

# Adopting a population-level approach to parenting and family support interventions

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## 1.1 Aim

Evidence-based treatments and preventive interventions in the child and family area have not met with widespread adoption by practitioners. Despite the high prevalence of child behavioral and emotional problems, many parents and families in need are not receiving or participating in services, and when they do, the most efficacious interventions are not what is usually provided. Simultaneously addressing the issues of low penetration and insufficient dissemination of evidence-based programming requires a population approach to parenting and family support and intervention. Process issues are important, particularly in relation to engagement of stakeholders, recruitment of practitioners, consideration of organizational factors, and use of media and communication strategies. This article discusses why there is a need for a population-based approach, provides a framework of how to conceptualize such an approach, and describes an example from our own work of a recently initiated prevention trial that illustrates a population-based approach in action.

## 2.1 Need for a population approach

Child behavioral and emotional problems are quite prevalent in the population, particularly among younger children. Unfortunately, a high proportion of children with behavioral or emotional problems never receive either preventive or treatment services (Burns et al., 1999; Zubrick et al., 1995), and those who do typically do not receive empirically supported parenting interventions (Taylor & Biglan, 1998). From an efficacy standpoint, family-based programming, based on social-learning, functional analysis, and cognitive-behavioral principles, is the treatment of choice particularly for early behavioral problems and conduct problems in general (McMahon & Kotler, 2004; Prinz & Jones, 2003).

## 3.1 Preconditions for population-level intervention

- (a) The presumption underlying the deployment of population level interventions is that the component programs have shown evidence of efficacy and effectiveness. Going to scale at a population level, though potentially cost effective, is nonetheless a major investment that cannot be predicated on programs that have not been sufficiently validated.
- (b) To be useful at a population level, an intervention needs to have broad consumer appeal and appropriateness across diverse segments of the community. For broad access, interventions need to be delivered via many different settings and venues.

## 4.1 Potential determinants of population effects

Program design features need to include: (1) Minimally sufficient programming; (2) Self-regulatory framework; (3) Accessibility; (4) Avoidance of single disciplinary ownership; (5) Address multiple goals and outcomes concurrently; (6) Quality of training and resource materials

## 5.1 A research example: the Triple P System Population Trial

An example of population-wide implementation of evidence-based programming for families is found in the Triple P System Population Trial (TPSPT), which illustrates how many of the aforementioned principles can be incorporated into interventions and scientific trials. The TPSPT, currently in progress, aims at a population level to strengthen parenting, reduce risk for child maltreatment, and reduce the incidence of early child behavior problems.

## 6.1 Conclusion

Operating at a population level to positively impact parents and their children requires a shift in our professional thinking. It is no longer sufficient to conduct efficacy trials on parenting and family-based interventions and treatments without considering how such programming can benefit larger segments of the population. The considerations offered here provide the beginnings of a conceptual framework for understanding, studying, and implementing population based approaches to intervention. The Triple P System Population Trial provides an example of how this is pursued in actual application.

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