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A Controlled Evaluation of an Enhanced Self-Directed Behavioural Family Intervention for Parents of Children With Conduct Problems in Rural and Remote Areas

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1.1 Aim

The present study examines whether the provision of telephone consultation enhances outcomes for parents and children presenting with early onset conduct problems. The self-directed intervention was designed to be delivered in two formats: either as a completely self-administered intervention that families completed independently or as a practitioner-assisted intervention in which families received weekly telephone calls in addition to the written self-directed materials.

2.1 Hypotheses

It was hypothesised that both the Enhanced Self-Directed Triple P (ESD) and the Self-Directed Triple P (SD) programs would result in significant improvements in child behaviour and family functioning relative to the waitlist (WL) control group. We predicted that outcomes would be achieved in a tiered manner such that the ESD condition would produce more positive outcomes for parents and children than the SD condition, which in turn would produce more positive outcomes for families than the WL condition. This tiered pattern of results was predicted for child behaviour, parenting style and efficacy, and personal and relationship adjustment. Gains achieved at post-intervention within each condition were expected to be maintained at 6-month follow-up. It was anticipated that the ESD condition would continue to produce significantly better outcomes for parents and children than the SD condition at 6-month follow-up. We also predicted that families in the ESD condition who accessed professional support and assistance during the program would achieve more durable outcomes. In terms of consumer satisfaction, it was hypothesised that parents would rate Enhanced Self-Directed Triple P more favourably than Standard Self-Directed Triple P.

3.1 Results

The present findings add further empirical support attesting to the efficacy of a self-directed variant of behavioural family intervention with parents living in rural and remote areas with children evidencing early conduct-problem behaviour. As expected, both Triple P self-directed interventions produced significant short-term improvements in mother-reported child behaviour. Furthermore, a tiered result was obtained such that mothers in the ESD condition reported significantly lower levels of disruptive behaviour at post-intervention than mothers in the SD condition, who in turn reported significantly lower levels of disruptive child behaviour in comparison to mothers in the WL condition. With respect to the clinical significance of improvements in child behaviour, the active conditions produced similar results with 69% and 60% of children in the ESD and SD conditions respectively showing clinically reliable improvements in their behaviour. In contrast, none of the children in the WL condition showed clinically reliable improvement in their behaviour.

Partial support was found for hypothesis 2 with respect to parenting skills and parental efficacy. As anticipated, the ESD condition led to significantly more positive outcomes in comparison to the WL condition on the parenting measures. At post-intervention, no significant differences were evident between the SD and WL conditions on measures of parenting skills. Hypotheses 3 and 4 predicted that there would be short- and long-term improvements in relationship and parental adjustment for both the ESD and SD conditions. However, these hypotheses were not supported, with no significant differences found between conditions at post-intervention or follow-up.

4.1 Summary and Implications

The present findings show that telephone-assisted interventions appear to be useful interventions. Another application of the self-directed Triple P intervention is for parents of children with conduct problems who are having to wait for clinical services. Many of these families are high risk for dropping out and not presenting to initial appointments. An initial telephone screen could be conducted to determine the suitability of the family. Parents could be offered a self-help program while they are waiting for their initial appointment. If they are interested in completing the program and there are no other contraindications, they could complete a pre-assessment package. On receipt of the assessment, they could be sent the self-directed program and given an initial appointment time at a later date, after they have had sufficient time to complete the self-directed program. During the waiting period parents could be contacted and provided with the minimally sufficient level of consultation support to motivate their completion of the self-directed program.