Competent parenting: Challenges and future directions

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Disclosure statement

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• Professor Sanders is the founder, lead author and a consultant to Triple P International.
What a place to raise healthy, well adjusted children might be like

- Values supports and celebrates the importance of the parenting role in raising children
- Recognises and promotes the idea that the wellbeing of children and families is a shared community responsibility
- Respects a parent’s role in determining the values, skills and behaviours they want to promote in their children and the parenting practices they use to get there
- Promotes the social and cultural connectedness of families
• Supports family self-regulation and autonomy in raising children
• Makes high quality, culturally informed evidence-based parenting support programs accessible for all families.
• Ensures that parents are empowered and skilled to participate in planning and decision making that impacts on children and families
Our aspiration

All parents have knowledge, skills and confidence to raise their children a safe, loving, low conflict world

Positive parenting becomes socially normative

Adverse Childhood Experiences are minimized

Population-based approaches to parenting support become a policy priority

Who benefits?
Children’s relationships really matter

Positive, nurturing relationships lay the foundations (Biglan, 2015)

Secure bonding
Better self regulation
Fewer SEB
Academic success

Poorer self regulation
Increased risk of SEB problems
Greater risk of antisocial behavior, substance abuse

Dysfunctional relationships cause toxic stress

Good life course outcomes
Poor life course outcomes
Adverse Childhood Experiences (ACEs) and Life course outcomes

Types of ACE’s

ABUSE
• Physical
• Emotional
• Sexual

NEGLECT
• Physical
• Emotional

HOUSEHOLD DYSFUNCTION
• Mental Illness
• Incarcerated relative
• Mother treated violently
• Substance abuse
• Divorce

A person with 4 or more is….

• 12.2 times as likely to attempt suicide
• 10.3 times as likely to use injection drugs
• 7.4 times as likely to be an alcoholic
• 2.4 times as likely to have a stroke
• 2.2 times as likely to have ischemic heart disease
• 1.9 times as likely to have cancer
• 1.6 times as likely to have diabetes
Broadening our conceptions of competent parenting

- Core Principles of Positive parenting
  - A safe and engaging environment
  - Positive learning environment
  - Consistent assertive discipline
  - Reasonable expectations
  - Taking care of oneself
Other aspects of parenting

- Effective communication with teachers
- Maintaining healthy relationships with extended family
- Supporting children’s relationships with peers
- Being part of the community
- Balancing work and family responsibilities
Adopting a population approach has important implications

• Started to focus on different outcomes
• Developed a “system” that blend targeted and universal interventions
• Focused on a multidisciplinary workforce

• Needed to be comprehensive (covering multiple stages of development)
• Needed to be inclusive of all families
• Needed to be culturally informed and relevant
Why we adopted a self-regulatory framework

Self-regulation of behavior

Self-management tools
Self-efficacy
Personal agency
Self-sufficiency

Minimally sufficient intervention

Reduced need for support
An expanded theoretical model was needed to understand population level change
Self regulation applies to children, parents, practitioners and agencies

Parents interacting with children

Working with parents and children

Training and supervising practitioners

Working with organizations
But what actually drives change in parenting programs

- Cognitive change (self-efficacy, expectations, attributions)
- Behavioral change (praise, incidental teaching, consequences)
- Affective changes (control of emotions, increase in positive feelings)
- Contextual changes (support from partner, friends)
### Most important factors according to practitioners

<table>
<thead>
<tr>
<th>Factor</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The therapeutic relationship</td>
<td>6.18</td>
</tr>
<tr>
<td>Parents implementation of Triple P strategies</td>
<td>6.15</td>
</tr>
<tr>
<td>Positive-parent child relationship</td>
<td>6.04</td>
</tr>
</tbody>
</table>

### Least important factors according to practitioners

<table>
<thead>
<tr>
<th>Factor</th>
<th>Importance</th>
</tr>
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<tbody>
<tr>
<td>Partner relationship quality</td>
<td>5.3</td>
</tr>
<tr>
<td>Peer learning and support</td>
<td>4.78</td>
</tr>
<tr>
<td>Home safety</td>
<td>4.62</td>
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</tbody>
</table>
What factors practitioners think explain change?

<table>
<thead>
<tr>
<th>Items rated as most important</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The parent realised that their own behaviour can have positive and negative effects on the child's behaviour</td>
<td>6.48 (0.86)</td>
</tr>
<tr>
<td>Parent began to use strategies for encouraging good behaviour</td>
<td>6.47 (0.89)</td>
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<tr>
<td>Parent received constructive feedback from practitioner helping them identify their strengths as a parent</td>
<td>6.36 (0.8)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Items rated as least important</th>
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<tbody>
<tr>
<td>Parent made an effort to seek out and expand their peer support network outside the program</td>
<td>4.21 (2.06)</td>
</tr>
<tr>
<td>The parent practiced her parenting strategies with a friend or a peer</td>
<td>4.23 (1.77)</td>
</tr>
<tr>
<td>Parent developed ongoing supportive relationships with other parents in the program</td>
<td>4.58 (1.93)</td>
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</table>
What’s needed

Studies that measure specific behavioral, cognitive and affective changes during intervention
Involve consumers and end-users throughout
Adopting a broad ecological perspective to further enhance intervention outcomes
Understanding the context better by capturing parents and end users improve ecological fit

Sanders & Kirby (2014)
Consumer input is valuable from start to finish

- Helping defining the problem
- Designing a solution
- Trialing solution
- Refining a solution
- Scaling up and advocating solution
Parent Preferences for Delivery
Formats vary

Parents of Typically Developing Children N=540
Parents of Children with Disabilities N=564
Listening to what parents say

- Specific preferences vary depending on culture and quality of broadband connection.
- A caveat...Just because it’s free, delivered in a preferred medium and is high quality does not mean parents will flock to it.
- Stepping Stones Population trial (MHYPEDD)-10% participated in a program.
Parents want for online programs

TPOL is an 8-module Level 4 Triple P intervention

- Mentor introduces and summarises modules
- Video clips of families in action
- Interactive exercises
- Individual goal setting, feedback and weekly check in
- downloadable worksheets
- Personalised and printable parent workbook
  (email or Word file; full text and bullet point versions)
- downloadable podcasts
- Review and reminder strategies
  (text messages, emails)
- Self-regulatory focus with decreasing support
Self help works but outcomes are strengthened by professional support.

The internet is a preferred way of accessing new information.

TPOL works. How can we enhance the effects of TPOL?

Does adding phone support improve outcomes?
Does adding phone support improve outcomes?

Day & Sanders (in prep)

Up to 8 weekly telephone consultations with a Triple P practitioner

• To discuss parenting-related questions/issues
• To promote parent’s self-regulatory skills
• To encourage program adherence
Outcomes

Pre-FU
WL vs Active* (d = 0.3)
TPOL vs TPOLE** (d = 0.34)
Phone support aids TPOL completion 70.2 % vs 40.8%
Maintaining highest standards of evidence
Building an evidence base

- Evidence is essential for parents, providers and policy maker
- Advocacy for a new paradigm of providing parenting support is bound to have detractors
- Being open to criticism and learning from it is a desirable
Questions concerning effectiveness of Triple P are quite complex

What intervention delivered by whom, in what context via which delivery modality is effective with what kind of parent, child or youth problems, at what age, in what family, cultural and community context? ...and how does the intervention effect come about?

Building an evidence base takes time.

<table>
<thead>
<tr>
<th>Year</th>
<th>Authors</th>
<th>Papers</th>
<th>Conceptual Papers</th>
<th>Institutions</th>
<th>Evaluation Studies</th>
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Program Development Starts
Triple P acquires a name
Triple P International begins
Growth of International Projects

- 914 Authors
- 660 Papers
- 425 Conceptual Papers
- 287 Institutions
- 235 Evaluation Studies
- 28 Countries
Types of evidence

- Single-case experiments (Sanders & Glynn, 1981)
- RCTs (Sanders et al, 2000)
- Quasi-experimental studies (Zubrick et al, 1995)
- Uncontrolled service-based evaluations
- Meta analyses (Tellegen & Sanders et al, 2013)
- Consumer evaluation studies (Metzler et al, 2013)
- Training, implementation and supervision studies
- Evaluations in LMIC (mejia et al, 2014)
- Qualitative studies using focus group methodologies
Do effects maintain?

- N = 70 Studies with follow up (2 – 36 months)
- Hahlweg et al (2015) conducted 10 year follow up (90% retention) of universally offered Group Triple P
  - Significant reductions of child behavioral and emotional problems at 10 year follow up for Internalizing problems, externalizing problems, parenting practices
- Smith (2015) conducted 15 year follow up of linked administrative data.
  - Higher levels of literacy and numeracy, school attendance (Grade 11), fewer emergency room visits
Quality improvement goals

Promote independent evaluation

Foster transparency and research integrity
Developer involved vs independent evaluations

- 235 total evaluations by Feb 2016
- 95% reported positive findings
- Of those 48% were conducted without any developer involvement
- Level of developer involvement was unrelated to 7 outcomes
- Of the 12 studies (5%) had null findings, 58% were conducted by developers
Ensuring transparency

- Lack of disclosure of COI has been very common in psychosocial intervention research
- Inconsistencies between journals and editors regarding publishing COI statements
## COI Disclosure practices

<table>
<thead>
<tr>
<th>Intervention program</th>
<th>Parenting/Family intervention Program</th>
<th>% of articles containing COI disclosure in original article</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Check Up (Dishion)</td>
<td>A</td>
<td>0%</td>
</tr>
<tr>
<td>Multidimensional Treatment Foster Care (Chamberlain)</td>
<td>B</td>
<td>50%</td>
</tr>
<tr>
<td>Multisystemic Therapy (Henggeler)</td>
<td>C</td>
<td>71%</td>
</tr>
<tr>
<td>Nurse Family Partnership (Olds)</td>
<td>D</td>
<td>50%</td>
</tr>
<tr>
<td>Parent-Child Interaction Therapy (Eyberg)</td>
<td>E</td>
<td>10%</td>
</tr>
<tr>
<td>Parent Management Training Oregon (Forgatch and Patterson)</td>
<td>F</td>
<td>22%</td>
</tr>
<tr>
<td>The Incredible Years (Webster-Stratton)</td>
<td>G</td>
<td>53%</td>
</tr>
<tr>
<td>Triple P (Sanders)</td>
<td>H</td>
<td>33%</td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td>36%</td>
</tr>
<tr>
<td>Intervention program</td>
<td>% of articles containing COI disclosure in original article or erratum</td>
<td></td>
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<tr>
<td>A</td>
<td>6%</td>
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<td>B</td>
<td>50%</td>
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<td>C</td>
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<td>F</td>
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<td>G</td>
<td>53%</td>
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<tr>
<td>Triple P</td>
<td>73%</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>42%</td>
<td></td>
</tr>
</tbody>
</table>
Continue to evolve to remain relevant
Where we have got to?

- 25 countries from every continent
- 6,488 courses run
- 97,656 training places
- 68,872 practitioners
- Reaching millions of children
We’ve only just begun..

- World population: **7.3 billion**
- World population of children aged 0-14 years: **1.9 billion**
- **145 million** children are born each year (399,926/day or 278/minute)
- World population from less developed countries: **6 billion**
- **28/196** (12.76%) countries have contributed to the published evidence base on Triple P


• Most research on parenting has been conducted in a handful of the world richest countries (US, Australia, UK and various Western Europe)
• The vast majority of children have no access to evidence-based parenting programs
• EBPP transport well across cultures (Gardner et al, 2015)
There’s so much more to do

- Implementation of Stepping Stones Triple P as population level strategy
- Reducing intergenerational poverty through the implementation of the Triple P System focusing on the 28 of the lowest socioeconomic areas in Queensland
- Re-settlement of 4 million refugees from current Syrian crisis (UNHCR, 2016)
## Triple P as a trauma sensitive intervention

<table>
<thead>
<tr>
<th>ACEs to target</th>
<th>Triple P Variant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing child abuse and neglect</td>
<td>Triple P System; Pathways Triple P</td>
</tr>
<tr>
<td>Separation and divorce</td>
<td>Family Transitions Triple P</td>
</tr>
<tr>
<td>Parental mental illness</td>
<td>Group Triple P, Enhanced Triple P, Triple P Online with extra support</td>
</tr>
<tr>
<td>Parental substance abuse</td>
<td>Group Triple P, Pathways Triple P</td>
</tr>
<tr>
<td>Parental incarceration</td>
<td>Group Triple P, Pathways Triple P, TPOL with social network support</td>
</tr>
<tr>
<td>Family violence and bullying</td>
<td>Pathways Triple P; resilience Triple P</td>
</tr>
</tbody>
</table>
A final word

We have learnt a lot about how to build the capacity of parents to raise well-adjusted children.

Activation of community-wide processes to support positive parenting.

Population-based approaches to parenting support should become a policy priority.

Population level change in parenting is an achievable goal.
Thank you for your attention