A Population Approach to Parenting and Family Support

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Taking Parenting Programmes to the People:
Lessons from Around the World
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In trying to prevent child maltreatment: Why adopt a population frame for parenting and family support?
1. CM has low base rate

- Official CM occurs in very small proportion of the population
- Difficult to know who might enter the child welfare system
- Population approach casts a bigger net to increase the likelihood of prevalence reduction
2. Avoids stigmatized approach

- Parents do not want to be characterized as at risk for child abuse
- Parenting and family support that is perceived as for every parent (rather than only at-risk parents) offers a non-stigmatized frame
- Easier to engage parents with a normalized approach
3. **Addresses problematic parenting**

- Much more common than official CM
- Problematic parenting practices are detrimental to child development, even if an official child protective services response is not triggered
Problem grossly underestimated

- Study by Theodore, Chang, Runyan et al. (2005)
- Random telephone survey in North and South Carolina
- Incidence of physical abuse in the telephone survey was 40 times greater than the official records showed

Widespread Parenting Practices

- Random-dial telephone survey of 3,600 SC parents of children under 8 years old
- 49% reported heavy reliance on discipline strategies for child misbehavior that are considered ineffective and mostly coercive
- 10% reported they spanked using an object on a frequent or very frequent basis
4. Creates greater efficiency

- Implemented at a population level, a broad parenting and family support strategy can address multiple goals with the same intervention.
- Avoids the added cost of different interventions for each goal.
- Facilitates continuity across settings/agencies, service delivery personnel, intervention contexts.
Targeting Multiple Outcomes

1. Prevention of child maltreatment
2. Reduction of coercive parenting more generally
3. Prevention of children’s (early) social, emotional, behavioral and health problems
4. Improving child adjustment at school entry
5. Early intervention/treatment for child mental health problems
6. Reduction of risk for adolescent delinquency
What is required for a population approach?

1. Target multiple outcomes to justify broader implementation (and investment)
2. Non-stigmatized programming
3. Efficient dissemination strategy
4. Strong evidence base
If geographical units were randomized to an evidence-based parenting intervention (such as Triple P), would population indicators associated with child maltreatment be impacted?

This type of question had never been tested in the child-maltreatment prevention field.
TRIPLE P—Positive Parenting Program

- Developed by Prof Matt Sanders and colleagues at the Parenting and Family Support Centre, University of Queensland
- Triple P based on over 30 years of research and implementation
- Designed from the outset as a public health strategy created for broad-scale dissemination
- Grounded in a self-regulation framework
What makes TRIPLE P unique?

- **Suite** or coordinated **system** of evidence based programs (not a single program):
  - Multi-level programs of increasing intensity
  - Parenting across developmental periods from infancy through adolescence
  - Based on core principles of positive parenting, which provides continuity and consistency
- Integrates media and communication strategies with face-to-face programming
- Continuum of prevention, early intervention, and treatment
- Blending of universal and targeted programs
- Uses **self-regulatory** framework
Levels of Intervention

- **Universal Triple P**
  - Level One

- **Selected Triple P**
  - Level Two

- **Primary Care Triple P**
  - Level three

- **Standard Triple P**
  - Level four

- **Enhanced Triple P**
  - Level five
Creation of multiple access points

To give parents easy access:

• Multidisciplinary:
  – Service providers from many disciplines who serve families
  – No discipline “owns” or controls Triple P

• Utilize the existing workforce

• Train large numbers of service providers

• Involve many settings where parents have routine contact
Synergistic Goal in Pop. Dissem.

Implement the entire Triple P System concurrently
Media/communication strategies (Level 1)
Parenting seminars (Level 2)
Brief consultation levels (Levels 2 & 3)
More intensive programming (Levels 4 & 5)
Universal Triple P (media strategy)

- Normalize the seeking of parenting information
- De-stigmatize the participation in parenting programs
- Validate:
  - Parents who are already participating in parenting interventions
  - Service providers who are implementing Triple P with parents
- Empower parents to address parenting challenges without relying heavily on face-to-face professional contact
Power of Triple P

Program helps girl develop, bond with foster parents

By Kathy Hale
The Herald
Lansing, 11 months after she last had any contact with her birth mother, 3-year-old Shelby Meier was adopted. She had never known her birth mother, a woman from Missouri who had her at age 16. Shelby was then placed in a foster home for her first year, but the adoption was not finalized until this spring.

"It's a miracle," said her foster mother, Mary Meier. "She was just a little girl and she had so much love to give. We're so happy to have her in our family."

Focusing on positive parenting

"I think this is the best thing that has ever happened to us," said Mary Meier. "It's been a real blessing." She has three foster children, all with special needs, and says she doesn't know how she would have coped without Triple P.

"I wish more people knew about it," she said. "It's really changed our lives."}

Education

Triple P helps parents take care of children, themselves

By Dr. Mary Smith

Teaching children to be happy, healthy and safe is the goal of Triple P, a program that helps parents manage behavior problems.

"Parents are the first and most important teachers of their children," said Dr. Smith. "It's important to help them learn how to manage their children's behavior and develop positive parenting skills."}

Workshop teaches joys of 'positive parenting'

By Dr. John Doe

"It's amazing how much a positive parenting workshop can change a family's life," said Dr. Doe. "Not only do parents learn new ways to interact with their children, but they also learn how to support each other."
Research design

• 18 counties
  – Each with 50K to 175K population
  – None had prior exposure to Triple P

• Counties were matched up by pairs on child abuse rates, poverty, and population size

• Random assignment of 18 counties to:
  – Triple P System
  – Comparison (services as usual)

• Referent population: All families with at least one child in the birth to 8-year-old age range
Training of Service Providers

- Train the existing workforce
- Hundreds of service providers working in a broad variety of settings:
  - daycare and preschools
  - mental health system
  - social services system
  - elementary schools
  - churches
  - NGOs (e.g., early-childhood service organizations)
  - healthcare system
Population reach of Triple P

- Eligible population: 85,000 families with at least one child birth to 8 years of age
- Based on systematic interviewing of Triple P service providers
- Exposure rate to Triple P programming (excluding media and parenting-seminar exposure) estimated between 9,075 and 13,620 families over a year
- Represents between 10.7% and 16.0% of families with a child birth to 7 years of age
Population outcomes

• Key indicators:
  – Child out-of-home placements (Foster Care System)
  – Maltreatment injuries resulting in hospitalization or emergency-room visit (Hospitals)
  – Substantiated cases of child maltreatment (Child Protective Services)

• Stable pre-intervention baselines
• Analyses control for baseline levels
Prevention Effects

• Triple P system counties:
  – Lower rates of child out-of-home placements (ES=1.22)
  – Lower rates of child maltreatment injuries (ES=1.14)

• Substantiated/founded cases of CM showed differential effects
  – Triple P system slowed the growth of substantiated cases, compared with the control counties (ES=1.09)
Caveats

- Paradigm for population-based parenting interventions does not eliminate the need for:
  1. policies to improve the economic and environmental conditions in which children and families operate
  2. support services to address basic needs
  3. treatment services for adult problems (e.g., substance abuse, PTSD)
  4. child-protective services triggered interventions
- This approach may not work as well if every agency/organization is strictly out for itself. There is an assumption of modest cooperation or coordination across providers and organizations.
- Child welfare, health, and mental health segments of the professional community need to coalesce goals to some degree, and partner with non-governmental sectors as well.
Triple P System provides a path for how can these multiple outcomes can be pursued in a non-stigmatizing manner with evidence-based interventions that can be disseminated in an efficient way.
Cost offset---example

• Investment of about $20 million in the whole state of Florida
• Potential to save in child foster-care placements
  – About $47 million per year
Conclusions from U.S. Pop Trial

Results from the U.S. Triple P System Population Trial,
in conjunction with many prior studies of Triple P showing reduction of coercive parenting practices,
support:

– the viability of the population paradigm
– the utility of Triple P to address multiple outcomes concurrently
This approach has the potential to de-stigmatize parental participation or information-seeking regarding parenting improvement:

– Triple P is presented and useful to all parents
– Triple P is not solely or specifically described to the public as targeting child abuse
– There is continuity of parenting principles and strategies across programs and families
Key References

Results of U.S. Triple P System Population Trial:

Cost considerations:

Overview of Triple P and evidence base: