

EVALUATION OF THE POSITIVE PARENTING TELEPHONE SERVICE – UPPER HUME COMMUNITY HEALTH SERVICE (WODONGA)

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Introduction

Parenting

Parenting presents considerable challenges and the education for this role may be minimal (Ateah, 2003). Few people undertake any formal parent education and the lowest participation rates are among those parents of children considered at highest risk (Sanders, Tully, Baade, Lynch, Heywood, Pollard & Youlden, 1999). Poor early parenting can impair psychological wellbeing and child development and lead to behavioural and emotional problems (Sanders et al, 1999). Such childhood problems increase risk for many later adjustment issues. Yet parenting skills training can effectively improve parenting practices with far reaching consequences for individuals and society (Sanders, Cann & Markie-Dadds, 2003).

Triple P

The Positive Parenting Programme (Triple P) promotes positive relationships between parents and young children and helps parents develop effective discipline strategies. It reduces disruptive child behaviour and increases parental competency. The Positive Parenting Telephone Service (PPTS) is based at Upper Hume Community Health Service (UHCHS) in Wodonga and provides Triple P to parents in a self-directed form, with the support of weekly telephone sessions with a trained practitioner. This gives isolated families access to a parental skill building programme.

Hypotheses

On completion of the Triple P programme via the PPTS there will be:

- Significant reduction in child problem behaviour intensity.
- A reduction in three dysfunctional parenting styles; laxness, over-reactivity and verbosity.
- A significant decrease in parent scores on the Depression Anxiety Stress Scale.
- Reduced conflict over parenting and significant improvements in parental efficacy and satisfaction with the parenting role.
- Maintenance of any improvements at the 6-24 month follow-up.

Method

- Pre and post-intervention data was collected from 85 parents who had completed the Positive Parenting Program via the Positive Parenting Telephone Service (PPTS) between March 2003 and March 2005.
- Children were aged between 2 and 10 (Mean = 4.3, SD = 2.1) years.
- 59% of children were male.
- 96% of parents were partnered & 78% of parents were female.
- 98% of parents identified ethnically as Australian.
- A mailout to these parents requested the completion and return of a third set of questionnaires in order to provide data for a 6 to 24 months follow-up post-programme completion.
- Range of measures completed:
 - Eyberg Child Behaviour Inventory (ECBI).
 - Abbreviated Dyadic Adjustment Scale (ADAS).
 - Parent Problem Checklist (PPC).
 - Parenting Scale (PS).
 - Parent Sense of Competence Scale (PSOC).
 - Depression, Anxiety & Stress Scale (DASS).
 - Client Satisfaction Questionnaire.

Results

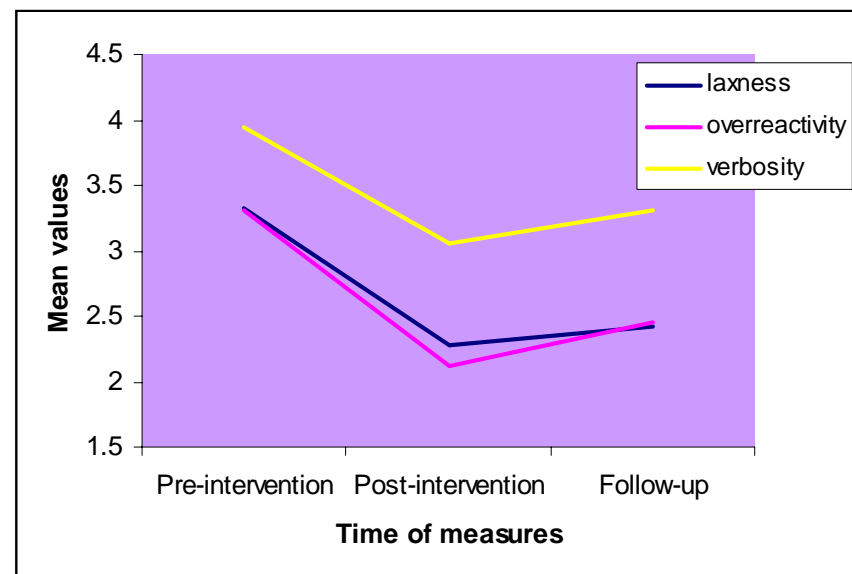


Figure 1. Dysfunctional parenting styles (PS)

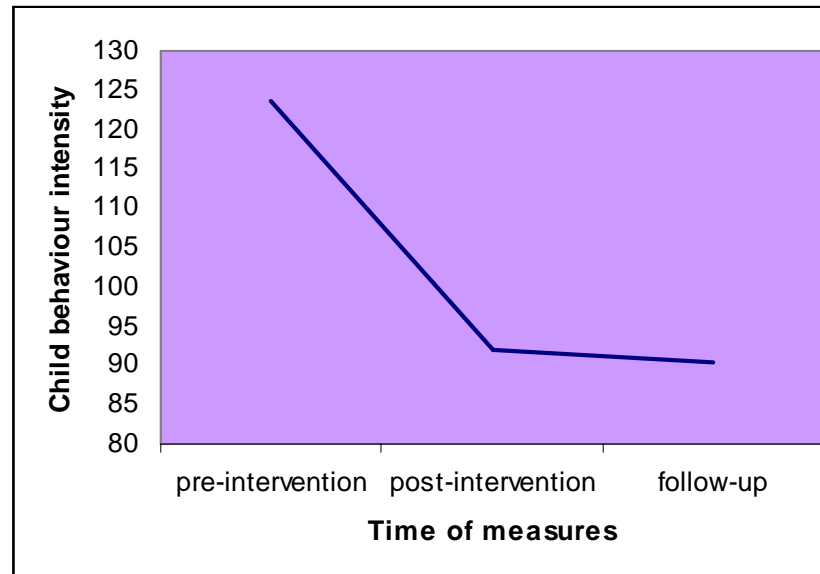


Figure 2. Intensity of Child Behaviour Problems (ECBI)

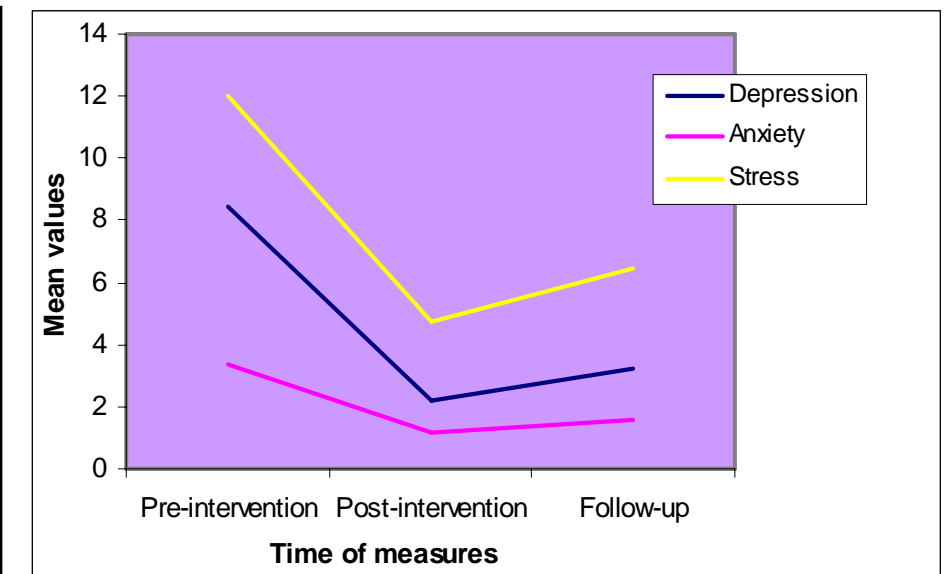


Figure 3. Depression, Anxiety & Stress (DASS)

Results

- Paired sample t-tests found significant differences between pre and post intervention measures and some maintenance of these differences 6-24 months later.
- All three dysfunctional parenting styles-laxness, over-reactivity and verbosity decreased post-intervention. (Fig. 1).
- There were improvements in child behaviour (Fig. 2) and a reduction behaviours considered problematic post-intervention.
- Depression and stress decreased significantly post-intervention and remained lower at the follow-up (Fig. 3)
- There was less conflict over parenting issues programme and parents' satisfaction with the parenting role and feelings of efficacy increased.
- Follow-up data for forty participants was analysed and all of the above changes were maintained over the 6-24 month follow-up period (Figs 1-3).
- Parental satisfaction with the program was very high: mean = 71 (SD = 4.2) out of a possible 75.

Discussion

- Findings suggest that participation in the PPTS has the potential to reduce child behaviour problems, reduce dysfunctional parenting styles, reduce depression, anxiety and stress, reduce parental conflict over child raising issues and increase parental efficacy and satisfaction.
- This research supports findings that parents can benefit from minimal practitioner input and an essentially self-directed programme.
- The PPTS at UHCHS is providing a unique service to the parents of the Hume Region of Victoria.
- This mode of Triple-P delivery has the potential to make a difference in the lives of many parents and children who may otherwise not be able to access parent education and support.

References

- Ateah, C.A. (2003). Disciplinary practices with children: Parental sources of information, attitudes and educational needs. *Issues in Comprehensive Pediatric Nursing, 26*, 89-101
- Sanders, M.R., Tully, L.A, Baade, P.D., Lynch, M.E., Heywood, A.H., Pollard, G.E. & Youlden, D.R. (1999). A Survey of Parenting Practices in Queensland: Implications for Mental Health Promotion. *Health Promotion Journal of Australia, 9* (2), 105-114.
- Sanders, M.R., Cann, W. & Markie-Dadds, C. (2003). The Triple P-Positive Parenting Programme: A Universal Population-Level Approach to the Prevention of Child Abuse. *Child Abuse Review, 12*, 155-171.