

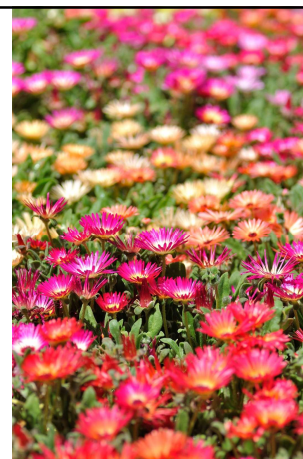
Positive Parenting for Healthy Living (Triple P): Preliminary Findings From a Randomised Controlled Trial of a Brief Group Program for Parents of Children With Type 1 Diabetes

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Acknowledgement

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Conflict of Interest

- The Triple P – Positive Parenting Program is owned by The University of Queensland (UQ)
- Triple P International Pty Ltd is licensed 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

Background

- **Type 1 diabetes** is a serious, life-long disease
 - social and economic burden
- **Poor management** and **non-adherence** to management plans is a persistent problem¹
 - leads to serious short-term and long-term complications.

Diabetes management

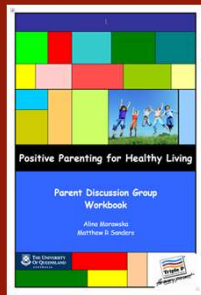


Why is parenting so important?

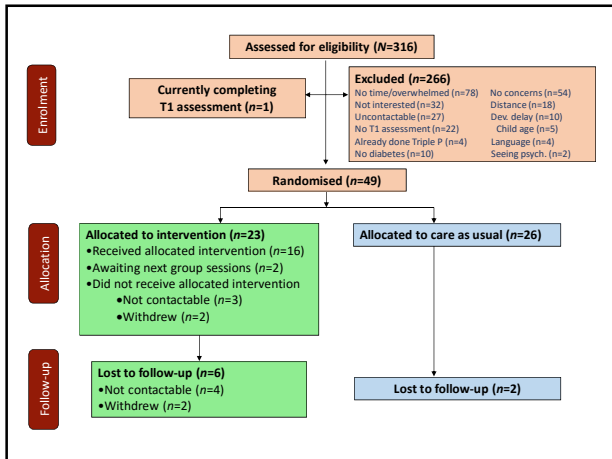
- Associated with variations in child wellbeing, child behaviour problems, treatment adherence, and glycaemic control.
 - ☑ **Positive mother-child communication** related to better child adjustment²
 - **Critical parenting behaviours** (criticism, nagging, negativity) linked to low self-efficacy and increased depression in children³
 - Good control and treatment adherence associated with ☑ **family cohesion**⁴ and **authoritative parenting style**⁵
 - **Permissive parenting**⁶, **parental restrictiveness**⁵, and **family conflict**⁷ associated with poorer adherence and glycaemic control

Efficacy Trial

- Randomised controlled trial
- Parents of 3-10 year old children with type 1 diabetes
- Random allocation to discussion group or care as usual
- Two x 2 hr parent discussion groups
- Assessment: self-report, monitoring, observation at baseline, 4 weeks post-intervention, 6 month follow-up

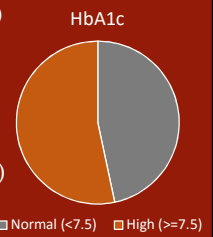


Domain of Assessment	Measure
PRIMARY OUTCOMES	
Parenting behaviour	- Alabama Parenting Questionnaire
Child behaviour and adjustment	- Child Adjustment and Parenting Efficacy Scale
Child health-related quality of life	- PedsQL 4.0 Generic Core Scale
SECONDARY OUTCOMES	
Self-efficacy with diabetes management	- Self-Efficacy for Diabetes Scale
Parent adjustment & stress	- Parenting Stress Index – Short Form - Parent Experience of Child Illness Scale
Child's diabetes behaviour	- Diabetes Behaviour Checklist
Family health-related quality of life	- PedsQL Family Impact Module
Glycaemic control	- HbA1c - Routine blood glucose readings
Child and parent behaviour (observed)	- Home observation
Satisfaction with program	- Client Satisfaction Questionnaire



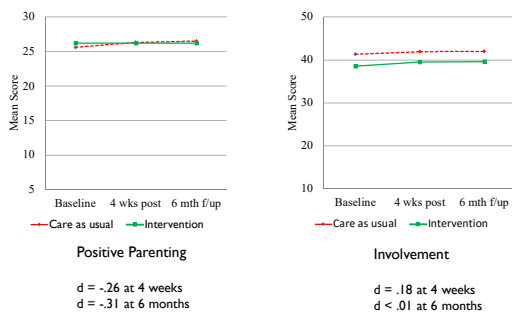
Preliminary Results: Demographics

- Mean parent age = 40 years (range 28-56)
 - 90% mothers, 10% fathers
- Mean child age = 7 years (range 2-10)
 - 73% girls, 27% boys
- Mean age at Dx = 5 years (range <1-10)
- 50% hospitalised in past (range 1-4 times)
- 46% using CGM
- 79% 2-parent families, 21% sole-parent families
 - 63% both parents participating
- 23% of families unable to meet essential expenses



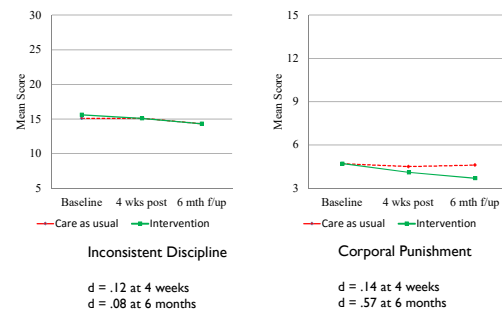
Parenting Behaviour

Alabama Parenting Questionnaire – Parent Report



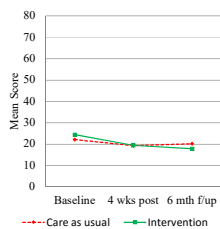
Parenting Behaviour

Alabama Parenting Questionnaire – Parent Report



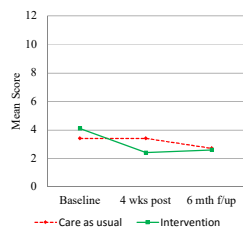
Child Behaviour

Child Adjustment and Parent Efficacy Scale (CAPES)



Behaviour difficulties

d = .01 at 4 weeks
d = .30 at 6 months

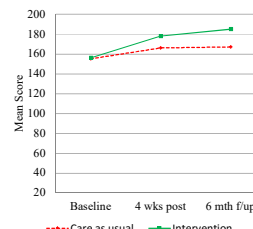


Emotional maladjustment

d = .32 at 4 weeks
d = .25 at 6 months

Parenting Confidence

Child Adjustment and Parent Efficacy Scale (CAPES)

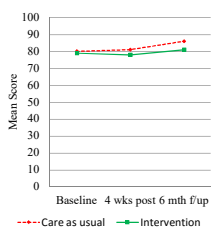


Parenting Confidence

d = .21 at 4 weeks
d = .58 at 6 months

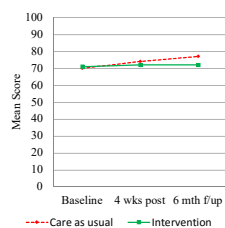
Child Health-related Quality of Life

PedsQL4.0 Pediatric Quality Generic Core Scale



Physical QoL

d = -.27 at 4 weeks
d = -.21 at 6 months




Psychological QoL

d = -.18 at 4 weeks
d = -.41 at 6 months

Program Satisfaction

- Session quality: 64% “good” or better
- Overall satisfaction with program: 64%
- Received the type of help wanted: 50%
- Improved efficacy with child behaviour: 71%
- Improved efficacy with family issues: 74%
- Child’s behaviour and emotions:
 - 43% the same
 - 36% slightly improved
 - 14% improved
 - 7% greatly improved



“The program was great, very helpful and informative.”

“I enjoyed the discussion with other families about their problems and sharing ours.”

“The content that was covered was definitely helpful!”

“It was a good reminder of positive parenting techniques.”

“The course would be excellent for parents having behavioural difficulties with their type 1 children, but not really relevant to my family.”

“More time would have been good particularly for group discussion.”

“I wish the content could have been more in-depth specifically to dealing with diabetes-related behaviour issues and skills to deal with them.”

Conclusions & Next Steps

- Adherence measurement
- Health outcomes
- Observational data
- Parent engagement

