



Triple P - Positive Parenting Program®



Predictors of completion and positive outcomes in Triple P Online Parenting Programs

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Disclosure Statement



- The Triple P – Positive Parenting Program is owned by The University of Queensland (UQ). The University through its main technology transfer company, UniQuest Pty Ltd, has licensed Triple P International Pty Ltd to publish and disseminate the program worldwide. Royalties stemming from published Triple P resources are distributed to the Faculty of Health and Behavioural Sciences at UQ, Parenting and Family Support Centre, School of Psychology at UQ, and contributory authors. No author has any share or ownership in Triple P International Pty Ltd. Professor Matt Sanders and Associate Professor Karen Turner are authors of the Triple P Online programs. Professor Sanders is a consultant to Triple P International and subsidiaries. Authors Day, Baker, Dittman, Turner and Sanders are employed at the Parenting and Family Support Centre.

Background



- While online interventions offer many advantages over face-to-face programs, they tend to report high attrition rates and large variability in outcomes
- A number of trials have shown the efficacy of different online variants of Triple P in improving a range of parenting and child outcomes
- However, still unclear who benefits most from TPO, and if outcomes could be enhanced by increasing engagement and dosage

Aims



- Pool data from 7 trials using a variant of TPOL
 - Ø Identify baseline child, parent and family characteristics that influence completion of TPOL and program effectiveness
 - Ø Examine the influence of program-related factors, such as program variant and provision of adjunctive support, on effectiveness and completion

Overview of trials



	TPOL Brief vs. WL Control	TPOL vs. WL Control	TPOL vs. WL Control (ADHD)	TPOL vs. Workbook	TPOL vs. TPOL+phone vs. WL Control	TPOL + online Community (single group repeated measures)	TPOL-D vs. WL Control (analysing as two treatment cohorts)
Child age	2-9	2-9	3-4	3-8	2-9	2-12	2-12
Eligibility criteria	Elevated child behavior problems on SDQ, parents identified specific concerns	Elevated levels of child behavior problems on the ECBI	Elevated and impairing levels of child ADHD symptoms	Elevated levels of child behavior problems on the ECBI	Parents have at least one socioeconomic or family risk factor	Disadvantaged, high-risk parents	Child intellectual impairment, disability or developmental delay, ASD, language delay or disorder, motor or sensory disability
Assessment time points	Pre, post, 9 months FU	Pre, post, 6 months FU	Pre, post, 6 months FU	Pre, post, 6 months FU	Pre, post, 9 months FU	Pre, post, 6 months FU	Pre, post, 3 months FU
Intervention and resources	5 modules	8 modules, 2 phone calls (no content)	8 modules + 2 phone consults	8-10 modules, 2 phone calls (no content)	8 modules, weekly phone call for 8 weeks for 1 group	8 modules + social media and gaming features	8 modules + STTP DVD/workbook + optional weekly phone consult/email, private facebook group

Sample characteristics (N=996)



MALE

7%



FEMALE

93%



'target' child 4.9 years old
(range 1-13)
61% boys

78%
married/
defacto



22%
single/
separated/
widowed



27% high
school or less
52% university
degree



57%
employed



18% could not
meet essential
expenses



80% accessed
Internet daily

Program use and satisfaction

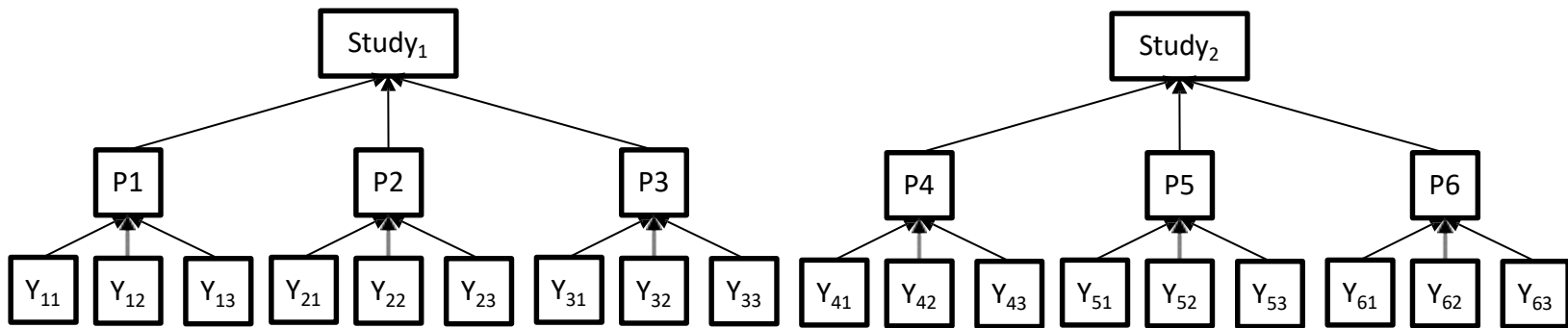


- Average TPOL module completion: 4.6 modules, 65% (58%-67%)
- Across all trials there was high consumer satisfaction
 - *Mean CSQ*= 5.3 (1 very dissatisfied - 7 very satisfied) (5.0-5.6)

Analysis of change over time



- Explore time X treatment interaction, allowing effects to vary between studies
- Three-level multilevel models (*time* nested within *participants* nested within *studies*).

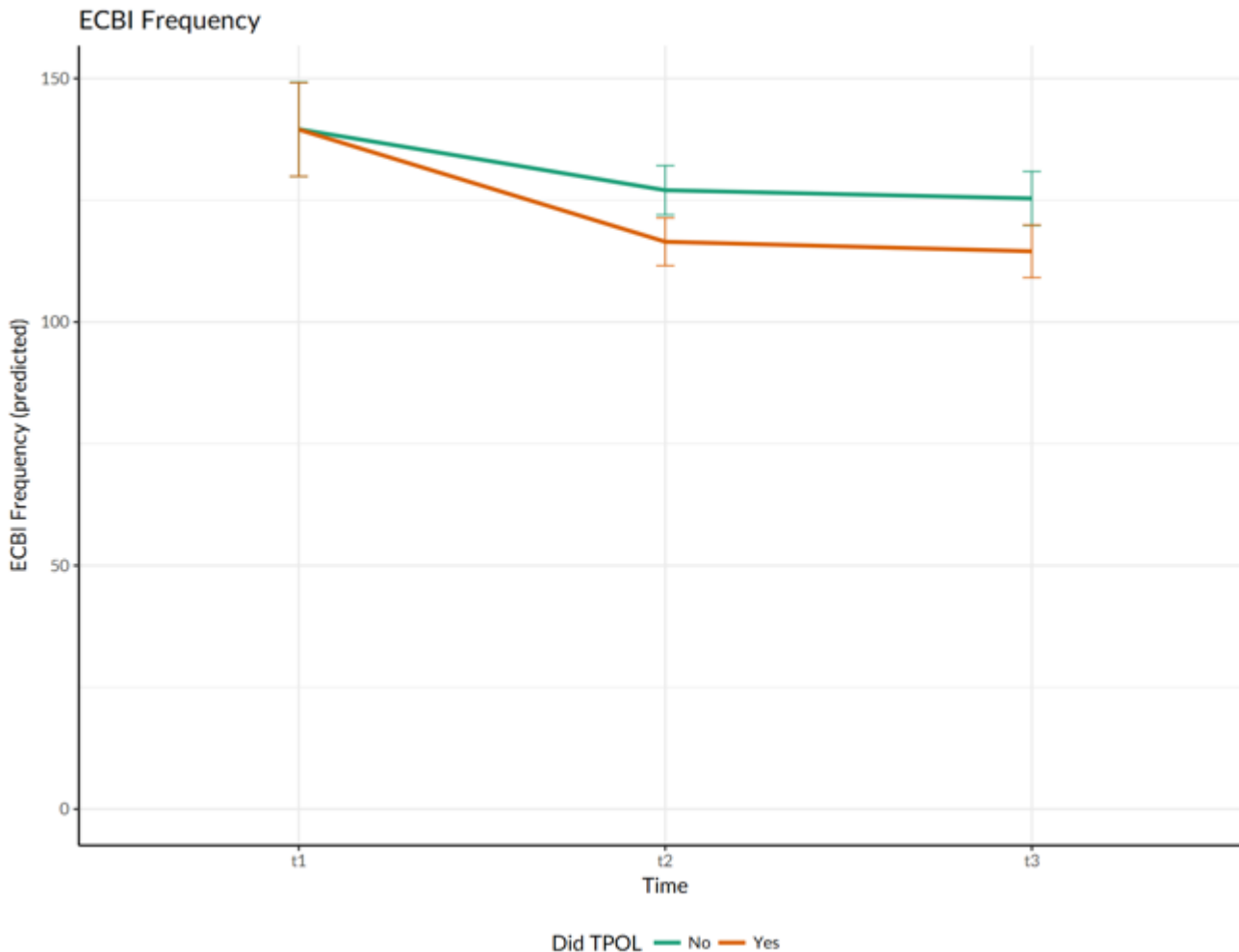


Key

Y_{11} = Outcome score (Y) for participant 1 at time 1

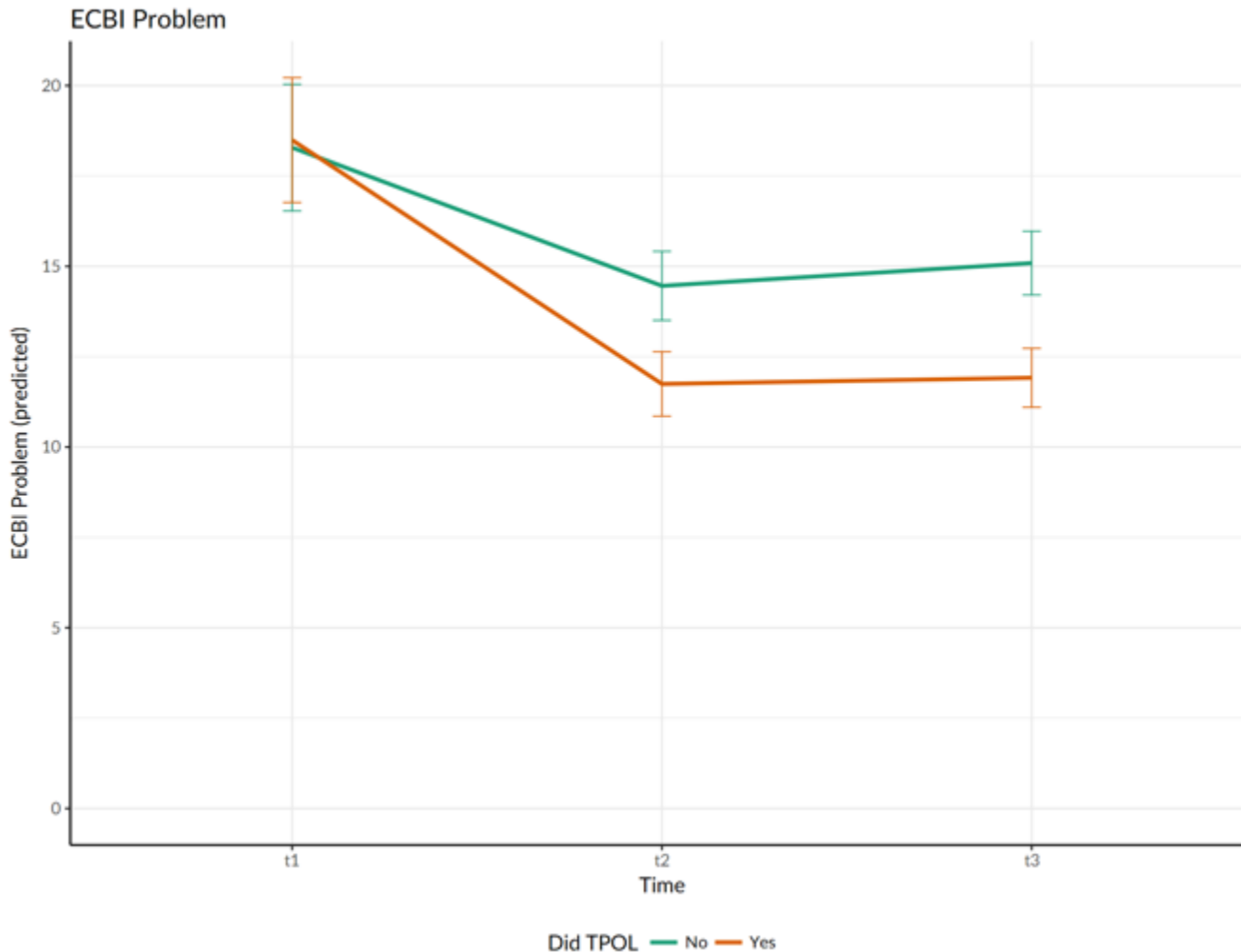
Y_{12} = Outcome score (Y) for participant 1 at time 2

Preliminary results: Child behaviour



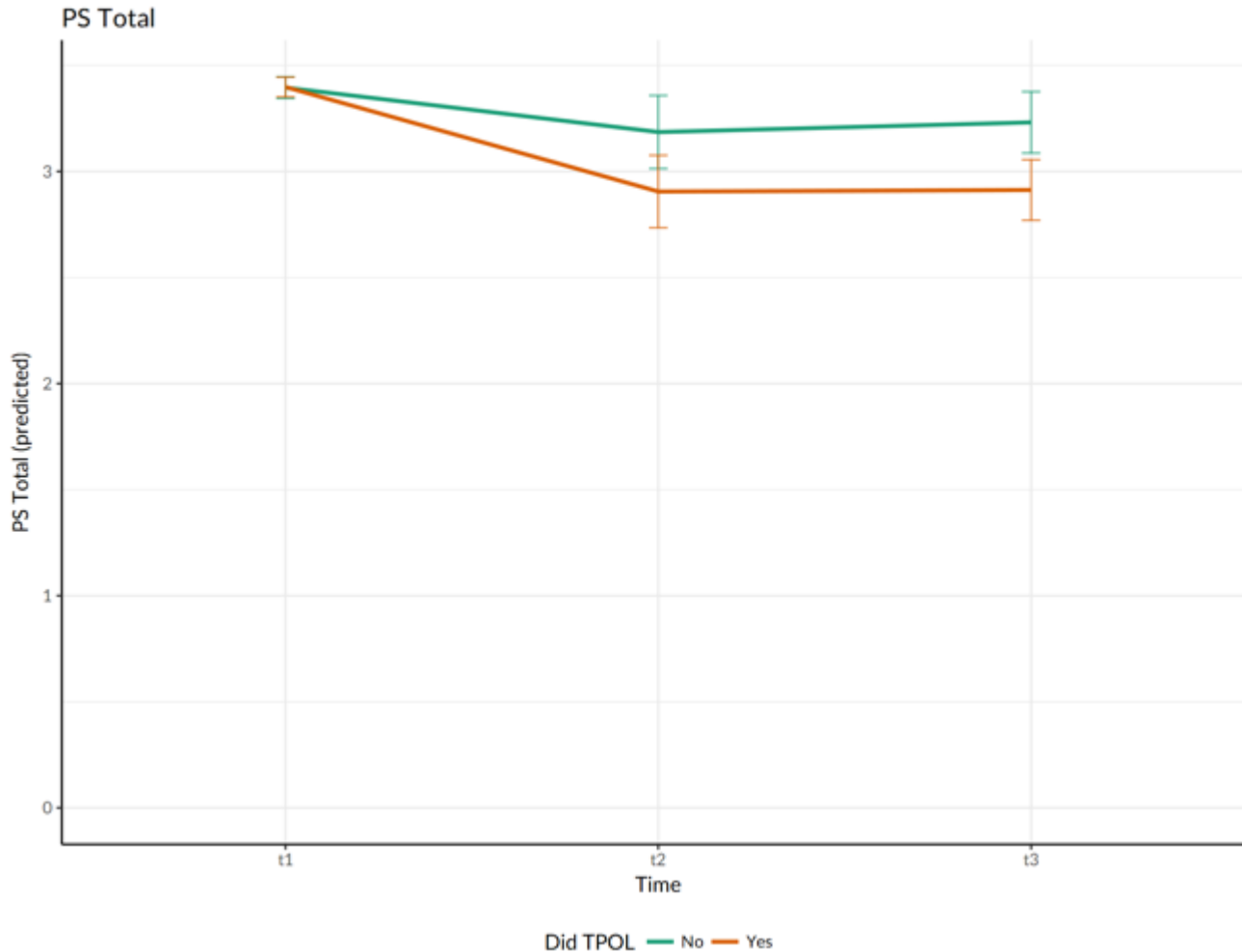
- Sign. change T1-T3
- T1-T2 change sign. better than for control ($p < 0.001$)
- T1-T3 change sign. better than for control ($p < 0.001$)

Preliminary results: Child behaviour



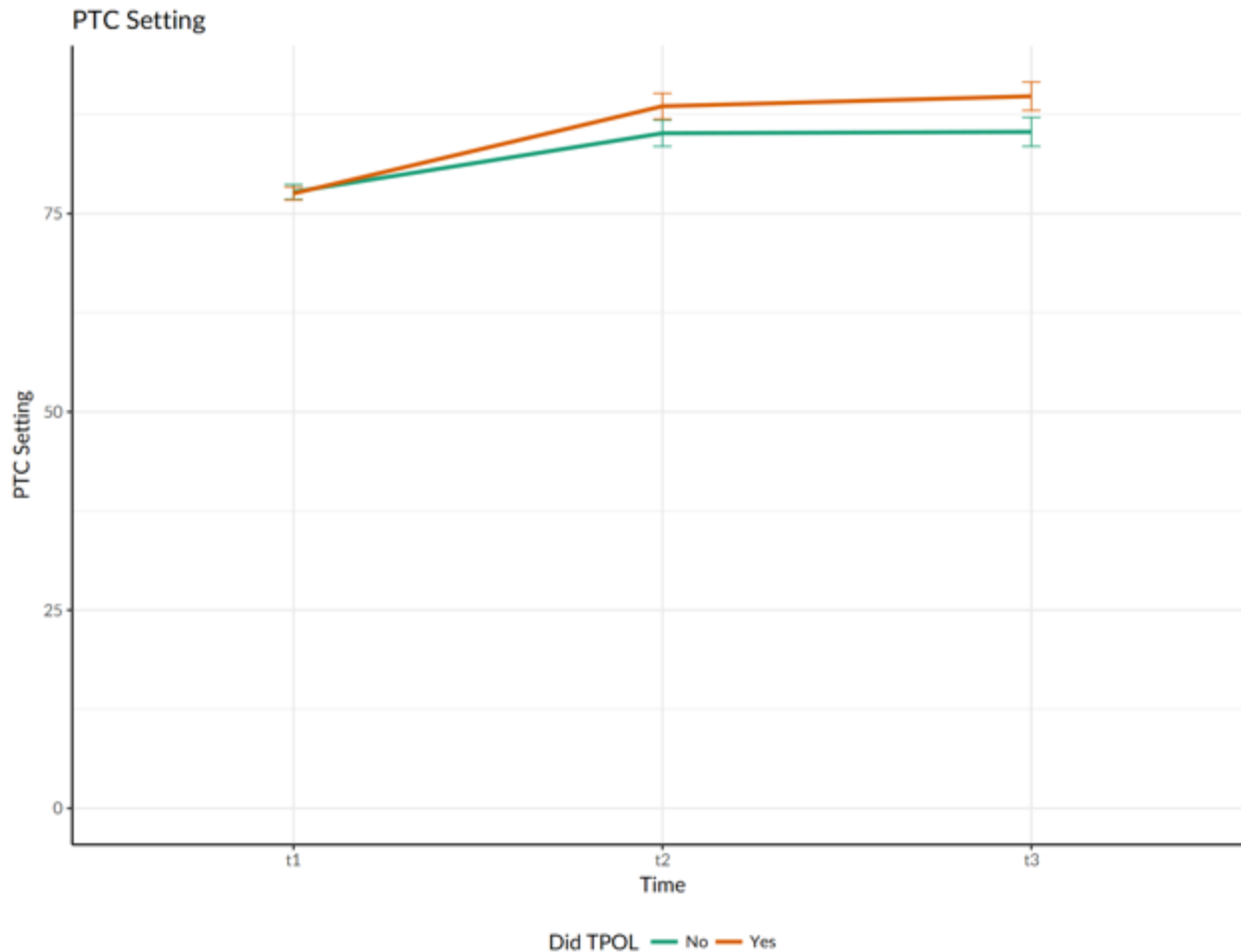
- Sign. change T1-T2
- T1-T2 change sign. better than for control ($p < 0.001$)
- T1-T3 change sign. better than for control ($p < 0.001$)

Preliminary results: Parenting Style



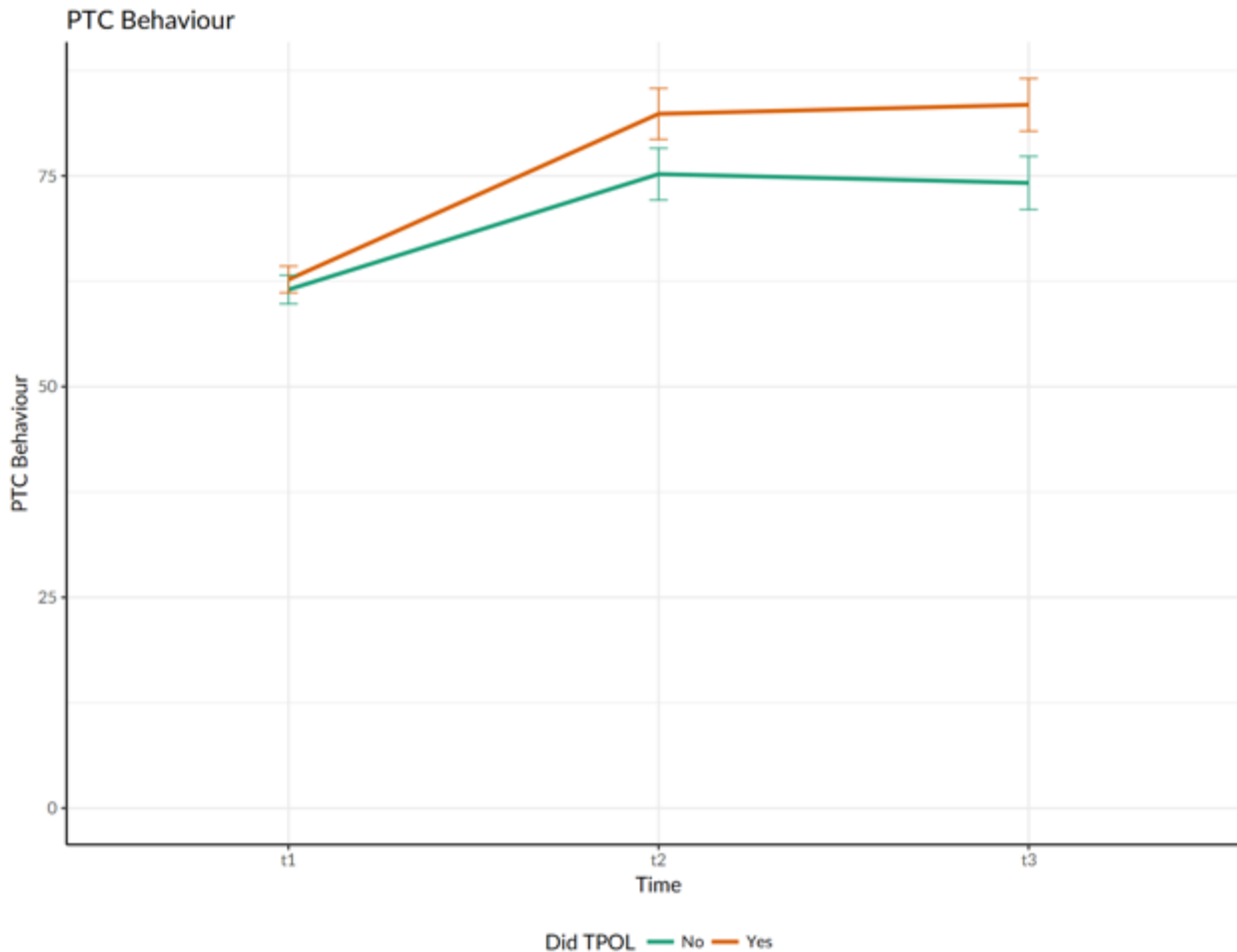
- No sign. change
- T1-T2 change sign. better than for control ($p < 0.001$)
- T1-T3 change sign. better than for control ($p < 0.001$)

Preliminary results: Parenting Confidence



- Sign. change T1-T2
- Sign. change T1-T3
- T1-T2 change sign. better than for control ($p < 0.01$)
- T1-T3 change sign. better than for control ($p < 0.001$)

Preliminary results: Parenting Confidence



- Sign. change T1-T2
- Sign. change T1-T3
- T1-T2 change sign. better than for control ($p < 0.01$)
- T1-T3 change sign. better than for control ($p < 0.001$)

Analysis of predictors



- Univariate regression analyses
- Two-level multilevel models (*Participants* nested within *Studies*)
- Change-score (T2-T1) approach controls for baseline differences

Predictors



	ECBI Intensity	ECBI Problem	PS Total	PTC Setting	PTC Behaviour	100% complete	50% or more	
Nr of modules completed	+	+	+					p < 0.05
% of intervention completed	+	+	+					p < 0.01
TPOL type (ref: TPOL standard)	+ <i>(TPOL Enhanced)</i>							p < 0.001
ECBI Frequency (T1)	+	+						+/- sign greater/lesser change
ECBI Problem (T1)	+	+			+			
PS Total (T1)			+	+	+			
DASS Depression (T1)								
DASS Anxiety (T1)								
DASS Stress (T1)	+							
PTC Setting (T1)				-	-			
PTC Behaviour (T1)			-	-	-			

Predictors of Child Behaviour Change



- Being a single parent
- Having less financial 'comfort'
- Higher nr of modules completed
- More % of intended program completed
- Doing an enhanced TPOL version compared to TPOL
- Higher baseline ECBI scores
- Higher baseline Stress scores

...are significantly associated with a greater decrease in the number and intensity of child behaviour problems

Predictors of Parenting Change



- Male child
- Higher nr of modules completed
- More % of intended program completed
- Higher baseline PS scores

...are significantly associated with a **greater** decrease in dysfunctional parenting styles

- Higher baseline confidence on PTC behaviour scale

...significantly associated with **smaller** decrease in dysfunctional parenting styles

Predictors of program completion



Likelihood of completing 100% (vs. less than 100%):

- Sole parent family (**OR = 0.48**, $p = .049$)

Likelihood of completing at least 50% (vs. less than 50%):

- Sole parent family (**OR = 0.49**, $p = .020$)
- Unable to meet essential expenses (**OR = 0.51**, $p = .009$)

...Single parents and those reporting financial hardship are about 50% **less likely** to complete at least half of the available modules

Summary



- Positive impact on parenting style, confidence and child behavior
- Module completion is a significant predictor of improved outcome
- Pre-intervention levels difficulties consistently emerge as predictors of outcome
- families with greater problems at pre benefit more
- Socio-demographics don't seem significant predictors of outcome or program completion (single parenthood?)
- the program is beneficial for a wide range of families but extra support may be needed for single parents

Preliminary analyses only!



Missing data

- Currently using complete-case analyses
- Need to apply more robust missing data strategies (Multiple imputation? Full-Information Maximum Likelihood?)

Ongoing analyses

- Incorporate analyses into a meta-analytic framework
- Individual participant data meta-analysis (raw individual-level data for each study are used for synthesis)
 - Work out how to best harmonize the data
- Need to further control for individual participant differences between and within studies
- Treat time as continuous variable