

Chaire de partenariat
en prévention de la
maltraitance

EFFECTS OF PRIMARY CARE AND GROUP TRIPLE P IN A FRENCH-CANADIAN CONTEXT

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TRIPLE P IN QUÉBEC :

- **A community approach to program implementation and evaluation**

Two sites = two health catchment areas located in:

- Montréal (population: 87 198)
- Québec City surroundings (population: 120 036)

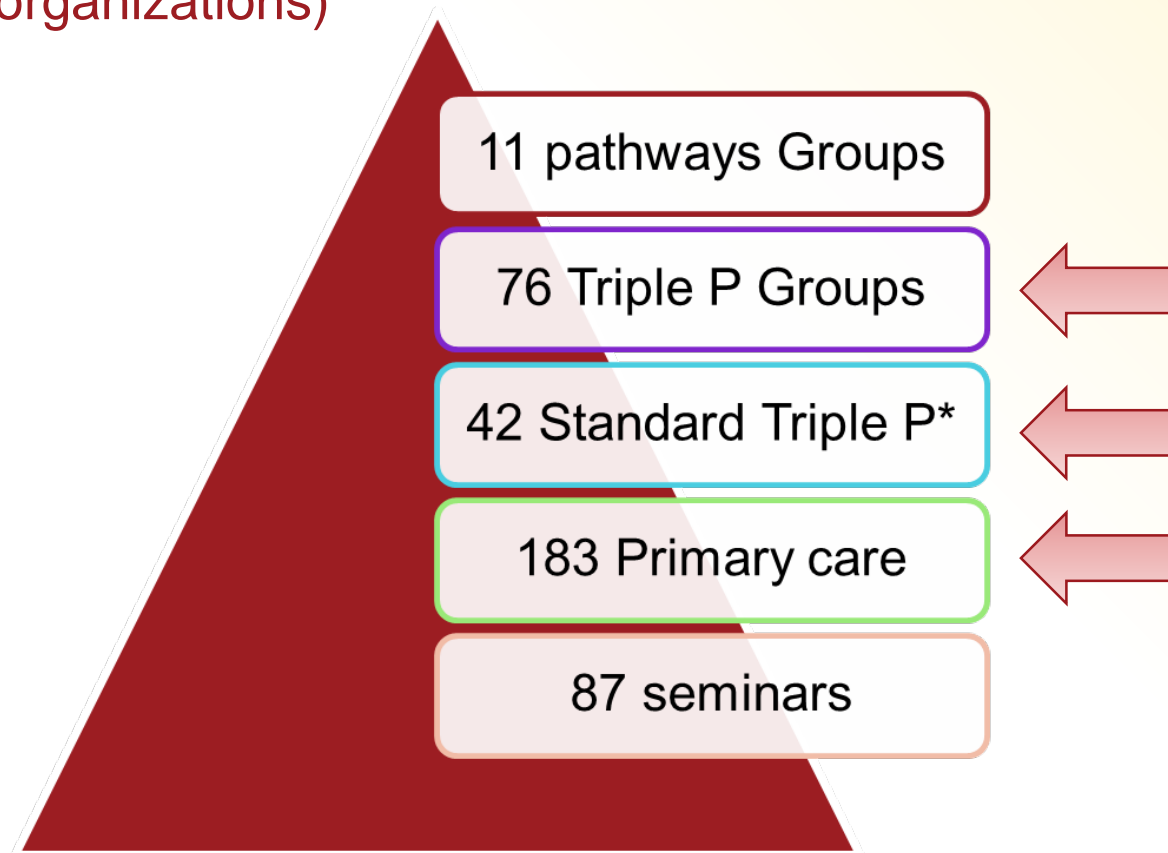
- **Integrated delivery of :**

1. Local promotion campaign (level 1)
2. Seminars and Brief Triple P (level 2)
3. Primary Care (level 3)
4. Group (level 4)
5. Pathways (level 5)



TWO YEARS OF TRIPLE P DELIVERY (2015-2016)

- ❖ Training of **117 service providers** from various settings (primary care agencies, CPS, schools, child daycare centers, non profit community organizations)



EVALUATIVE RESEARCH QUESTIONS

Do parents receiving Triple P show significant positive changes on:

- *Parental self-efficacy?*
- *Parental stress?*
- *Parenting practices?*
- *Children's behaviour?*

Are these changes more important than those observed in parents receiving services as usual?



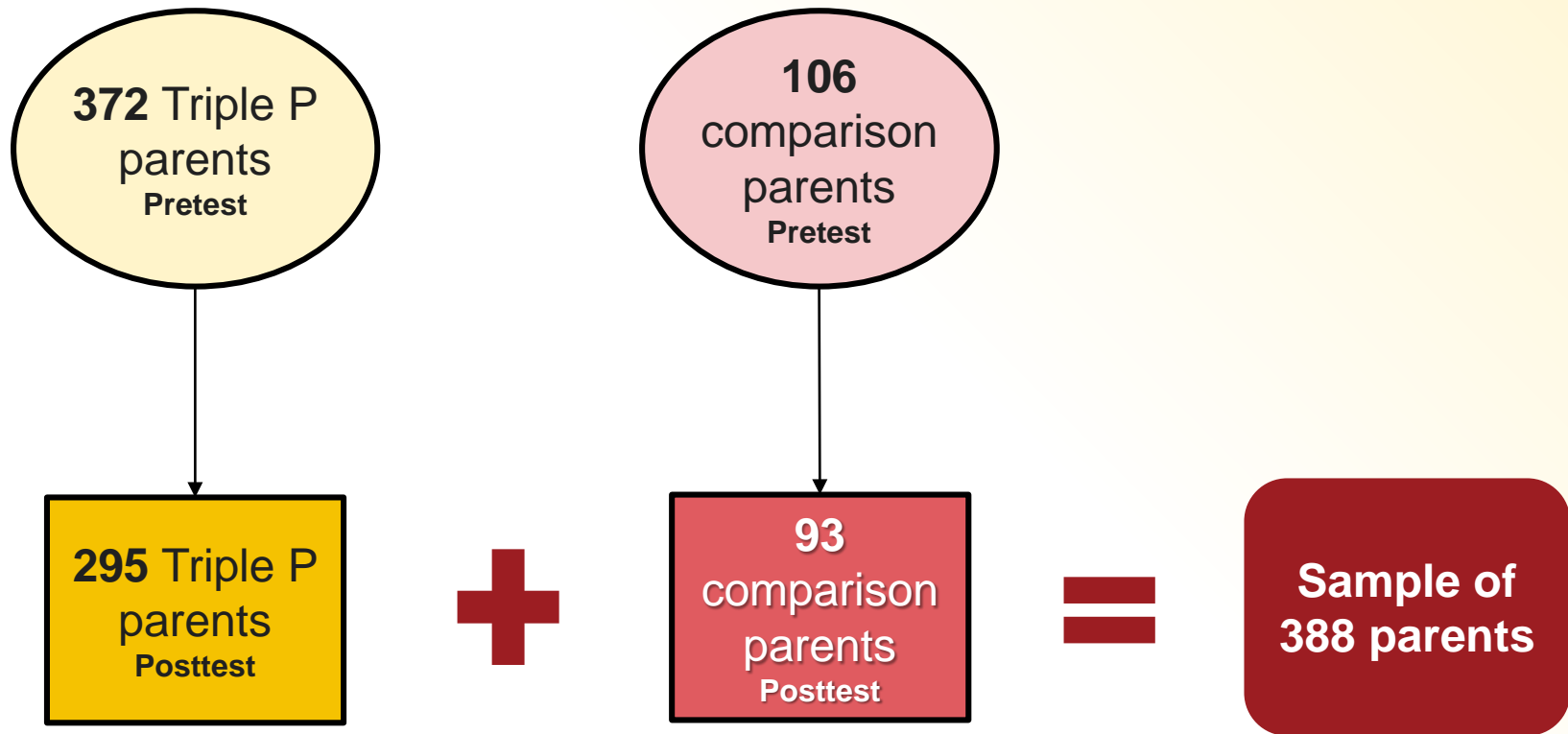
QUASI-EXPERIMENTAL DESIGN

PRETEST-POSTTEST WITH « ACTIVE » COMPARISON GROUP

	Pretest	Posttest
<i>Experimental group</i>	Before (or just after) the first session	Just after the last session (max: 1 month after) (<i>M</i> = 9.5 weeks, <i>SD</i> = 4.9)
<i>Comparison group</i>	Before (or just after) the first session	8 weeks later (<i>M</i> = 11.1 weeks, <i>SD</i> = 4.0)

* Delay significantly longer in comparison group, $t_{(386)} = -2.8$ $p = .005$

SAMPLE



VARIABLES AND MEASURES

Variables	Standardized measures
Parental confidence and self-efficacy	<u>5 items</u> : Parent Self-Agency Measure (Dumka et al., 1996)
Parental distress ; Parent-Child dysfunctional interaction; Difficult child	<u>36 items</u> : Parenting Stress Index – short form (Abidin, 1995)
Positive parenting practices	<u>14 items from</u> : Alabama Parenting Questionnaire (Shelton et al., 1996) and Parent Practices Interview (Webster-Stratton, 1998)
Laxness; Overreactivity; Verbosity	<u>30 items</u> : Parenting Scale (Arnold et al., 1993)
Psychological aggression; Minor physical violence	<u>13 items (2 scales) from</u> : Parent-Child Conflict Tactics Scales (Straus et al., 1998)
Emotional symptoms; Conduct problems ; Hyperactivity / inattention; Prosocial behaviour	<u>20 items (4 scales) from</u> : Strengths and Difficulties Questionnaire (Goodman, 1997)

PARTICIPANTS' CHARACTERISTICS (N = 388)

95% speak French at home

2 children per family on average

Significant difference between experimental and comparison groups on **age of the target child**:

Exp. gr. : $M = 5.8$ years $SD = 2.8$

Comp. gr. : $M = 7.2$ years $SD = 3.2$

$t_{(382)} = -3.9, p < .000$

	%	n
Parents sex:		
father	22,2	86
mother	77,8	302
Education level:		
high school	21,4	81
college / technical school	43,5	165
university	35,1	133
Employment status:		
unemployed	36,5	141
employed	63,5	245
Family structure:		
two parents	58,7	226
single parent	28,8	111
stepfamily	12,5	48



TRIPLE P AND PARENTAL WELL-BEING

Parents who received Triple P reported **a larger improvement of their well being as parents** than parents in the comparison group,
multivariate $F_{(4, 374)} = 12.6$ $p < .000$

UNIVARIATE TIME X GROUP INTERACTION EFFECTS

	$F_{(1, 377)}$	p
Self-efficacy	27.4	.000
Parental distress	11.8	.001
P-C dysfunc. interaction	13.4	.000
Difficult child	35.8	.000

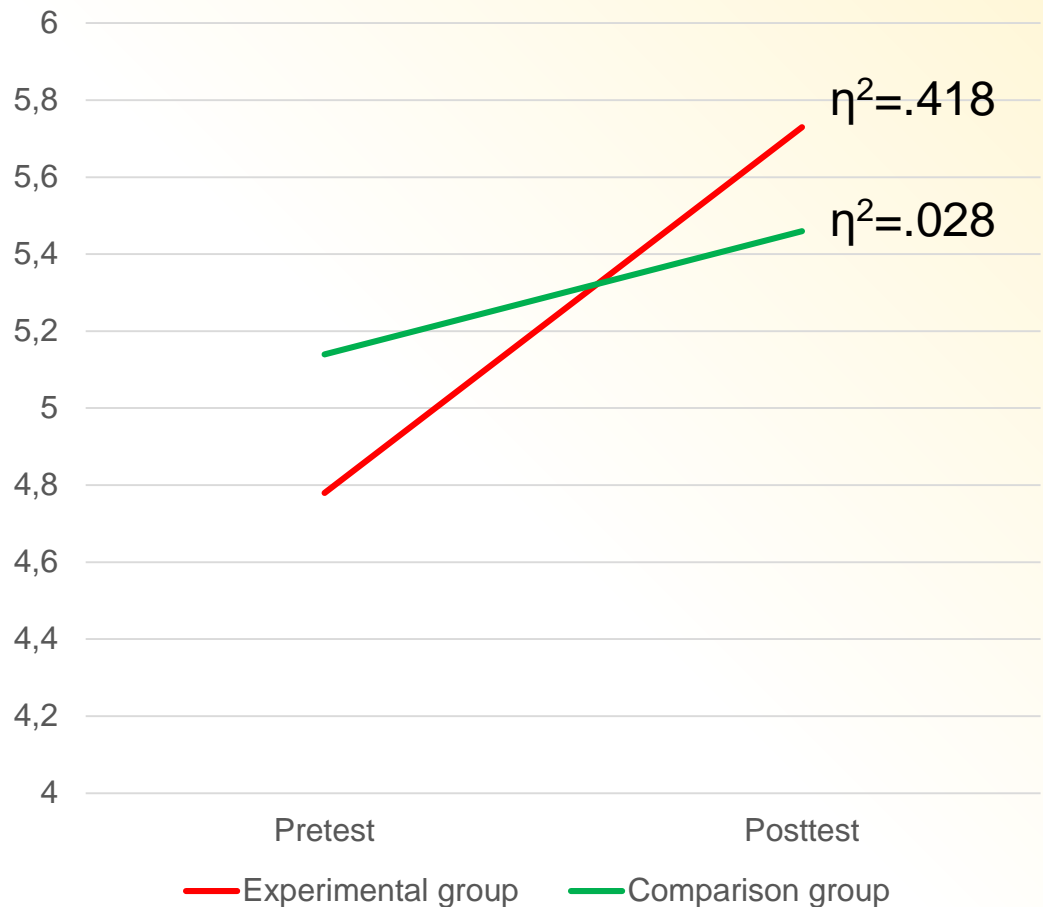
EXAMPLE: SELF-EFFICACY

(SCALE: 1 TO 7)

Parents who received **Triple P** reported a **large improvement** of their self-efficacy.

In comparison:

Parents who received **services as usual** reported a small improvement.





TRIPLE P AND PARENTING PRACTICES

Parents who received Triple P reported **a larger improvement in their parenting practices** than parents in the comparison group, *multivariate* $F_{(4, 367)} = 8.7$ $p < .000$

UNIVARIATE TIME X GROUP INTERACTION EFFECTS

	$F_{(1, 372)}$	p
Positive parenting practices	26.2	.000
Laxness	8.9	.003
Overreactivity	28.1	.000
Verbosity (hostility)	12.6	.000
Psychological aggression	22.5	.000
Minor physical violence	5.9	.016

OVERREACTIVITY

(SCALE: 1 TO 7)

Parents who received
Triple P reported a **large**
reduction of
overreactive discipline.

In comparison:

Parents who received
services as usual
reported a small
reduction.





TRIPLE P AND CHILD'S BEHAVIOUR

Parents who received Triple P reported **a larger improvement in their child's behaviour** than parents in the comparison group, *multivariate* $F_{(4, 372)} = 7.3$ $p < .000$

UNIVARIATE TIME X GROUP INTERACTION EFFECTS

	$F_{(1, 377)}$	p	n.s.
Emotional symptoms	3.3	.069	
Conduct problems	21.8	.000	
Hyperactivity / inattention	12.0	.001	
Prosocial behaviour	12.8	.000	

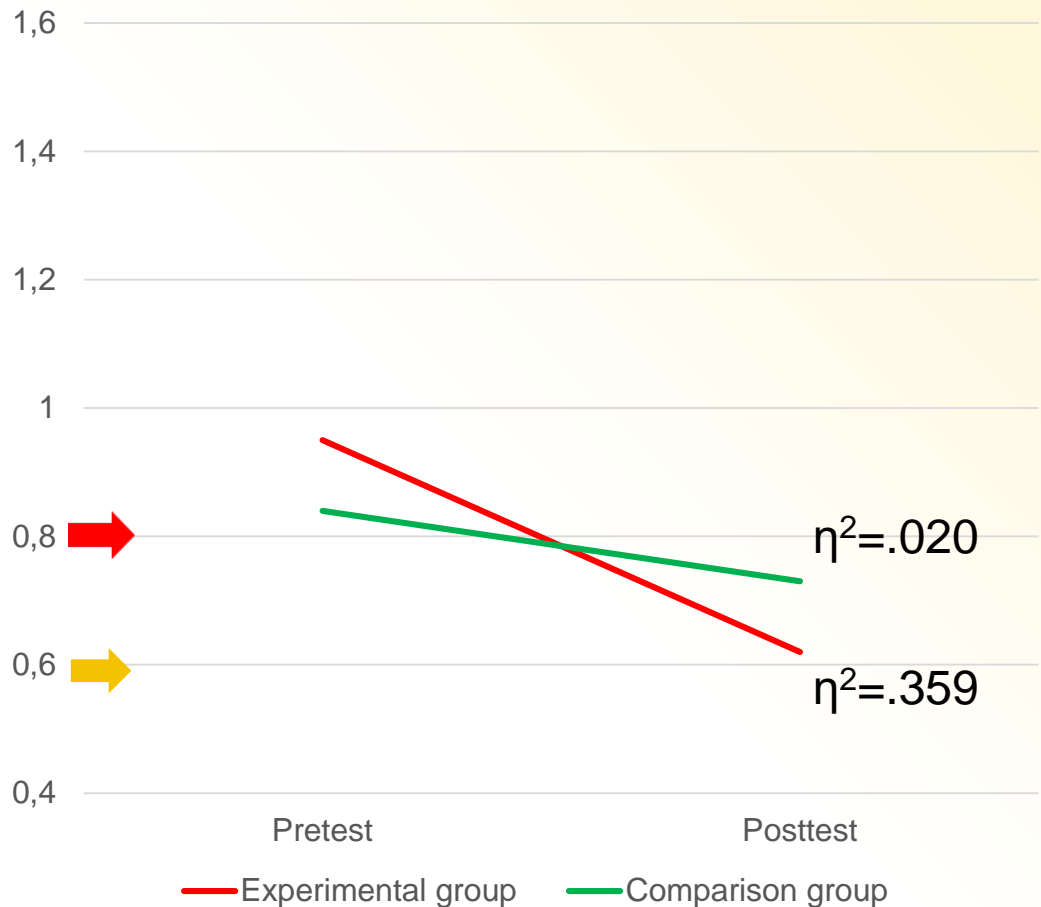
CHILD'S CONDUCT PROBLEMS

(SCALE: 0 TO 2)

Parents who received **Triple P** reported a **large reduction** of their child's conduct problems.

In comparison:

Parents who received **services as usual** reported a small reduction.



EVALUATIVE RESEARCH QUESTIONS

Do parents receiving Triple P show significant positive changes on:

- *Parental self-efficacy?*
- *Parental stress?*
- *Parenting practices?*
- *Children's behaviour?*

YES

Are these changes more important than those observed in parents receiving services as usual?

YES (except for emotional symptoms)

MAIN CONCLUSIONS

- A blend of Primary Care and Group Triple P is **globally effective in improving parent and child outcomes** in a French-Canadian context.
- **It is worth investing** in Triple P, since it appears to be more effective than current services for **reducing many risk factors for child maltreatment**.
- **Triple P does not seem to increase social inequities in family health:** further analyses showed that positive effects were observed regardless of socioeconomic level.

STUDY'S LIMITATIONS AND FUTURE QUESTION

LIMITATIONS

- No randomization
- Long-term effects not assessed
- Limited knowledge of intervention offered to parents in comparison group

FUTURE QUESTION

- Moderating effects of intervention dosage and parent's gender?
- Populational effects of Triple P?

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THANK YOU

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