Suggested Reference


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A MIXED-METHOD EVALUATION OF AN ONLINE PARENTING PROGRAM
FOR PARENTS OF HYPERACTIVE/INATTENTIVE PRESCHOOL CHILDREN

10-07-2015
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Parenting Research Group

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Matthew Sanders, Ph.D.
Parent-child relationships of pre-schoolers with hyperactivity/inattentiveness.

- Parenting stress
- Negative parent-child interactions

Early intervention may reduce poor outcomes:

- Problematic relationships
- Development of conduct problems
- Exacerbation of ADHD symptoms
Evidence for the efficacy of therapist-led parenting programmes in reducing ADHD symptoms in preschool children

But costly to deliver & barriers to access

Self-help delivery

- Less expensive than face-to-face delivery
- Potential to increase access to support for hard to reach parents
- Eliminates barriers (e.g. scheduling issues, transport time and costs, child care, stigma)
New Forest Parenting Programme (NFPP)
Targets ADHD behaviours
45% intervention children: ADHD symptoms ↓

Triple P Online
AU – Sanders et al. (2012)
NZ – Sanders et al. (2014)
Child conduct problems & dysfunctional parenting ↓
Parenting confidence ↑
WHY AN ONLINE VARIANT?

Internet is a widely used information source for parents

Second only to TV as preferred method for receiving parenting information (Metzler et al., 2012)

Diversity
  Videos, exercises

Convenience
  Access anywhere, mobile devices
## CURRENT STUDY

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N = 53</strong></td>
<td><strong>n = 11</strong></td>
</tr>
<tr>
<td>RCT</td>
<td>Semi-structured interviews</td>
</tr>
<tr>
<td>Parenting &amp; child behaviour</td>
<td>Programme satisfaction</td>
</tr>
<tr>
<td>Parents &amp; teachers as informants</td>
<td>Parents as informants</td>
</tr>
<tr>
<td>Pre-, post, 6 months follow-up</td>
<td>Post-intervention</td>
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</table>
PHASE 1 - RCT

Random allocation

Time 1

Intervention group
\( (n = 27) \)

Waitlist control group
\( (n = 26) \)

Time 2

14 weeks after program start

Time 3

6 months after Time 2
AIM & HYPOTHESES

To examine the efficacy of TPOL for parents of preschool children with hyperactive/inattentive symptoms

Hypotheses

Compared to a waitlist control group, TPOL would be associated with greater improvements in:

- Hyperactive/inattentive child behaviour
- Dysfunctional parenting
- Parental stress and depression
- Parenting satisfaction and self-efficacy
Extensive recruitment across New Zealand

Two-stage screening interview (by phone)

Werry-Weiss-Peters Activity Scale
- WWP; Routh, 1978
- $M=27.02$ ($SD=5.63$); cut-off = 14

Parental Account of Child Symptoms
- PACS; Taylor et al., 1991
- $M=22.94$ ($SD=5.75$); cut-off = 16
- Meet symptom cut-off + impaired functioning
## Other Inclusion Criteria

<table>
<thead>
<tr>
<th>Other inclusion criteria</th>
<th>Exclusion criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child aged 3 or 4 years</td>
<td>Developmental disorder child</td>
</tr>
<tr>
<td>Accessibility broadband internet</td>
<td>Child receiving treatment for behaviour problems</td>
</tr>
<tr>
<td>Willingness to complete programme</td>
<td>Parent receiving treatment for psychological disorder</td>
</tr>
<tr>
<td></td>
<td>Inability to read English newspaper</td>
</tr>
</tbody>
</table>
SAMPLE CHARACTERISTICS

Mean age:
Mothers 35yrs; Fathers 39yrs; Children 48 months

Ethnicity:
79% NZ European; 6% Maori; 15% other

Child gender:
38 boys, 15 girls

Marital status:
79% mothers married/ defacto

Maternal education:
55% mothers had post-high school education
TRIPLE P ONLINE

- 8 modules of 30mins each
- Mentor introduces and summarises modules
- Video clips of families in action
- Downloadable podcasts & worksheets
- Personalised and printable workbook
- Self-regulatory focus
- Interactive exercises
EXTRA SUPPORT

Two individual telephone consultations added for this study

• Provide support in using programme
  – given extra support needs of these parents
Teaching new skills
Module 4: Managing misbehaviour

Check in

In the last module, we talked about setting up a reward chart. Did you manage to get everything you need to have ready before you can start using it (e.g. stickers, rewards)?

Of the positive parenting strategies we covered last time, you set a personal goal to try to:

- Set a good example.

How did you go?

- I managed to keep a calm voice when dealing with my children's misbehaviour, showing them how to deal with arguments/fights

If something stopped you, how can you plan for that to make sure you can use your chosen strategies in future?

- It helps me to take a couple of seconds to remind myself that I am their role model, not to respond straight away without thinking

In Module 2 we talked about keeping track to find out when and how often a behaviour happens, and whether things are changing over time.

Are you keeping track? How is it going? Can you see any changes?

I can see my youngest responding well to being praised and he also listens better when tell him to do something while being at his eye level. We have also set up a schedule to set the table, which works really well.

Keep going with your monitoring so you can see if things are changing.

Behaviours to monitor:

- Listening after one time asking, e.g. setting the table, brushing teeth
- Playing nicely together
SHORT TERM OUTCOMES
CHILD MEASURES

Conners Early Childhood Behavior scale

↓ Teacher rated hyperactivity
d = .28; p = .064

TPOL Waitlist
m-rated hyp/inatt
d = .52, p = .003

TPOL Waitlist
m-rated restl/imp
d = .48, p = .007

TPOL Waitlist
f-rated hyp/inatt
d = .43, p = .015
SHORT TERM OUTCOMES
PARENTING MEASURES

Parenting Scale

Over-reactivity
\[ d = 1.23, \ p < .001 \]

Verbosity
\[ d = .82, \ p < .001 \]

Laxness
\[ d = .76, \ p = .001 \]
## PARENTING MEASURES T2 - CONT’D

<table>
<thead>
<tr>
<th>Variable</th>
<th>T1 WL M (SD)</th>
<th>T1 TPOL M (SD)</th>
<th>T2 WL M (SD)</th>
<th>T2 TPOL M (SD)</th>
<th>Cohen’s d</th>
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<tbody>
<tr>
<td>Authoritative parenting**</td>
<td>58.96 (10.13)</td>
<td>57.66 (8.17)</td>
<td>58.43 (8.37)</td>
<td>62.96 (7.37)</td>
<td>.62</td>
</tr>
<tr>
<td>Parenting satisfaction***</td>
<td>21.69 (6.31)</td>
<td>21.19 (5.85)</td>
<td>22.57 (5.36)</td>
<td>28.37 (4.70)</td>
<td>1.02</td>
</tr>
<tr>
<td>Parental self-efficacy***</td>
<td>25.16 (4.49)</td>
<td>22.15 (4.58)</td>
<td>25.57 (4.54)</td>
<td>29.65 (4.83)</td>
<td>1.54</td>
</tr>
<tr>
<td>Parental depression*</td>
<td>7.92 (7.99)</td>
<td>8.44 (7.26)</td>
<td>6.96 (7.15)</td>
<td>3.74 (4.85)</td>
<td>.76</td>
</tr>
<tr>
<td>Parental stress**</td>
<td>14.61 (9.58)</td>
<td>17.37 (8.65)</td>
<td>13.91 (7.97)</td>
<td>9.65 (6.99)</td>
<td>.48</td>
</tr>
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</table>

*p<.05; **p<.01; ***p<.001
LONG TERM OUTCOMES
CHILD MEASURES

Conners Early Childhood Behavior scale

<table>
<thead>
<tr>
<th></th>
<th>Time 1</th>
<th>Time 2</th>
<th>Time 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>TPOL</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Waitlist</td>
<td></td>
<td></td>
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</tbody>
</table>

m-rated hyp/inatt
- d = 1.00
- d = 0.72

m-rated restl/imp
- d = 1.00
- d = 0.71

f-rated hyp/inatt
- d = 0.76
- d = 0.38
LONG TERM OUTCOMES
PARENTING MEASURES

Parenting Scale

TPOL  Waitlist
Over-reactivity  
\[ d = 0.49, p = 0.003 \]

Triple P Online  Waitlist
Verbosity  
\[ d = 1.11, p = 0.036 \]

Triple P Online  Waitlist
Laxness  
\[ d = 0.83, p = 0.047 \]
## PARENTING MEASURES T3 - CONT’D

<table>
<thead>
<tr>
<th>Variable</th>
<th>T2 WL M (SD)</th>
<th>T2 TPOL M (SD)</th>
<th>T3 WL M (SD)</th>
<th>T3 TPOL M (SD)</th>
<th>T1 – T3 Cohen’s d</th>
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<tbody>
<tr>
<td><strong>Parenting satisfaction</strong>*</td>
<td>22.57 (5.36)</td>
<td>28.37 (4.70)</td>
<td>24.50 (4.31)</td>
<td>29.09 (4.94)</td>
<td>.82</td>
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<tr>
<td>(1 - 7)</td>
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<td></td>
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<tr>
<td><strong>Parental self-efficacy</strong></td>
<td>25.57 (4.54)</td>
<td>29.65 (4.83)</td>
<td>25.95 (4.77)</td>
<td>29.13 (5.89)</td>
<td>1.34</td>
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<tr>
<td>(1 - 7)</td>
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<tr>
<td><strong>Parental depression</strong>*</td>
<td>6.96 (7.15)</td>
<td>3.74 (4.85)</td>
<td>6.27 (7.62)</td>
<td>2.84 (3.51)</td>
<td>.51</td>
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<tr>
<td>(0 - 3)</td>
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<tr>
<td><strong>Parental stress</strong></td>
<td>13.91 (7.97)</td>
<td>9.65 (6.99)</td>
<td>15.40 (9.33)</td>
<td>9.45 (4.90)</td>
<td>.94</td>
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<tr>
<td>(0 - 3)</td>
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<td></td>
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<tr>
<td><strong>Parental anxiety</strong>*</td>
<td>5.04 (6.57)</td>
<td>3.22 (5.05)</td>
<td>5.60 (5.23)</td>
<td>1.64 (2.26)</td>
<td>.59</td>
</tr>
<tr>
<td>(0 - 3)</td>
<td></td>
<td></td>
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</table>

*p < .05; **p < .01; ***p < .001
PHASE 2 – INTERVIEWS

Aim
To gain in-depth understanding of participants’ experience and satisfaction with Triple P Online

Procedure
• Invitation via email to participate
• \( n = 11 \) mothers
• 20-30mins semi-structured interview
• Thematic analysis
BARRIERS TO IMPLEMENTATION

- Time constraints/ commitment (n = 8)
- Partner not involved (n = 4)
- Difficulty recollection new skills (n = 3)
- Need for reminders (n = 2)
PROGRAMME SATISFACTION
CONTENT

Negative
• Too generic (n=3)
• Opposed to strategies (n=2)

Positive
• Parenting information (n=9)
• Good activities (n=4)
• Programme pitch (n=2)
PROGRAMME SATISFACTION

FORMAT

Negative

- Linear format (n=4)
- IT issues (n=4)
- Preference for paper manual (n=2)

Positive

- Videos (n=5)
- Good reference (n=5)
- Self-help/online aspect (n=4)
CHILD BEHAVIOUR
HYPERACTIVITY/INATTENTION

**Improved**
- Following instructions (n=10)
- Restlessness (n=6)
- Reading independently (n=6)
- Sitting down during meals (n=6)
- Independent play time (n=5)

**Still an issue**
- Following instructions (n=5)
- Restlessness (n=4)
- Fidgeting (n=2)
- Sitting down at mealtimes (n=1)
SUMMARY

TPOL effective in

- Reducing hyperactive/inattentive child behaviour, parenting stress, depression, and anxiety, dysfunctional parenting
- Increasing parenting satisfaction and self-efficacy
- Meeting expectations parents
- Reaching parents in their own home
- Providing parenting skills that effectively address problematic child behaviours
LIMITATIONS & IMPLICATIONS

- Small sample size
- Non-representative sample (high SES, NZ European)
- No observations for parenting behaviour
- Useful first step in addressing preschool hyperactivity
- Convenient format
- Potential to support hard-to-reach parents
- Inform programme development

→ New ways to include fathers?
ACKNOWLEDGEMENTS

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REFERENCES

