SESSION A1

A Model for the Cross-cultural Transportation of Evidence-based Parenting Programs into Developing Countries

Miss Anilena Mejia – The University of Manchester, UK
Fiona Ulph – The University of Manchester, UK
Rachel Calam – The University of Manchester, UK
Matthew Sanders – The University of Queensland, Australia

Background: Even though there is a body of evidence suggesting that parenting programs are effective preventive strategies in high-income countries, two recent systematic reviews suggest that their effectiveness has not been scientifically established in developing countries. Objective: To develop a model for the transportation of the Triple P Positive Parenting Program into developing countries by examining the cultural relevance of the program and its efficacy in one particular country as a case example, Panama. Methods: A five-step model was designed composed by three quantitative surveys, one randomized controlled trial and an exploratory qualitative study. In step #1, sample material from the program was shown to 136 parents in order to examine consumer cultural relevance. In step #2, 80 practitioners were surveyed using a similar methodology. In step #3, two new brief instruments for measuring child behaviour and parenting practices, the CAPES and the PAFAS, were validated with a sample of 174 Panamanian parents. In step #4, a randomized controlled trial was carried out with 108 parents. The intervention was a one-session Triple P Discussion Group and blind assessments took place two weeks after the intervention, three months and six months after. In step #5, thirty parents that took part in the intervention were interviewed to re-examine cultural relevance and to explore mechanisms behind change. Results: Data from steps #1 and #2 suggested that parents and practitioners found program materials acceptable and expressed they would be willing to participate in a program if one was offered. Results from step #3 suggested that the instruments are good in terms of internal consistency ($\alpha = 0.87$ to 0.89) and are reliable over time ($r = 0.74$ to 0.75). In step #4, the program was effective in reducing child behavioural difficulties in both the short and the long term. Finally, data from step #5 is currently under analysis and will be available at the conference. Conclusion: It is important to examine the cultural fit of evidence-based parenting programs before more resourceful dissemination efforts take place. The present methodology (model) can be applied to other parenting programs and other developing countries.

A Randomised Controlled Trial of Triple P Seminar Series to Prevent Behavioural and Emotional Difficulties in a General Population Sample of Urban Greek Children Aged 2 to 12

Konstantinos Foskolos – University of Oxford, UK
Frances Gardner – University of Oxford, UK
Paul Montgomery – University of Oxford, UK

Background: Cross-sectional studies have shown a high prevalence of emotional and behavioural difficulties in Greek school-aged children. Early preventive parenting programmes designed to modify common behavioural problems can prevent the development of these difficulties. No evidence-based parenting programmes have been tested in randomised trials in Greece. Objectives: This randomised controlled trial evaluates the efficacy of a brief seminar series on positive parenting (Selected Triple P) for universal prevention of behavioural and emotional difficulties in urban Greek children aged 2 to 12, considering parenting style, confidence and distress. Methods: 124 parents were stratified into permuted blocks and randomly allocated to intervention or control group on a 2:1 basis. Intervention parents received three seminars on positive parenting, while an attention control group received leaflet information on child health. Results: 72% of parents completed post-assessments and 64% completed 6-month follow-up assessments. At follow-up, intention-to-treat analysis showed that disruptive behaviours were reduced in the intervention group, but they were increased in the control group (mean group difference in change scores 13.46 points on the ECBI intensity scale; 95%CI. 5.70-21.23, $p=0.001$, ES=0.74). A mean group difference in change scores (11.31 points) remained 6 months later (95%CI. 1.16-21.47, $p=0.029$, ES=0.47). Regarding parenting outcomes, dysfunctional parenting practices were reduced more in the intervention group (mean group difference in change scores 0.26 points on the parenting scale total score; 95%CI. 0.04-0.49, $p=0.021$, ES=0.49, and 0.46 points on the over-reactivity score, 95%CI. 0.02-0.90, $p=0.041$, ES=0.44) at post-intervention; these differences in change scores were not significant at
the 6-month follow-up. No significant mean group differences in change scores were found on child emotional difficulties, parenting confidence, and distress measures over time.

Conclusions: The Seminar Series appears to be a brief and likely cost-effective intervention with medium effect sizes and significant changes over time on child behavioural difficulties in Greek pre- and school-aged children, and on dysfunctional parenting as investigated in a general population sample. These findings are broadly in line with other evidence about transportability across countries.

**Increasing Parent Engagement in Evidence-based Parenting Programs: A Real World Randomised Control Trial in an Urban Multicultural Child Mental Health Centre**

Susan Stern – University of Toronto, Canada

This presentation will focus on a university-community collaborative study of a contextually responsive phone intake protocol to increase engagement for caregivers of young children with serious conduct and co-morbid problems into an evidence-based parenting program. The agency serves disadvantaged and highly stressed families from culturally diverse backgrounds.

Leading international experts have identified preventing or interrupting the development of child mental health problems as an urgent public health priority. Strengthening parenting skills and modifying coercive family interactions are at the heart of evidence-based interventions for children with disruptive behaviour. Yet, despite the availability of efficacious parenting programs, a gap exists between service needs and service use. Among families seeking support for children difficulties, an alarmingly high rate of 40-60% fail to show for their initial appointment or drop out prematurely, with even higher rates for the most vulnerable families who face multiple barriers to accessing services. The multiple adversities these families face place them in double jeopardy disrupting parenting with negative consequences for children and decreasing the likelihood of engagement in the very parenting programs they need to prevent escalation of early conduct problems that foreshadow serious problems across the lifespan.

The phone intake that will be described was tested because of its promise for both early engagement and outcomes and feasibility (low cost, easily replicated) of dissemination and sustainability. 118 parents who called for agency help and consented were randomly assigned to an enhanced engagement phone intake (EEPI) or phone intake as usual (IAU). Calls were coded for fidelity and showed key differences between conditions. The EEPI significantly increased initial agency attendance, consistent with the primary hypothesis. The no-show rate for EEPI parents was 24% as compared with 43% for IAU parents. There were no further effects on ongoing attrition due to low parent group drop-out in both conditions. A follow-up qualitative study of parental decision-making, efficacy and engagement throughout the course of help-seeking (initial call through parenting group end) yielded three interrelated and robust themes that complement the RCT results. The research has implications for practice to increase engagement in community-based evidence-based parenting programs, particularly for high-risk families.

**Parental Participation in Triple P in Sweden: Who Actually Attends?**

Michael Wells – Uppsala University, Sweden
Raziye Salari – Uppsala University, Sweden

Background: Triple P has been shown to be an effective parent support program at reducing children’s behavioural problems and improving parenting practices. However, when the programs are offered universally, certain groups of parents may be more likely to participate than others. Little research has been completed on which groups of parents actually attend Triple P, and which families are in need of the program, but do not participate.

Objectives: The aim of this study was to compare background characteristics of mothers and fathers who participated verses those who did not participate in Triple P when offered universally in Sweden.

Method: All parents of children aged 3 to 5 in twelve preschools in Sweden completed a set of questionnaires and then were offered to participate in Levels 2 and 3 of Triple P. The questionnaires measured background variables such as behaviour, emotional, and peer problems in children, dysfunctional parenting practices, parental confidence, parental adjustment, and demographic information. Mothers and fathers were monitored on their participation levels over the course of 6 months in order to identify those who attended compared to those who did not attend. During this time, 26.3% of mothers and 14% of fathers participated in at least one session of Triple P.

Results: Mothers who attended Triple P were more likely to have a higher education, be born in Sweden, report more behavioural problems and less prosocial behaviour in their children, be less confident and harsher in their parenting styles compared to those who did not attend. Fathers who attended Triple P were more likely to report higher levels of emotional problems in their children, and to have higher levels of depression and stress symptoms compared to those who did not attend. The accumulation of these respective variables increased the likelihood of their participation.

Conclusion: There are background differences in parents who attend Triple P compared to those who do not attend. Practitioners and researchers should be aware of who is and who is not receiving the program so that they can better reach their targeted audience.
Enhancing Communities through the Design and Development of Positive Parenting Interventions for Managing Sibling Conflict

John Pickering – The University of Queensland, Australia
Matthew Sanders, Ph.D. – The University of Queensland, Australia

Positive, healthy and happy families are the cornerstone of any healthy community. Parenting programs which address multiple aspects of family functioning are potentially the most effective means of creating positive family environments. However, the various constituents who “consume” parenting support and intervention are often not engaged to help shape program design and development. Using the challenge of parenting siblings as a case example, this presentation describes a conceptual framework for enhancing the health and wellbeing of communities through the iterative development of empirically supported parenting interventions. For the first time, data from a national survey of parents of siblings are presented to illustrate the key challenges facing parents in the task of raising multiple children. These data are then used to describe how evidence-based parenting interventions can be developed to meet the needs of different constituent groups resulting in more positive families and stronger communities.

Effectiveness of Triple P – Positive Parenting Program On Childhood Attention Deficit Hyperactivity Disorder: A Prospective Case Control Study

Yusuf Ozturk, MD – Dokuz Eylul University School of Medicine, Turkey
Aynur Pekcanlar Akay, MD – Dokuz Eylul University School of Medicine, Turkey
Gonca Engin, MD – Dokuz Eylul University School of Medicine, Turkey

Purpose: The aim of this study is to evaluate the effectiveness of Triple P Positive Parenting Programme on childhood attention deficit-hyperactivity disorders (ADHD) symptoms. Method: The study is a randomized controlled prospective in design. The sample of the study consisted of 60 children, aged between 7-12 years, diagnosed with attention deficit hyperactivity disorder confirmed by K-SADS-PL. Following randomization into two equal groups, parents of the cases participated in Group Triple P Positive Parenting Programme for eight weeks whereas the control group did not. The two groups were compared right before and after the implementation on rates of sociodemographic, emotional and behavioural variables. Data were collected by using a sociodemographic data form, Parental Attitude Research Instrument (PARI), Family Assessment Device (FAD), Duapal ADHD Rating Scale, Strengths and Difficulties Questionnaire (SDQ), Children’s Global Assessment Scale (CGAS) and Clinical Global Impression-Severity (CGI-S).

The study data were evaluated with Mann Whitney U, Willcoxon signed rank test, chi-square analysis.

Findings: The average age of the cases participating in the study was 10.25±1, 39 (r: 7-12). 10 of participants were female (%20, 8), 38 of participants were male (%79, 2). When we compared the results before and after the implementation of Triple P Positive Parenting programme in the case group, it was found that a statically significant increase in CGAS scores, a statically significant decrease in CGI scores. A statically significant decrease in peer relation, emotional, behavioural, hyperactivity problem subscale scores of Strengths and Difficulties Questionnaire, a statically significant decreases in attention deficit and hyperactivity subscale scores and total score of Du Paul Questionnaire, a statically significant decreases in problem solving, communication, roles in family, affective sensitivity, behaviour controlling, general functioning subscale scores in FAD, a statically significant decreases in over parenting attitude, hostility and rejecting attitude, authoritarian attitude subscale scores and a statistically significant increases in democratic attitude subscale score of PARI.

Conclusions: Due to the results of our study we consider that Triple P Positive Parenting Programme can be useful in the treatment of the children diagnosed with ADHD but further more studies about Triple P on the children diagnosed with ADHD are needed.

A randomised-controlled-trial of Group Triple P for fathers and mothers

Tenille Frank – University of Auckland, New Zealand
Louise Keown, Ph.D. – University of Auckland, New Zealand
Matthew Sanders, Ph.D. – University of Queensland, Australia
Cassandra Dittman, Ph.D. – University of Queensland, Australia

Parenting interventions produce lasting improvements in child conduct problems and associated family risk factors but have low rates of father participation. When fathers are included there are inconsistent findings for program effectiveness and satisfaction and adherence is often problematic. This study investigated the effectiveness of Group Triple P in reducing paternal and maternal reports of child conduct problems and dysfunctional parenting. Program advertising was worded to attract fathers and the program included additional content specifically tailored for fathers. Methodological limitations of previous research were addressed by including a wait-list control group, six-month follow-up data, involving both parents in all aspects of the screening, intervention (group sessions and phone consultations), and assessment process, and the inclusion of partner-reported parenting practices.

Participants were selected based on elevated levels of child conduct problems identified by both parents. Using a randomised controlled design, data was collected from families (23 in the intervention group, 19 in the wait-list control group) at three time points (pre, post, 6-month follow-up). Significant improvements were found in paternal and maternal reports of child behaviour on
the Eyberg Child Behaviour Inventory (ECBI) and reductions in dysfunctional parenting on the Parenting Scale (PS). The effect sizes for fathers on the outcomes of child behaviour and parenting were large compared to previous research, which obtained small to medium effects for fathers. Mothers also reported significant improvements in parenting confidence on the Parent Task Checklist (PTC) and rated their partners as showing significant reductions in dysfunctional parenting practices. Treatment effects for self-reported paternal and maternal parenting, and father-rated child behaviour were maintained at 6-month follow-up. Comparisons within the intervention group at T1 and T2 showed significant post-intervention reductions in differences between fathers and mothers on the ECBI and PTC. Program attendance and satisfaction ratings were high for both fathers and mothers. In contrast, program satisfaction has been significantly higher for mothers than fathers in other Triple P studies. Findings highlight the potential benefits of efforts to engage both fathers and mothers for program adherence, satisfaction and effectiveness.

“Children in Balçova Will Grow Happier” A Population Based Trial of Parenting in Balçova Municipality in Turkey

Taner Güvenir, MD – Dokuz Eylül University of CAMHS, Turkey
Fatma Varol Tas, MD – Dokuz Eylül University of CAMHS, Turkey
Aylin Ozbek, MD – Dokuz Eylül University of CAMHS, Turkey
Ozlem Gencer, MD – Dokuz Eylül University of CAMHS, Turkey
Gonca Engin – Dokuz Eylül University of CAMHS, Turkey
Ferhat Yaylaci, MD – Dokuz Eylül University of CAMHS, Turkey
Burcin Karaca, MD – Dokuz Eylül University of CAMHS, Turkey

In this presentation, we will present initial results of a population roll out of Triple P Level 2 and Level 4 in Izmir, Turkey. The project is funded by Balçova Municipality of Izmir where 8000 families are living and conducted by Dokuz Eylul University Child and Adolescent Psychiatry Department. The aim of the project is to increase the awareness of parenting via stay positive campaign and facilitate the parenting skills via selected seminars and groups trainings in order to improve the mental health of children and adolescents and to decrease the mental and behavioural problems. The length of the roll out is 22 months commenced at May 2012 and the implementation will end by January 2014. We wish not only to present the preliminary results of the trail but also to share the challenges of a very fist population trial of Triple P in Turkey from various aspects.

SESSION A3

Parenting Interventions for Vulnerable Families – Empirical Evidence and Practical Considerations

Ania Filus, Ph.D. – The University of Queensland, Australia
Catherine Lee, Ph.D. – The University of Ottawa, Canada
John Sylvester – The University of Ottawa, Canada
Tim Aubry – The University of Ottawa, Canada
Divna Haslam, Ph.D. – The University of Queensland, Australia
Sergio Barroilhet – Universidad de los Andes, Chile
Dragana Koncar – Family and Community Services, Australia
Aaala El-Khani – The University of Manchester

A major challenge for any healthcare system is the provision of effective mental health interventions for traumatized children and parents with difficulties in providing effective care. Many vulnerable parents come from backgrounds of abuse and trauma and many struggle to avoid repeating poor parenting with their own children. These factors can lead to elevated risk of severe childhood adversity and abuse. There is considerable evidence that excessive exposure to trauma in the first three years of life has potential long-term consequences on neurological and psychological development of children. On the other hand the evidence suggests that early interventions are vital and provision of services for parents at risk of dysfunctional parenting is essential at improving parenting skills and for prevention of negative outcomes in children. This symposium will present the results of the studies evaluating parenting and the acceptability and effectiveness of Triple P- Positive Parenting Program for vulnerable families in different contexts and different countries. The symposium will start with the short overview of the parenting challenges in vulnerable families as well as possible applications of Triple P- Positive Parenting Program for preventing adverse outcomes within this context. Next, we will present data from the Families First program that follows homeless families in Ottawa, Canada as they transit for shelters to housing in the community. Canadian investigators will describe the profile of families living in the shelter and discuss implications for services to these vulnerable families. Next, data and insights from a small trial of Triple P seminars delivered to low-income families in Chile, South America will be presented. The implications for program implementation and dissemination within low-resource contexts will be discussed. Lastly, we will outline the findings from two pilot studies on the application of Triple P for refugee families: the Sydney based study in a bilingual setting involving “new arrival” Arabic and Vietnamese parents and the Turkey-based pilot study with Syrian refugees living in the camps. Cultural acceptability of the program and its utility for improving refugee families’ outcomes will be outlined. The symposium will end with the integrated summary of the presented research and discussion.
SESSION A4

Enhancing the Reach and Impact of Parenting Interventions for Child and Adolescent Externalising Behaviours: Research on the Efficacy of Triple P Brief Parent Discussion Groups

Lucy Tully – The University of Sydney, Australia
Melanie Palmer – The University of Glasgow, UK
Alan Ralph, Ph.D. – The University of Queensland, Australia

Objective: The objective of this session is to present and discuss recent research examining the efficacy of Triple P Brief Parent Discussion Groups for reducing a range of child and adolescent externalising behaviours.

Format: The format will be presentations by four authors and group discussion facilitated by the discussant.

Topics Covered: Triple P Parent Discussion Groups (PDG) are a level 3 intervention involving a brief group session targeting a specific behaviour or issue in children and adolescents. This presentation will summarise the need for brief parenting interventions, describe the content and format of the PDGs and summarise the results of five randomised controlled trials that have examined the efficacy of PDGs for a range of child and adolescent externalising behaviours. Research will be presented on the efficacy of PDGs for reducing oppositional behaviour in children and for reducing family conflict and oppositional behaviour in adolescents. Research that has compared the relative efficacy of PDGs in comparison to other Triple P interventions will also be presented. This includes an RCT that compared one PDG on child disobedience versus a series of four PDGs for parents of primary school aged children, and an RCT that compared a PDG for toddler aggression versus a Level 4 group Triple P and a waitlist control group. Research on the likely mechanisms of change in PDGs will also be presented. The implications of this research for extending the reach and impact of parenting interventions will be discussed.

SESSION A5

Symposium A5: Triple P Online in Action: Four Current Trials Across the Globe

Miriam Ehrensaft – City University of New York, USA
Heather Knous-Westfall – City University of New York, USA
Jamin Day – The University of Queensland, Australia
Matthew Sanders, Ph.D. – The University of Queensland, Australia
Nike Franke – The University of Auckland, New Zealand
Louise Keown, Ph.D. – The University of Auckland, New Zealand
Karen Turner – The University of Queensland, Australia
Sabine Baker – The University of Queensland, Australia

Web-deployed parenting intervention in young mothers enrolled in an urban public college
Miriam K. Ehrensaft PhD, Heather Knous-Westfall MA
This RCT evaluates Triple P Online as a stress prevention program for young mothers enrolled in an urban public college campus. Preliminary results show that participants in the intervention group show greater decreases in parent-child dysfunction and dysfunctional parenting, and a trend for greater increases in positive problem solving strategies with their partners compared to the waitlist control group. Factors associated with log in rates will also be discussed.

The role of brief practitioner support in online parenting interventions: Does telephone support improve outcomes in Triple P Online?
Jamin J. Day (PhD Candidate), Matthew R. Sanders PhD
Brief practitioner support has been demonstrated to increase the effectiveness of offline, self-directed interventions, however the impact of practitioner support in the context of online delivery is not yet known. Preliminary results from an RCT investigating the effectiveness of practitioner-supported versus self-directed Triple P Online will be discussed, as well as implications from the findings for future research and practice.

An RCT of Triple P Online for parents of hyperactive/inattentive pre-schoolers
Nike Franke (PhD Candidate), Louise Keown PhD, Matthew R. Sanders PhD
Hyperactive/inattentive behaviour problems in children can lead to parenting stress and negative parent-child interactions. This RCT investigates the effectiveness of Triple P Online in reducing child hyperactive/ inattentive behaviour; decreasing parenting stress and dysfunctional parenting; and increasing parenting satisfaction. The relationship between parental ADHD symptoms and child executive functioning and child hyperactive/ inattentive behaviour outcomes are also explored.

A brief, modular approach to Triple P as a web-based intervention
Sabine Baker (PhD Candidate), Karen M.T. Turner PhD, Matthew R. Sanders PhD
To mirror the varying intensity of face-to-face programs in the Triple P system, a Level 3 Triple P online intervention has been developed to address targeted parenting challenges. This program is non-linear, allowing parents to choose which, and how many, modules they would like to complete. This RCT evaluates the online intervention in comparison to a ‘care-as-usual’ condition. Preliminary outcome data on usage, parent and child outcomes, and client satisfaction will be discussed.
This symposium will present three examples of Triple P initiatives funded to reduce the incidence of child maltreatment. The three initiatives illustrate the use of the TPI Implementation Framework to support a community initiative to move from a desired outcome to implementation of Triple P.

The first initiative to be described is a CDC funded initiative in Berrien County, Michigan. This initiative is being independently evaluated to inform effective implementation processes and partnerships and develop a model that has the potential to be replicated across the United States. The primary implementing partners are the Local Health Department and the Federal Qualified Health Centre.

The second initiative is in Cabarrus County, North Carolina and is part of a multi-county roll out being supported by the North Carolina Department of Public Health. This initiative includes multiple levels of stakeholders and implementation teams from the State level Learning Collaborative to local community collaboratives and several funding bodies and mechanisms.

The third initiative is at the Grafenwoehr US Army installation (Bavarian Military Community). This initiative is funded through the US Military as a pilot to support military families and reduce the level of child maltreatment within the military community. These three initiatives were all funded with a common outcome in mind; however, each is a unique community, and each implementation has its specific challenges. The presentation will illustrate how The Implementation Framework is effective in supporting a wide variety of communities with unique features to achieve the desired outcomes through implementation of Triple P.

The symposium will include a brief presentation of each initiative, and through the discussant, identify key themes and functions that take each initiative from Outcome to Implementation.

Presenters will include a representative from each of the initiatives as well as Jacquie Brown and Sara van Driel

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**SESSION B1**

**The Parenting Help Online Study: Evaluating the Dissemination of the Triple P Online System through Pediatric Practices**

Carol Metzler, Ph.D. – Oregon Research Institute, USA
Frederick Rivara, MD – Seattle Children’s Research Institute, USA
Dimitri Christakis, MD – Seattle Children’s Research Institute, USA
Matthew R. Sanders, Ph.D. – University of Queensland, Australia
Julie C. Rusby, Ph.D. – Oregon Research Institute, USA
Ryann Crowley – Oregon Research Institute, USA

A critical strategy in a public health approach to improving parenting is to ensure that interventions are widely accessible through existing delivery mechanisms. Primary care clinics are an ideal setting for the early detection of child behaviour and parenting problems and for disseminating parenting interventions. In the US, paediatricians are usually the first point of contact for families with behavioural or parenting difficulties, and most parents trust paediatricians as a source of authority and information. Most paediatricians, however, are not well trained in how to treat behaviour problems, and despite new practice guidelines and policy statements, they remain largely unequipped to provide effective guidance for behaviour problems or parenting dysfunction. The Parenting Help Online study is testing the viability of delivering the Triple P Online System (TPOS) through paediatric settings to improve paediatricians’ ability to meet families’ needs. TPOS is a three-level online system of Triple P parenting supports designed to engage and activate parents through personalized, flexible, interactive, video-driven content with dosage adjusted to family need. In the Parenting Help Online study, participating paediatricians are trained to refer families to TPOS and support its use. The study will evaluate the efficacy of TPOS for improving parents’ skill in handling problematic behaviours of their 3- to 8-year-old children, in a sample of 400 families recruited through 30 paediatric clinics involving 100 paediatricians in Washington State, USA. Importantly, the Parenting Help Online study will also simultaneously evaluate the effects of training paediatricians in TPOS on improving their protocol for assisting parents of children with disruptive behaviour problems, their self-efficacy for handling these issues, and their attitudes toward evidence-based and self-administered parenting interventions, as well as examine predictors of their uptake of the program. This presentation will describe the Parenting Help Online study, demonstrate the Triple P Online System, and present consumer satisfaction data from a sample of paediatricians regarding their opinions about the TPOS program, about the appropriateness and usefulness of the program for their patient population, and about the ways in which they would be likely to use the program with their patients.

Assessing the impact of fly-in/fly-out and drive-in/drive-out work practices on children and families

Cassy Dittman, Ph.D. – The University of Queensland, Australia
The resources sector in Australia is rapidly embracing the use of a non-resident workforce, often referred to as Fly-In/Fly-Out (FIFO) or Drive-In/Drive-Out (DIDO). Very little has been done to determine the family impact of this lifestyle or to provide tailored support to these families. The present research aimed to collect the background information necessary to inform the development of a theoretically-based and consumer-informed family support program for FIFO and DIDO families. This project employed a mixed methods approach to engage in the theory building and consumer engagement stages of program development by identifying the impact of FIFO/DIDO work practices on children and families, the key parenting challenges faced by these families, and their experiences of and preferences for family-based support. Data collection is currently underway, but thus far 150 partners of FIFO/DIDO workers and 300 working parents from the community have completed an online survey assessing child adjustment, parenting and discipline strategies, parental wellbeing and drug and alcohol use, and intervention needs and preferences. Interviews will also be conducted with a subset of FIFO/DIDO families. The implications of findings from the survey and interviews for the development of a family intervention for FIFO/DIDO families will be highlighted.

**Barriers and facilitators of disseminating evidence-based Prevention Programs in a real world setting**

Inga Frantz – University of Braunschweig, Germany  
Nina Heinrichs, Ph.D. – University of Braunschweig, Germany

**Background:** The primary aim of preventively oriented parenting programs is to help families at risk for child psychopathology and child maltreatment. Unfortunately, these families are hard to reach with evidence-based programs. Thus, implementing evidence-based programs on a population level may be a promising approach. However, factors that facilitate a successful dissemination into practice are rarely known.

**Objectives:** The study objective was to offer evidence-based prevention programs for every family in a city and to assess the implementation process. We expected to reach 40% of the population with 211 practitioners from local institutions being trained.

**Method:** 211 practitioners received a training free of costs in one of three evidence-based prevention programs (Triple P, a preschool teacher and parent-based indicated prevention program or a child skills training) and committed themselves to deliver a defined number of courses for two years. We evaluated the take up of trainings and the subsequently, locally provided number of courses. Furthermore, we assessed the self-efficacy in parent consulting skills pre and post training and 6, 12, 18 and 24 months later. After the dissemination phase, we conducted telephone interviews with the practitioners assessing barriers and facilitators of implementation.

**Results:** 73% of the practitioners used the program. They delivered courses for more than 1.900 families (16% of the population). After being trained, the practitioners reported more self-efficacy in parent consulting skills compared to pre-assessment. This increase still persisted two years later. Data of barriers and facilitators for program use and how these are related to the number of provided courses for families will be presented (interviews currently in progress).

**Conclusion:** Most of the practitioners delivered at least one course, so many families were reached with an evidence-based intervention. However, difficulties occurred in the implementation process: the practitioners conducted fewer courses for families than they committed themselves to do. Practical implication of identified factors influencing the dissemination process will be discussed.

**SESSION B2**

**Research design - how does implementation planning fit in?**

Vanessa Cobham, Ph.D. – The University of Queensland, Australia  
Debbie Easton – Triple P Canada

**Considering a research project? Have you considered implementation and sustainability?**

A research project involves many details and has historically been a time limited, very focused activity – with the detail being in the research design, sample size, ability to publish and get grant funding. Those elements are crucial. A secondary challenge is ensuring effective service delivery to optimize the potential findings, in a way that is replicable in “real life”.

Following the flooding in Queensland in 2011, Disaster Recovery Triple P was developed and implemented under very tight timelines. A review of that foundational trial (in Australia) and a recent replication trial where the Triple P implementation framework was used and an implementation and sustainability plan focused on (in Alberta, Canada) has raised some interesting issues for researchers at the early stages of considering a research project.

Presenters will identify the issues and key factors to support a coordinated approach to any research project that builds partnerships and includes implementation support to realize the potential to scale up, which could result in sustaining the initiatives beyond the funded period of a research project. As more and more grant funding includes the questions of implementation and sustainability, this information will be presented in a way that can be generalized for your next project.
Fear or Inspiration: What Works in Marketing Parenting Programs?

Raziye Salari, Ph.D. – Uppsala University, Sweden
Anna Backman – Uppsala University, Sweden

Background: Parenting programs are effective, but low attendance is a problem. How can we motivate parents to participate? Self-regulatory focus theory suggests that some people are motivated by promotion concerns, while others are motivated by prevention concerns. Similarly, participation in parenting programs may differ based on whether parents perceive a program as a prevention strategy (e.g. to reduce the risk of attention problems in children) or as a promotion strategy (e.g. to increase children’s social skills).

Objectives: We compare a promotive and a preventive strategy in recruiting parents to parenting programs via two studies. In study I, we compare the two strategies in generating interest in parenting programs. In study II, we examine whether parents perceive the two strategies differently based on their own self-regulatory focus.

Method: We designed two ads inviting parents to participate in a free universal parenting program; one ad designed to engage parents by triggering their need for development and nurturance (promotion focused) and the other by triggering their need to avoid possible loss and pain (prevention focused). In study I, the two ads were run online simultaneously. Those who clicked on an ad were directed to a website where they could read about the program and sign up for it. In study II, a large community sample of parents answered a set of questions measuring their perception of the two ads and their own self-regulatory focus.

Results: In study I, over 85 days, more people clicked on the prevention ad compared to the promotion ad. There was no difference in the number of pages visited on the website nor in the number of parents who signed up for the program. In study II, the preliminary results on 584 parents showed that though the prevention ad was rated higher by prevention-oriented parents compared to promotion-oriented parents, the promotion ad was favoured by most parents regardless of their self-regulatory focus.

Conclusion: A prevention strategy might be more effective in drawing public attention in general. However, a promotion strategy is more likely to reach parents in particular and inspire them to consider participating in the program.

Results and learnings from a feasibility implementation study of Triple-P in Chilean Primary Health Care

Gladys Moreno, MD, MSc. – Pontificia Universidad Catolica de Chile, Chile
Gabriela Soto – Pontificia Universidad Catolica de Chile, Chile
Paula Errazuriz, Ph.D. – Pontificia Universidad Catolica de Chile, Chile

Background: In Chile there is a 22.5% prevalence of mental health disorders in children and adolescents, with 14.6% of disruptive disorders. There is a need for well implemented, evidence-based programmes to prevent these problems in this population.

Objectives: To evaluate the feasibility of the implementation of Triple-P Parenting Programme in Primary Health Care Centres in Chile from the perspective of participants, providers and managers.

Method: Triple-P levels 3 and 4 were delivered by trained local professionals in a public and a private health centre. Families were recruited by referral of attending professionals and through flyers. Only at the private centre payment was required for each session. Participating families completed standard Triple-P questionnaires (ECBI, SDQ, DASS, PS, PTC, PPC, RDQ) before and after the intervention. Focus groups were conducted with families, providers and managers at each centre. Families that did not participate or did not complete the programme were interviewed by telephone.

Results: Sixty five parents attended Triple-P (level 3=16; level 4=49). Eight (50%) in level 3 and 21 (42.8%) in level 4 completed the programme. The main reason for non-attendance was the difficulty with the timing of sessions (25.9%). Families that completed the programme had a statistically significant improvement in most of parent reported measures except in parental anxiety level, marital relationship and parental conflict. The content, structure and the programme materials were well evaluated by participants, and they found it useful. Providers considered Triple-P to be feasible, useful and well structured. Managers liked the programme and found that Triple P was consistent with the model of primary care. Providers and managers perceived cost as one of the main barriers for implementing Triple-P, including the cost of running the programme, and indirect costs of programme coordination and professional time.

Conclusion: The Triple-P programme was well accepted by parents, providers and managers. Initial data shows that Triple-P may be effective in improving the children’s behaviour, parenting styles and parent mental health. There are however, some challenges in the implementation, especially the financial cost and the drop-out rate.

SESSION B3

Triple P Implementation Across Diverse Service Systems: Facilitators and Barriers

Suzanne Kerns, Ph.D. – University of Washington, USA
Cheri Shapiro, Ph.D. – University of South Carolina, USA
Achieving wide-spread accessibility of high-quality parenting interventions can be largely facilitated by accessing and leveraging existing service system delivery mechanisms, such as early intervention, child welfare, and primary care. From an implementation standpoint, these various service systems present unique opportunities and challenges, including workforce readiness across diverse practitioners, integration of parenting consultation into service array, infrastructural alignment, and strategies for sustainability. This symposium will explore the experience of different implementation agendas that cross service systems. We will use Damschroder’s Consolidated Framework for Implementation Research to organize the discussion.

Early Intervention: Early intervention programs are, from a philosophical perspective, very aligned with the core principles of Triple P, indicating that intervention characteristics are likely a facilitator to adoption. However, from a practical standpoint, there may be misalignment between how services are typically delivered and how to achieve high-fidelity implementation. An example from recent clinical trials in South Carolina will be used to highlight these challenges to implementation in the inner setting and possible ways to address these implementation barriers.

Child Welfare: Triple P intervention characteristics are highly aligned with core service goals in the child welfare system, including promoting safe home environments and enhancing child wellbeing. However, maximizing the benefit to families requires child welfare workers act as knowledgeable ‘brokers’ – linking families with appropriate services. In the Washington State child welfare system, this has been a challenge for evidence-based practice expansion in general. Thus, we decided to try a ‘non-traditional’ route to service provision to support Triple P implementation. This strategy, which has served to make Triple P one of the most successful programs available for state-involved youth, will be explained.

Primary Care: In the United States, there is somewhat of a mismatch between Level 3 Primary Care Triple P and what is realistic for physicians to deliver within their practice. Of primary concern is the length of sessions, followed closely by the need for families to be seen across subsequent weeks. These features act to create a strong disincentive to provide such services. A strategy to leverage Federal Medicaid dollars to address this significant barrier to services will be discussed.

### SESSION B4

#### Baby Triple P: Background and Research within a High-Risk Population

Mandy Mihelic – The University of Queensland, Australia  
Tracey Evans – The University of Queensland, Australia

Baby Triple P is a new variant in the suite of Triple P interventions. It focuses on the preparation for parenthood, parenting in the first 12 months of baby’s life and the parent’s and couple’s psychological well-being during the postnatal period. Baby Triple P is currently being evaluated in several different countries around the world.

This symposium will illustrate how a systematic approach, encompassing numerous steps and processes can be utilized in the design and development of new evidence-based parenting interventions. Three different studies (from Australia, Germany and Scotland) examining the efficacy and effectiveness of Baby Triple P will presented and process issues and challenges in the different delivery contexts will be discussed.

The first presentation (Cheryl Seah) will highlight the importance of parenting stress as it has been shown to be associated with poor parent-child relationships, maltreatment and poor child outcomes. Few studies have looked at parenting stress in low-risk families, especially in fathers, despite common reports of anxiety and difficulties during the initial transition period to parenthood. The aims of this study were to assess levels of parenting stress in both parents and to examine associations with attachment, social support and efficacy.

The second presentation (Lukka Popp) describes a pilot study examining the feasibility of Baby Triple P in the Ruhr area in Germany. So far, 40 parents have taken part in the study (24 parents in Baby Triple P group). The recruitment and cooperation with other professionals will be investigated and the program’s ability to reduce regulatory problems in the first months of life (crying, sleeping, feeding) is tested.

The third presentation (Kerri McPherson) will explore process issues in the delivery of Baby Triple P as part of an effectiveness trial currently conducted in Glasgow, Scotland. In this trial the Triple P for Baby intervention is being delivered during the antenatal phase to first time parents. The intervention is delivered in the community by a mixed group of health professionals, including midwives, health visitors and clinical psychologists amongst others.

A discussion of results and a brief Q & A will conclude the symposium.

### SESSION B5

#### The International Parenting Survey

Alina Morawaska, Ph.D. – The University of Queensland, Australia  
Ania Filus, Ph.D. – The University of Queensland, Australia  
Cynthia Leung, Ph.D. – The Hong Kong Polytechnic University, Hong Kong  
Catherine Lee, Ph.D. – University of Ottawa, Canada  
Nina Heinrichs, Ph.D. – Technische Universität Braunschweig, Germany

The International Parent Survey (IPS) is a web based survey of parental views on various aspects of family life and parenting, which has been developed to: strengthen links between international researchers working in the field of population based approaches to parenting intervention; establish cross-national baseline data on parenting practices, parenting needs and child emotional and
behavioural adjustment, as well as parental participation, and investigating aids and barriers to engagement in parenting programs; create an international database on parent consumer preferences in relation to parenting interventions, and; give voice to all parents, including fathers and those from diverse cultural backgrounds, on their preferences in relation to parenting interventions. To date, over 6000 parents have participated in the IPS.

The symposium will begin with an overview of the IPS, including examples of specific domains and questions assessed in the survey. In particular, potential applications of the IPS will be discussed and how it may be utilised in the context of a public health approach to parenting. A specific example of how the data can be used to inform policies on corporal punishment will be provided, with a model of the extent of corporal punishment across countries. Next we will look at a specific cultural and population application, where the IPS Hong Kong investigators will discuss findings in relation to parents of children with special education needs and parents of children from a community sample. The final presentation will describe lessons learned from the IPS-Canada. In particular, collaborative community partnerships were essential in recruiting a sample of over 2000 parents. The presentation will outline the advantages and challenges of this approach and present recommendations for reaching a large and diverse sample. An integrative summary and discussion of the presentations and topics covered will conclude the symposium.

SESSION B6

Parenting Teenagers: Are Parents Relevant in the Lives of Adolescents

Ms Kylie Burke, Ph.D. – University of Queensland, Australia
Pat Bullen, Ph.D. – The University of Auckland, New Zealand
Alan Ralph, Ph.D. – University of Queensland, Australia
Julie Hodges, Ph.D. – University of Queensland, Australia
Joanna Chu – The University of Auckland, New Zealand

The belief that parents have little influence or role in the lives of their children once they reach adolescence is still alive and present amongst practitioners and policy makers in the child and youth sector and amongst the general community. Negative media reports on youth and families and portrayals of families on TV also continue to spread the view that parents are irrelevant in the lives of their teens. Instead it is considered that adolescents are primarily influenced by their peers and require individual support (often delivered outside the family context). This symposium will demonstrate that parents play a pivotal role in the lives of teens, especially given the fact that adolescents are still more likely to participate in dangerous risk-taking at greater rates than adults that. More specifically, this symposium will demonstrate that by focussing on parents and parenting during adolescence and enhancing parenting practices risk taking can be reduced and problem behaviour can be prevented. First, the importance of parents and parenting in the lives of teens will be explored with a brief summary of the literature. A model demonstrating the relationship between parenting practices, parental competence and adolescent behaviour will be described. Second, a study comparing home and boarding environments amongst 415 adolescent boarders and 121 staff from a boarding school will be presented to further demonstrate the importance of having trusting, warm and supportive relationships with parents (and those performing parenting roles). The remaining papers demonstrate the role of parenting interventions in bolstering the protective factors associated with parenting in both preventative and high risk contexts. The third paper describes results from an evaluation of the efficacy of Group Teen Triple P with a community sample of 69 parents and the final paper reports findings from an evaluation of the Standard Teen Triple P program with 46 families of teens at high risk for behavioural and emotional problems. These final two papers thus provide evidence for the role of parenting interventions in assisting parents of teens to promote their teen’s wellbeing and reduce anti-social adolescent behaviour.

SESSION C1

Emotional and behavioural problems in children and young people in out-of-home care in NSW: Findings from wave 1 of the Pathways of Care longitudinal study

Lucy Tully – NSW Department of Family and Community Services, Australia
Marina Paxman – NSW Department of Family and Community Services, Australia
Sharon Burke – NSW Department of Family and Community Services, Australia

Background: There is significant literature to show that children and young people in out-of-home care (OOHC) have poorer outcomes than those in the general community in terms of health, socio-emotional development and educational outcomes. In terms of socio-emotional development, previous research has demonstrated that children and young people in OOHC show high rates of behavioural and emotional problems, such as aggression, non-compliance, temper tantrums, anxiety, depression and symptoms of trauma, which are associated with poor outcomes including placement breakdown. Objectives: This presentation will describe the prevalence of externalising and internalising problems of children and young people participating in the Pathways of Care Study in NSW. It will also describe carers’ reports of the services and supports received. Method: Pathways of Care is a large-scale prospective longitudinal study that is following children and young people aged 0–17 years entering OOHC for the first time on Children’s Court orders in NSW. This landmark study will provide the knowledge needed to strengthen the OOHC service system in NSW order to improve the outcomes for children and young people in OOHC. Data collection for Wave 1 of the study is now complete, and carers of 1282 children and young people participated in in-depth interviews. Externalising and internalising problems in children and young people were assessed via carer’s reports on the Brief
Infant Toddler Social Emotional Assessment (BITSEA) and The Child Behaviour Checklist (CBCL), as well as by young people’s reports of their own psychological distress.

Results: Wave 1 data on children and young people’s externalising and internalising problems and the services received will be analysed and results presented.

Conclusion: The implications of the findings for OOHC services and supports for carers, children and young people will be discussed.

Making a World of Difference- One Family at a Time

Nerissa King – Telarah Public School (DEC), Australia
Kim Evans – Senior Specialist Psychologist ADHC, Australia

Background: The Children’s Hospital at Westmead (CHW) School-Link Initiative has partnered with the NSW state government health, education and disability agencies to evaluate The Group Stepping Stones Triple P program (GSSTP). Telarah Public School participated in this evaluation in Term 2, 2013 and delivered the program within a school setting. Telarah is a NSW public school with 3 support classes.

Objectives: The GSSTP program aimed to add to the evidence base of mental health promotion, prevention and early intervention programs (PPEI) available for students with autism for delivery in a school environment. At Telarah Public School we hoped to build ongoing and strong connections between the home and school community and to deliver messages about positive behaviour support in a friendly and relaxed environment.

Method: 15 parents or carers of approximately 13 children between the ages of 5-11 years with autism or an intellectual disability began the parenting program. Two nominated staff co-facilitated the group: The Learning and Support Teacher from the school and a Senior Specialist (Clinical) Psychologist from the local disability government agency (ADHC). The standard assessment forms recommended by Triple P were collected from the parents’ pre and post intervention.

Results: Preliminary results suggest that after the intervention there were reductions in parental Depression-Anxiety-Stress Scales, differences in child behaviours as reported by teachers, significant improvements in parenting scales and parents were more confident. Increased parental engagement within the school was an unexpected but welcomed benefit and parents also seemed to benefit from developing relationships with each other.

Conclusion: The formal research undertaken with CHW suggests that school-based delivery of the GSSTP parenting program is an effective early intervention for children with autism or an intellectual disability. Our presentation will also highlight the benefits of delivering the program within a school environment and how this has helped our school community.

Supporting vulnerable families through a population parenting program – the NSW experience

Rebecca Magoffin – NSW Department of Family and Community Services, Australia
Casey Lovelock – NSW Department of Family and Community Services, Australia
Sally Gaven – Sally Gaven Consulting Pty Ltd, Australia

The NSW Government has been implementing Triple P to help break the cycle of social disadvantage by providing parents with the skills to create a positive family environment. The state-wide implementation commenced in 2007 under Families NSW focusing on families with children aged 3 - 8 years. Over 1000 practitioners from 350 non-government and government agencies in metropolitan, rural and remote communities were provided with training and free access to Triple P resources. Practitioners provide the program to parents through seminars, group programs, self-directed online Triple P and Indigenous Triple P.

Importantly, the implementation included a two-year in-depth evaluation. This involved process, outcome (including a quasi-experiment) and economic evaluation methods to assess the quantity and quality of outputs (practitioner training and support, and delivery of courses to families), quantity and quality outcomes (changes in child behaviour and parenting practices), the costs and benefits of creating these changes, and longer-term population impacts.

Evaluation results were promising with children of sampled families showing significant improvements in behaviour when compared with the control group. Practitioners also benefited from Triple P training, reporting improvements in the way they worked with families. While the program continues to meet the needs of most families, the evaluation revealed two significant challenges in delivering a population-based parenting program. First, there were difficulties in broadly reaching families and secondly, practitioners needed further support to translate program training into program delivery.

NSW is now expanding implementation to better target the most vulnerable families – particularly those who have entered or are at risk of entering the child protection system – by providing further training for existing practitioners.

This paper provides insight into the large-scale, systemic, population-based implementation of Triple P, and will include our learning’s and examples from the field.

Qualitative findings from a study evaluating a combined programme of Triple P Discussion Groups and Stress Control

Melanie Palmer – University of Glasgow, UK & The University of Auckland, New Zealand
Background: Poor parental mental health and parenting stress is linked with negative parenting practices, poorer child outcomes, and can negatively impact the effects of parenting programmes for families. The outcomes of parenting programmes may be maximised by delivering programmes for mental health problems and stress in combination with parenting support. Previous research evaluating combined interventions have typically used high-intensity interventions. The current study is ongoing and evaluates a combined intervention of a low-intensity parenting programme and a low-intensity cognitive behavioural intervention for mental health problems. Objectives: The aim of this presentation is to describe emergent themes from post-intervention qualitative interviews conducted with parents who took part in the study. The combined intervention was an 8-week group programme which consisted of two Triple P parenting discussion groups and a course of six Stress Control didactic classes. Method: Participants were parents of a 3-8 year old child in Glasgow, UK. At post-intervention, parents who attended the programme took part in semi-structured in-depth interviews. The interviews explored their experiences of taking part in the programme, their perceptions of the programme, their implementation of the strategies taught in session, and factors that acted as barriers to implementing the strategies at home. Results/Discussion: Emerging themes from the post-intervention interviews will be presented. Participants’ experiences of taking part in the programme and perceptions of the usefulness of the programme will be presented. The complexities of implementing the strategies, including barriers to implementation will be discussed.

SESSION C 2

The Triple P Meta-Analysis

Matthew Sanders, Ph.D. – The University of Queensland, Australia
James Kirby, Ph.D. – The University of Queensland, Australia
Cassie Tellegen, Ph.D. – The University of Queensland, Australia
Jamin Day – The University of Queensland, Australia

This systematic review and meta-analysis examined the effects of the multilevel Triple P-Positive Parenting Program system to date, examining the effects of the program on a broad range of child, parent and family outcomes. Outcomes from 101 Triple P studies—comprising data from more than 16,000 families across a 33-year period—was quantitatively analysed for this review. Effect sizes for controlled and uncontrolled studies were combined using a random effects model to obtain global effect sizes on seven different outcomes. Significant short-term effects were found for: children’s social, emotional and behavioural outcomes (d = 0.473); parenting practices (d = 0.578); parenting satisfaction and efficacy (d = 0.519); parental adjustment (d = 0.340); parental relationship (d = 0.225) and child observational data (d = 0.501). Significant effects were found for all outcomes at long-term including parent observational data (d = 0.249), and separate analyses on available father data found significant effects on most outcomes. Moderators were examined using structural equation modelling, with analyses indicating that when controlling for other significant moderators, study approach, study power, Triple P level, and severity of initial child problems had significant impact on outcomes. Several putative moderators did not have significant effects, including country, child developmental disability, child age, design, methodological quality, attrition, length of follow-up, publication status, and developer involvement. Finally risk of bias within and across studies was assessed. The positive results found for each level of the Triple P system provide empirical support for a blending of universal and targeted parenting interventions to promote child, parent and family wellbeing. This symposium will describe the methodological approaches used in the review, present key findings, and discuss implications for future parenting research.

SESSION C 3

Triple P in Developing Countries: Is it Relevant and Efficacious?

Divna Haslam, Ph.D. – The University of Queensland, Australia
Josephine Gitonga – Parenting In Africa Network, Kenya
Jared Okwach – Parenting in Africa Network, Kenya
Jacquie Brown – Triple P International, Australia
Anilena Meija – Manchester University, UK
Agnes Sumargi – The University of Queensland, Australia
Mingchun Guo – The University of Queensland, Australia

Parenting interventions are effective when disseminated in developed countries however little research has been conducted in developing countries. The United Nations Office of Drugs and Crime advocates that evidence-based interventions be evaluated in new countries initially with minimal adaptations to ensure fidelity and that any subsequent cultural adaptions are based on local research. This symposium includes four papers that have a common goal of examining either the cultural acceptability or efficacy of a Triple P variant each using a different cultural context including Africa, Latin America and Asia. The first paper presents cultural
acceptability data (N = 51) and pilot group data (N = 30) from the very first Triple P Groups delivered in Africa delivered to parents living in informal settlements (slums) in Kenya. Results indicated Kenyan parents rated Triple P Strategies as highly acceptable, useful alternatives to the traditional methods of beating and caning children. The second paper presents data from a cultural acceptability study and a randomized controlled trial of the Triple P Disobedience Discussion Group (N = 108) conducted with disadvantaged parents in Panama. Results indicated the intervention was highly acceptable and efficacious with medium to large effect sizes maintained at follow up. The third paper presents the results from a RCT evaluating the Triple P Seminar Series in Indonesia (N = 143) along with acceptability data from participating parents. Data revealed the seminars were effective and were viewed as acceptable however Seminar one, The Power of Positive Parenting, was viewed as the least acceptable. The final paper presents data from an RCT of Group Triple P for parents in China (N = 70) with a particular focus on the efficacy of Group Triple P to impact Children’s academic outcomes such as academic behaviours, academic self-regulation and academic achievement, which are primary goals for Chinese parents. Each paper will present results from the study with particular focus on the relevant cultural and clinical issues that need to be considered when delivering interventions in LMICs. Taken together the papers will provide a good overview of the issues in delivering parenting interventions in LMICs.

SESSON C 4

Stepping Stones Triple P: Working with Diverse and Challenging Families in Different Settings

Julie Hodges, Ph.D. – The University of Queensland, Australia
Cheri Shapiro, Ph.D. – The University of South Carolina, USA
Felicity Brown – The University of Queensland, USA
Pil Ray – Children’s Hospital Westmead
Jodie Caruana – Children’s Hospital Westmead

Stepping Stones Triple P (SSTP) already has an strong evidence-base across all program levels. The challenge now is to better understand what parents want from parenting programs and to extend the evidence base to include more diverse and challenging families in a variety of settings. In line with this goal this symposium features evidence for the use of SSTP for parents of very young children with developmental disabilities, for parents of children with cerebral palsy and acquired brain injury and outcomes from school-based study.

The first paper will explore how an understanding parent and provider needs and preferences provides a benchmark for service planning and implementation. Data from a recent population – level survey, My Say, conducted in Australia 2012 - 2013, with more than 500 parents and more than 700 practitioners, will be presented. The second paper, set in the United States looks at the challenges experienced by parents of very young children with developmental disabilities who typically do not have access to evidence-based parenting interventions. The outcomes of those available interventions to strengthen parenting and prevent the development of behavioural problems as well as maltreatment are not known. Results from two recently completed randomized clinical trials examining the initial efficacy of an evidence-based parenting intervention, Stepping Stones Triple P (SSTP), with 90 parents of children below age two with a variety of disabilities will be presented. The third paper presents outcome data using Stepping Stones Triple P for parents of children with acquired brain injury and cerebral palsy. The potential benefits of combining Stepping Stones with Acceptance and Commitment Therapy, for both parent psychological adjustment, as well as parenting style will be discussed. Finally, results from 2012 and 2013 school-based Group SSTP programs in New South Wales, Australia will be presented. This study involves approximately 150 families of children with either an intellectual disability and or autism across over 20 schools, and represents a collaboration between the health, disability and education sectors. The presentation will examine both parent and teachers’ perceptions of child behaviour, and parent or carer depression, anxiety and stress scores before and after the intervention.

SESSON C 5

The Role of Parenting Interventions in Managing Chronic Health Conditions

Alina Morawska, Ph.D. – The University of Queensland, Australia
Aditi Lohan, Ph.D. – The University of Queensland, Australia
Adela Kiveric – The University of Queensland, Australia
Rachel Calam, Ph.D. – The University of Manchester, UK

Chronic childhood conditions, such as asthma, eczema and diabetes are increasingly common and have significant public health implications. They place an enormous burden on children, their families, and the broader community, and put children at higher risk of developing behavioural and emotional problems. Furthermore, parents experience high levels of stress and parenting difficulty and often have low confidence in their day to day ability to manage their child’s behaviour and illness management. Illness management often includes multiple health interventions that require the involvement of the child. Existing approaches to chronic illness management and adherence to healthcare measures focus almost entirely on a medical educational model, and they have had limited success in improving outcomes. Psychosocial approaches have rarely been examined and therefore the focus of this symposium is on the process of developing a parenting intervention relating to the management of chronic childhood conditions.
The symposium will begin with a summary of the links between chronic childhood illness, emotional and behavioural disorders and parenting, and the importance and challenges of parenting in the context of a chronic health condition. An overview of the development process for Triple P interventions for parents of children affected by a chronic illness will be provided including examples from current trials. The second presentation will provide an example of how data on the links between parenting and child behaviour in the context of asthma and eczema can be used in informing intervention design. Specifically, the relationships between observed and self-report parent and child behaviour will be described. Thirdly, we will explore how a consumer focused approach where parents provide input on key challenges and directions for programs can be used in adapting parenting intervention for parents of children with diabetes. The final presentation will outline key outcomes from recent randomised controlled trials of Triple P interventions for parents of children with chronic health conditions, to illustrate the effects that this approach can have on child and parent outcomes.

SESSION C6

Supporting Indigenous Practitioners Delivering Triple P: A Partnership Approach

Karen Turner, Ph.D. – The University of Queensland, Australia
Lauren Hodge – The University of Queensland, Australia
Michell Forster – The University of Queensland, Australia

Aboriginal and Torres Strait Islander (ATSI) children are significantly over-represented in the child protection system: in Queensland, they are 6 times more likely to be in child protection care than non-Indigenous children. Our experience with Triple P in Indigenous communities has shown positive outcomes and acceptability for families, however workers often request support in adopting and maintaining the program in their workplaces. This symposium provides an update on the development and evaluation of a dissemination framework, in partnership with the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP), to support the roll out of Triple P through its member organisations in the child protection system.

Do Indigenous professionals have preferred training processes?
Karen M.T. Turner PhD

As program developers, we have endeavoured to reduce barriers for families in accessing effective parenting and family support, and have conducted community consultation about program acceptability and barriers to implementation. Much of the feedback has related to training and post-training support for Indigenous workers. This project involved an international survey of Triple P trained professionals’ preferences for training and post training support processes to explore the unique requirements of Indigenous practitioners.

Predictors of program sustainability in Indigenous child welfare agencies
Lauren Hodge (PhD Candidate)

This project evaluates professional, program and workplace factors that impact implementation and sustainability of Triple P. Findings from the QATSICPP Triple P partnership in regards to practitioner views of acceptability and barriers to use of Triple P parenting strategies for Aboriginal and Torres Strait Islander parents, and rates of program use will be discussed in relation to practitioner perceptions, program factors and workplace climate.

Experiences of an Indigenous mentor in supporting Indigenous workers to deliver Triple P
Michell Forster

My role as an Indigenous Triple P Liaison Coordinator involves providing support to Aboriginal and Torres Strait Islander Family Support Workers who are working with families that have children in care or at risk of entering into the Child Safety System. The support includes helping workers and their participating parents to overcome challenges and barriers from the beginning stages of program engagement, through to program implementation, all the way to program completion.