

**Effectiveness of Triple P Services at the Children's Centre Thunder Bay:
Final Report for Years 2007 to 2011**

Children's Centre Thunder Bay
Thunder Bay, Ontario

Principal Investigator: Dr. Fred Schmidt

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Contact Information:

Dr. Fred Schmidt,
Psychologist,
Children's Centre Thunder Bay,
283 Lisgar St.,
Thunder Bay, Ontario, Canada,
P7B 6G6
Phone: 807-343-5016
Email: fschmidt@childrenscentre.ca

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I would also like to extend my thanks to the following students from Lakehead University who worked so diligently and carefully with the collection of questionnaires, entering of data, and assistance with analyses and report writing of this report. A warm thank you must go out to Carolyn Houlding, Suzanne Chomycz, Alexandra Kruse, Julie Riendeau, and Jessica Franks.

Finally, and most importantly, I would like to recognize the willingness of all the parents who completed the many questionnaires required for this evaluation and provided CCTB with the needed feedback to make this report possible. Thank you!

Executive Summary

Level 4 Triple P services were implemented at Children's Centre Thunder Bay (CCTB) in 2007. At the outset, CCTB made the commitment to evaluate the effectiveness of this service through the consistent collection of outcomes measures by all parents who completed the intervention. The following program evaluation report provides a summary of the key findings obtained for families who took part in Triple P services between October, 2007, and June, 2011 at CCTB.

Key Findings

- Findings indicate the presence of meaningful benefits for parents who participate in the Level 4 Triple P community-based program for children experiencing behavioural difficulties
- Changes in children's behavior, based on parent report, fall within the small to moderate effect size range. Mothers reported greater improvements in behaviour than fathers.
- With respect to parenting skills, mothers report large effect size changes in their parenting skills. Fathers self-report identified small to moderate effect size changes in their parenting skills.
- Mothers report large effect size changes in their parental self-efficacy and satisfaction in being a parent following participation in the Triple P program. Again, fathers reported significant changes in their parenting self-efficacy and satisfaction, but within the small to moderate effect size range.
- For couples, fathers did not identify improvements in the quality of co-parenting with their partner, while mothers did identify co-parenting improvements but within the small effect size range.
- Mother's reported improvements in their feelings of depression, anxiety, and stress within the small to moderate range. While father's reported improved stress levels after completing the Triple P program, there was no change in their feelings of depressed mood or anxiety. This latter finding, however, may be due to the already low depression and anxiety scores obtained by fathers before treatment began.
- Little impact or improvement was noted by either mothers or fathers regarding their level of social supports or quality of couple relationship following completion of service.
- Examination of alliance measures over the course of treatment suggests that there is an increasing synchrony in the therapeutic relationship over time. When this latter finding is placed alongside the increasing sense of efficacy by parents in caring for their children, the Triple P program can be seen as a therapeutic intervention which goes beyond the provision of just providing parent education.
- Both mothers and fathers reported a high level of satisfaction with the Triple P service.

Background of the Triple P Parenting Program

The Triple P – Positive Parenting Program is a multilevel, evidence-based intervention for families of children with externalizing behavioural difficulties. It is designed to foster parenting skills and confidence, which leads to improved behavioural and emotional outcomes for children as a result. The ultimate goal of the program is to create a safe and positive learning environment that includes assertive discipline and realistic expectations for children.

There are five tiered levels of the program, increasing in intensity. Level 4 of the Triple P model most closely resembles the content and format of other empirically supported parenting programs which is commonly provided to parents of children in mental health clinics like CCTB. Level 4 is designed for parents who require additional support and opportunities for skill development, or have children who demonstrate significant behavioural difficulties. The Level 4 version of Triple P can be delivered in an individual, group, or self-directed format.

Overall, the literature has found sound and consistent support for the effectiveness of Triple P interventions (e.g., de Graaf, Speetjens, Smit, de Wolff, & Tavecchio, 2008a, 2008b; Eyberg et al., 2008; Nowak & Heinrichs, 2008; Sanders, 2008). However, there is a lack of research regarding the effectiveness of this program when delivered under the real world conditions of community-based clinics.

Purpose of the CCTB Triple P Evaluation

The current open trial evaluation investigated the effectiveness of the Level 4 Triple P program as delivered through normal clinical services at CCTB between 2007 and 2011, inclusive. Level 4 Triple P was primarily delivered in a group format (94%) with a small number of families (6%) receiving an individual Level 4 program.

Multiple outcome measures were assessed including changes in child functioning, parenting skills, parental self-efficacy and satisfaction, parental well-being (i.e., depression, anxiety, stress; social support) and parental satisfaction with the service. Also evaluated was the role of therapeutic alliance on the treatment process.

Description of Triple P Participants at CCTB

Participants agreeing to take part in the evaluation included 199 families (183 mothers and 95 fathers) with a child between the ages of 2 and 15 with an identified externalizing behavioural difficulty ($M_{age} = 6.83$, $SD_{age} = 2.93$). Eight families declined to participate in the evaluation. This represented roughly 4% of all families who were asked to take part.

Of the 199 families which began treatment, 126 completed post-treatment outcome measures (116 mothers and 50 fathers). This is a response rate of roughly 63%. Table 1 below provides relevant demographic information regarding the 126 participants in the evaluation who completed both pre- and post-treatment measures.

Table 1. Sample demographics for families receiving Triple P services at CCTB (n = 126)

	Sample (%)	Mother (%)	Father (%)
Child Gender			
Male	69.0		
Female	31.0		
Child Relationship			
Biological		92.2	77.8
Step		1.7	12.7
Other		6.1	9.5
Parent Marital Status			
Married	42.7		
Common Law	17.1		
Divorced	5.1		
Separated	19.7		
Never Married	13.7		
Widow	1.7		
Highest Level of Education			
< Grade 10		6.6	5.6
Grade 10/11		14.8	14.4
Grade 12		27.0	37.8
College		36.1	26.7
University		15.6	15.6
Current Paid Employment			
Yes		49.6	66.7
No		50.4	33.3
Hours Worked per Week			
< 30		44.0	4.2
31- 50		56.0	95.8
Receive Govt Benefits			
Yes	50.4		
No	49.6		
Child Disabilities			
Vision/hearing	13.0		
Chronic illness	0.8		
Intellectual impairment	12.5		
Developmental disability	22.9		
Physical disability	3.2		
Adjunct Child Treatments			
Prescribed meds	26.2		
Other treatments	32.0		
Past or Current Child Welfare Involvement			
Yes	54.6		
No	45.4		

Parent Participation in Treatment

The average number of Triple P service hours for mothers and fathers were 11.5 and 10.5, respectively. Table 2 summarizes the frequency of program attendance for mothers and fathers as well as the breakdown of attendance by families who had current child welfare involvement.

Table 2

Frequency of Session Attendance	Mothers (%)	Fathers (%)	CAS Client (%)	Non-CAS Client (%)
40% or less	8.6	14.4	28.0	7.5
41-79%	22.4	29.3	26.0	20.0
80- 100%	69.0	56.3	46.0	72.5

Assessment of Treatment Change: Outcome Measures Used

Data for the evaluation was collected prior to, during, and upon completion of the Triple P program. Participating parents were asked to complete an assessment package before and after completing the Triple P program. During treatment, therapists and parents completed the Working Alliance Inventory-Short Form (WAI-S) and PSOC at the one-third and two-third points of the intervention. A measure of client satisfaction was also completed at the end of treatment.

Parents were provided with a \$25 honorarium following the completion of all post-treatment evaluation measures. Ethical approval was also obtained from both the Children's Center Thunder Bay and Lakehead University

The following areas of functioning were assessed both before and after the Triple P intervention, using the measures described below:

Child Functioning

- **Strengths and Difficulties Questionnaires (SDQ; Goodman, 1999)** is a screening questionnaire that measures a parent's perception of their child's problem and prosocial behaviour. It includes six subscales, assessing emotional symptoms, conduct problems, attention/hyperactivity, peer problems, prosocial behaviour, and level of impact of distress or social impairment. Each item is scored as a 0, 1, or 2 and scale scores range from 0 to 10. A total difficulties score, with a range of 0 to 40, can be obtained by summing the four problem behaviour scales (Emotion, Conduct, Hyperactivity, and Peer problems) together.

Parenting Skills

- **Parenting Scale (PS; Arnold, O'Leary, Wolff, and Acker, 1993)** measures three dysfunctional parent disciplining styles: Laxness (being permissive), Over-Reactivity (being authoritarian and displaying anger and irritability) and Verbosity (over reliance on

talking). A more recent version of the PS that was used in this evaluation included a Hostility scale in place of the Verbosity scale (Rhoades & O’Leary, 2007). Scale scores and a total score are calculated, with higher scores indicating a stronger association with the particular parenting disciplining style. Scores range from 1 to 7.

- **Parenting Sense of Competence Scale (PSOC;** Gibaud-Wallston & Wandersman, 1978; cited in Johnston & Mash, 1989) is a 16 item questionnaire that measures a parent’s view of their competence along two dimensions (efficacy in caring for their child and satisfaction in parenting). A total score can also be calculated. High scores indicate high levels of efficacy and satisfaction. Scores on the satisfaction subscale range from 9 to 54, scores on the efficacy subscale range from 7 to 42, and total scores range from 16 to 96.

Quality of Co-Parenting

- **The Parent Problem Checklist (PPC;** Dadds & Powell, 1991) is a 16 item questionnaire that measures conflict pertaining to parenting practices and level of cooperation between parents over the last four weeks. A Problem Scale score is generated, ranging from 0 - 16, and having a clinical cutoff score of 5. An intensity score can also be created, ranging from 1 to 7 for each item and having total scores from 16 to 112.

Parental Well-Being

- **Depression Anxiety and Stress Scale (DASS;** Lovibond & Lovibond, 1995) is a 42 item questionnaire that assesses symptoms of depression, anxiety, and stress in adults. There are three symptom subscales, measuring levels of parent depression, anxiety, and stress. Scores range from 0 to 42 for each scale, with higher scores indicating more severe or more frequent symptoms.
- **Multidimensional Scale of Perceived Social Support (MSPSS;** Zimet, Powell, Farley, Werkman, & Berkoff, 1990) is a 12 item questionnaire that assesses a parent’s perception of support from family, friends, and significant others. Three subscale scores (support from significant others, family, and friends) and a total score can be calculated. Scale scores range from 4 to 28, with higher scores indicating greater perceived social support.
- **Relationship Quality Index (RQI;** Norton, 1983) is a measure of marital or relationship quality and satisfaction. It consists of 6 items, with scores less than or equal to 29 representing distress in one’s relationship.

Triple P Program Evaluation Findings

Selection Bias Analyses

To estimate the representativeness of the results and ability to generalize the findings to all families who received Triple P services at CCTB, potential selection bias analyses were completed with families who did not complete the assessment measures but did take part in Triple P services. The 126 families who completed both pre- and post-treatment assessment

packages were compared with the 73 families who did not complete the post-treatment packages but did receive some level of service. No differences were found between the two groups on the following variables:

- All SDQ subscales
- Child age
- Child gender
- Parental level of education
- Parental hours worked per week
- Child relationship to mother or father
- Child physical disability or impairment
- Child use of medication or additional treatment services
- Family involvement with the child protection system
- Type of Triple P program received (individual or group form)
- Parent motivation (based on Parent Motivation Inventory)
- All DASS subscales
- All PS subscales
- All PSOC subscales
- RQI
- All PPC subscales
- All MSPSS subscales

Only one selection bias was obtained. Married parents were more likely than other parents (i.e., common law, divorced, separated, single, and widowed) to complete both pre-treatment and post-treatment outcome measures ($p=.04$).

This minor and limited selection bias suggests that the current results can be potentially generalized to all families who participate in Triple P services at CCTB.

Child Functioning

Strengths and Difficulties Questionnaire (SDQ)

SDQ results are based on parents who have children three years of age and older (due to age parameters of SDQ), while all other analyses are based on the full sample of parents.

As shown in Table 3 and Figures 1 and 2, child problems decreased and prosocial behaviours increased, as rated by mothers, following participation in the Triple P program. Fathers reported much smaller changes in child behaviours, with only the Emotional and Total Difficulties subscales reaching statistical significance for improvement.

Table 3. SDQ results for mothers and fathers who completed the Triple P program

SDQ Subscales	Pre-treatment <i>Mean (SD)</i>	Post-treatment <i>Mean (SD)</i>	Effect Size
Mother (n = 109)			
Emotional*	3.74 (2.52)	3.3 (2.4)	.19
Conduct***	4.11 (1.85)	3.3 (1.89)	.43
Hyperactivity***	6.28 (2.73)	5.50 (2.56)	.30
Peer Problems**	3.10 (1.93)	2.74 (1.93)	.19
Pro-Social***	6.57 (1.90)	7.18 (1.75)	-.28
Total Difficulties***	17.16 (6.19)	14.76 (6.13)	.39
Total Impact***	2.93 (2.35)	2.28 (2.33)	.28
Father (n = 49)			
Emotional*	3.55 (2.24)	2.94 (2.30)	.27
Conduct	3.96 (2.02)	3.61 (1.96)	.18
Hyperactivity	5.90 (2.58)	5.65 (2.62)	.10
Peer Problems	3.27 (2.19)	2.84 (2.20)	.19
Pro-Social	6.82 (2.40)	7.04 (2.05)	-.10
Total Difficulties*	16.31 (6.91)	15.04 (6.86)	.18
Total Impact	2.54 (2.44)	2.69 (2.58)	-.06

Note: * $p < .05$, ** $p < .01$, *** $p < .001$; An effect size of .2 is considered small, .5 is moderate, and .8 is large.

Figure 1. SDQ results for mothers who completed the Triple P program

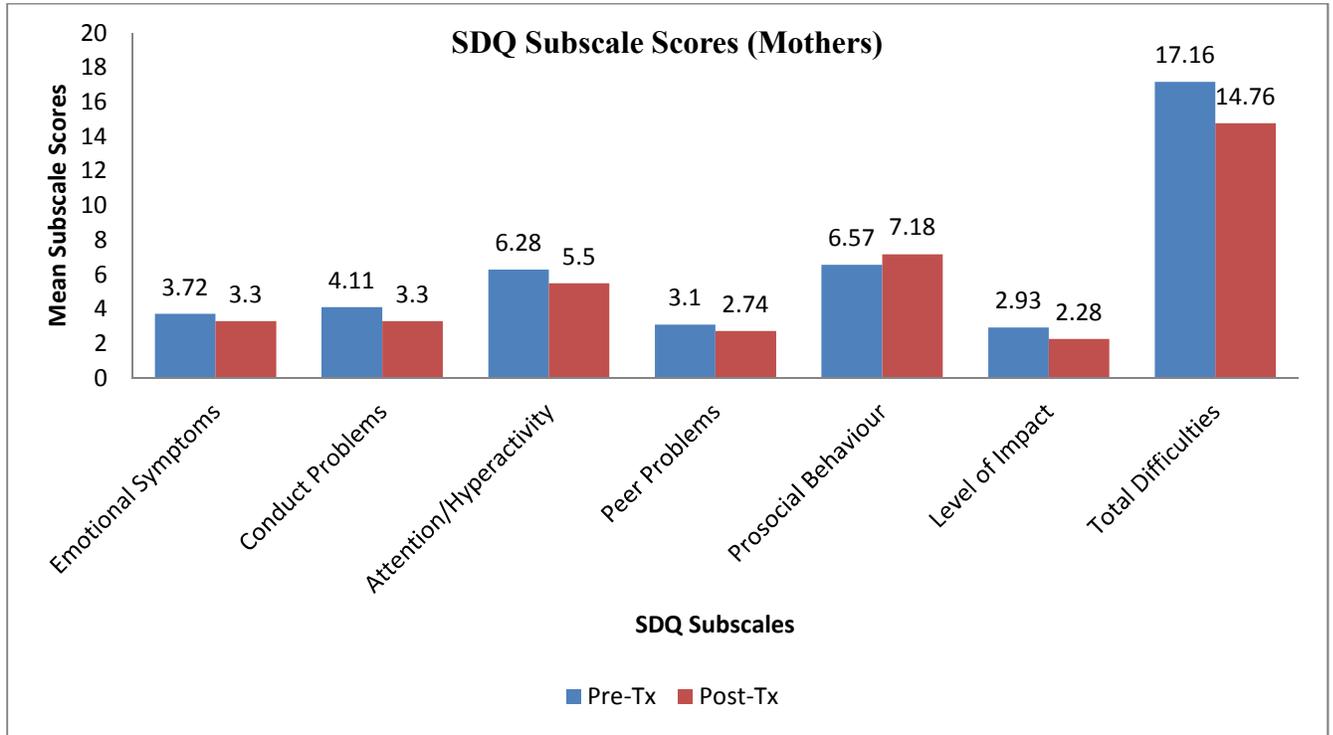
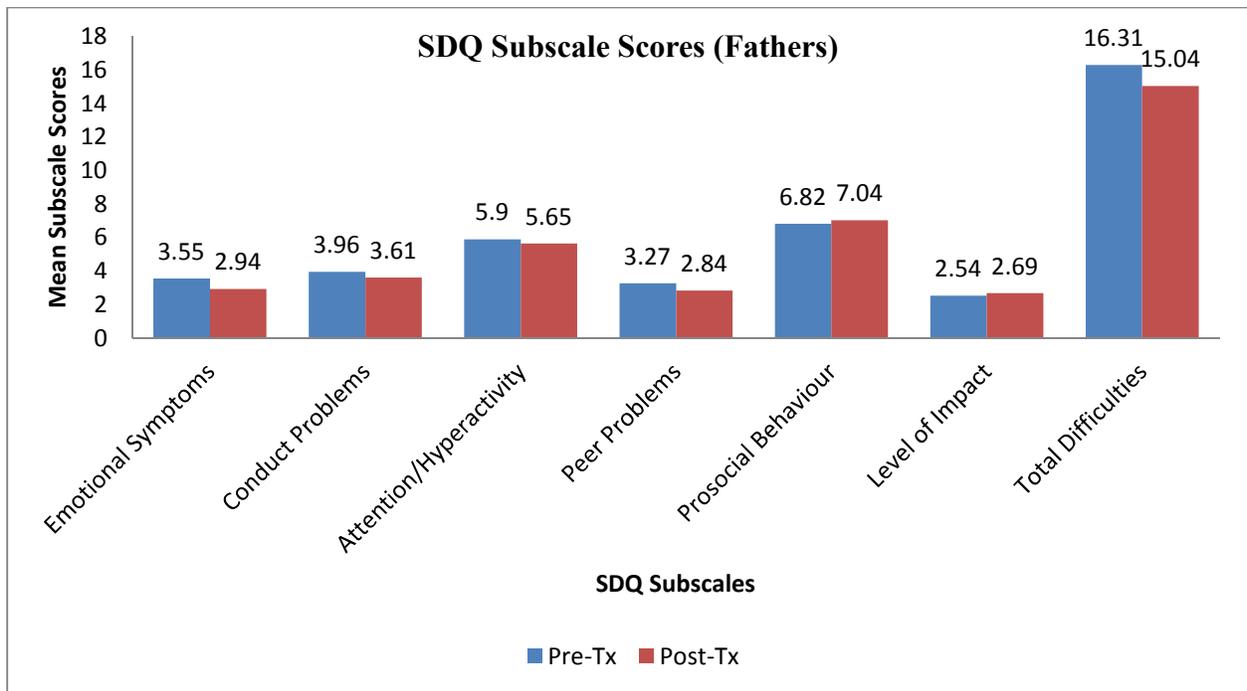


Figure 2. SDQ results for fathers who completed the Triple P program



Tables 4 and 5 describe the number of children who fell within the normal, borderline, and clinical range, based on SDQ severity ratings, both before and after treatment for mothers and fathers.

Table 4. Percent of Children falling within the mothers' SDQ severity ratings before and after treatment

SDQ Scale	Before Treatment (%)			After Treatment (%)		
	Normal	Borderline	Clinical	Normal	Borderline	Clinical
Emotional	52	12	36	56	13	31
Conduct	21	19	60	39	21	41
Hyperactivity	38	11	51	50	13	37
Peer	42	15	43	49	17	34
Total Difficulties	30	18	52	42	22	36

Table 5. Percent of children falling within the fathers' SDQ severity ratings before and after treatment

SDQ Scale	Before Treatment (%)			After Treatment (%)		
	Normal	Borderline	Clinical	Normal	Borderline	Clinical
Emotional	49	24	37	58	16	26
Conduct	30	18	52	32	20	48
Hyperactivity	42	15	44	60	12	28
Peer	48	13	38	48	18	34
Total Difficulties	36	15	49	50	16	34

Parenting Skills

Parenting Scale (PS)

Table 6 and Figures 3 and 4 display pre-treatment and post-treatment scores for the PS, with scores decreasing for all scales upon the completion of treatment for both mothers and fathers.

Table 6. PS results for mothers and fathers who completed the Triple P program

Parenting Scale	Pre-treatment <i>Mean (SD)</i>	Post-treatment <i>Mean (SD)</i>	Effect Size
Mother (n = 116)			
Laxness***	3.13 (1.10)	2.38 (0.95)	.75
Over-reactivity***	3.53 (1.08)	2.72 (0.98)	.79
Hostility ***	1.97 (1.07)	1.67 (0.90)	.31
Father (n = 50)			
Laxness**	2.66 (1.04)	2.27 (0.97)	.42
Over-reactivity**	3.45 (1.17)	2.96 (0.97)	.28
Hostility**	1.97 (0.97)	1.62 (0.73)	.30

Note: * $p < .05$, ** $p < .01$, *** $p < .001$; An effect size of .2 is considered small, .5 is moderate, and .8 is large.

Figure 3. PS results for mothers who completed the Triple P program

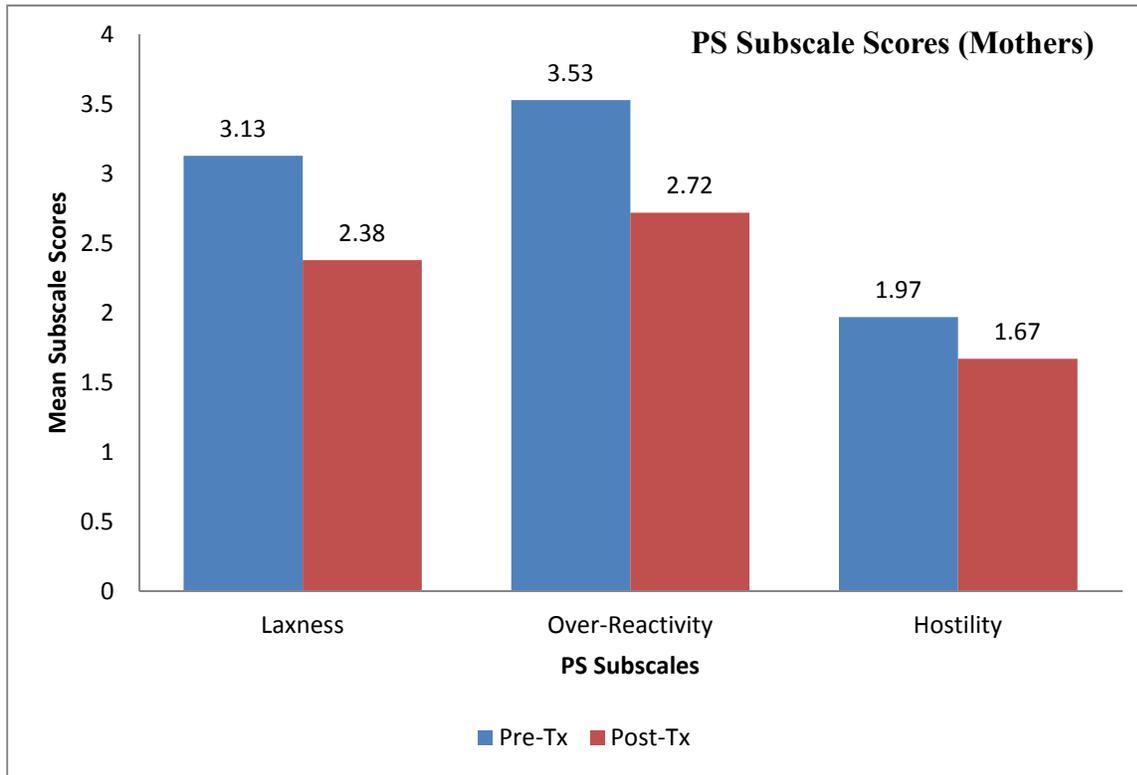
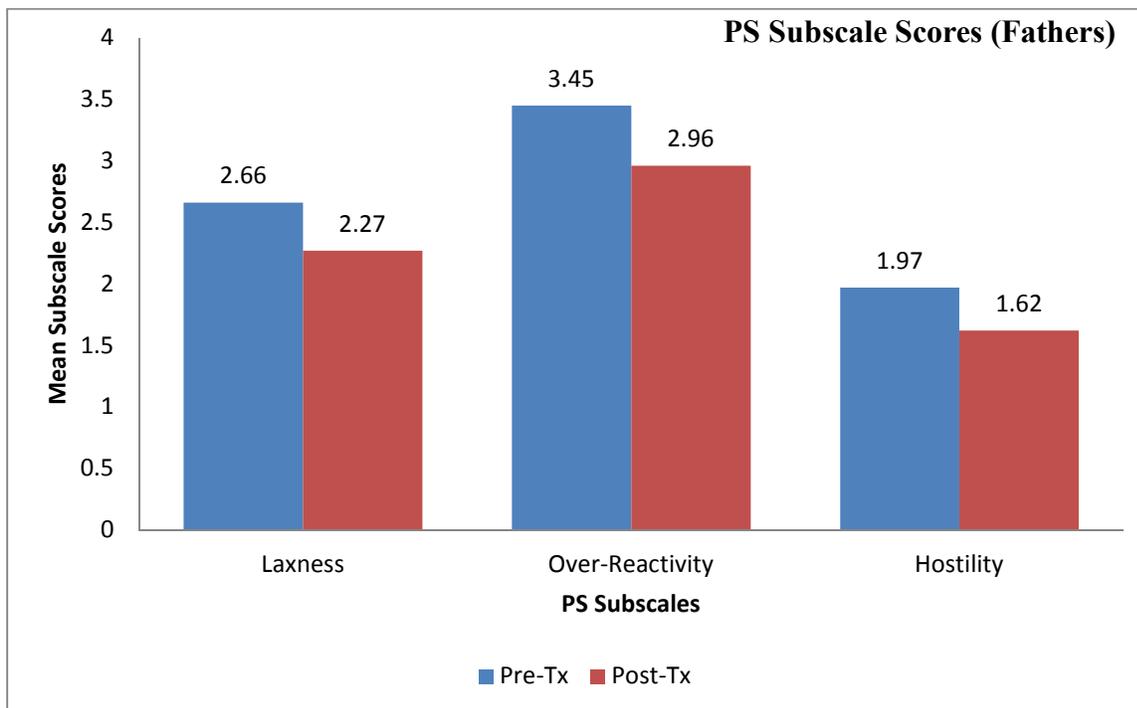


Figure 4. PS results for fathers who completed the Triple P program



Parenting Sense of Competence Scale

Table 7 displays the pre- and post-means scores for mothers and fathers on the PSOC. As displayed in Figures 5, 6, and 7, parent efficacy, satisfaction, and PSOC total scores demonstrated a pattern of increase over time for both mothers and fathers. Mothers obtained changes within the large effect size range, while fathers fell within the small to moderate range.

Table 7. PSOC results for mothers and fathers who completed the Triple P program

PSOC Subscales	Pre-treatment <i>Mean (SD)</i>	Post-treatment <i>Mean (SD)</i>	Effect Size
Mother (n=116)			
Efficacy***	26.6 (6.5)	31.5 (5.4)	-.84
Satisfaction***	34.6 (7.5)	40.1 (6.7)	-.77
Total***	61.2 (12.1)	71.7 (10.7)	-.92
Father (n=50)			
Efficacy***	27.3 (5.6)	29.9 (5.9)	-.37
Satisfaction	37.3 (7.8)	39.5 (7.6)	-.18
Total**	64.1 (12.0)	69.3 (12.8)	-.35

Note: **p<.01, ***p<.001; an effect size of .2 is considered small, .5 is moderate, and .8 is large.

Figure 5. PSOC efficacy results for mothers and fathers who completed the Triple P program

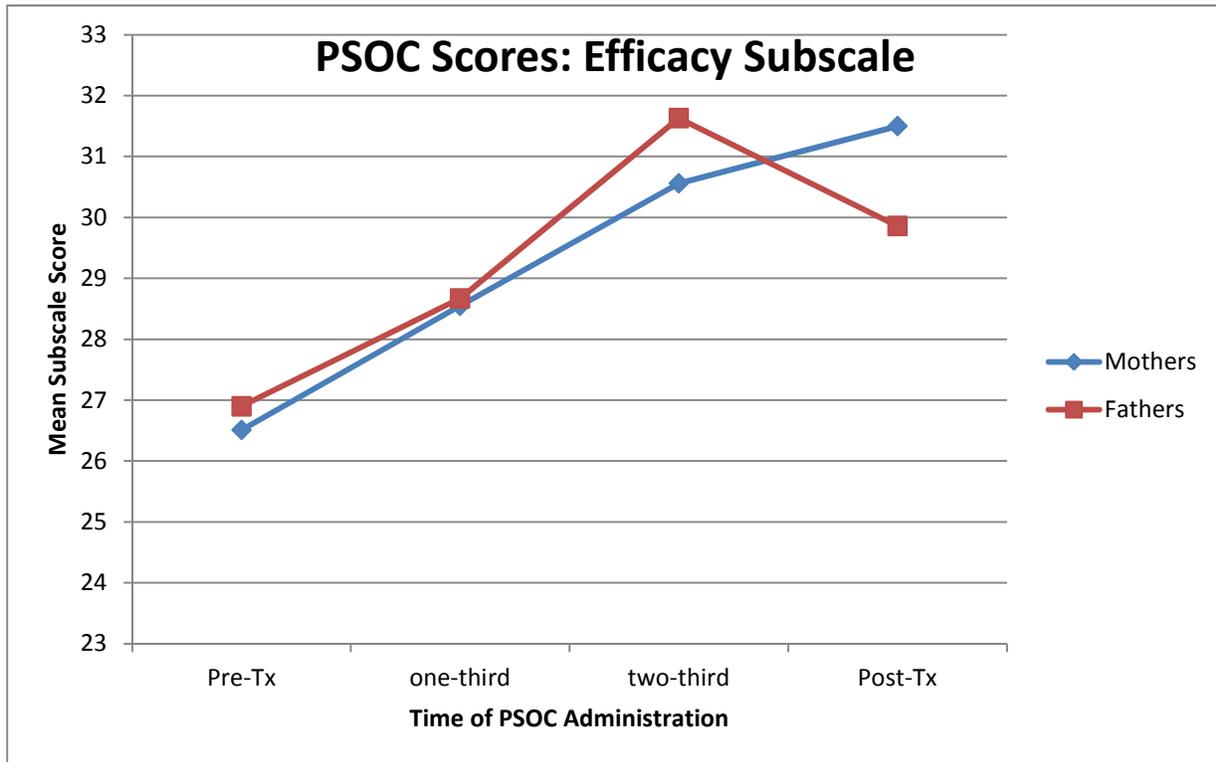


Figure 6. PSOC satisfaction results for mothers and fathers who completed the Triple P program

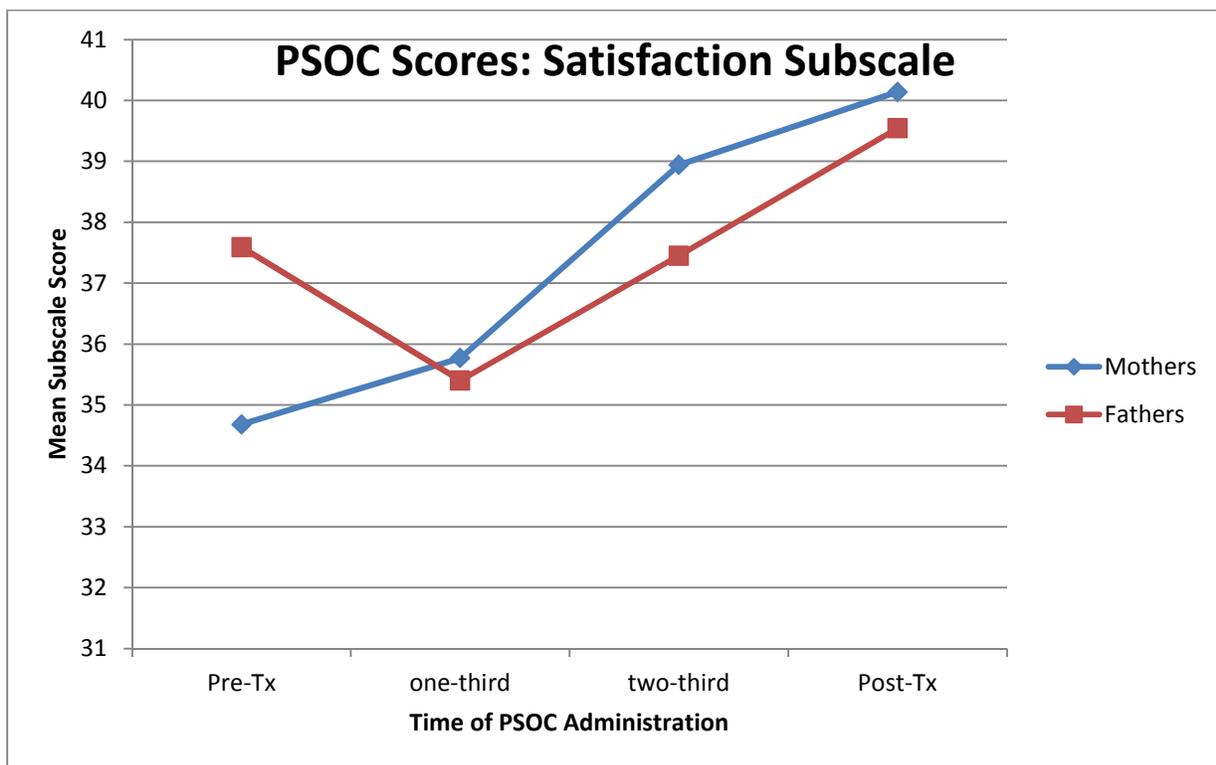
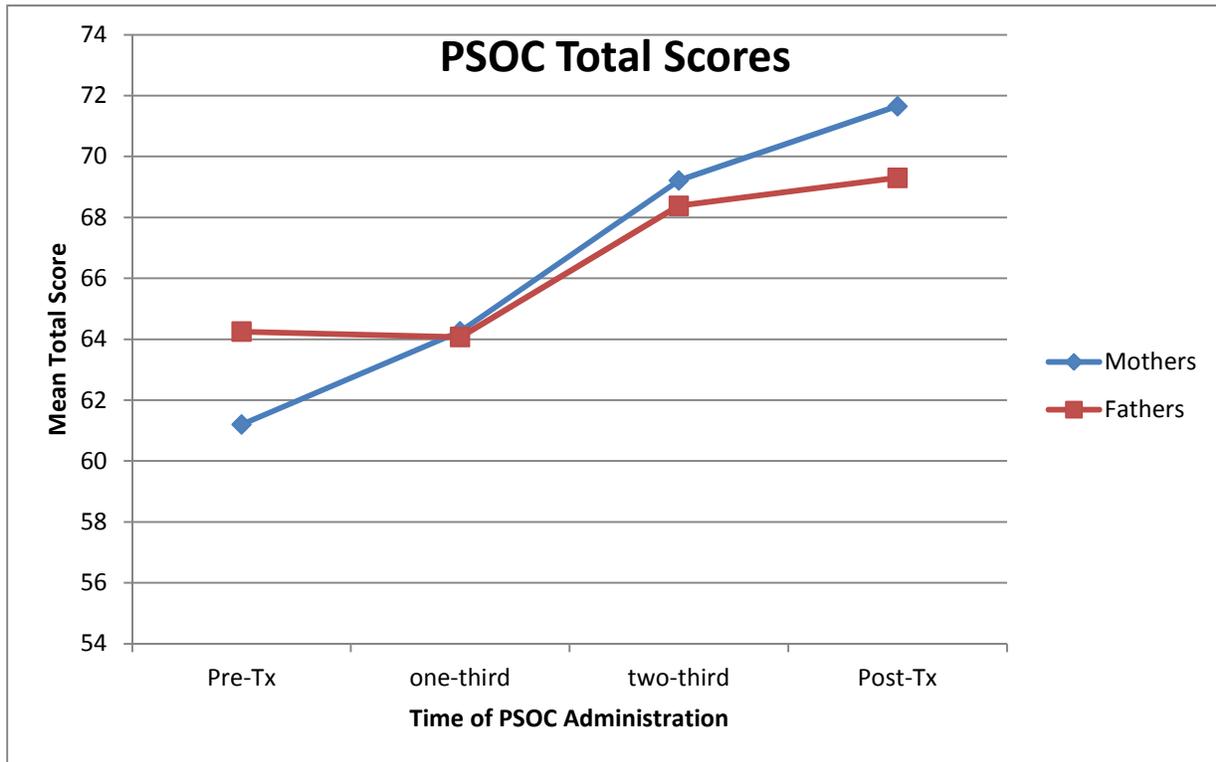


Figure 7. Total PSOC results for mothers and fathers who completed the Triple P program



Quality of Co-Parenting

Parent Problem Checklist

As displayed in Table 8 and Figures 8 and 9, fathers did not identify a change or improvement in co-parenting with their partner, while a statistically significant improvement was only reported by mothers on the intensity scale of the PPC.

Table 8. PPC results for mothers and fathers who completed the Triple P program

PPC Subscale	Pre-treatment Mean	Post-treatment Mean	Effect Size
Mother (n= 49)			
Problem	6.73 (3.8)	6.22 (4.2)	.23
Intensity*	36.98 (15.9)	33.17 (15.9)	.35
Father (n= 41)			
Problem	6.51 (3.9)	6.32 (3.9)	-.03
Intensity	34.15 (14.2)	33.44 (14.9)	.08

Note: * $p < .05$, ** $p < .01$, *** $p < .001$; An effect size of .2 is considered small, .5 is moderate, and .8 is large.

Figure 8. PPC results for mothers who completed the Triple P program

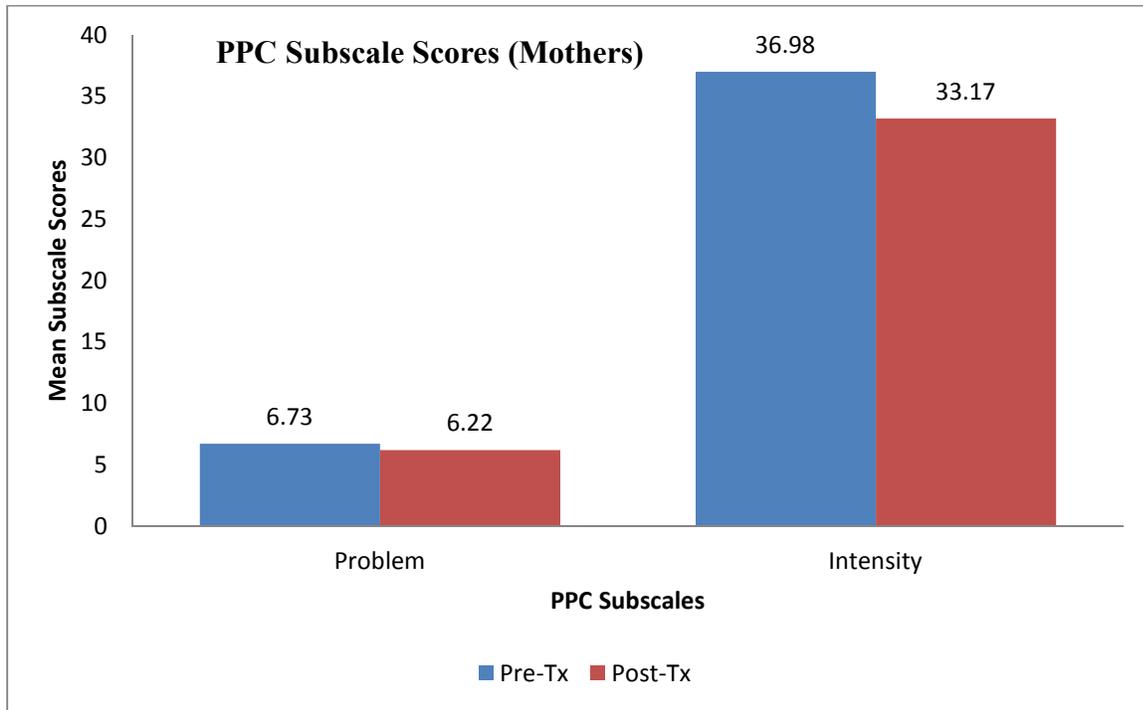
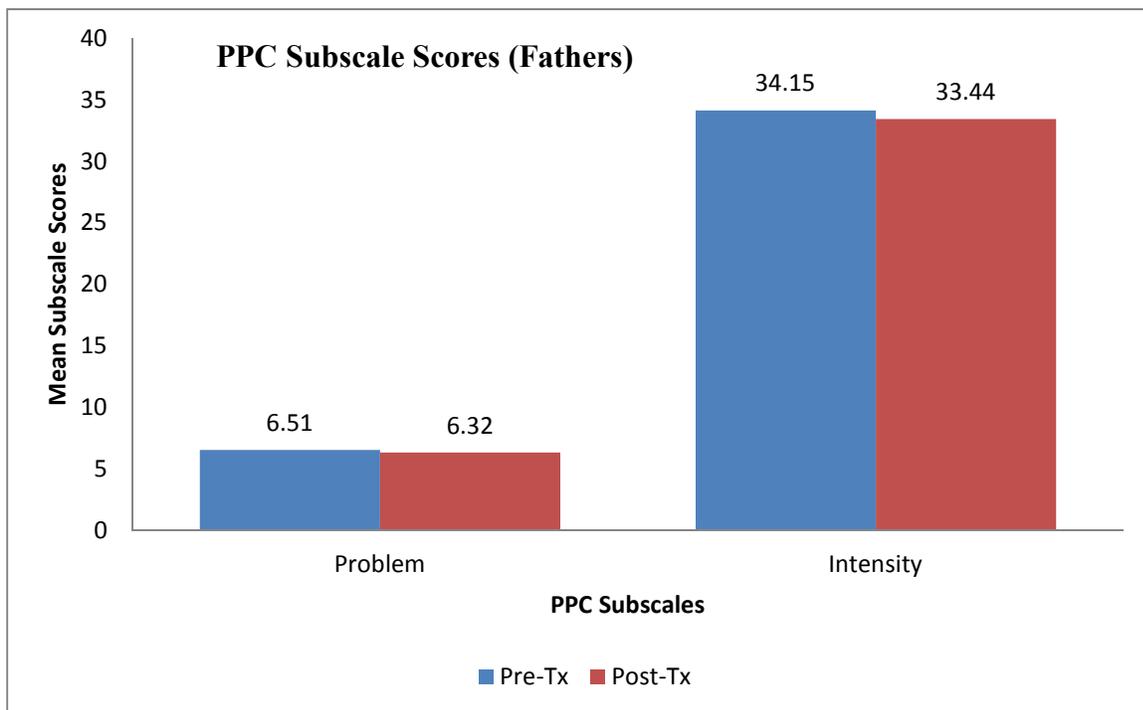


Figure 9. PPC results for fathers who completed the Triple P program



Parental Well-Being

Depression Anxiety Stress Scales

Table 9 and Figures 9 and 10, display the depression, anxiety, and stress scores on the DASS for parents over the course of treatment. Mother's reported improvements in feelings of depression, anxiety, and stress fell within the small to moderate effect size range. Fathers only reported improvement in their stress levels after completing the Triple P program, but did not report significant change in their feelings of sadness or anxiety. This latter finding, however, may be accounted for by the low depression and anxiety scores obtained by fathers before treatment began.

Table 9. DASS results for mothers and fathers who completed the Triple P program

DASS Scale	Pre-treatment <i>Mean (SD)</i>	Post-treatment <i>Mean (SD)</i>	Effect Size
Mother (n= 114)			
Depression**	7.64 (8.5)	5.40 (6.5)	.25
Anxiety**	5.83 (7.6)	4.24 (6.4)	.17
Stress***	12.43 (9.4)	8.74 (7.6)	.39
Father (n= 49)			
Depression	6.29 (7.5)	5.96 (8.2)	-.01
Anxiety	4.08 (6.0)	3.67 (6.5)	.06
Stress**	12.08 (9.9)	9.10 (7.7)	.23

* $p < .05$ ** $p < .01$ *** $p < .001$; An effect size of .2 is considered small, .5 is moderate, and .8 is large.

Figure 10. DASS results for mothers who completed the Triple P program

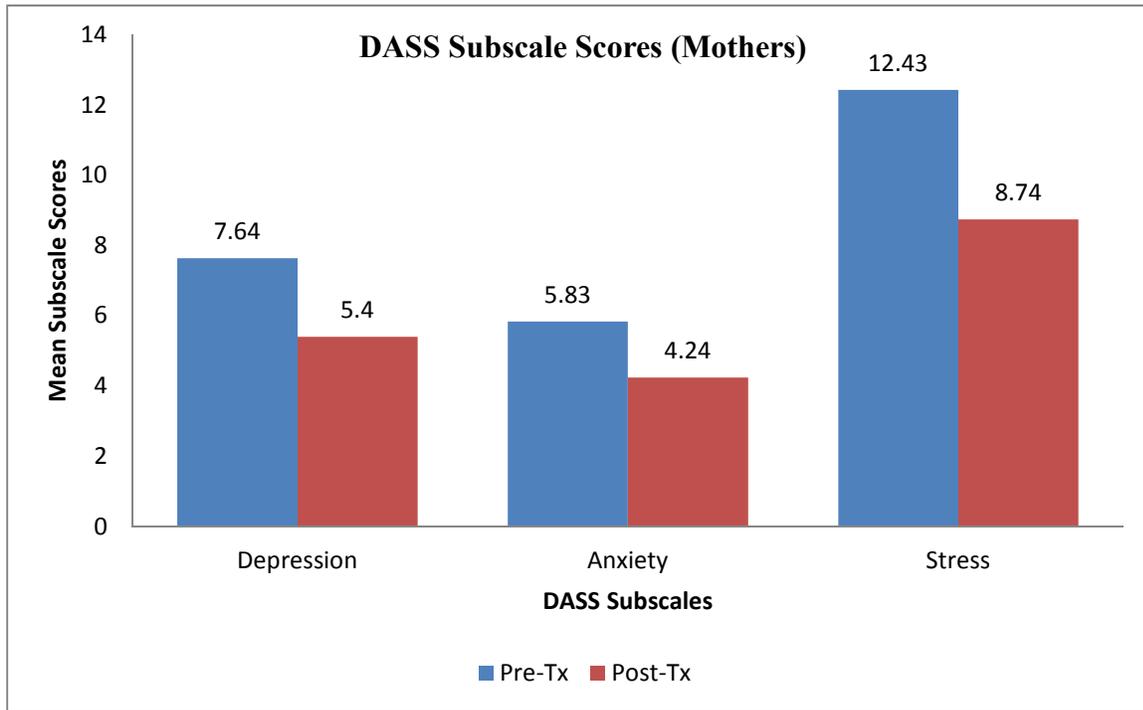
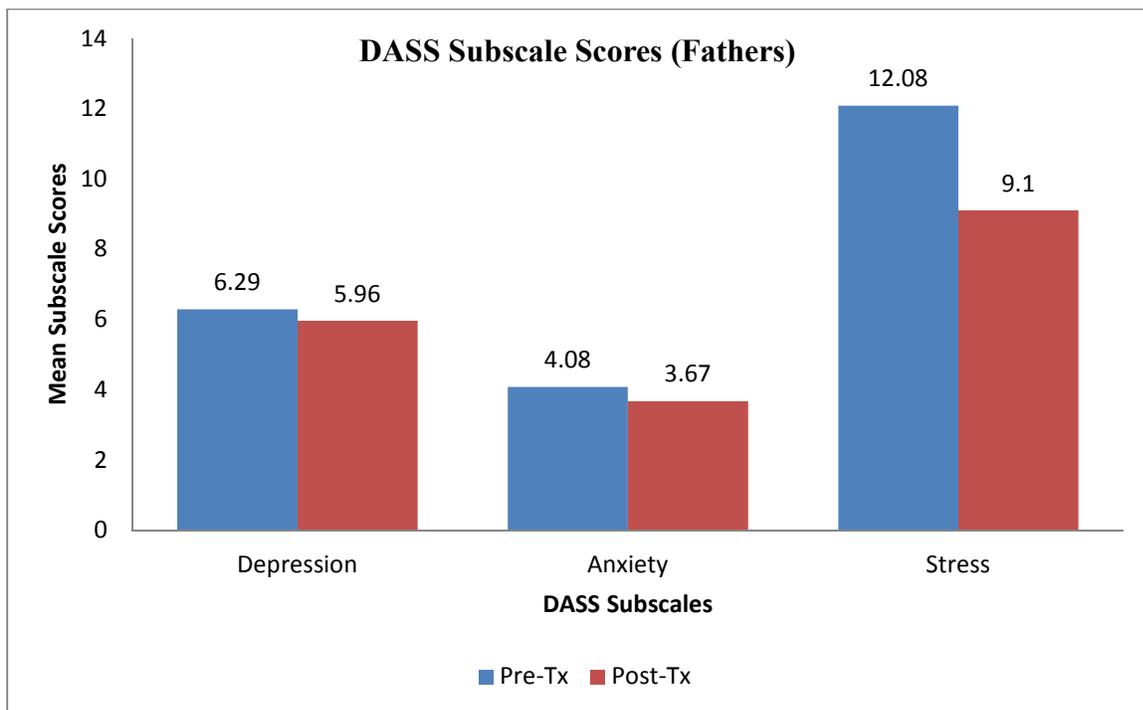


Figure 11. DASS results for fathers who completed the Triple P program



Multidimensional Scale of Perceived Social Support

As indicated in Table 10 and Figures 11 and 12, mothers' perceived social support did not improve or reach statistical significance following the completion of the Triple P service. Fathers did report a statistically significant change in support from significant others following the completion of treatment, but did not identify meaningful changes in support from family or friends.

Table 10. MSPSS results for mothers and fathers who completed the Triple P program

MSPSS Scale	Pre-treatment <i>Mean (SD)</i>	Post-treatment <i>Mean (SD)</i>	Effect Size
Mothers (n= 116)			
Significant Others	21.17 (6.1)	21.60 (6.4)	.03
Family	20.22 (6.2)	20.05 (6.9)	.03
Friends	19.74 (5.6)	20.59 (5.3)	-.15
Fathers (n= 47)			
Significant Others*	21.43 (6.9)	23.17 (5.9)	-.23
Family	18.74 (7.0)	20.11 (6.5)	-.10
Friends	17.47 (6.3)	18.72 (6.1)	-.18

Note: * $p < .05$, ** $p < .01$, *** $p < .001$; An effect size of .2 is considered small, .5 is moderate, and .8 is large.

Figure 12. MSPSS results for mothers who completed the Triple P program

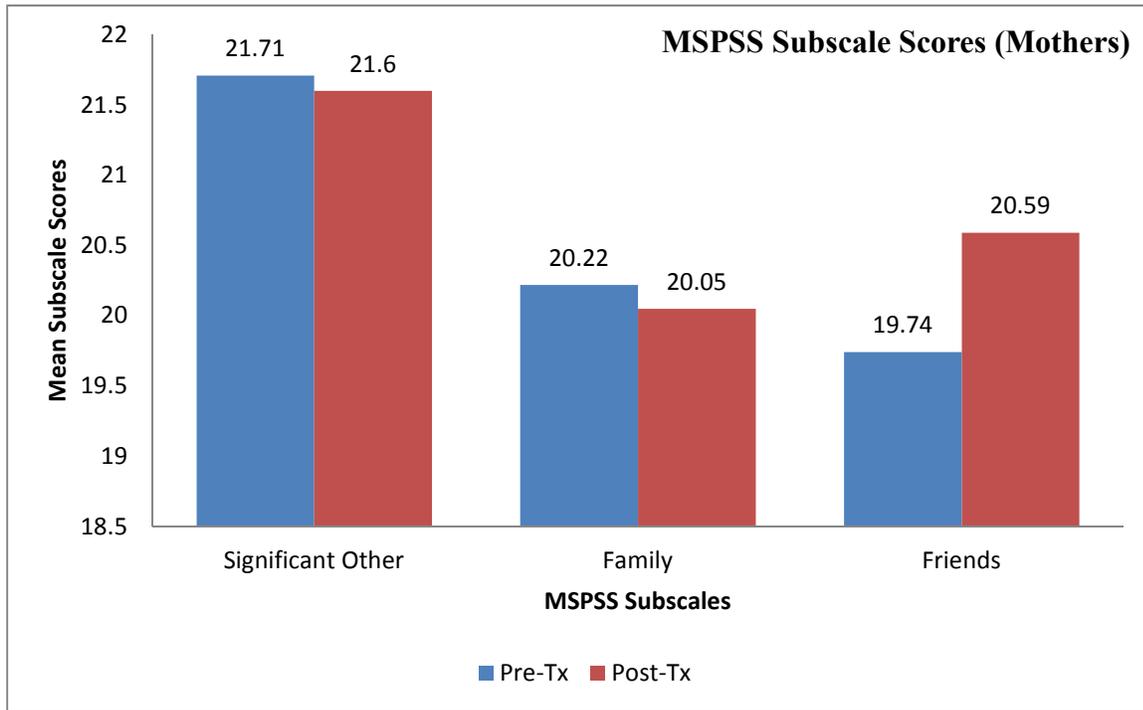
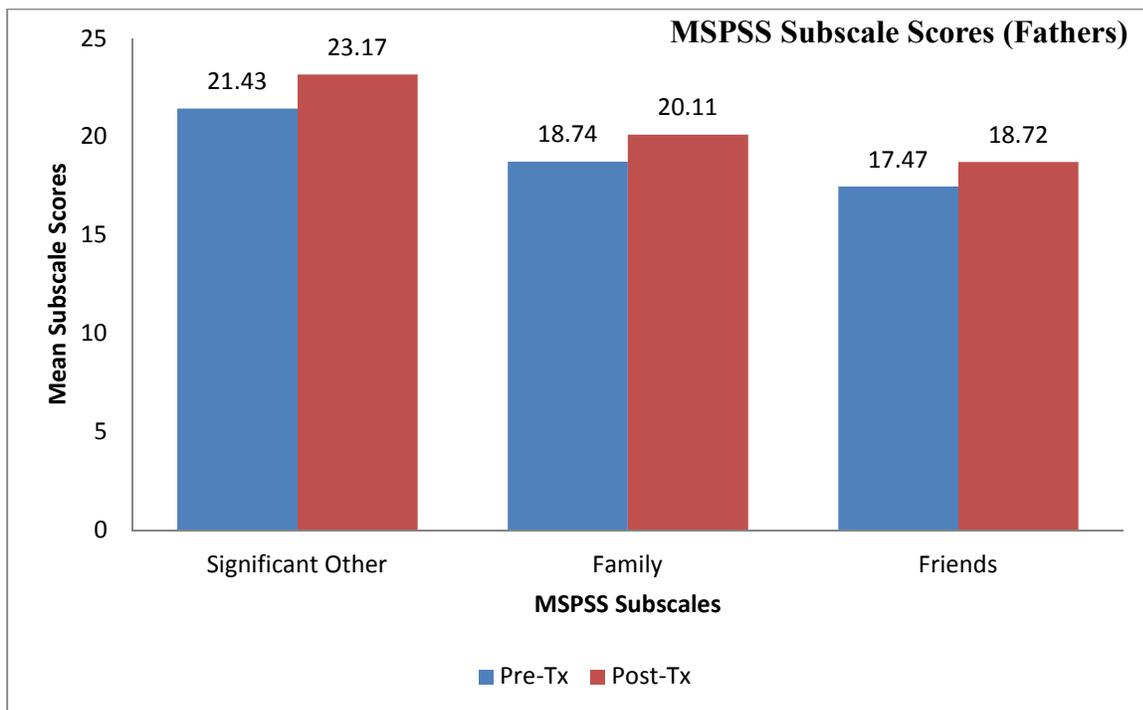


Figure 13. MSPSS results for fathers who completed the Triple P program



Relationship Quality Index (RQI)

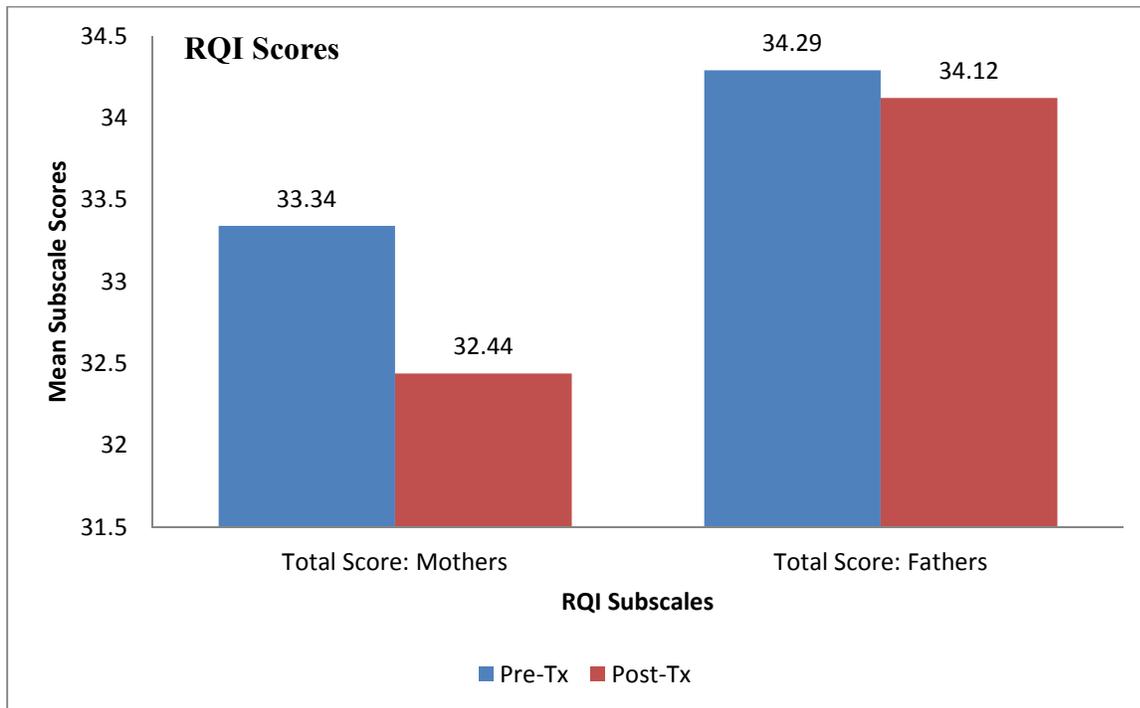
As indicated in Table 11 and Figure 14, marital or couple relationship quality did not change for either mothers or fathers following completion of treatment.

Table 11. RQI results for mothers and fathers who completed the Triple P program

RQI Scale	Pre-treatment <i>Mean (SD)</i>	Post-treatment <i>Mean (SD)</i>	Effect Size
Mother (n=50)	33.34 (10.2)	32.44 (10.9)	-.03
Father (n= 41)	34.29 (8.2)	34.12 (9.1)	-.10

Note: * $p < .05$ ** $p < .01$ *** $p < .001$; An effect size of .2 is considered small, .5 is moderate, and .8 is large.

Figure 14. RQI results for mothers and fathers who completed the Triple P program



Therapeutic Alliance

Table 12 displays the ratings of therapeutic alliance by parents and therapists at the one-third and two-third stages of treatment participation. Consistent across the stage of treatment and gender of parent, therapists rated the quality of the therapeutic alliance as consistently stronger than parents.

Table 12. Comparison of parent and therapist ratings of the therapeutic alliance over the course of treatment

WAI Scale	Parent Mean (SD)	Therapist Mean (SD)	Difference Score
One-Third Stage			
Mother (n= 98)			
Total***	49.81(6.95)	62.57(10.82)	12.76
Bond***	17.37(2.81)	21.64(3.69)	4.27
Goal***	16.51(2.70)	21.12(4.15)	4.61
Task***	15.65(2.60)	19.49(4.15)	3.84
Father (n= 43)			
Total***	47.68(7.38)	57.33(10.87)	9.65
Bond***	16.59(3.16)	20.17(3.74)	3.58
Goal***	15.16(2.88)	19.81(3.96)	4.65
Task***	14.55(3.04)	17.60(4.07)	3.05
Two-Third Stage			
Mother (n = 73)			
Total***	52.05(7.13)	67.42(10.92)	15.37
Bond***	18.14(2.36)	23.42(3.43)	5.28
Goal***	17.23(2.66)	22.66(4.14)	5.43
Task***	16.86(2.19)	21.38(4.19)	4.52
Father (n = 31)			
Total ***	49.02(7.65)	62.21(13.34)	13.19
Bond***	17.52(2.38)	22.10(3.76)	4.58
Goal***	16.45(2.38)	20.86(5.17)	4.41
Task***	15.73(2.39)	19.48(4.69)	3.75

Note: *** $p < .001$

Table 13. Correlation between mother and therapist ratings of the therapeutic alliance over the course of treatment

WAI Scale	One-third stage (n= 98)	Two-third stage (n= 73)
Goal	.16	.33**
Bond	.00	.30**
Task	.27**	.27*
Total	.20	.40***

Note: *p<.05, **p<.01, ***p<.001

Table 14. Correlation between father and therapist ratings of the therapeutic alliance over the course of treatment

WAI Scale	One-third stage (n= 43)	Two-third stage (n= 31)
Goal	.15	.48**
Bond	.35*	.35
Task	.08	.40*
Total	.26	.35*

Note: *p<.05, **p<.01, ***p<.001

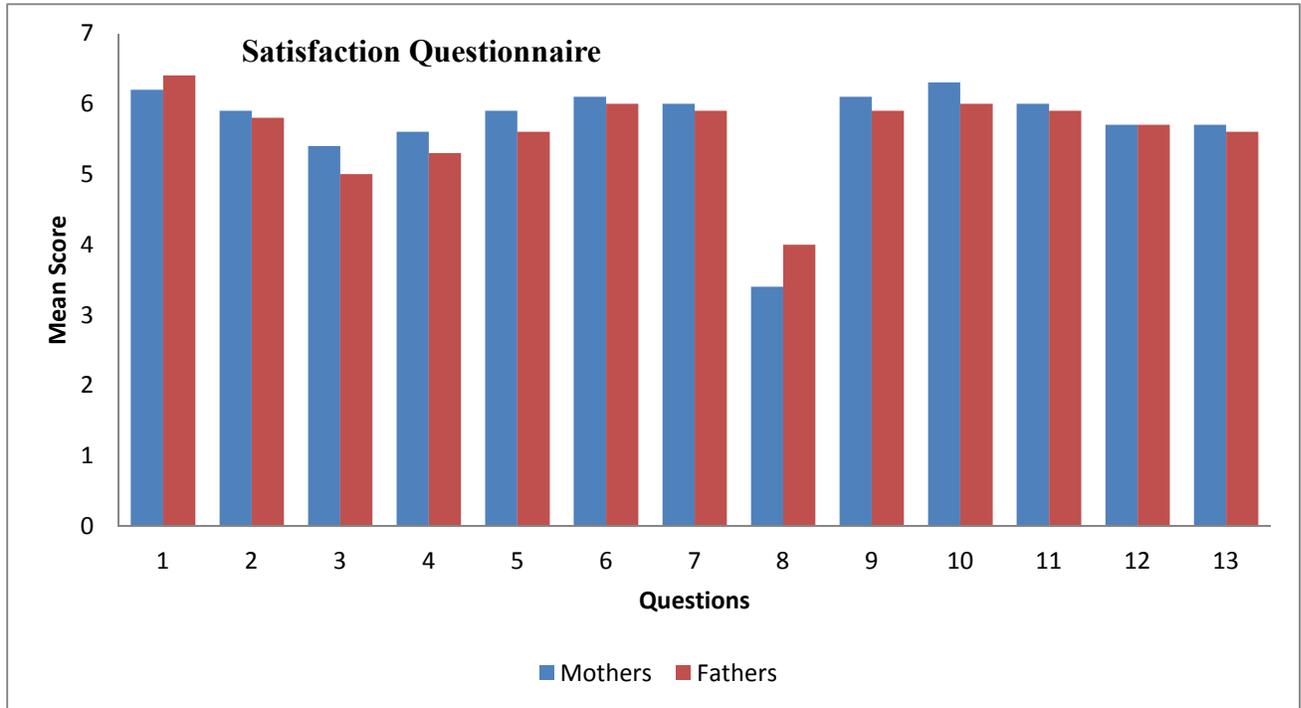
Triple P Client Satisfaction Questionnaire

All parents were asked to complete a satisfaction questionnaire at the end of treatment, based on a 7– point Likert scale (i.e., 1 to 7) response form. As indicated in Table 15 and Figure 15, parents were satisfied with all aspects of the program. The one area of relatively low satisfaction was specific to couple relationships. Parents reported limited change or improvement in this latter area.

Table 15. Satisfaction questionnaire results for mothers and fathers who completed the Triple P program

Satisfaction Question	Mothers (n= 112) M (SD)	Fathers (n= 49) M (SD)
1. How would you rate the quality of service you and your child received?	6.2 (.97)	6.4 (0.9)
2. Did you receive the type of help you wanted from the program?	5.9 (1.4)	5.8 (1.3)
3. To what extent has the program met your child's needs?	5.4 (1.4)	5.0 (1.5)
4. To what extent has a program met your needs?	5.6 (1.2)	5.3 (1.3)
5. How satisfied are you with the amount of help you and your child received?	5.9 (1.3)	5.6 (1.5)
6. Has the program helped you to deal more effectively with your child's behavior?	6.1 (1.2)	6.0 (0.9)
7. Has the program helped you to deal more effectively with problems that arise in your family?	6.0 (0.9)	5.9 (0.9)
8. Do you think your relationship with your partner has been improved by the program?	3.4 (1.8)	4.0 (1.2)
9. In an overall sense, how satisfied are you with the program you and your child received?	6.1 (1.1)	5.9 (1.3)
10. If you were to seek help again, would you come back to Triple P?	6.3 (0.9)	6.0 (1.2)
11. Has the program helped you to develop skills that can be applied to other family members?	6.0 (1.1)	5.9 (1.2)
12. In your opinion, how is your child's behavior at this point?	5.7 (0.8)	5.7 (0.8)
13. How would you describe your feelings at this point about your child's progress?	5.7 (1.1)	5.6 (1.1)

Figure 15. Satisfaction questionnaire results for mothers and fathers who completed the Triple P program



Key Findings

The following summary outlines some of the major findings obtained through the current program evaluation of Triple P services at CCTB.

- Findings indicate the presence of meaningful benefits for parents who participate in the Level 4 Triple P community-based program for children experiencing behavioural difficulties
- Changes in children's behavior, based on parent report, fall within the small to moderate effect size range. Mothers reported greater improvements in behaviour than fathers.
- With respect to parenting skills, mothers report large effect size changes in their parenting skills. Fathers self-report identified small to moderate effect size changes in their parenting skills.
- Mothers report large effect size changes in their parental self-efficacy and satisfaction in being a parent following participation in the Triple P program. Again, fathers reported significant changes in their parenting self-efficacy and satisfaction, but within the small to moderate effect size range.

- For couples, fathers did not identify improvements in the quality of co-parenting with their partner, while mothers did identify co-parenting improvements but within the small effect size range.
- Mother's reported improvements in their feelings of depression, anxiety, and stress within the small to moderate range. While father's reported improved stress levels after completing the Triple P program, there was no change in their feelings of depressed mood or anxiety. This latter finding, however, may be due to the already low depression and anxiety scores obtained by fathers before treatment began.
- Little impact or improvement was noted by either mothers or fathers regarding their level of social supports or quality of couple relationship following completion of service.
- Examination of alliance measures over the course of treatment suggests that there is an increasing synchrony in the therapeutic relationship over time. When this latter finding is placed alongside the increasing sense of efficacy by parents in caring for their children, the Triple P program can be seen as a therapeutic intervention which goes beyond the provision of just providing parent education.
- Both mothers and fathers reported a high level of satisfaction with the Triple P service.

Limitations

The following issues need to be considered when interpreting and understanding the results obtained in this program evaluation:

- Lack of a waitlist control group to ensure that changes were not the result of passage of time. However, the fact that Triple P program is completed within a short eight week time frame suggests that spontaneous change and recovery of children is less likely.
- The failure to obtain post-treatment outcome measures for 37% of the parents who participated in Triple P represents an important minority of families. Fortunately, the absence of a selection bias in this sample suggests that the results could be possibly generalized to all families who take part in Triple P services at CCTB.
- The need to collect further information about why a significant minority of parents do not complete the Triple P program.
- Long-term follow up data (i.e., such as six months following the end of service) was not collected on the families. This additional information would help determine if treatment gains were maintained.
- Results from this evaluation were ostensibly based on parent self-report. Use of therapist reports of change or observational measures of treatment outcome would be helpful to validate the findings.

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