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Towards a public health approach to parenting.

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1.1 Aim

There are various parenting, school and personal factors at play in determining a child's risk of developing serious conduct problems. The temptation is therefore to conclude that "more is better than less", but we think that has not been convincingly demonstrated. Some large-scale multi-risk-factor reduction approaches that include parenting, school and child-specific interventions with older school-aged children have shown promise but are complex to administer, costly to implement and have yet to show strong long-term outcomes. But in young children (toddler and preschool-aged children) there is strong evidence that social-learning-based parenting programmes are effective with a wide range of families from quite diverse socio-economic and ethnic backgrounds. We choose to focus on such programmes.

2.1 Parenting is the key

1. There are two keys to diverting children from the pathway to externalizing problems and crimes: parenting and early intervention.
2. Quality of parenting is the strongest modifiable risk factor contributing to early-onset conduct problems and parenting practices have a major influence on many different domains of children's development.
3. Parenting interventions, derived from social-learning, and cognitive behavioral principles, are considered the interventions of choice for conduct problems in young children (Prinz & Jones, 2003).
4. Studies evaluating Parent management training (PMT) interventions often show large effect sizes (Serketich & Dumas, 1996) and have been replicated many times across different studies, investigators and countries.

3.1 How do we judge?

There is increasing evidence that brief self-directed interventions can be effective in reducing early conduct problems (e.g. Morawska & Sanders, in press; Sanders & al., 2000). Some operational assessing criteria are listed in the article. They can be applied in evaluating the strength of evidence of various parenting programmes in reducing risk of antisocial behavior. Using such criteria, we can assess the pros and cons of programmes such as Fast Track – a comprehensive, multicentre, multicomponent programme providing long-term services to children exhibiting aggressive behaviors. Fast Track and other similar approaches tend to be very resource intensive, but there is evidence that such approaches are also cost-effective in the long term.

4.1 Toward a public health model

Reducing the prevalence of children's behavior problem will require that a large proportion of the population be reached with effective parenting strategies (Biglan, 1995). Thus, a key assumption of a public-health or a population-based approach is that parenting interventions strategies should be widely accessible to the community. In addition, a public health approach to behavior change assumes that the mass media play an important role.

One example of a public health approach is the Triple P system developed by Sanders and colleagues (Sanders, 1999). It was designed as a comprehensive population-level system of parenting and family support. Various components of Triple P system have been subjected to a series of controlled evaluations, and have consistently shown positive effects on observed and parent-reported child behavior problems, parenting practices, and parents' adjustment.

5.1 Conclusions

There are currently two diverging lines of research on how best to prevent conduct problems using differing levels of intensity of intervention. One line focuses on targeting disadvantaged, high risk children, with high-intensity, multicomponent interventions. These interventions typically reach only a small percentage of children who develop conduct problems. The other line of research centres on children with moderate to high level of risk, and emphasizes simplifying the complexity and duration and increasing the population reach of intervention. These two approaches are not mutually exclusive.

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