

Triple P Stepping Stones...

Running Group Stepping Stones Triple P within a school - How Successful is it?

The results from a project involving the implementation of a Group Stepping Stones Triple P program within a school for special purposes

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Introduction:

Group Stepping Stones Triple P is a group family intervention for parents and carers of preadolescent children with disabilities who have, or are at risk of developing behaviour problems. Group Stepping Stones Triple P has been specifically designed by Sanders, Mazzucchelli and Studman (2009) as a positive parenting program for parents of children who have a disability. The group format incorporates Triple P parenting training methods and introduces additional strategies drawn from disability research literature. The group program focuses on helping parents and carers to develop effective management strategies for dealing with a variety of childhood behaviour problems and developmental issues. It incorporates positive parenting strategies to improve relationships within the family and encourage skill development.

The program consists of 9 face to face sessions and two individual phone calls. The sessions focus on parent-child interaction and the application of parenting skills to a broad range of target behaviours. The sessions incorporate 25 recom-

mended strategies divided into the categories of:

- Developing positive relationships
- Encouraging desirable behaviour
- Teaching skills and behaviours
- Managing misbehaviour.

The key principles of positive parenting discussed in the program are:

- Ensuring a safe, interesting environment
- Creating a positive learning environment
- Using assertive discipline
- Adapting to having a child with a disability
- Having realistic expectations'
- Being part of the community and;
- Taking care of yourself as a parent.

Many studies have been completed demonstrating the effectiveness of the Triple P parenting program and specifically Group Stepping Stones Triple P. In one particular randomised control trial completed by Harrison (2006) of 28 families who received either Group Stepping Stones Triple P or their usual early intervention service, parents who received the group were reported to be using more consistent, behavioural responses to their child's behaviour (Sanders, Mazzucchelli & Studman, 2009). These parents also reported less parental inter conflict and increased sense of parental efficacy (Sanders, Mazzucchelli & Studman, 2009).

The implementation of the program and results:

Recently the Parramatta Community Support Team, Ageing Disability and Home Care (ADHC), Department of Human Ser-

vices NSW organised and implemented a group program with the school counsellor of a School for Special Purposes. This group consisted of twelve parents who had expressed a desire to complete the Group Stepping Stone Triple P program either through the school or through ADHC Parramatta. Ten of these participants completed the entire program.

The program utilises pre and post evaluation and assessments which are the most effective way to monitor change in the participants and success of the program. The assessment tools used included the Depression-Anxiety-Stress Scales (DASS), The Developmental Behaviour Checklist (DBC) and the Parenting Task Checklist.

The Developmental Behaviour Checklist (DBC; Einfeld and Tonge, 2002) measures parental and other primary carers' perceptions of behavioural and emotional problems in children aged 4-18 years. At the pre assessment phase the 90% of the parents gave a Total Behaviour Score in the clinical range for behaviour problems. Clinical range refers to high levels of disruptive/anti-social, self absorbed, communication disturbance, anxiety and social rating behaviours that may warrant professional assistance to address. At the post assessment phase 80% of the scores were below clinical range therefore indicating the parental perception of the negative behaviour and emotional problems in their children had reduced following the program.

The Depression-Anxiety-Stress Scales (DASS: Lovibond & Lovibond, 1995a) is a self report inventory assessing symptoms of depression, anxiety and stress in adults. At the pre -assessment phase of the program 50% of the participants showed a total DASS score to be in clinical range. Clinical range refers to scales of depression, anxiety and stress that



may require professional assistance. At the post - assessment only 20% of the participants were still in clinical range indicating a 30% improvement in the DASS scores for the group. This indicates that the Group Stepping Stones Triple P may show positive Improvements in the overall depression, anxiety and stress felt by parents and carers of children with disabilities.

Group Stepping Stones Triple P program has demonstrated improvements in parental confidence, as well as improvements in parental stress, depression and anxiety

The Parenting Tasks Checklist (Sander & Woolley, 2005) is designed to assess parents' task specific self efficacy. Parents rate how confident they are that they can deal with their child if they engage in difficult behaviour in common parenting situations. Two dimensions are measured; these are behavioural self efficacy (confidence in dealing with specific child behaviours) and setting self efficacy (confidence in dealing with difficult behaviour in different settings). At the pre-assessment phase 20% of the participants were in the clinical range for setting self efficacy and 30% of the participants were in the clinical range for behavioural self efficacy. Clinical range refers to the possible need for professional assistance to improve setting self efficacy and behavioural self efficacy. At the post-assessment phase only 10% of the participants were in the clinical range for behavioural self efficacy and no participants were in the clinical range for setting self efficacy. This indicates the Group Stepping Stones Triple P program may assist in improving parental confidence in dealing with difficult behaviour across different environments.

There were also successful anecdotal reports from parents including comments such as "We learnt a lot of things from this Stepping Stones Triple P program to apply to our child and to improve his attitude. So thank you very much" and "Triple P Program was very satisfying for me I learnt a lot from it and I would do the program again if I was asked. P.S. The book is very helpful. Thank you".

Conclusion

In conclusion from the reports of the pre and post assessment as well as anecdotal evidence, this particular Group Stepping Stones Triple P program has demonstrated improvements in parental confidence, self efficacy, child behaviour as well as improvements in parental stress, depression and anxiety. This Indicates that many parents and carers of children with disabilities should be encouraged to attend a Group Stepping Stones Triple P program being run in the community area they live or at a local school.

The experience of running a program within the school was effective for long term networking of the participants in the program. This is important to ensure improvements in social relationships and informal ongoing support for parents and carers in managing child behaviour. A school setting demonstrated enhanced engagement with the program and a reduction in dropout rates of the participants. The networking between community organisations and schools and subsequent improvements in this relationship is an important secondary outcome. This relationship and implementation of the program in schools is an important step towards early intervention and identification of childhood behaviours and subsequent prevention of severely disturbing childhood behaviours in adolescents and the future. Childhood behaviours can become increasingly disruptive and harmful to family relationships and the day to day life of a family and person with a disability hence the importance of early intervention and improvements in positive parenting and parental confidence in dealing with behaviours of their children in which this program provides. ●

References:

- Sanders, M.R., Mazzucchelli, T.G. and Studman, L.J. (2009). *Facilitator's Manual for Group Stepping Stones Triple P for Families with a Child who has a Disability*. The University of Queensland and Disability Services Commission of Western Australia.
- Harrison, J. (2006). *Evaluation of a Group Behavioural Family Intervention for Families of Young Children with Developmental Disabilities*. Honours dissertation, Charles Sturt University.



Interesting Facts to Know!

1 A recent federal court ruling has highlighted the lack of protection for students with severe social and behavioural disabilities. Read here; <http://rightnow.org.au/news-article/walker-vs-state-of-victoria-and-disability-discrimination/>

2 The World Health Organisation and the World Bank have released a *World Report on Disability*. The report suggests that more than a billion people in the world today experience disability. Visit http://www.who.int/disabilities/world_report/2011/en/index.html

3 Its national Cerebral Palsy Awareness week. 31st July– 6th August 2011. Focus on seeing people with cerebral palsy firstly just as people and to work together to achieve social inclusion. Visit <http://www.cpaustralia.com.au/index.php/site/news/cpawarenessweek>

4 The Australian Institute of Health and Welfare has released a report *Young Australians: their Health and Wellbeing 2011*. There is unfortunately a high rate of mental disorders in young people. Access <http://www.aihw.gov.au/publication-detail/?id=10737419261>

5 The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs has released a program called 'Bringing Up Great Kids'. Check out their website which includes information for parents and professionals, and a training calendar. www.childhood.org