Triple P and the Prevention of Child Maltreatment: The U.S. Triple P System Population Trial

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A Promising Strategy to Reduce Child Maltreatment
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Champions for children, parents, and families

Triple P--framework and vehicle that unites us in this effort

The well-being of children and families (not Triple P itself) is the central goal
Outline

1. Common features of validated parenting interventions
2. Distinctive features of Triple P
3. What does it mean to adopt a population approach?
1. Common features of validated parenting interventions
Parenting interventions

that have been empirically validated........

• Often seek similar outcomes
• Share several features in common
• Triple P is no exception
Theoretically driven

- Based on empirically derived theories about:
  - Child development
  - Family interaction
  - Developmental psychopathology and resilience
  - Intervention concepts
Theoretical foundations

- Social learning/social-interactional theory
- Cognitive-behavioral principles
- Developmental psychopathology
- Attribution theory
- Public health concepts
- Family systems
- Communication theory
- Attachment theory
Action focused

- More than just talk
- Parents actually do things during the intervention
- Activities in the session
- Activities at home ("homework")
Problem-solving oriented

- Address specific challenges faced by the parent
- Work towards solutions to identified problems
- At the same time building on child and family strengths
Specific parenting strategies

- Parenting strategies:
  - Specific
  - Concrete
  - Practical
- Parents can add these parenting practices to their repertoire
- Example: differential attending
  [Triple P: planned ignoring, positive attention]
Collaborative goal setting

- Parent sets the child and family goals
- Intervention agent provides guidance but works collaborative
Consultative rather than prescriptive

- Intervention agent is a consultant rather than a “boss”
- For example------Triple P:
  - Provides a menu of parenting strategy options
  - Intervention agent gains a mandate from the parent (i.e., gets parent’s permission at each step)
  - Emphasis on self-regulatory model
Adoption of positive frame

• Non-judgmental about the parent
• Looking to build on parent and child competencies
• Emphasis on expanding positive child behaviors to displace problematic behaviors
• Optimistic, encouraging, patience in the delivery of programs
2. Distinctive features of Triple P
Distinctive features of Triple P

- Multi-level (varying intensities)
- Several delivery formats
- Emphasizes minimal sufficiency
- Organized around a self-regulatory framework
- Combines face-to-face service delivery with media strategies
- Seeks to normalize parenting and family support---and diminish stigma
(distinctive features)

- Programming from infancy to adolescence
- Some revenues from Triple P are fed back into further research and development
- Designed to achieve population impact
3. What does it mean to adopt a population approach?
Broad coverage

• Universal access
  – Every parent doesn’t have to receive services
  – But any parent who wants or needs parenting and family support should be able to access it

• Incorporating
  – Prevention
  – Early intervention
  – Treatment
  – Promotion of child well-being
Targeting

- Prevalence reduction
- Cumulative impact on the whole population
Targeting multiple outcomes

1. Prevention of child maltreatment
2. Reduction of coercive parenting more generally
3. Prevention of children’s (early) behavioral and emotional problems
4. Promotion of child well-being
   -- addressing common parenting challenges
   -- strengthening parental competence and confidence
   -- improving child adjustment at school entry
How can these multiple outcomes be pursued in a non-stigmatizing manner with evidence-based interventions that can be disseminated in an efficient way?
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
Cost effective for dissemination

- Streamlined system
- Financially viable to extend across the population
4. **U.S. Triple P System Population Trial**

Funded by: Centers for Disease Control and Prevention
Conducted via the University of South Carolina (Parenting and Family Research Center)
Principal Investigator: Ron Prinz
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Project Field Coordinator: Cheri Shapiro
CDC Officials: Janet Saul, Kendell Cephas
Population approach to parenting intervention

What can it offer to the prevention of child maltreatment?

Particularly given that:
Most families never get into “official” trouble for child maltreatment
Problem grossly underestimated

- Official cases grossly underestimate child maltreatment
- Problematic parenting practices are detrimental to child development, even if a CPS response is not triggered
Underestimation of physical abuse

• 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
What kind of impact, if any, could the Triple P system make on population indicators of child maltreatment?

Particularly given that: Most families in the community never get into “official” trouble for child maltreatment.
Uniqueness of a population trial

• First published study to:
  – Randomize geographical units to test prevention of child maltreatment
  – Produce and document child-maltreatment preventive effects at a population level with an experimental design
Primary aims of the population trial

- Implement all levels of the Triple P system to promote positive parenting principles and strategies population-wide
- Test population penetration of the system
- Assess impact at population level, rather than with individuals at a clinical level
- Reduce risk for child maltreatment
Research design

• 18 mid-size counties in the State of South Carolina
  – None had prior exposure to Triple P
  – Counties were picked geographically but NOT recruited
• Counties were matched on child abuse rates, poverty, and population size
• Random assignment of 18 counties to:
  – Triple P System
  – Comparison (services as usual)
• Population of interest: children birth to 8 years, all families with at least one child in that age range
To give parents easy access:

• Multidisciplinary:
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• Utilize the existing workforce
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Synergistic Goal

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)
• 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., First Steps, Prevent Child Abuse)
  – healthcare system
Universal Triple P

Triple P Media strategy

- Normalize
- De-stigmatize
- Validate
- Empower
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
Strategies to increase public awareness

• Multiple publicity strategies
  – Press releases linked to local interests
  – Reporter-initiated news stories
  – Positive parenting articles
  – Radio public-service announcements (PSAs)
  – Community events
  – School newsletters, other mailings
  – Bumper stickers, memorabilia

• Involve larger numbers of parents in lower program levels (e.g., parenting seminars)
Education

Triple P helps parents take care of children, themselves

Workshop teaches joys of ‘positive parenting’

Correct bad behavior, or let it slide?
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 8 years of age
Analytic plan

• Key indicators from 3 different data systems:
  – Substantiated cases of child maltreatment (Child Protective Services)
  – Child out-of-home placements (Foster Care System)
  – Maltreatment injuries resulting in hospitalization or emergency-room visit (Hospitals)
• Stable pre-intervention baselines
• Analyses control for baseline levels
Trend in all 46 counties

• Out of home placements and child-abuse cases
  – On the rise in control and non-study counties alike
• Random assignment of counties to condition essential
• Analyses controlled for baseline and condition
Prevention Effects

- Child Out of Home Placements
  - 12% reduction in Triple P counties
  - 44% increase in comparison counties

- Child Maltreatment Injuries (hospital treated)
  - 19% reduction in Triple P counties
  - 20% increase in comparison counties

- Substantiated/founded cases of CM showed differential effects
  - Triple P system slowed the growth of substantiated cases, compared with the control counties
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.
Conclusions

1. Data from the U.S. Triple P System Population Trial, in conjunction with several prior studies of Triple P showing reduction of coercive parenting practices, show:
   – the viability of the population paradigm
   – the utility of Triple P to address multiple outcomes concurrently
2. A multi-level coordinated system like Triple P offers:
   – efficiencies of programming
   – interventions that were designed at their inception for broad dissemination
   – ways to reach large segments of the population without committing substantial resources to every family
3. 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 to child abuse
   – There is continuity of parenting principles and strategies across programs and families