THE QUÉBEC TRIPLE P TRIAL: PROCESSES, OUTCOMES, AND LESSONS LEARNED

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Les enfants maltraités : de l'AFFLICTION à l'ESPOIR

Pistes de compréhension et d'action
# Co-investigators and Research Team Members

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COMMUNITY PARTNER AGENCIES

Public primary care and child protection agencies

Schoolboards and primary schools

Child daycare centres

Non-profit community organizations

Christine Renard and France Landry, implementation coordinators
Triple P Practice Awards, 2016
**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)
Quality Implementation Framework
(Meyers, Durlak & Wandersman, 2012)

First lesson learned: follow a model!
STAY POSITIVE, existing CANADIAN MATERIAL, or...?
Voici de l’aide pour tous les parents:

**Triple P** est un programme qui améliore votre relation parent-enfant. Comment ? Avec des moyens concrets et efficaces qui vous aideront dans votre rôle de parent.

C’est gratuit et ça marche !
Éprouvé dans plus de 25 pays, il est offert tout à fait gratuitement et en exclusivité tout près d’ici.

Trouvez des réponses à parentspositifs.ca
Survey sample:
1029 mothers of 0-8 year old children from communities delivering Triple P

Finding:
32.1% recalled the campaign two years after its launch
## INTENDED AND UNINTENDED MESSAGES UNDERSTOOD

<table>
<thead>
<tr>
<th>Normalizing, Validating, and Supporting Messages</th>
<th>Blaming Messages and Endorsement of Harsh Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>It's normal for parents to have difficulties</td>
<td>Some parents go too far with their children</td>
</tr>
<tr>
<td>92.6</td>
<td>34.2</td>
</tr>
<tr>
<td>It's okay to seek help when we feel overwhelmed with our children</td>
<td>Some children are really uncontrollable</td>
</tr>
<tr>
<td>92.9</td>
<td>28.6</td>
</tr>
<tr>
<td>Free and effective support is available for parents</td>
<td>Some children only understand strong discipline</td>
</tr>
<tr>
<td>82.5</td>
<td>3.7</td>
</tr>
</tbody>
</table>
Mothers who recalled the campaign were significantly more likely to:

✓ visit the website www.parentspositifs.ca
✓ attend a Triple P seminar
✓ enroll in a Triple P intervention
DOSAGE, REACH, AND COVERAGE

ON A TWO-YEAR IMPLEMENTATION PERIOD
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)

- 11 Pathways groups
- 76 level 4 Groups + 42 individual adaptations
- 183 Primary care (individual)
- 87 seminars

769 families
769 families... How much is this in terms of population coverage?

**ORLÉANS TERRITORY (QUEBEC CITY)**

- 10110 families with 0-12 year-old children (2016)
- 6.1% reached, 93.9% not reached

**MERCIER-EST ANJOU TERRITORY (MONTREAL)**

- 7765 families with 0-12 year-old children (2016)
- 5.2% reached, 94.8% not reached
Programme use by 92 practitioners trained in Fall 2014 (Charest & Gagné, in revision)

**Use Over 2 Years**
- At least once: 72.8%
- Never: 27.2%

**Versatility**
- 1 level only: 37.3%
- 2 levels: 38.8%
- 3+ levels: 23.9%
AMONG PROVIDERS WHO USED TRIPLE P:

Number of activities

- Min: 1
- Max: 70

Number of parents reached

- Min: 1
- Max: 389

Total intervention time

- Min: 10 mins
- Max: 248 hours
WHO DID WE REACH?

Evaluative study (pretest – posttest with comparison group)

Pre-implementation community survey (community norm)
CLINICAL GROUP WAS CHARACTERIZED BY:

Lower SES:
- More mothers without higher education degree (22% vs 11%)
- More unemployed mothers (40% vs 17%)
- More single mothers (32% vs 11%)
- Lower average family income (moderate effect size)

Greater parenting challenges:
- More frequent perception of being a “not a very good / in difficulty parent” (25% vs 1%)
- More important perception of having a difficult child (large effect size)
- More child’s behavior problems, hyperactivity and inattention, and emotional symptoms (large effect size)
- Lesser use of positive parenting practices (moderate effect size)

More boys (63% vs 50%)
Programme’s Effectiveness

Does Triple P (levels 3-4) work for parents in Québec?
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

<table>
<thead>
<tr>
<th></th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experimental group</strong></td>
<td>Before (or just after) the</td>
<td>Just after the last session (max: 1 month</td>
</tr>
<tr>
<td></td>
<td>first session</td>
<td>after)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>( (M = 9.5 \text{ weeks}, \ SD = 4.9) )</td>
</tr>
<tr>
<td><strong>Comparison group</strong></td>
<td>Before (or just after) the</td>
<td>8 weeks later</td>
</tr>
<tr>
<td></td>
<td>first session</td>
<td>( (M = 11.1 \text{ weeks}, \ SD = 4.0) )</td>
</tr>
</tbody>
</table>

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

372 Triple P parents
Pretest

295 Triple P parents
Posttest

106 comparison parents
Pretest

93 comparison parents
Posttest

= Sample of 388 parents
# VARIABLES AND MEASURES

<table>
<thead>
<tr>
<th>Variables</th>
<th>Standardized measures</th>
</tr>
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<tbody>
<tr>
<td>Parental confidence and self-efficacy</td>
<td>5 items: Parent Self-Agency Measure (Dumka et al., 1996)</td>
</tr>
<tr>
<td>Parental distress; Parent-Child dysfunctional interaction; Difficult child</td>
<td>36 items: Parenting Stress Index – short form (Abidin, 1995)</td>
</tr>
<tr>
<td>Positive parenting practices</td>
<td>14 items from: Alabama Parenting Questionnaire (Shelton et al., 1996) and Parent Practices Interview (Webster-Stratton, 1998)</td>
</tr>
<tr>
<td>Laxness; Overreactivity; Verbosity</td>
<td>30 items: Parenting Scale (Arnold et al., 1993)</td>
</tr>
<tr>
<td>Psychological aggression; Minor physical violence</td>
<td>13 items (2 scales) from: Parent-Child Conflict Tactics Scales (Straus et al., 1998)</td>
</tr>
<tr>
<td>Emotional symptoms; Conduct problems; Hyperactivity / inattention; Prosocial behaviour</td>
<td>20 items (4 scales) from: Strengths and Difficulties Questionnaire (Goodman, 1997)</td>
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Parents who received Triple P reported a larger improvement of their well-being as parents than parents who received services as usual, multivariate $F_{(4, 374)} = 12.6$ $p < .000$
Univariate Time X Group interaction effects

<table>
<thead>
<tr>
<th></th>
<th>$F_{(1, 377)}$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-efficacy</td>
<td>27.4</td>
<td>.000</td>
</tr>
<tr>
<td>Parental distress</td>
<td>11.8</td>
<td>.001</td>
</tr>
<tr>
<td>P-C dysfunc. interaction</td>
<td>13.4</td>
<td>.000</td>
</tr>
<tr>
<td>Difficult child</td>
<td>35.8</td>
<td>.000</td>
</tr>
</tbody>
</table>
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**.
Parents who received Triple P reported a larger improvement in their parenting practices than parents who received services as usual, multivariate \( F_{(4, 367)} = 8.7, p < .000 \)
### Univariate Time X Group interaction effects

<table>
<thead>
<tr>
<th>Behavior</th>
<th>$F_{(1, 372)}$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive parenting practices</td>
<td>26.2</td>
<td>.000</td>
</tr>
<tr>
<td>Laxness</td>
<td>8.9</td>
<td>.003</td>
</tr>
<tr>
<td>Overreactivity</td>
<td>28.1</td>
<td>.000</td>
</tr>
<tr>
<td>Verbosity (hostility)</td>
<td>12.6</td>
<td>.000</td>
</tr>
<tr>
<td>Psychological aggression</td>
<td>22.5</td>
<td>.000</td>
</tr>
<tr>
<td>Minor physical violence</td>
<td>5.9</td>
<td>.016</td>
</tr>
</tbody>
</table>
Parents who received **Triple P** reported a **large reduction** of overreactive discipline.

*In comparison:*

Parents who received **services as usual** reported a **small reduction**.
Parents who received Triple P reported a larger improvement in their child’s behaviour than parents who received services as usual, $multivariate F_{(4, 372)} = 7.3, p < .000$
## Univariate Time X Group Interaction Effects

<table>
<thead>
<tr>
<th></th>
<th>$F_{(1, 377)}$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional symptoms</td>
<td>3.3</td>
<td>.069</td>
</tr>
<tr>
<td>Conduct problems</td>
<td>21.8</td>
<td>.000</td>
</tr>
<tr>
<td>Hyperactivity / inattention</td>
<td>12.0</td>
<td>.001</td>
</tr>
<tr>
<td>Prosocial behaviour</td>
<td>12.8</td>
<td>.000</td>
</tr>
</tbody>
</table>

n.s.
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?

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

YES (except for emotional symptoms)
Populationsal Impact?

Is this positive effect of Triple P is detectable at the scale of the population?
TWO DIFFERENT METHODS

PRE- AND POST-IMPLEMENTATION SURVEYS

Random samples of mothers in:

- 2 experimental communities
- 2 adjacent comparison communiques
- 2 distant comparison communities

CHILD PROTECTION SERVICES STATISTICS

10-year follow-up (2008-2017) of child protection reporting rates for 0-12 year-old children

- Same experimental and comparison communities
Substanciated CPS report rates per 1000 0-12 year-old children (‰), by community

- Orléans
- Jacques-Cartier
- Chicoutimi

Experimental
PREMILINARY FINDINGS

SURVEYS:
No detectable improvement on any child or parenting variable, due to Triple P

CPS RECORDS:
Montreal community: no detectable reduction of reporting rates and substantiated report rates, due to Triple P
Québec city community: maybe a small reduction… still to be confirmed.
IN CONCLUSION

STRENGTHS

Care to implementation and collaboration processes
Effective universal campaign
Reach of vulnerable families
Good response from parents
Large and positive effects of the programme for parents and children

LIMITATIONS

Programme use is mixed among trained service providers
Limited coverage of the programme in the target population
No solid evidence of populational impact on parenting, child outcomes, and child maltreatment
THANK YOU

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