER CHI** – Seneca College of Applied Arts and Technology, Canada  
**ALEXANDRA CONLIFFE** – Seneca College of Applied Arts and Technology, Canada  
**ELENA GATTI** – Seneca College of Applied Arts and Technology, Canada

This research study took place in Ontario, Canada. The study was conducted by students in the Bachelor of Child Development Degree program at Seneca College in response to questions and concerns from child care community partners supporting the community wide implementation of the Triple P Positive Parenting Program. This research examined how the six core principals of Positive Child Care embedded in the new variant of Triple P entitled the Positive Early Childhood Education (PECE) program compare and/or contrast with four Early Childhood Education (ECE) pedagogical approaches: Reggio Emilia, Montessori, Waldorf and High/Scope. Results indicated significant alignments between the six core principles for positive childcare embedded in the PECE Program and various ECE pedagogical approaches. Findings also identified where the PECE Program may address some of the gaps in skills and knowledge of Early Childhood Educators in attending to child behavior that is perceived as challenging. The findings from this study can influence considerations in strategically aligning Triple P with child care and early childhood education. This research provides insightful information and findings that would appeal to policy makers and practitioners from international audiences.

### *Predictors of service providers' utilization of Triple P*

**EMILIE CHAREST\*** – Université Laval, Canada  
**MARIE-HÉLÈNE GAGNÉ** – Université Laval, Canada

This study examines the predictors of service providers' utilization of Triple P during the 2-years experimentation of the program in two Canadian French-speaking communities. Using principal component analysis, we created a program use index based on objective measures, including the number of Triple P activities conducted, the number of parents reached, and the total duration of the interventions conducted. Then, we examined the predictors of program use. Predictors examined included demographic data, providers' attitudes toward evidence-based programs, self-efficacy, perception of their organization's readiness to implement Triple P, and perception of the facilitators and barriers to its implementation. Provider and contextual-level characteristics significantly predicted program use, including provider self-confidence before training, number of years of experience in the child-family care field, and the community in which the program was implemented. Findings will be further presented, and implications for the implementation of evidence-based parenting programs will be discussed.

### *Heterogeneity in practitioners' discourse on the implementation of Triple P*

**MARIE-KIM CÔTÉ\*** – Université Laval, Canada  
**MARIE-HÉLÈNE GAGNÉ** – Université Laval, Canada

When implemented in natural settings, parenting program based on the best research evidence can only achieve their expected outcomes if adequate attention is given to the quality of the implementation process. A number of factors can have an impact, such as practitioners' attitudes towards the program as well as their level of self-efficacy to deliver it. While the crucial role played by practitioners in the implementation process is well recognized, few studies have investigated the differences in their perspectives and their evolution over time. Under a community-university partnership, Triple P has been implemented in two communities in the province of Quebec, Canada. In fall 2014, around one hundred practitioners representing a variety of disciplines and organizations had received training to offer Triple P Seminars, Primary Care, Group, and/or Pathways. One year later, 38 of them participated in six focus groups. Interviews were conducted using a semi-structured guide. An in-depth qualitative analysis was performed on verbatim transcripts to describe and compare practitioners' experience with the implementation of Triple P in their workplace. Findings demonstrate that practitioner's experience varied in terms of initial receptivity about Triple P; perceived support to its integration; perceived compatibility of Triple P with their current practice; level of Triple P's use and; perceived outcomes of Triple P. Three distinct types of discourse were identified from practitioners' comments, labelled: 1) 'conviction discourse' (characterized by the conviction that the long-term and preventive benefits of Triple P would balance the difficulties met in implementation); 2) 'mastering discourse' (characterized by an initial resistance

towards Triple P replaced by an enthusiastic perspective once it was tested and adapted within a supportive work environment) and; 3) 'estrangement discourse' (emphasizing the barriers to the integration of Triple P into work practice, such as perceived incompatibility with intervention values or client needs). Such findings allow implementation teams to develop an awareness of the heterogeneity in practitioners' experience, thus fostering a better answer to their distinctive needs. A satisfying implementation experience could enhance their use of the program and adherence to it, ultimately increasing program efficacy to improve the well-being of children and their parents.

***Life with a baby: Peer led programming to build social support, prevent maternal mental illness and improve child health outcomes***

**SHANNON HENNIG\*** – Healthy Start, Healthy Future, Canada

**CLAIRE KERR-ZLOBIN\*** – Healthy Start, Healthy Future, Canada

With busy lifestyles and social expectations about the transition to motherhood being 'easy', many women find themselves overwhelmed and isolated when welcoming a new baby. Loss of social networks and a lack of local family support can leave many women without the practical guidance of experienced mothers or peers who can help with the transition. Fear of failure, guilt, and difficulty with adjustment to motherhood can be fueled by the intensity of care for a newborn, sleep deprivation and loss of identity, all of which can contribute to deteriorating mental health. However, evidence consistently shows that social support provided by communities of individuals with shared experience as either formal or informal peer support acts as a buffer to these outcomes. The relationship between maternal mental health and child health outcomes is well documented and research is continually demonstrating the importance of early detection and treatment of maternal mental illness on early childhood development. For example, maternal depression can impair the maternal/child bond and result in delayed physical, social and cognitive development with long term implications for physical and mental health. Research suggests the importance of serve and return relationships in early brain development that act as a building block towards strong neural pathways that support positive mental and physical health. Mothers who are struggling with their own mental health may find interaction with their child in this capacity more difficult and thus delay or impair this vital component of early brain development. By providing much needed social support and community through low-barrier, low cost, regular activities and programs, the Life with a Baby program serves as an effective community-based intervention to assist in the prevention of maternal mental illness and can act as an ongoing support for recovery. By offering peer developed and led programming supported by well documented evidence as to the efficacy of peer-based interventions, Life with a Baby can serve as a bridge between traditional mental health supports including therapy and medication, and the necessary social support to overcome maternal mental health challenges and improve child health outcomes.

***Building capacity to implement Triple P: Perceptions of the stakeholders***

**ROSALIE LAVIGNE\*** – Université Laval, Canada

**MARIE-HÉLÈNE GAGNÉ** – Université Laval, Canada

A continuum of Triple P services is currently offered to the parents of children aged 0 to 12 in two Canadian French-speaking communities. In each community, a local coalition of public primary care and child welfare agencies, primary schools, child daycare centers, and non-profit community organizations deliver Triple P Seminars, Primary Care, Group, and Pathways. The implementation process was assessed over a 2-year period. This poster will describe the coalition's capacity to implement Triple P and determine if this capacity has improved over time. Thirty-two stakeholders involved in the implementation of Triple P fulfilled a survey before the beginning of the implementation (T1), and 33 stakeholders answered the same survey two years later (T2). Among them, 21 participated to both T1 and T2. This survey assesses their perceptions of their organization's readiness, the functioning and the impacts of the partnership mobilized around Triple P, and on some facilitators and obstacles to implementation. Descriptive statistics are used to describe each coalition's capacity at T2. This portrait will provide feedback to the involved stakeholders and support recommendations for improvement. Also, capacity's evolution during implementation process was assessed using data from the 21 respondents who were present at T1 and T2. Multivariate Analysis of Variance (MANOVAs) with repeated measures were executed with the time (pre-implantation and 2-years after the beginning of the implementation) as the intra-subject independent variable. Effects size were also calculated. The MANOVAs did not reveal significant multivariate effects. However, it is possible to observe large effect sizes regarding the effect of time on organizational readiness and on the perception of implementation facilitators and obstacles. It seems likely that the small sample size limited statistical power to detect significant differences. Nevertheless, this project contributes to the literature on capacity building since few prospective studies exist in this field. It also provides feedback to the community coalitions regarding improvement of their capacity to implement evidence-based programs.

### ***Time-out: The myth vs the reality***

**SHAWNA LEE\*** – Seneca College of Applied Arts and Technology, Canada

**JENNIFER CARR\*** – Seneca College of Applied Arts and Technology, Canada

'Time-out' is a guidance strategy that is included in many evidence-based parenting programs yet is often criticized or condemned by professionals in fields that support children and families. Critics are concerned that time out is punitive and may disrupt the attachment relationship, yet evidence-based parenting programs have found this not to be true. Often what is referred to as time-out in practice is quite different from how the strategy has been developed in research. Conflict between research and practice can be confusing to parents and professionals alike, as each strive to provide supportive environments for young children. This research seeks to understand how early childhood education students view the time out strategy, in order to identify similarities and differences in the way the strategy is perceived versus how it is endorsed in evidence-based practice (specifically the Triple P Positive Parenting Program). Findings highlight disparities between research and practice and provide critical insights which may influence communication approaches related to the Time Out strategy and Triple P practitioners.

### ***Understanding the experiences of parents participating in Triple P: The Most Significant Change (MSC) evaluation technique***

**GRAEME MUNFORD\*** – ACROSS te Kotahitanga o Te Wairua, New Zealand

**CAROLYNE JEANES\*** – ACROSS te Kotahitanga o Te Wairua, New Zealand

The purpose of this study was to identify ways to improve the effectiveness of services and programs including primary care Triple P interventions (both one-on-one sessions with parents and discussion groups) through direct parent feedback and participation in evaluation. In addition, the goal was to determine the extent to which parents used self-regulation as a result of interventions. The self-regulation approach focusses on promoting parenting confidence, independence and the ability of parents to solve future problems. The evaluation method used in this study - the Most Significant Change (MSC) technique is a form of participatory monitoring and evaluation. The method involves deciding the sorts of change (called domains of change) to be identified from interviews with parents and families, including those who had been engaged with Triple P. Domains of change in this study included quality of life changes such as changes in how people manage issues for themselves. Interviews with 63 parents and families included the question: as a result of involvement/participation in programs and services, what (for them) was the most significant change. It was anticipated that their responses would indicate where improvement could be made in program delivery and what factors lead to more positive outcomes. The main findings of this study showed that parenting skills increased when parents were supported to practice over time the information that they had gained from programs such as Triple P. This depended in some cases on positive practitioner engagement with parents and how effective they were in supporting parents to develop self-regulation and consistency in their parenting.

### ***Using social norms to engage parents in an online intervention for their child's behavior problems***

**JENEVA OHAN** – University of Western Australia

**ALINA MORAWSKA\*** – The University of Queensland, Australia

**KAREN TURNER** – The University of Queensland, Australia

**MATTHEW SANDERS** – The University of Queensland, Australia

Only about a third of parents initially engage in interventions, and of these, many drop out. Relative to descriptive information, social norms have been shown to increase engagement in health-promoting behavior. The aim of this study was to test if providing parents with social norms (i.e. information other parents' approval of and use of interventions) would increase parents' engagement in an online parenting intervention relative to descriptive information. Parents of a child aged 2- to 10-years with a behavior problem participated in an online study. Participants were randomly assigned to read either socially normative (social norms group) or descriptive information (control group) about an online parenting intervention (i.e., online Triple P). After completing questions about engagement intentions, parents were offered the online intervention at no cost. To date, 65 parents have participated. On measures of intended engagement, parents who read social norms and control information scored similarly (around 5.7 in both groups on a 1-7 intention scale; when asked how many of 8 sessions they would likely attend, both groups reported around 6.3). Both groups also expressed high interest in receiving information about how to enroll in the online intervention (around 90%). However, groups show non-significant differences in measures of actual engagement. Around 85% of parents who read about social norms completed their enrolment forms, relative to 64% of the control group. Of those who completed the enrolment form, 94% of parents who read social norms and 72% of those who read descriptive (control) information activated the code given for the online intervention. Although these are only preliminary and small numbers (and thus not statistically significant), they support most of our hypotheses that using social norms, compared to

descriptive information, leads to greater engagement in an online parenting intervention. Furthermore, these initial numbers indicate that the impact of social norms may be where it is most important: at the stages of actual engagement, not self-reported intentions of engagement.

***Substance use: Family meals, conversations, and family cohesion***

**SHIVANI PATEL\*** – Sacramento State University, USA

Adolescent substance use is the world's leading number one public health issue (CASA Columbia, 2011). For many adolescents, illicit substance use has become part of the norm within their adolescent years (Crews, He & Hodge, 2006). According to the Trust for America's Health Report, the drug overdose rate among ages 12 to 25 has more than doubled during the past decade, rising from 300,000 deaths in 1999-2001 to 700,000 deaths in 2011-2013 (Thompson, 2015). Research shows that addiction can negatively also affect teens mentally, emotionally, and physically (Humphries, 2016). Thus, there is a dire need for early effective drug intervention and prevention to help protect and inform teens. Families can be an important protective context for decreasing substance use and abuse. The purpose of the current study was to investigate whether types of conversations during family meals relates to adolescent substance use. Also, the study examines whether family cohesion mediates the relationship between types of conversations and adolescent substance use. Data were obtained through questionnaires completed by 72 college students, ages 18 to 24 years, enrolled in child development courses at a Northern Californian public university. Findings depicted that an increase in criticism during family meals was correlated to marijuana use and cocaine use. On the other hand, conversations that involved parental monitoring was associated with a decrease in cocaine usage with results showing that parental monitoring was a potential protective factor for substance use. Families who had conversations during family meals that involved parental monitoring were less likely to initiate cocaine use. Family meals provide important opportunities for positive conversations and parental monitoring that can strengthen connections among family members. Resilient families who build positive connections may be more likely to work through conflict and maintain relationships with one another. The findings point out the importance of parental monitoring and lack of criticism during adolescence. The relationship between specific conversations and substance use demonstrate the significance of family meals for prevention and intervention efforts against adolescent delinquency.

***Lessons learned: Implementation and sustainability of Level 4 Triple P in under-served populations in the greater Dallas area***

**SHERYLDINE SAMUEL\*** – Family Compass, USA

**PATRICIA GOWER** – Southern Methodist University, USA

Triple P-Positive Parenting Programs are commonly utilized to improve parent-child relationships and child outcomes. Triple P Level 4 was implemented in the Vickery Meadow community in Dallas in two phases, phase #1 (2010-2013) and phase #2 (2014-2016), the sustainability phase. This area was chosen because of its under-served populations and high concentration of low-income, diverse families with well over 20 languages being spoken. Triple P sessions were conducted in this melting pot community so participants could stay in a trusted environment where their cultural disparities were not barriers for services. The intervention design utilized a community-based strategy to implement evidence-based programs such as Triple P for a period of three years to reduce the risk of child maltreatment and promote healthy, stable families. To evaluate sessions, parents filled out Pre-and Post-Surveys of these four evaluation tools: Depression Anxiety and Stress Survey (DASS), Strength and Difficulties Questionnaire (SDQ) Parenting Style and Protective Factors Survey. Paired t-tests were used to compare pre-intervention scores to post-intervention scores. Phase #1 paired t-tests revealed that participants showed a significant lower risk of child maltreatment, decreased risk factors and improved protective factors if they attended 5 or more sessions of Triple P Level 4. Lessons learned from phase #1 resulted in expanding services into other areas of Dallas and two years of sustainability in the phase #1 region. The two-year sustainability phase, phase #2, focused on outreach and training representatives from collaborative partners on Triple P Level 4. Adding a sustainability component provided the opportunity for continuation of services, increased the impact of Triple P Level 4 within the community and increased demand for Level 4 and other levels of Triple P. The findings suggest that Triple P Level 4 can be an effective program for reducing child maltreatment and improving child well-being.

***Practitioners' self-reported adherence to Level 4 Triple P: Testing a new measure***

**DANA SHESHKO\*** – University of Ottawa, Canada

**CATHERINE LEE** – University of Ottawa, Canada

**MARIE-HÉLÈNE GAGNÉ** – Université Laval, Canada



Adherence is the degree to which program delivery is in line with the core elements of its evidence base (Forgatch, et al., 2005). In maintaining adherence, Mazzuchelli and Sanders (2010) emphasized the importance of both the content and underlying processes of the intervention. Most adherence measures used for parenting interventions, however, assess adherence to the session's content; far fewer address process. Furthermore, the available tools do not address modifications to the content. As experts have encouraged practitioners to deliver programs flexibly, adapting to client needs and simultaneously maintaining adherence (Kendall et al., 2008), it is essential to consider adherence not just to a program's content, but to modifications of its content and to the program's core processes. We describe the development, use, and validation of a new adherence tool in the trial of Triple P in Quebec: The Session Reflection Tool (SRT; Sheshko, Lee, & Gagné, 2015), a 12 to 14 item measure completed by practitioners after each session. This measure includes both the content of Triple P sessions (and extent to which practitioner made modifications) and the degree to which practitioners engaged in the core process of self-regulation. During a two-year trial of Triple P in Quebec, 53 practitioners delivering Level 4 with 75 groups submitted 366 SRTs related to group sessions. To explore the validity of this self-report measure, a subset of sessions (n = 62) was rated by a team who evaluated recordings of these sessions. We will first report on the validity of the SRT by comparing the self-reported and external ratings of adherence (using Cohen's kappa). We will then describe the self-reported adherence across group sessions, highlighting session content that is most often modified and the practitioners' rationale for making these changes. Finally, we will describe the practitioners' self-reported adherence to the core principle of self-regulation. We will discuss the implications of these results for practitioners, supervisors, and researchers in the implementation of Triple P.