

Triple P Parenting Group Outcomes

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Triple P Outcome Summary

The San Francisco Triple P pilot started in September 2009, when 20 practitioners and their supervisors from 6 agencies were trained and accredited in Triple P Level 4 Group and Level 5 Pathways. In September 2010, another Triple P training added 20 new practitioners and three new agencies (9 total agencies running Triple P groups). Seven of the agencies are family resource centers, and the other two substance abuse treatment facilities. In May 2011, another 20 facilitators were trained, bringing the total number of agencies to 13.

As of September 9, 2011, 443 unduplicated parents have participated in 47 Triple P parenting groups run in English, Spanish, and Chinese. These participants are parents to 804 children under the age of 18.

The following agencies have facilitators accredited in Triple P and are running Triple P Group + Pathways integrated groups:

- Asian Perinatal Associates (Chinese)*
- Bayview TLC Family Resource Center (English & Spanish)
- Child & Adolescent Sexual Abuse Resource Center - CASARC (English & Spanish)
- CBHS Therapeutic Visitation Team (English & Spanish)
- Edgewood / Parent University (English)
- Family Mosaic Project (English)
- Instituto Familiar de la Raza (Spanish)
- Iris Center (English)
- OMI Family Resource Center (English, Spanish, & Chinese)
- SF Child Abuse Prevention Center (English)
- South of Market Family Resource Center (English & Spanish)
- Walden House (English)
- Western Addition Family Resource Center (English)

* Triple P parent resources for the Pathways modules have not yet been translated into Chinese, so all Triple P groups run in Chinese are Level 4 Group only, and do not include the Pathways modules.

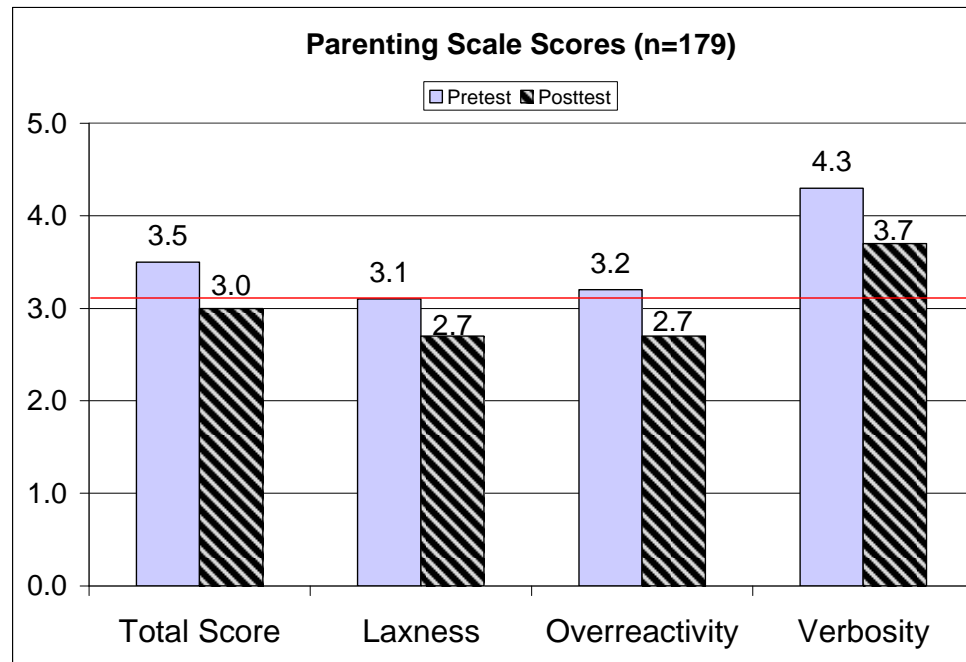
Outcomes. Following participation in Triple P, participants showed statistically significant positive changes in their reported use of effective parenting practices, their children's functioning, and parental stress. This report shows the average pretest and posttest scores in each measured domain, as well as the effect sizes (magnitude of the change) in each domain.

Changes in Parenting Practices

Changes in parenting practices were measured by the Parenting Scale (PS), which indicates the extent to which caregivers endorse using three less effective discipline styles (laxness, over-reactivity, and verbosity):

- Laxness - Laxness refers to parents being overly permissive in response to a child's behavior (example: "If my child gets upset, I back down and give in.")
- Over-reactivity - Over-reactivity refers to parents being overly punitive in response to a child's behavior (example: "When I'm under stress, I'm on my child's back.")
- Verbosity - Verbosity refers to parents talking too much or over-explaining in response to child behaviors (example: "I give my child several reminders or warnings.")

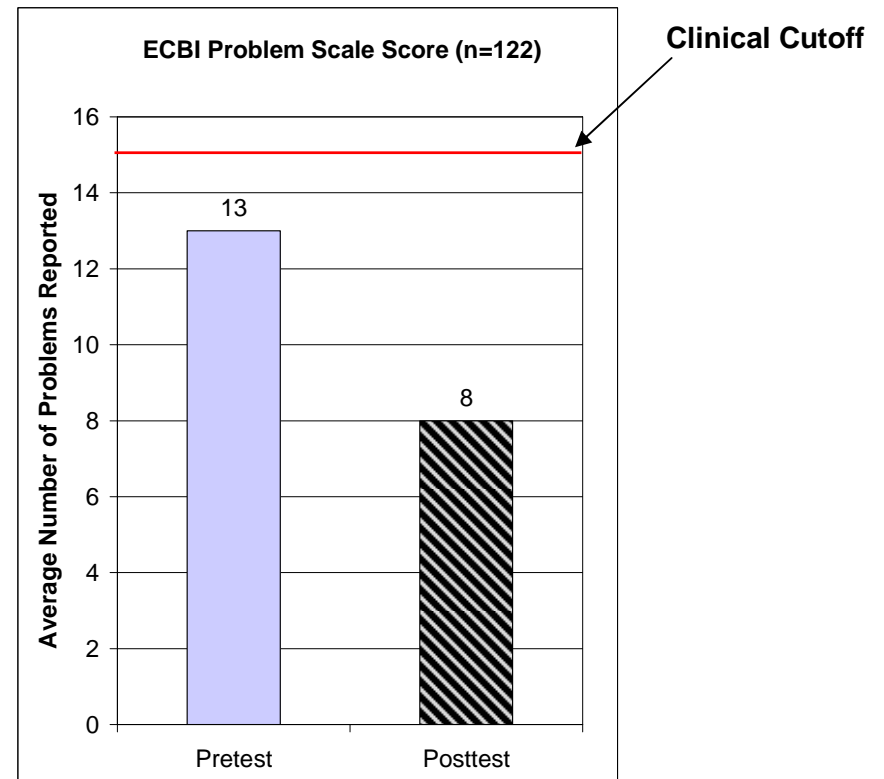
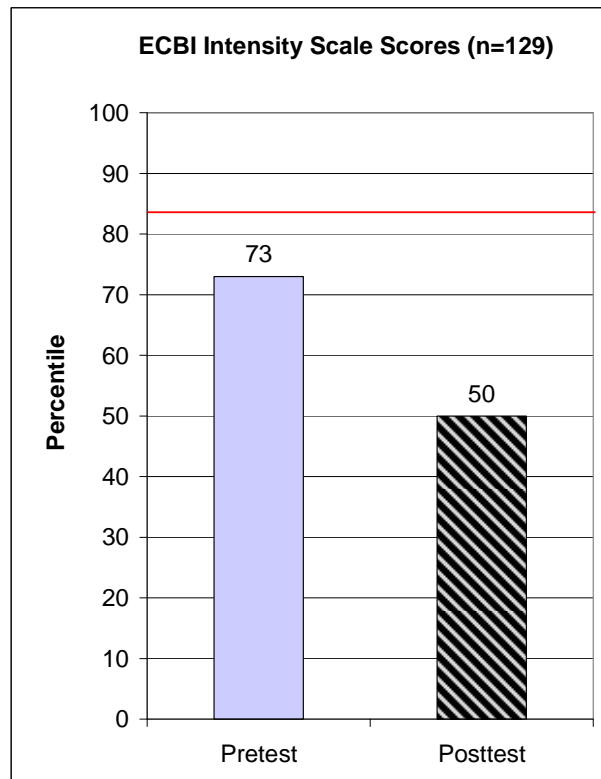
In San Francisco, caregivers completed a slightly modified version of the 30-item Parenting Scale (two items were omitted). The response choices are arranged on a Likert scale of 1 to 7, and caregivers indicate the extent to which they use one parenting strategy more frequently than a paired, opposite strategy. Higher average scores indicate greater endorsement of ineffective parenting strategies, so scores are expected to **decrease** following completion of the Triple P group. In general, an average score of **3.1 or higher** in any domain indicates problematic parenting practices. The following graph shows the average scores in each domain for the pilot Triple P sites. **Changes in all domains were statistically significant.**



Changes in Child Behavior / Functioning

The Eyberg Child Behavior Inventory (ECBI)

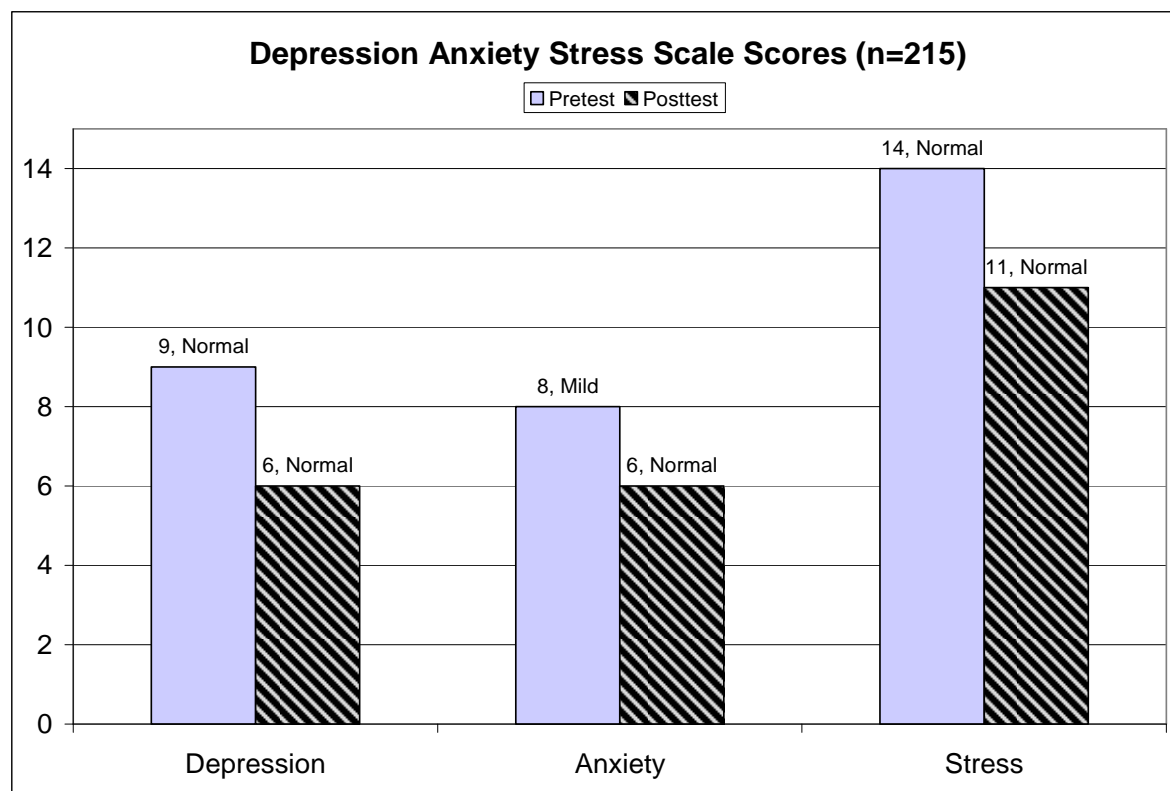
The ECBI is a standardized parent-report instrument that measures child disruptive behaviors and the caregiver's level of distress about these behaviors. The Intensity scale measures how often problematic behaviors occur, while the Problem scale measures how distressed parents are by the behaviors. Scores above a standard score of 60 (the 84th percentile, indicated by the red line) are considered clinically significant and in need of intervention. The chart below shows the average change on the two subscales from pretest to posttest (represented in percentile ranks for Intensity and raw scores for Problem). **Changes in both subscales were statistically significant.**



Changes in Caregiver Stress

The Depression, Anxiety, and Stress Scale

Parent/caregiver stress was measured using the Depression, Anxiety, and Stress Scale (DASS) Short Form. The DASS Short Form is a 21-item measure of caregiver-reported symptoms of stress experienced in the previous week. Caregivers endorse the frequency of symptoms on a scale of 0 (never) to 3 (most of the time). The symptoms may or may not be related to parenting (Example: *I found it hard to wind down*). Severity ratings have been established for each of the three domains (Depression, Anxiety, Stress), and these are indicated in the graphs below. **Changes in all three domains were statistically significant.**



Magnitude of Change: How Large Was the Effect of the Triple P Program?

Effect sizes are calculated scores that reflect the *magnitude* of change seen following an intervention. They indicate the amount of change from pretest to posttest after taking into consideration the distribution (spread) of the scores. In general, .20-.30 is considered a **small** effect, .50 is a **medium** effect, and .80 or larger is considered a **large** effect. The graph below shows the effects sizes for each of the parent-reported measures.

Small: .20-.30
Medium: .50
Large: .80+

