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ASTHO, NACCHO, and Injury Prevention Webcast Series: Preventing Child Maltreatment Through Strong, Safe, & Nurturing Family Relationships
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Newly emerging public-health friendly paradigm based on a population-based system of parenting interventions
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
Problems 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
Two Potentially Conflicting Goals

1. Intervene only with parents at highest risk for child maltreatment

2. Intervene broadly to address full range of potentially detrimental parenting and promote accessibility
 Required for a population approach

1. Target multiple outcomes to justify broader implementation
2. Non-stigmatized programming
3. Efficient dissemination strategy
4. Evidence-based intervention
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?
TRIPLE P—Positive Parenting Program

- Developed by Dr. Matt Sanders and colleagues at the Parenting and Family Support Centre, University of Queensland
- Triple P based on 25 years of research and implementation
  - 43 randomized controlled trials
  - 76 evaluation studies in total
- Designed from the outset as a public health strategy created for broad-scale dissemination
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)
Core Principles of Positive Parenting

1. Safe engaging environment
2. Responsive learning environment
3. Assertive discipline
4. Reasonable expectations
5. Taking care of self

17 Specific Parenting Skills

- **Promoting a positive relationship**
  - Brief quality time
  - Talking to children
  - Affection

- **Teaching new skills and behaviors**
  - Modeling
  - Incidental teaching
  - ASK, SAY, DO
  - Behavior charts

- **Encouraging desirable behavior**
  - Praise
  - Positive attention
  - Engaging activities

- **Managing misbehavior**
  - Ground rules
  - Directed discussion
  - Planned ignoring
  - Clear, calm instructions
  - Logical consequences
  - Quiet time
  - Time out
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

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

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)
Power of Triple P

Program helps girl develop, bond with foster parents

By Karen Sklar The Herald

Lael was 15 months old when she was placed in temporary foster care. She was placed with a woman who had been a foster parent before. Her mother had a history of alcohol and drug abuse. She had never known her father, who had abandoned her.

She screamed at meals, refused to eat and was frequently fighting with her foster sister. When she was placed back with her mother, the foster care workers thought it would be the best thing for her to return. However, when she was placed back with her mother, she continued to scream and refused to eat. She was then placed with an adoptive family.

When she was six years old, she was placed with another adoptive family. She continued to have behavior problems. She was then placed with another foster family, who decided to adopt her.

She is now 10 years old and doing well. She has learned to control her behavior and is doing well in school. She has also learned to play the guitar. She is now in the fifth grade and is doing well.

Focusing on positive parenting

Lael is a happy child who loves school. She is doing well in her classes and is doing well in her extracurricular activities. She is also doing well in her relationship with her parents.

Lael is now in the fifth grade and is doing well in school. She is also doing well in her extracurricular activities. She is also doing well in her relationship with her parents.

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U.S. Triple P System Population Trial

Funded by the Centers for Disease Control and Prevention
Conducted via the University of South Carolina
Principal Investigator: Ron Prinz
Co-Principal Investigator: Matt Sanders
CDC Officials: Janet Saul, Kendell Cephas
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
Background context of trial

• Geographical context backdrop for the trial:
  – Significant funding cuts to social services and family mental health services
  – Multiple disciplines and agencies serve target population
  – Services often disconnected, relying on conflicting approaches, having poor referral pathways
  – Service providers usually experienced but often inadequately trained
  – Little prior exposure to evidence-based parenting programs
Research design

- Random assignment of 18 counties to:
  - Triple P System
  - Comparison (services as usual)
- Counties were matched on child abuse rates, poverty, and population size
- None of the counties had prior exposure to Triple P
Target Population

• All families with children in the birth to 7-year-old range residing in the catchment areas
• Families served by many different systems, including:
  – Schools, preschools, and daycare centers
  – Health centers
  – Mental health system
  – Social services system
  – Non-governmental organizations
  – Religious organizations
Training of Service Providers

• 82 Triple P professional training courses
• 697 service providers working in a broad variety of settings (existing workforce):
  – daycare and preschools
  – mental health system
  – social services system
  – elementary schools
  – churches
  – NGOs (e.g., First Steps, Prevent Child Abuse)
  – healthcare system
Population reach of Triple P

- Eligible population: 85,000 families with at least one child birth to 7 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:
  - 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
Impact on Child Maltreatment Cases

Substantiated Cases of Child Maltreatment per 1,000 children birth to 7 years of age

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<td>Triple P System</td>
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<td>Comparison</td>
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Effect Size (Cohen’s $d$) = 1.09 controlling for baseline

$P < .05$
## Impact on Child Out-of-Home Placements

Child Out-of-Home Placements per 1,000 children birth to 7 years of age

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<td>Comparison</td>
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**Effect Size (Cohen’s d) = 1.22** controlling for baseline

P < .05
## Impact on Child-Maltreatment Injuries

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<td>Child Hospitalizations &amp; Emergency Room Visits per 1,000 children birth to 7 years of age</td>
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<tr>
<td>Triple P System</td>
<td>1.41</td>
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<td>Comparison</td>
<td>1.69</td>
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**Effect Size (Cohen’s $d$) = 1.14** controlling for baseline  
**$P < .05$**
Translation of effect sizes

Assume a population with 100,000 children under 8 years of age

• 688 fewer substantiated cases of child maltreatment per year
• 240 fewer child out-of-home placements per year
• 60 fewer hospitalized or ER treated children with child-maltreatment injuries per year
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
Recap of the Paradigm

• Take a population perspective
• Implement parenting interventions that have multiple benefits (targets):
  – prevention of child maltreatment
  – prevention of child behavioral/emotional problems
  – strengthening parental confidence and effectiveness
• Utilize the existing workforce across many settings and disciplines
• Efficient use of multi-level interventions
• Continuity of parenting principles and strategies across intervention levels, media and in-person programming, settings, providers
Contact Information

Information pertaining to the dissemination of Triple P:

www.triplep-america.com

Population trial:

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