



## Evaluation of Positive Parenting Programme (Triple P) in Singapore: Improving parenting practices and preventing risks for recurrence of maltreatment<sup>☆</sup>



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### ABSTRACT

Caregivers of children in the child welfare system (CWS) often need more support in their parenting efforts. Some of these caregivers only need parenting related advices, whereas others may need more intensive training to prevent recurrence of maltreatment. Few parenting interventions can be delivered to both groups of caregivers with satisfying results. This study investigated the treatment change associated with Positive Parenting Programme (Triple P) on 83 caregivers who completed either the Level 4 version or the Level 5 (Pathways) version of the programme (mean age = 40.6 years). Repeated measure analysis showed significant improvement in common outcomes such as parenting practices, children's behaviour problems, parental satisfaction, and parents' psychological adjustment for both groups of caregivers. However, changes on Level 5 (Pathways) specific outcomes were not statistically significant. Further analysis suggested this lack of change may be due to the distinct profiles of dropouts in Level 5 Triple P. Study limitation and its implication for future research as well as programme development was also discussed.

### 1. Introduction

Children in the child welfare system (CWS) have been found with elevated externalising problems (National Survey of Child & Adolescent Well-Being Research Group, 2002; Sawyer, Carbone, Searle, & Robinson, 2007), higher prevalence of attention-deficit, and elevated disruptive behaviours (Garland et al., 2001). Research has shown that 25% to 40% of children involved in CWS under the age of six have significant behavioural issues (Stahmer et al., 2005). Managing these behaviour problems can be challenging, and often requires parents and caregivers to have a wide range of skills. However, parents and caregivers of children involved in CWS often have limited effective strategies to manage these behavioural issues. This could be exacerbated if they are also experiencing other environmental adversities such as stress from work, chaotic and irregular home routines, and disadvantaged socio-economic status (McCarthy, Janeway, & Geddes, 2003; Rhodes, Orme, & Buehler, 2001). Some of them, frustrated by the ineffectiveness of their parenting strategy, may even resort to harsh physical punishment in parenting, which could result in maltreatment

of their children. Parents and caregivers taking care of children in the CWS, therefore, usually need more guidance and constant support in their parenting efforts to prevent an escalating trajectory of children's behaviour difficulties (Rhodes et al., 2001).

The interplay between poor parenting practices and children's behaviour problem is not just specific to caregivers involved in CWS. This association has long been documented in the general population as well. Proactive and sensitive parenting has been associated with lower levels of children's disruptive behaviour, aggression, emotion difficulties, and has been repeatedly shown to predict decreasing trajectories of problems in these domains (e.g., Belsky et al., 2007; Pinquart, 2017, etc.). Conversely, inappropriate parenting practices such as harsh physical punishment and over-controlling parenting were shown to predict increasing trends of these problems (e.g., McDowell, Parke, & Wang, 2003; Sulik, Blair, Mills-Koonce, Berry, & Greenberg, 2015).

On the other hand, children are not merely passive recipients of the environment's influence. Large scale longitudinal studies have already shown that children's behaviour problems could exert recurring influence on their caregivers' levels of stress, depression, and subsequent

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dysfunctional parenting behaviours as well (e.g., Neece, Green, & Baker, 2012; Jones, Hastings, Totsika, Keane, & Rhule, 2014, etc.). These negative parenting practices in turn, would exacerbate children's behaviour problems. This completes an escalating cycle of negative parent-child interaction, and leads to the deterioration of well-being of both caregivers and children (Bagner, Pettit, Lewinsohn, Seeley, & Jaccard, 2013).

Caregivers' involvement with the CWS adds another stressor to this transactional relationship. Going through investigation procedures or trying to adapt to a new placement arrangement is definitely not something familiar to these caregivers, and would make them feel uncomfortable or even confused (Ghaffar, Manby, & Race, 2012). Children in this process often feel worried about what will happen to their families and feel personally responsible for all the "troubles" caused to their families (Cossar, Brandon, & Jordan, 2011). All these factors could potentially be disruptive, and make it more taxing for these caregivers to perform their roles as disciplinarians and carers for their children. For these caregivers, structured parent training programmes will be a necessity to equip them with better parenting strategies to cope with the tough situations, and also to help them maintain a healthy level of parental competence and well-being.

### 1.1. Parent training and the needs of caregivers in CWS

Structured parent training programmes, with their proven effects in the general population, are often considered to be good matches for the needs of caregivers in the CWS (Linares, Montalto, Li, & Oza, 2006). Common features of these programmes include manualised training curriculum, classroom or home-based training environment, concrete behaviour management strategies, and an emphasis on positive parental involvement (Cowan, Powell, & Cowan, 1998; Vanschoonlandt, Vanderfaellie, Van Holen, & De Maeyer, 2012). Preliminary evidence indicated that parent training programmes are working well with caregivers involved in CWS. A randomised control trial conducted by Linares and colleagues (2006) in the United States found that both biological parents and foster parents who received structured parenting intervention had significant improvements in positive parenting and co-parenting strategies (Linares et al., 2006). In Belgium, a parenting intervention developed based on common features of other structured parenting programmes was effective in reducing foster children's externalising behaviour as well as parenting stress of the caregivers (Vanschoonlandt et al., 2012). Parent training programme is thus proven promising in improving the adjustment and well-being of caregivers and children involved in CWS.

In addition to areas such as parenting stress and child behaviour problem, parenting programme for caregivers involved in CWS should also be able to reduce the recurrence of child abuse. Children are more likely to be maltreated if their parents perceive those children as problems, have poor child-parent relationships, and are like to rely on physical punishment as a convenient solution to their child's non-compliance (Belsky, 1993; Stith et al., 2009). While physical punishment is a quick way to stop misbehaviour, it does not help the child to internalise those rules. Caregivers, sometimes frustrated by repeated non-compliance of their children, may even resort to increased levels of coercion to control their children. Elevated levels of parental coercion, fueled by high levels of parental anger and frustration, can often lead to serious child maltreatment (Azar, Robinson, Hekimian, & Twentyman, 1984; Stith et al., 2009). It is reported that recurrence of child maltreatment in families with high stress can be as high as 40% (DePanfilis & Zuravin, 1999).

While various forms of parent trainings have been shown to reduce the recurrence of abuse, they often involve home visitation, and would require participation of the child as well (e.g., Chaffin et al., 2004; Jouriles et al., 2010). This kind of arrangement could be resource intensive and demanding to the programme participants. It is still unclear that, whether parent trainings, conducted in a classroom setting and

involving only the caregivers are sufficient to handle children's behaviour problem as well as to prevent the risk factors for recurrence of child abuse.

### 1.2. Triple-P: a programme that can serve parents with different needs

Positive Parenting Programme (Triple P) provides a possible answer to this question. Triple P is a multi-level intervention system that comprises parenting interventions on a continuum of increasing intensity, ranging from general media coverage and education to structured series of intensive parenting training sessions. Developed from theories on parent-child interaction (Patterson, 1982), as well as risk and protective factors for child adjustment (e.g., Hart & Risley, 1995), Triple P promotes the usage of positive and structured parenting practices that maintains a warm and supportive environment for children's learning and development (Sanders, 1999; Sanders & Pidgeon, 2005).

In its intervention continuum, Level 4 Triple P focuses on the prevention and early intervention of children's conduct problem through teaching parents positive parenting skills. Level 5 Triple P, on the other hand, provides training for parents who need more targeted intervention on their emotions and thoughts to prevent recurrence of child maltreatment. As the highest tier of intervention on this spectrum, Level 5 (Pathways) Triple P is usually offered to parents who have completed Level 4 Triple P, but still have additional risk factors that are not fully addressed by the lower levels, such as anger problems and unrealistic expectations of their children. Level 5 Triple P aims to reduce future likelihood of child abuse by enhancing parents' self-management skills and their coping with negative emotions (Sanders & Pidgeon, 2005).

The effectiveness of Triple P has received robust empirical support. A meta-analysis conducted on 101 empirical studies of its evaluation concluded that Triple P (at all levels) was effective in reducing parents' dysfunctional parenting practices, reducing children's behaviour problems, and increasing parenting efficacy and satisfaction (Sanders, Kirby, Tellegen, & Day, 2014). There is also evidence regarding the effectiveness of Triple P in preventing potential child abuse. Sanders et al. (2004) compared parents with anger problems who were randomised to receive either Level 5 or Level 4 Triple P, and found that parents attended Level 5 Triple P showed significantly more reduction in dysfunctional attribution of child behaviour, unrealistic expectations for the child, and potential for future child maltreatment than parents who attended Level 4 only (Sanders et al., 2004). In another study, counties in the United States where Triple P was implemented state-wide showed substantial reduction in reports of child abuse, child out-of-home placements, and child abuse injuries (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009). Triple P has been translated into 17 languages and has shown its effectiveness in many countries other than Australia, where the programme was first developed (e.g., Leung, Sanders, Leung, Mak, & Lau, 2003; Matsumoto, Sofronoff, & Sanders, 2007, etc.).

### 1.3. Parenting intervention in Singapore: the needs of those who are vulnerable

Singapore is an island-state country in South East Asia with a population of 5.5 million. There is an estimated 300 child protection cases investigated every year (Ministry of Social and Family Development, 2016). A previous local study reported close to 12% of children residing in out-of-home care have emotional or behavioural problems. An even higher number of them had difficult relationships with their family members (Liu et al., 2014). Though inheriting a collectivistic culture, the relationship between poor parenting and children's maladjustment in Singapore share more similarities than differences with those found in the western populations (Sim & Ong, 2005). Learning from the successful precedents in other Asian countries (e.g., Leung et al., 2003; Matsumoto et al., 2007), Triple P was regarded as a promising

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