

Answers from Parenting and Family Support Centre

(Associate Professor Alan Ralph, on behalf of Professor Matthew Sanders)

1. Could you provide an overview of the evidence that indicates that teen parenting programs are likely to have an impact on outcomes such as drug misuse, involvement in crime, poor school achievement.

Response:

I am unsure if you require a literature review with references of salient research or just a brief synopsis. I have provided a brief overview and can willingly provide a more comprehensive report if required. The current evidence in this field suggests the presence of common risk factors for many of the problems that are seen later in adolescents and young adults. While there have been various moderately successful interventions developed that each target specific negative outcomes such as those you mention above, developments in prevention research suggest that a single well-designed intervention targeting these risk factors and strengthening protective factors (resilience) will significantly reduce the prevalence of most of these negative outcomes, particularly if they can be addressed earlier in adolescent development (e.g. at the transition into secondary school). Modifiable risk factors include inconsistent parenting (especially poor limit setting); harsh punishment; poor communication; the absence of a warm, responsive attachment; inadequate parental monitoring; failure to provide positive responses for appropriate behaviour; poor parental modelling of appropriate behaviour; high family stress. Decreases in the occurrence of these risk factors have been shown to be linked to less association with deviant peers, less antisocial behaviour, and less substance abuse.

2. What are the limitations of teen parenting programs such as Teen Triple P?

Response:

One of the primary limitations of parenting programs generally is the engagement of parents. Teen Triple P addresses this by providing training to a wide range of practitioners that allows them to offer the level of support parents may need in settings where parents feel comfortable. This is best accomplished by a community-wide approach that has as a primary goal the de-stigmatising of help-seeking behaviour by parents. The use of Teen Triple P seminars in schools, community centres, church halls and libraries (to list a few examples) has the dual aim of providing evidence-based, practical advice to parents who need a small amount of support, and introducing parents who need more assistance to other options such as brief support from a trained practitioner or participation in a group program. A second limitation is identifying the optimal delivery service. Services for adolescents frequently seem to be fragmented and fail to be 'owned' by any one agency or sector. Secondary schools often provide a suitable community-focus point, but teachers and other school staff rarely have the time, support or resources to sustainably deliver parenting programs. A collaborative approach has worked well with school nurses or counsellors working with practitioners from other allied services to jointly deliver Teen Triple P with the assistance and support of the school infrastructure, with additional support as required. A third potential limitation is the tendency to limit the offering of parenting programs to families where the problems

are already severe and require considerable investment in human resources to bring about positive change. This requires a culture shift to a focus on identifying families in distress at an early point in this trajectory. This requires services to change their approach from one of waiting for referrals to actively reaching out into the community to educate and engage parents when the problems they are experiencing are relatively minor and can be addressed quickly and effectively with little cost. Teen Triple P provides practitioners with a range of resources and tools to help make this switch efficiently and effectively.

3. How should parenting programs/interventions be tailored to better meet the needs of lower SES families.

Response:

Triple P is a flexible program that depends on the wealth of skills, knowledge and local contacts of the practitioners who work in communities with parents having widely differing strengths and difficulties. Success occurs when practitioners who have already established links with such parents are provided with robust, evidence-based resources and skills that allow them to assist parents to take what they need from the program in ways that allow them to make it fit their lives. However, Triple P is no substitute for additional support in relation to redressing poverty, or providing families with jobs and educational opportunities. It does however increase parents' sense of self-worth, self-sufficiency, personal agency and general problem-solving in better managing their children's behaviour and achieving personal goals which can assist them to meet other challenges as long as additional support is provided from other services.

4. Do you consider that there is a need for a state wide approach to providing teen parenting programs?

Response:

Parenting programs like Teen Triple P can be effective at a population level and reduce prevalence rates of antisocial behaviour across communities but a coordinated approach is required to achieve this. There are often too many services and practitioners offering conflicting and often confusing advice and ideas to parents and this is often compounded by the effects of the media. Many of the programs that are being implemented have little or no evidence to support them and some may actually be doing harm. State-wide coordination would have several benefits. (1) It would signal to practitioners, parents and everyone else in the community that the issue is of significant importance and warrants a coordinated approach. (2) By adopting a coherent and well-integrated evidence-based program or set of programs a greater degree of accountability would be possible with detectable outcomes. (3) One important well-documented outcome of the adoption of Triple P in several communities has been the closer working relationships among many practitioners and agencies that had previously been unknown. This has significant benefits for parents who receive consistent, well-founded advice no matter where they seek support and is especially important where parents have high levels of mobility and have to frequently re-establish contact with services in different geographical locations. (4) There are also likely to be significant cost savings at different levels where a focused approach is adopted, especially in relation to marketing and promotion, training and resource acquisition and dissemination.

5. Are there any other comments or recommendations that you would like to make.

Response:

One of the most significant predictors of success in the dissemination of Triple P to families is the support provided to practitioners post-training and the encouragement that comes from their managers and supervisors. Individual practitioner efficacy can be enhanced through Triple P training but this will often be insufficient to ensure sustained benefits if there are not workplace supports that promote the use of the program. This requires a commitment to change that flows from above and gives a strong message that this is core business and is being adopted as a key part of the what is offered to parents long-term. Too often effective programs are abandoned on a whim when new fads arrive. The gathering of data to confirm the benefits of adopting a program such as Teen Triple P is critical to the decision-making that should accompany discussions about whether to continue or discontinue such a program. It is therefore strongly recommended that an evaluation component be built in to the adoption of a program such as Teen Triple P.

6. Could you provide a short summary of the types of outcomes that have been achieved through Triple P Programs for the parents of 0-12 year olds?

Response:

The Triple P system aims to prevent severe behavioral, emotional, and developmental problems in children and adolescents by enhancing the knowledge, skills, and confidence of parents. There is a substantial evidence base supporting the efficacy of the Triple P system of intervention. Four different meta-analyses have confirmed that children and parents demonstrate significant decreases in disruptive child behaviour difficulties and significant improvements in parenting practices after participating in the intervention^{1,2,3,4}. Triple P has been successfully used as an early intervention with families of difficult to manage toddlers and preschool aged children to forestall the development of serious conduct problems^{5,6}. Engagement in Triple P has also been found to produce improvements

¹ de Graaf, I., Speetjens, P., Smit, F., de Wolff, M., Tavecchio, L., (2008a). Effectiveness of the Triple P Positive Parenting Program on behavioral problems in children: A meta-analysis. *Behavior Modification*, 32, 714-735.

² de Graaf, I., Speetjens, P., Smit, F., de Wolff, M., Tavecchio, L. (2008b). Effectiveness of the Triple P Positive Parenting Program on Parenting: A Meta-Analysis. *Family Relations*, 57, 553-566.

³ Nowak, C., & Heinrichs, N. (2008). A comprehensive meta-analysis of Triple P-Positive Parenting Program using hierarchical linear modeling: Effectiveness and moderating variables. *Clinical Child and Family Psychology Review*, 11, 114-144.

⁴ Thomas, R., & Zimmer-Gembeck, M. J. (2007). Behavioral outcomes of parent-child interaction therapy and Triple P—Positive Parenting Program: A review and meta-analysis. *Journal of Abnormal Child Psychology*, 35, 475–495.

⁵ Morawska, A., & Sanders, M. R. (2006). Self-administered behavioral family intervention for parents of toddlers: Part I - Efficacy. *Journal of Consulting and Clinical Psychology*, 74, 10-19.

on measures of parental adjustment such as low parenting self-efficacy, depression, stress and marital conflict^{6,7}, as well decrease couple conflict⁸, including for parents going through divorce⁹. Different variants of Triple P has also been found to be effective in reducing child problems for parents at risk of child maltreatment¹⁰, and in a recent large-scale US population trial, the Triple P system was found reduce cases of child maltreatment¹¹. Childhood overweight and obesity have also been reduced through engagement in Triple P¹². Triple P has been shown to be effective in reducing child behaviour problems and increase parenting competence in a range of cultural contexts, including Hong Kong¹³, Japan¹⁴, Germany¹⁵, Switzerland¹⁶, and New Zealand¹⁷.

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- ⁶ Sanders, M. R., Markie-Dadds, C., Tully, L. A., & Bor, W. (2000). The Triple P-Positive Parenting Program: A comparison of enhanced, standard, and self-directed behavioral family intervention for parents of children with early onset conduct problems. *Journal of Consulting and Clinical Psychology, 68*(4), 624-640.
- ⁷ Sanders, M. R., & McFarland, M. (2000). The treatment of depressed mothers with disruptive children: A controlled evaluation of cognitive behavioural family intervention. *Behavior Therapy, 31*(1), 89-112.
- ⁸ Halford, W.K., Sanders, M.R., & Behrens, B. C. (2001). Can skills training prevent relationship problems in at-risk couples? Four-year effects of a behavioral relationship education program. *Journal of Family Psychology, 15*(4), 750-768.
- ⁹ Stallman, H. M., & Sanders, M. R. (2007). Family Transitions Triple P: The theoretical basis and development of a program for parents going through divorce. *Journal of Divorce and Remarriage, 47*(3-4), 133-153.
- ¹⁰ Sanders, M.R., Pidgeon, A., Gravestock, F., Connors, M.D., Brown, S., & Young, R.W. (2004) Does parental attributional retraining and anger management enhance the effects of the Triple P - Positive Parenting Program with parents at risk of child maltreatment? *Behavior Therapy, 35*(3), 513-535.
- ¹¹ Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J. & Lutzker, J.R. (In Press). Population-based prevention of child maltreatment: The US Triple P system population trial. *Prevention Science*.
- ¹² West, F.R. & Sanders, M.R. (2009). The lifestyle behaviour checklist: A measure of weight-related problem behaviour in obese children. *International Journal of Pediatric Obesity, 1*, 1-8.
- ¹³ Leung, C., Sanders, M. R., Leung, S., Mak, R., & Lau, J. (2003). An outcome evaluation of the implementation of the triple P-Positive Parenting Program in Hong Kong. *Family Process, 42*, 531-544.
- ¹⁴ Matsumoto, Y., Sofronoff, K., & Sanders, M. (2007). The efficacy and acceptability of the Triple P parenting program in a cross-cultural context: Results of an efficacy trial. *Behaviour Change, 24*, 205-218.
- ¹⁵ Heinrichs, N., Hahlweg, K., Bertram, H., Kuschel, A., Naumann, S., & Harstick, S. (2006). Die langfristige Wirksamkeit eines Elterntrainings zur universellen Prävention kindlicher Verhaltensstörungen: Ergebnisse aus Sicht der Mütter und Väter [The long-term efficacy of a parent training for universal prevention of child behavior problems: Results from the mother's and father's perspective]. *Zeitschrift für Klinische Psychologie und Psychotherapie, 35*, 97–108.
- ¹⁶ Bodenmann, G., Cina, A., Ledermann, T., & Sanders, M.R. (2008). The efficacy of the Triple P-Positive Parenting Program in improving parenting and child behaviour: A comparison with two other treatment conditions. *Behaviour Research and Therapy, 46*, 411-427.
- ¹⁷ Venning, H. B., Blampied, N. M., & France, K. G. (2003). Effectiveness of a standard parenting-skills program in reducing stealing and lying in two boys. *Child and Family Behavior Therapy, 25*, 31–44.

7. A preliminary evaluation of Teen Triple P showed significant reductions in a variety of risk factors associated with the development of behavioural and emotional problems (Ralph and Sanders, 2003). Was a later evaluation conducted and were the outcomes maintained in the longer term?

Response:

Several additional studies have been conducted with Teen Triple P since that study which examined the effectiveness of the group version - Group Teen Triple P. One investigated the use of the Self-help version of the program and although this was a relatively small study gains were maintained at follow-up. A more recent investigation has just concluded that examined the effectiveness of the more intensive Standard Teen Triple P version which is delivered to individual families where the problems are more severe. Again there were good gains that were maintained at 3-month follow-up. The first of these studies has been published and the second is a PhD dissertation that is being prepared for publication. There are however brief summaries that have been presented at recent conferences. Please let me know if you would like me to send these to you.