

Supporting Manitoba Families Parenting a Child with a Disability



The Stepping Stones version of the Triple P - Positive Parenting Program

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SpeciaLink Conference, August 2008

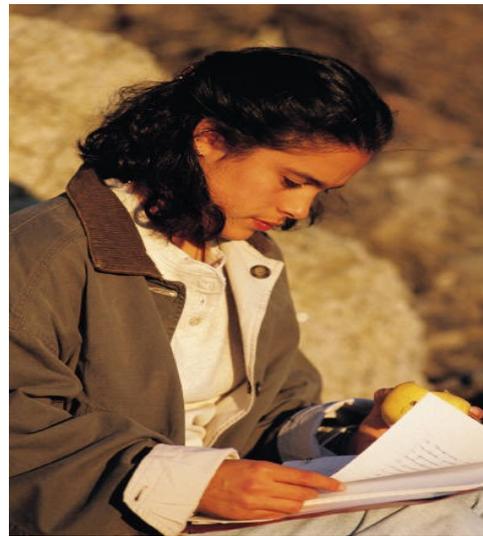


Manitoba 

Overview

- The Stepping Stones Triple P – Positive Parenting Program: development, content, research base
- Training and Program Delivery
- Implementation in Manitoba
- Manitoba research on Stepping Stones Triple P

The Stepping Stones Triple P – Positive Parenting Program: development, content, research base



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The Triple P – Positive Parenting Program (Dr. Matthew Sanders, University of Queensland)

- Flexible system of parenting and family support
- Evidence-based
- Prevention and early intervention approach
- Five intervention levels of increasing intensity
- Principle of sufficiency (cost-effective, makes better use of existing workforce)
- Multidisciplinary focus and multiple access points
- Population health framework

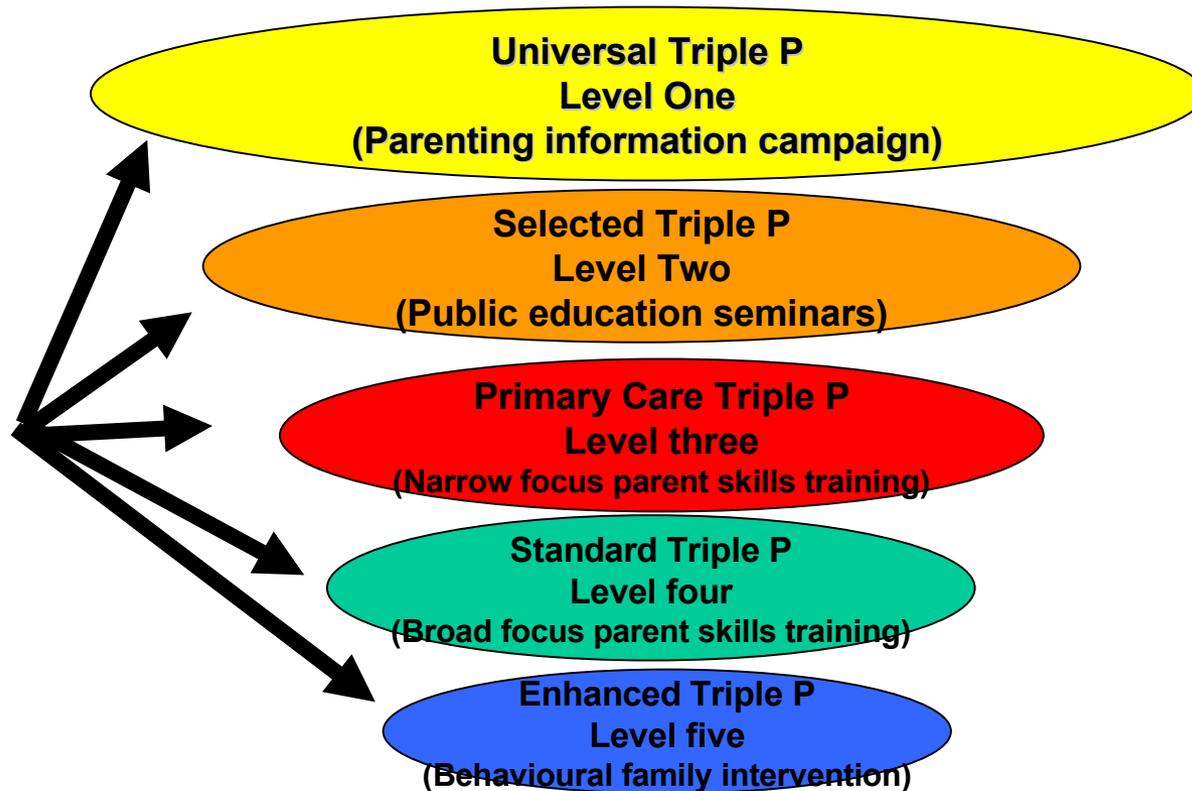
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Levels of Intervention (Sanders, 2006)



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Theoretical Basis

- Social learning models
 - Mechanisms of learning in the bidirectional parent-child relationship
- Child and family behaviour therapy research
 - Key antecedent circumstances that can prevent problem behaviour
- Developmental research
 - Target naturally occurring opportunities for learning
- Developmental psychopathology
 - Addressing poor parenting, marital conflict, and parental distress can all decrease risk for poor developmental outcomes in children
- Attribution Theory
 - Attributing problematic behaviour to modifiable causes within parent-child interactions promotes optimistic, skill-oriented focus among parents.

Rationale for the creation of the Stepping Stones variant

- Problem behaviours (e.g. aggression, tantrums, self injury) are more prevalent in children with an intellectual disability.
- Consequences of developmental and behavioural problems:
 - For the child: distress, interference with ability to learn social and educational skills, exclusion from community settings (school, day care), threats to physical health
 - For parents and siblings: stress, difficulty coping.
 - For the community: use of more resources.
- Strengthening parents' resources to cope with the demands of raising a child with a disability promotes positive parent-child interaction, decreases negative interaction styles, and enhances parents' positive view of their children's functioning.

Stepping Stones Triple P: Adaptations to the standard program

- Based on the vast disabilities literature:
 - Expansion of the principles of positive parenting to reflect additional challenges and community living and family support movements.
 - Considering additional factors that influence the development of behaviour problems in children with disabilities.
 - Additional teaching and behaviour change strategies from the disabilities literature.
 - Additional protocols for behaviours more common in children with disabilities (e.g. self injurious behaviour).
 - Changes in wording and examples in the parenting materials to make them more accessible and relevant to parents of children with disabilities.

Goals of the program

- Increase parents' competence in managing common behaviour problems and developmental issues found among children with disabilities.
- Reduce parents' use of coercive and punitive methods of disciplining children.
- Improve parents' personal coping skills and reduce parenting stress.
- Improve parents communication about parenting issues and help parents support one another in their parenting roles.
- Develop parents' independent problem-solving skills.

Program Format

- 8 – 10 individually tailored sessions
- Supportive, one-on-one learning environment
- Workbook, video, demonstrations, practice, and role-play
- “Homework” assignments, feedback and troubleshooting

Topics covered in the Stepping Stones Program

- 1) What is Positive Parenting?
- 2) What is a Disability?
- 3) Causes of Behaviour Problems
- 4) Getting Started
- 5) Promoting Children's Development
- 6) Managing Misbehaviour
- 7) Family Survival Tips
- 8) Points to Remember

Principles of positive parenting



- Ensuring a safe, engaging 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
- Taking care of yourself as a parent

Strategies for encouraging desirable behaviour

- 1) Praise your child
- 2) Give your child attention
- 3) Provide other rewards
- 4) Provide engaging activities
- 5) Set up activity schedules
- 6) Set a good example
- 7) Use physical guidance
- 8) Use incidental teaching
- 9) Ask... Say... Do... Guide your child by first asking if they know what to do, prompting verbally if they aren't sure, and guiding physically if they require it
- 10) Teaching backwards by helping your child with most of a task and allowing them to do the last part independently, and gradually increasing the independent piece until they reach the beginning and complete the entire task on their own
- 11) Using behaviour charts to monitor and reward desirable behaviour

Strategies for managing misbehaviour

- 12) Using diversion to another activity
- 13) Establishing clear ground rules
- 14) Using directed discussion to deal with rule breaking
- 15) Using planned ignoring for minor problem behaviour
- 16) Giving clear calm instructions
- 17) Teaching your child to communicate what they want
- 18) Logical consequences
- 19) Using blocking to physically prevent dangerous behaviour
- 20) Using brief interruption for disruptive behaviour
- 21) Using quiet time to deal with misbehaviour
- 22) Using time-out to deal with serious misbehaviour

Distinguishing features of the Stepping Stones Program

- Flexible tailoring to the needs and goals of each family.
- Varied delivery modalities: face-to-face, individual or group, telephone sessions.
- Multidisciplinary approach: program can be delivered by a variety of professionals (e.g. social workers, psychologists, psychiatrists, teachers, etc.)
- Coaching to generalize skills to many situations

Evidence Base: Some Examples

- Pre-school children with developmental disabilities and disruptive behaviours (Sanders & Plant, 1989)
 - Improvements generalized across several high and low risk settings
- Planned Activities Training with mothers of pre-school children with significant developmental delay and disruptive behaviour (Harrold et al., 1992; Huyen et al., 1996)
 - Improved parenting skills
 - Mothers gave clearer instructions
 - More on-task behaviour
 - Less crying
 - Less aggressive behaviour
 - High levels of parental satisfaction with the intervention
 - Increase in positive parent-child interaction during community activities
 - Generalization across home and community settings (for mothers and children)

Evidence Base: Some Examples

- Parents of pre-school children with a disability (e.g. cerebral palsy, Down syndrome, non-specified developmental delay) and clinically significant rates of problem behaviour. Additional relationship conflict, high levels of parental stress and depression.
 - Decreased child behaviour problems (maintained at 6-month follow-up)
 - Decreased dysfunctional parenting behaviours
 - Decreased parental stress
 - Increased relationship satisfaction
- Standard versus Enhanced program (Sanders et al., 2002).
 - Child behaviour problems reduced for both groups, better maintained for the “enhanced” group.
- SSTP for parents of children with Autism Spectrum Disorders (Whittingham et al., 2005)
 - Parents found the strategies acceptable, useful, and helpful with their children with ASD.

Triple P: International Implementation

- Australia *
- Austria
- Canada
- Germany *
- Hong Kong *
- Iran
- The Netherlands *
- New Zealand *
- Singapore *
- Switzerland *
- United Kingdom (England, Scotland) *
- United States *
- Belgium
- Norway



* Places where independent replications either published or in progress

Training and Program Delivery



- **Healthy Child Manitoba**
- **Triple P Model in Manitoba**
- **Training Process**



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Leadership: Manitoba's Premier and Healthy Child Committee of Cabinet

- Established in March 2000 by Premier Gary Doer
- Only Cabinet committee in Canada dedicated to the well-being of children and youth



Gary Doer, Premier of Manitoba

"This century can be Manitoba's century – with new hope for our young people . . . We know that children who grow up in safe, nurturing environments have better success throughout their lives . . . [this] is part of our ongoing commitment to building healthy, safer communities for Manitobans and their families." (March 2000)



Current HCCC members:

- Kerri Irvin-Ross, Chair of the Healthy Child Committee of Cabinet and Minister of Healthy Living
- Oscar Lathlin, Minister of Aboriginal and Northern Affairs
- Eric Robinson, Minister of Culture, Heritage and Tourism
- Peter Bjornson, Minister of Education, Citizenship and Youth
- Gord Mackintosh, Minister of Family Services and Housing
- Theresa Oswald, Minister of Health
- Dave Chomiak, Minister of Justice and Attorney General
- Nancy Allan, Minister of Labour and Immigration, Minister Responsible for the Status of Women

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Healthy Child Manitoba

Mission:



Healthy Child Manitoba works across departments and sectors to facilitate community development for the well-being of Manitoba's children, families, and communities.

Vision:

The best possible outcomes for Manitoba's children.

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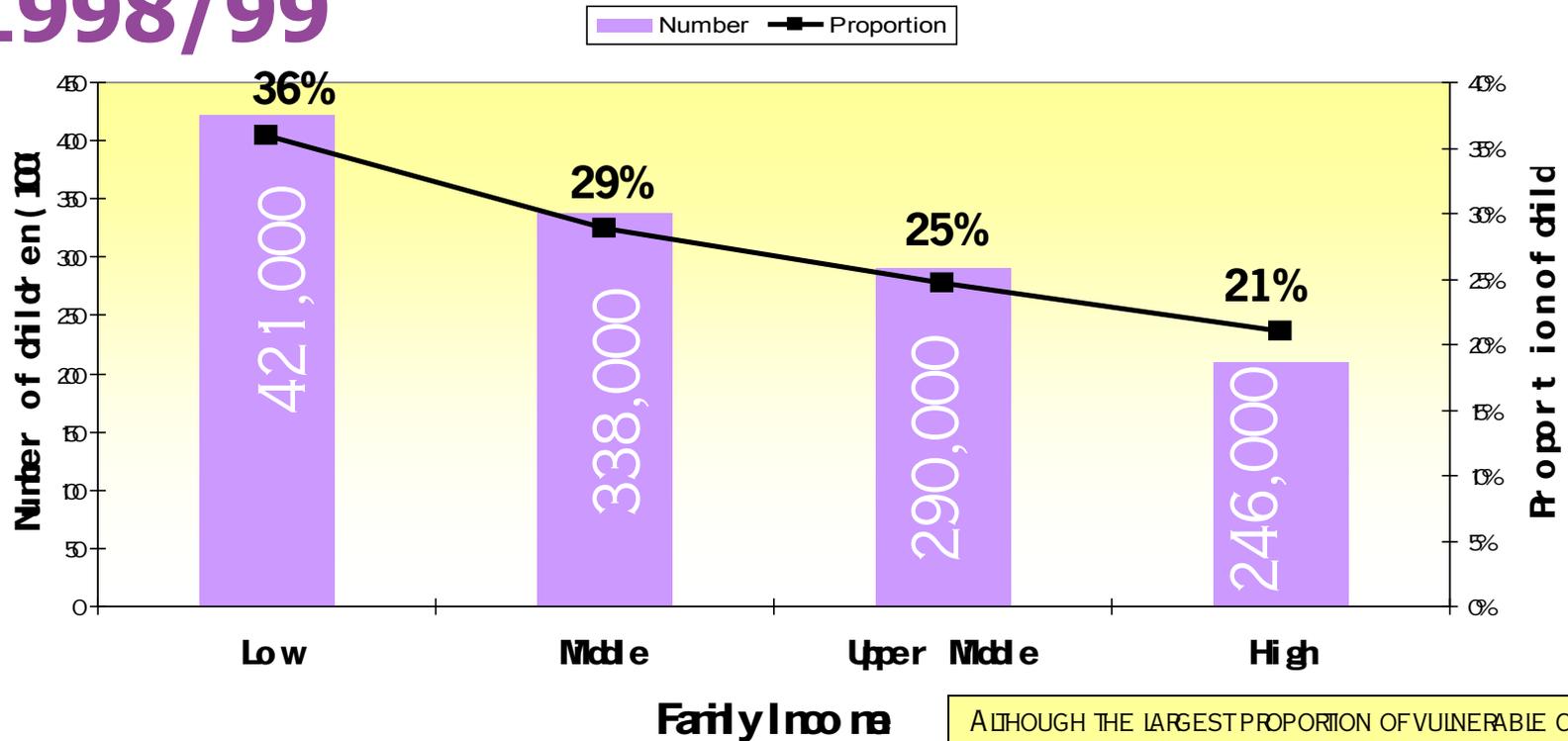
Number of Vulnerable Children in Canada

Over 1 in 4 children (26%) or
1.26 million children aged 0-11 years
about 1 in 6 children with behaviour problems (16%)
and about 1 in 8 children with learning problems (13%)

(Note: results are similar for Manitoba)

Source: NATIONAL LONGITUDINAL SURVEY OF CHILDREN AND YOUTH (NLSCY), 1994, 1996, 1998
– HUMAN RESOURCES DEVELOPMENT CANADA (HRDC) AND STATISTICS CANADA

Family Income and Children's Vulnerability in Canada (ages 0-11), 1998/99



Source: NATIONAL LONGITUDINAL SURVEY OF CHILDREN AND YOUTH, 1998/99
 HUMAN RESOURCES DEVELOPMENT CANADA - APPLIED RESEARCH BRANCH

ALTHOUGH THE LARGEST PROPORTION OF VULNERABLE CHILDREN ARE IN LOW-INCOME FAMILIES, THE LARGEST NUMBER OF VULNERABLE (838,000 OF 1.26 MILLION) CHILDREN ARE FROM MIDDLE- TO HIGH-INCOME FAMILIES. PROVIDING PROGRAMS ONLY TO LOW-INCOME FAMILIES WOULD MISS 67% OF CHILDREN THAT NEED THEM.

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The argument

The single most important thing we can do to
(b)prevent serious behavioural and emotional
problems of children and

(c)improve their early development (ages 0-5
years)

is to increase the confidence, skills and knowledge
of parents in the task of raising children **at a
population level.**

Triple P Model In Manitoba

- In March 2005, Healthy Child Committee of Cabinet announced the allocation of \$1.4 million annually to support parents and provide them with parenting information, resources, and assistance through the implementation of the Triple P – Positive Parenting Program system.
- Designed as a public health initiative at a population level to strengthen parenting skills with primary focus on families with children under age 6 (reach to families with children up to age 12).

Triple P Goals in Manitoba

- Strengthen families:
 - Increase parents' self confidence and self efficacy as parents
 - Strengthen relationships between parents and their children
- Reduce prevalence rates of children with social-emotional and behavioural difficulties
- Reduce the percentage of children entering school "not ready"
- Build healthy communities

Triple P – Model for Manitoba

Partnerships:

- **Government of Manitoba:** responsible for program oversight, coordination, and evaluation (including funding, administration, delivery of training, quality control of delivery, communications, promotion, and public reporting)
- **Multisectoral community partners:** responsible for delivery through existing systems of professionals and paraprofessionals.
- **Manitoba universities:** support for evaluation (including additional funding)

Triple P – Model for Manitoba

Commitment of Multisectoral Community Partners:

- To deliver Triple P services to parents and families in their community.
- To ensure strong managerial and supervisory support for their staff throughout the training, accreditation, and implementation phases.
- To participate in the provincial evaluation of Triple P in Manitoba.



Triple P – Training in Manitoba



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Triple P Training for Practitioners

- Training is open to all practitioners and service providers in agencies providing services and supports to families and children.
- Trainers are provided by **Triple P International**
 - Initial training
 - Accreditation



Training

- Multi-step process:
 - Initial course participation
 - Skill practice
 - Peer support network
 - Accreditation (competency)
- Practitioners receive all of the resource material required for their level of training (e.g., parent workbooks).
- Training and accreditation held 2 – 3 times per year.

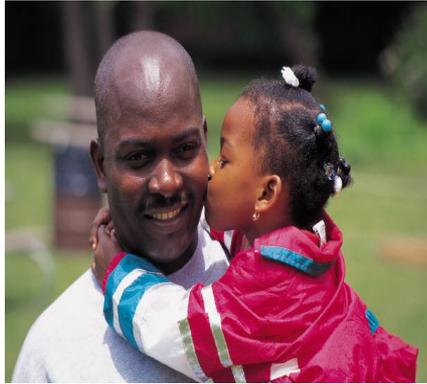
Program Delivery

- Stepping Stones Practitioners:
 - 52 practitioners trained and accredited (to May 2008)

- 25 Community/Social Services
- 13 Education
- 6 Health
- 3 Child Welfare
- 3 Mental Health
- 2 Early Childhood Education



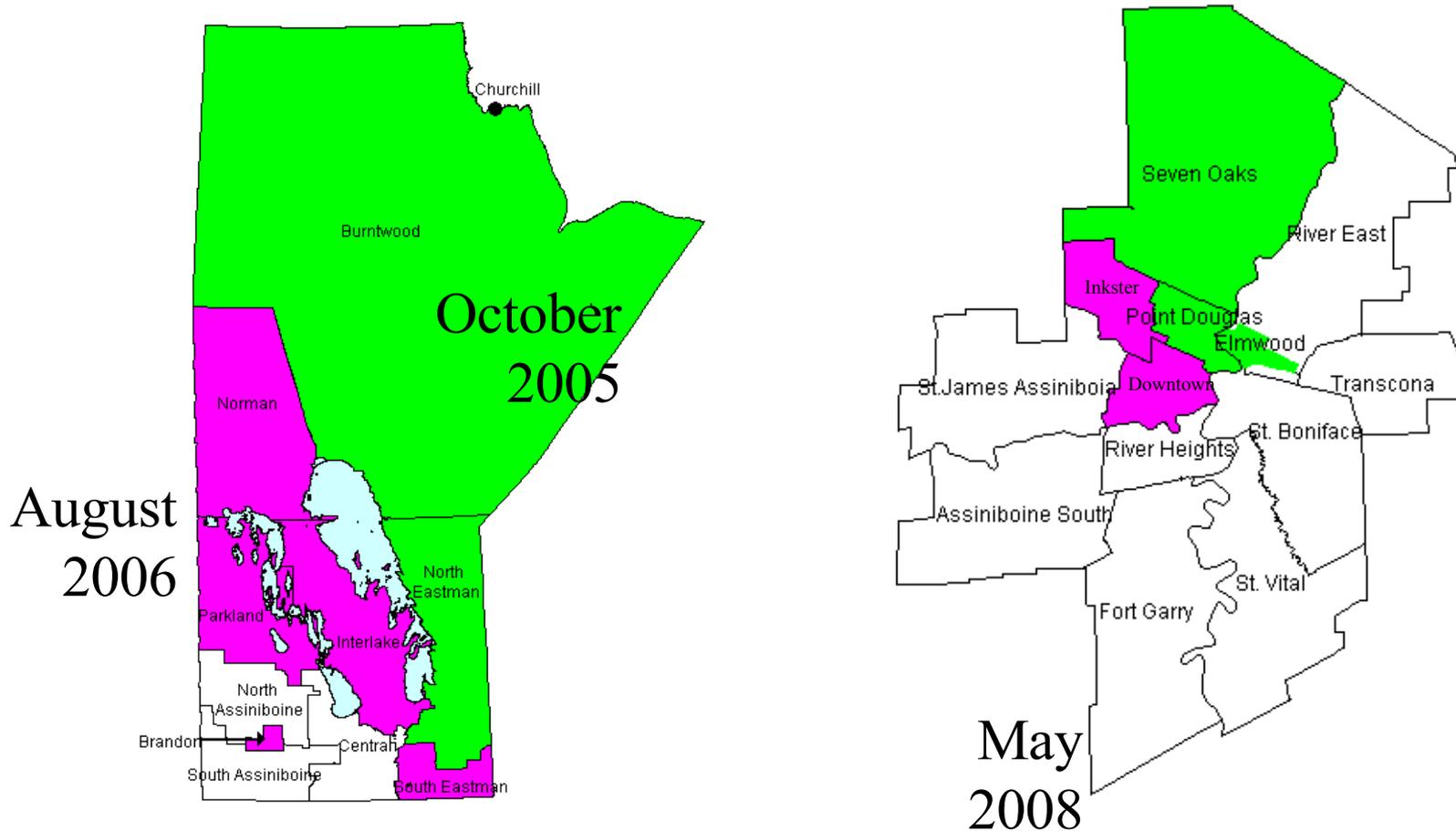
- Programs are offered through community agencies within their existing mandates.



Implementation in Manitoba



Training Rollout in Manitoba



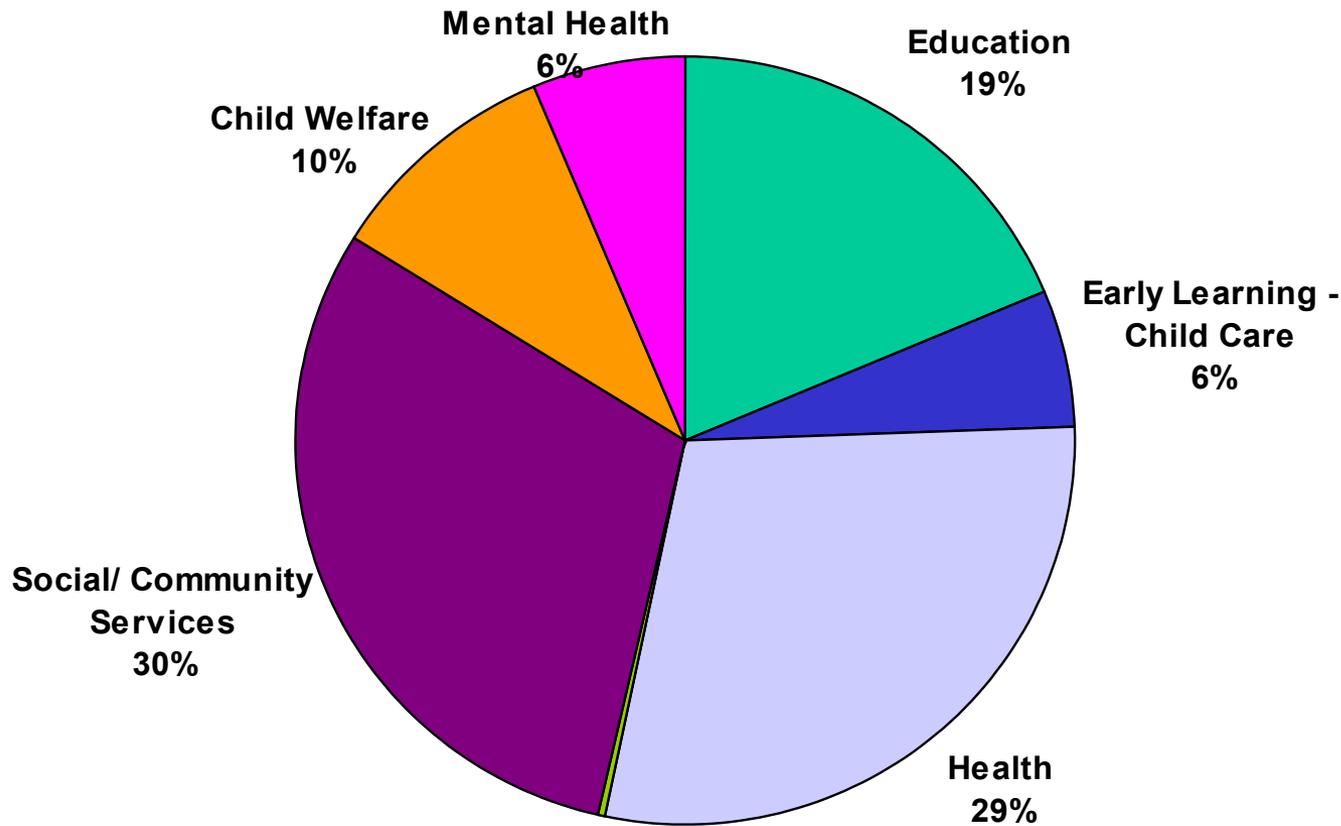
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Manitoba's Intersectoral Triple P Pie

661 Practitioners accredited – 913 Courses accredited to date



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Current: May 2008



Triple P Training in Manitoba: Accredited Practitioners

Level of Training:	661 Practitioners Accredited: 913 courses
Level 2, Selected	50
Level 3, Primary	435
Level 4, Standard	162
Level 4, Group	133
Level 4, Stepping Stones	52
Level 5, Enhanced	60
Level 5, Pathways	45

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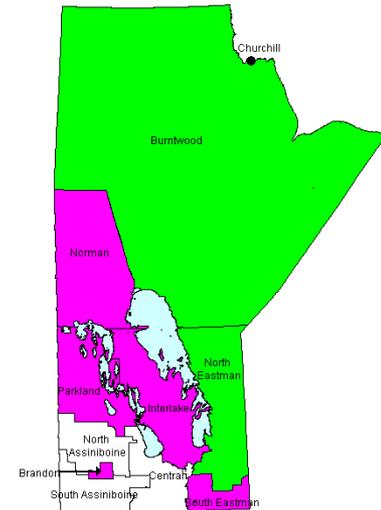
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Research on Stepping Stones Triple P



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Research on Stepping Stones Triple P: Areas of Interest

- Stepping Stones for families parenting a child with FASD (acceptability, usefulness, helpfulness for this population; potential program adaptations?)
- Primary, Level 3 Stepping Stones (brief consultations and tip sheets)
- Community-based research

Thank You



Presentation to Changes for Children Co-Chairs and Implementation Team
January 10, 2007

Contact Information:

Jennifer Volk

Healthy Child Manitoba Office
Government of Manitoba
Suite 219 – 114 Garry Street
Winnipeg, MB R3C 4V6
Tel: (204) 945-1243
Fax: (204) 948-2585
E-mail: Jennifer.Volk@gov.mb.ca

Kelly Hutton

Healthy Child Manitoba Office
Government of Manitoba
Suite 219 – 114 Garry Street
Winnipeg, MB R3C 4V6
Tel: (204) 945-1303
Fax: (204) 948-2585
E-mail: Kelly.Hutton@gov.mb.ca