Suggested Reference


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EVALUATION OF AN ONLINE PARENTING PROGRAM FOR PARENTS OF HYPERACTIVE/INATTENTIVE PRESCHOOL CHILDREN

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Matthew Sanders, Ph.D.
BACKGROUND

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
Background

- Evidence for the efficacy of therapist-led PT 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)
Triple P Online
AU – Sanders et al. (2012)
NZ – Sanders et al. (2013)
Child conduct problems & dysfunctional parenting ↓
Parenting confidence ↑

New Forest Parenting Programme (NFPP)
Targets ADHD behaviours
45% intervention children: ADHD symptoms ↓
WHY AN ONLINE VARIANT?

- Tailoring:
  - Allows more tailored programme and feedback than self-help books

- Convenience:
  - Access anywhere, privacy of own home, mobile devices

- Internet is a widely used information source for parents

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

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

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

Hypotheses

Compared to a wait-list control, TPOL would be associated with greater improvements in:

- Hyperactive/inattentive child behaviour
- Dysfunctional parenting
- Parental stress and depression
- Parenting satisfaction, self-efficacy, and well-being
RANDOMIZED CONTROL TRIAL

Time 1
- Random allocation
  - Intervention group (n = 21)
  - Waitlist group (n = 19)

Time 2
- 14 weeks after progr. start (n = 32)
- 6 months after Time 2 (n = 19)
<table>
<thead>
<tr>
<th>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>Elevated levels of inattention/hyperactivity</td>
<td>Child receiving treatment for behaviour problems</td>
</tr>
<tr>
<td>Accessibility broadband internet</td>
<td>Parent receiving treatment for psychological disorder</td>
</tr>
<tr>
<td>Willingness to complete programme</td>
<td>Inability to read English newspaper</td>
</tr>
</tbody>
</table>
Extensive recruitment across New Zealand

Two-stage screening interview (by phone)

Werry-Weiss-Peters Activity Scale (WWP; Routh, 1978)
  \[ M=26.33 \ (SD=5.66). \ \text{Cut-off} = 14 \]

Parental Account of Child Symptoms (PACS; Taylor et al., 1991)
  \[ M=22.08 \ (SD=5.55). \ \text{Cut-off} = 16 \]

Meets symptom cut-off + impaired functioning
SAMPLE CHARACTERISTICS

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

Ethnicity:
82% NZ European; 5% Maori; 10% other

Child gender:
29 boys, 11 girls

Marital status:
78% mothers married/ defacto

Maternal education:
58% mothers had post-high school education
SAMPLE CHARACTERISTICS

Adult ADHD (ASRS; Adler et al., 2006):
Scores for 5 mothers and 6 fathers in clinical range

Problems with child executive functioning (BRIEF-P):
% $\geq 90^{\text{th}}$ percentile
- Summary score (68%)
- Inhibition (66%)
- Shift (27%)
- Emotional Control (55%)
- Working Memory (55%)
- Plan/Organize (55%)
PRELIMINARY OUTCOMES T2: CHILD MEASURES \( (n = 32) \)

Teacher rated child peer problems \( (d = .70; p < .05) \)

Teacher rated child total problems \( (d = .35; p < .05) \)

Conners Early Childhood Behavior scale

- Triple P Online
- Waitlist

- m-rated hyp/inatt \( d = .73; p < .01 \)
- m-rated restl/imp \( d = .83; p < .01 \)
PRELIMINARY OUTCOMES T2: PARENTING MEASURES (n = 32)

**Over-reactivity**
- Triple P Online: d=1.81; p<.001
- Waitlist: d=1.81; p<.001

**Verbosity**
- Triple P Online: d=1.16; p<.01
- Waitlist: d=1.16; p<.01

**Laxness**
- Triple P Online: d=.92; p<.01
- Waitlist: d=.92; p<.01
<table>
<thead>
<tr>
<th>Variable (scale range)</th>
<th>T1 WL M (SD)</th>
<th>T1 Int M (SD)</th>
<th>T2 WL M (SD)</th>
<th>T2 Int M (SD)</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authoritative parenting* (0 - 4)</td>
<td>59.75 (9.57)</td>
<td>57.81 (9.09)</td>
<td>57.88 (6.78)</td>
<td>62.06 (9.17)</td>
<td>.51</td>
</tr>
<tr>
<td>Parenting satisfaction** (1 - 7)</td>
<td>3.15 (1.08)</td>
<td>2.94 (0.82)</td>
<td>3.12 (0.87)</td>
<td>3.98 (0.80)</td>
<td>1.03</td>
</tr>
<tr>
<td>Parental self-efficacy*** (1 - 7)</td>
<td>3.56 (0.64)</td>
<td>3.13 (0.69)</td>
<td>3.67 (0.67)</td>
<td>4.33 (0.74)</td>
<td>.93</td>
</tr>
</tbody>
</table>

*p<.05 **p<.01 ***p=.001
<table>
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<tr>
<th>Variable</th>
<th>T1 WL M (SD)</th>
<th>T1 Int M (SD)</th>
<th>T2 WL M (SD)</th>
<th>T2 Int M (SD)</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental depression**</td>
<td>7.25 (8.42)</td>
<td><strong>7.50 (6.09)</strong></td>
<td>8.25 (8.51)</td>
<td><strong>2.25 (2.72)</strong></td>
<td>.95</td>
</tr>
<tr>
<td>(0 - 3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental stress**</td>
<td>13.88 (10.37)</td>
<td><strong>18.00 (9.61)</strong></td>
<td>14.50 (8.41)</td>
<td><strong>9.12 (8.94)</strong></td>
<td>.62</td>
</tr>
<tr>
<td>(0 - 3)</td>
<td></td>
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**p < .01
PRELIMINARY OUTCOMES T3: CHILD MEASURES \( (n = 19) \)

**M-rated hyp/inatt**

**M-rated restl/imp**
PRELIMINARY OUTCOMES T3: PARENTING MEASURES ($n = 19$)

Intervention effects maintained at T3:
• Parenting satisfaction ($d = .87; p < .05$)
• Parental depression ($d = .85; p < .05$)
• Parental stress ($d = .72; p < .05$)

In addition:
• The intervention group remained below the clinical cut-off on over-reactive parenting
QUOTES FROM PARENTS

“I liked that it was an online programme that you could do when it was suitable for you”

“The way that it's designed it's good cause you could log in when it was a good time for you”

“What I liked about it was the video parts where they were kind of talking to me and showing me other parents in activities with their children”
“I wish I did it sooner, but, I guess I was a bit in denial that it was all to do with me..... I had one of those kids that you see in the supermarket with their parents not controlling them”

“I think it’s making me nicer and happier in general, because I am noticing the good things in life more. And I’m finding that it’s feeding into other areas ... like I’m noticing the pretty things when I’m walking.”
SUMMARY

Preliminary conclusion:
TPOL effective in reducing hyperactive/inattentive child behaviour, parenting stress, dysfunctional parenting, and increasing parenting satisfaction

Next steps:
Further recruitment
Collect Time 3 data
Follow-up interviews
ACKNOWLEDGEMENTS

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Parenting Research group

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REFERENCES

