



The Positive Parenting Telephone Service: long-term benefits for isolated families

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The Positive Parenting Telephone Service (PPTS) was established at the Parent Resource Centre, Wodonga in January 1999 and commenced operation in May 1999. The PPTS provides an innovative model of parent education to families with children aged between two and ten years, who live in the Department of Human Services (DHS) Hume Region of Victoria. The unique mode of delivery enables the PPTS to disseminate parent education to remote areas and marginalised people in a way that many other parent education services can not. It is especially important that resources are provided for socially vulnerable groups in the community as these parents may be less likely to participate in parent education programs (5). The parents/carers may be experiencing general parenting challenges, child behaviour difficulties or may undertake the program as a preventative measure. Rural, remote and/or social isolation may contribute to parents being unable to access traditional parent education services. The PPTS is able to reduce barriers to service delivery by providing a telephone assisted self-directed version of the evidence based Positive Parenting Program (Triple P).

The PPTS is based on a service model developed and evaluated by the Parenting and Family Support Centre (The University of Queensland). It is a preventative intervention initiative. The Positive Parenting Telephone Service is funded by the Victorian Department of Human Services, Family Intervention Services and managed by Upper Hume Community Health Service, at their Wodonga site.

Upper Hume Community Health service was established in July 1994. Through its organisational philosophy it seeks to promote total health care for all individuals in the community. The services provided include; Alcohol Tobacco & Other Drugs Programs, Counselling & Personal Support Programs, Mental Health Services, Family Relationship & Youth Programs, Community Health & Health Promotion, Support for Self-Help Groups, Border Region Cancer Support., and a School Focused Youth Service. It operates across seven sites and currently employs 71 staff. Upper Hume Community Health Service was the recipient of the Inaugural Premiers Award for Best Community Health Service in country Victoria – 2005.

The self directed version of Triple P allows parents to play an active role in a structured parenting skills program, which aims to empower them in their parenting role, prior to child behaviour problems becoming entrenched and difficult to treat. PPTS promotes parents/carers sense of competence and confidence, and teaches parenting strategies which have been proven to be effective in managing misbehaviour. The skills are applicable to a range of behaviours, settings and children. The unique nature of this program provides complete anonymity, combating concerns about lack of privacy or the stigma attached to family or parent support services.

Participating families are provided with Triple P resources, consisting of a workbook/text titled Every Parent's Self-Help Workbook by Carol Markie Dadds, Mathew R Saunders & Karen M Turner (University of Queensland), which is divided into ten weekly sessions. A supporting video may also be provided. These materials are distributed by post following an intake process which determines the suitability of this mode of delivery for the family.

The client then engages in a 6–10 week parent education program, whilst being supported by telephone consultations of approximately 30 minutes, on a weekly basis. During these sessions the parent educator's role is to motivate, encourage and provide support and feedback to the client. In addition the practitioner will facilitate parental autonomy in regard to problem solving by providing only minimal prompts and triggers where the client encounters difficulties. Practitioners utilise general session guides although parents are encouraged to set the agenda and prioritise issues for the telephone consultation. This program requires a year 8 literacy level.

The Triple P program is designed for families who have children in their care. In instances where parents do not have residential care of their children the program is adapted to ensure that these clients

still have access to the valuable information component of the program. The practical sessions are removed thus reducing the delivery time to 4–5 weeks.

Parental feedback, by way of testimonials demonstrates the effectiveness of the program, with one parent reporting “Our family is much happier and we are able to work constructively through our problems” and another, “It was good to be able to address different issues on a weekly basis, being supported and advised with great sensitivity and care. It’s a very important service.”

The purpose of the PPTS is to provide parent education programs and interventions to Victorian families who are rurally or socially isolated and are disadvantaged in terms of access to appropriate traditional parent education services. The broad aims of the Positive Parenting Telephone Service are:

- to increase access and reduce barriers to participation in parent education programs for clients experiencing rural and/or social isolation
- achieve a high community profile and market itself as a generic program for all parents
- to provide a non-threatening and non-stigmatising entry point for parents who may have concerns about their child’s behaviour or development
- assist parents from high-risk groups, or from families exhibiting early indications of difficulties in the parent/child relationship, to acquire skills known to promote the development, health, safety and emotional well-being of children
- promote the independence of families, and enhance satisfaction with the parenting role
- improve early detection and early intervention of children with more severe behaviour problems
- improve detection and early intervention of families whose children are at risk of being abused
- divert families from the child protection and mental health systems, by developing parenting skills, capacities and more positive parent/child interaction patterns.

The service objectives are as follows:

- as part of the universal service system we will provide a telephone assisted self-directed parent education program to parents and carers of children between the ages of 2 and 10
- a reduction in the use of punitive, intrusive and inconsistent parenting practices
- an increase in the use of parenting behaviours known to be associated with the development of social competencies in children
- a reduction in parental depression, anxiety and stress
- a reduction in conflict in relationships between parents
- a reduction in disruptive behaviour in children
- an increase in social competencies in children.

The PPTS services families in the Hume Region of Victoria (Fig1) The freecall 1800 number is available to participants who have telephone area codes of 0260, 0357 and 0358.



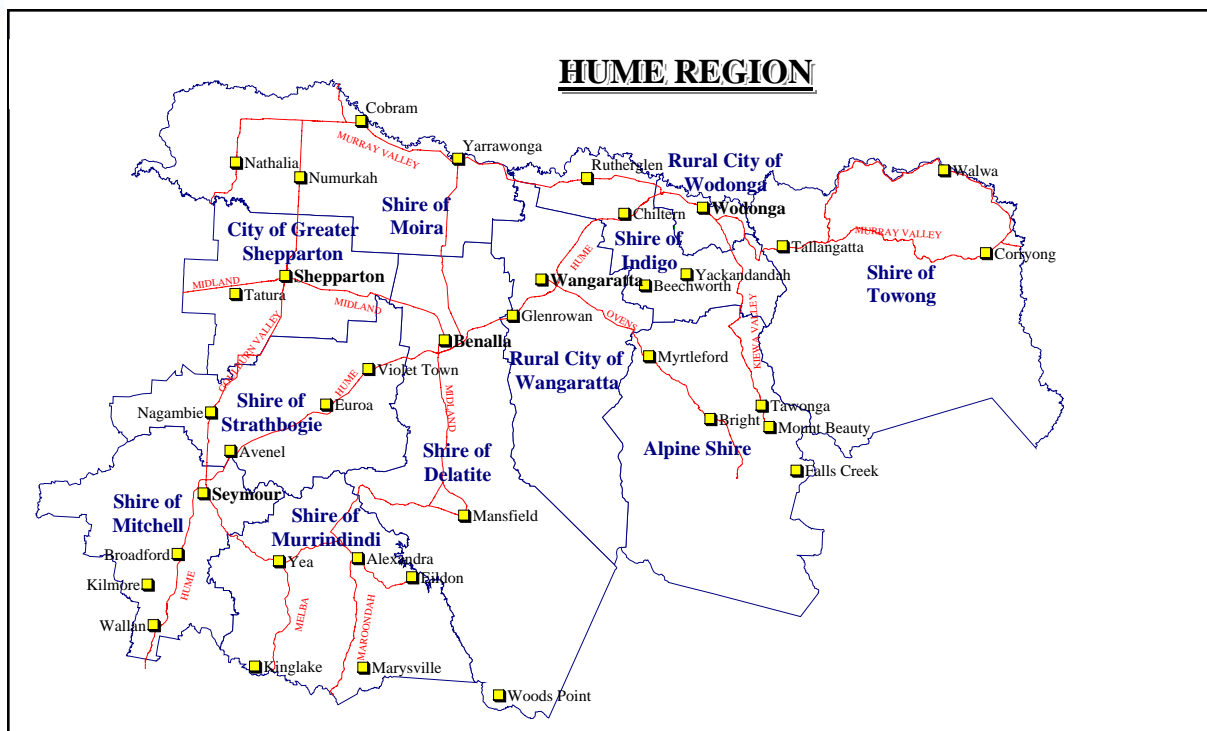


Figure 13 Hume region map indicating local government areas and major centres

The service users include families who:

- live in the DHS Hume Region of Victoria
- have children between the ages of two and ten years
- live in geographically rural and isolated locations and/or
- are experiencing difficulties accessing parent education services for a variety of reasons other than, or in addition to rural isolation. Examples might be an inability to access child care, mental health issues, scheduling of service provision at inconvenient times, limited physical mobility, lack of transport, social isolation, and in some cases vocational isolation whereby professionals may feel uncomfortable engaging in support services in a small community.
- are experiencing difficulties in parenting, and/or whose children are at risk of developing social/behavioural problems, or as a preventative measure.

In minimising barriers to service participation the PPTS provides both day and evening appointments. This increases both availability and convenience of access, particularly to working parents/carers. Clients undertake the program in their own home, in their own time. Contact is via a freecall 1800 number eliminating burdensome telephone charges and the need for child care or transport. Unfortunately, the 1800 number is not currently available from mobile phone services. This situation is creating a challenge to access for those families who use mobile phones in place of telephone land line services. The fact that 30% of our clients are eligible Health Care Card holders indicates low levels of income. The economic benefit of mobile phone use is an advantage, particularly for this group where line rental fees do not apply. Enquiries have been undertaken with Telstra in an attempt to amend this problem but to date no solution is available. Parents/carers wishing to participate in the program who do not have telephone land lines need to source out the use of a land line phone with friends or relatives.

Data from the past twelve months shows that clients utilising the service are from a vast array of circumstances and backgrounds. Some examples include; large numbers of sole parent families, step

families, foster care families, families experiencing domestic violence, problem gamblers, parolees, those with mental health problems (predominantly depression), disability pensioners, increasing numbers of court ordered clients as a result of parental separation and access issues or child protection orders. PPTS staff have noted the increasing complexity of client cases over this period. Health Care Card Holders make up 30 % of the client base, 28% are from sole parent families, 65% of client group live in areas outside the major townships in the Hume Region and over 90% of clients enrolled complete the program, indicating very high degrees of satisfaction with the service. The program is currently provided to 180 families per year.

The service covers a vast geographical area (see fig.13), and as such requires thorough, methodical promotional processes to ensure that all communities are reached, particularly the outlying areas where services are minimal. Community wide promotional campaigns are undertaken regularly with PPTS staff travelling extensively throughout the region to liaise with local primary care services, schools and relevant agencies. PPTS staff strive to take the service to the community and into the homes of the client thus creating ease of access for all. In addition to the impressive benefits of the Triple P program itself, we promote the service as being a user friendly, non-threatening parent support service that is easily and conveniently accessed by all communities in the Hume Region, particularly the more rural and isolated areas.

Evaluation processes involve pre and post intervention data collection from all parents who complete the program. In addition to demographic data the current measures used for the purpose of evaluation are as follows:

- Eyberg Child Behaviour Inventory (4)
- Parent Problem Checklist (3)
- Depression, Anxiety and Stress Scale (7)
- Consumer Satisfaction (4)

This data is then compiled and analysed via the Triple P Database. Analysis of this data illustrates the significant and positive impact on the functioning of participant's family and their children.

The Department of Human Services funded an evaluation of the service in 2001, which was conducted by Warren Cann & Helen Rogers of the Victorian Parenting Centre and Greg Worley then of PPTS. This study revealed very positive outcomes for clients undertaking the program with data analysis demonstrating significant reductions in dysfunctional parenting practices, disruptive behaviour in children, parental conflict over parenting issues, stress, anxiety and depression whilst parental efficacy and satisfaction showed significant increases. Participating clients completed a set of questionnaires pre intervention and immediately post intervention for this research. At this time additional measures to those listed above were utilised for evaluation purposes. Those being; Parenting Scale (1), Parenting Sense of Competence Scale (5), and Abbreviated Dyadic Adjustment Scale (10).

In 2005, Maria Hutchings under the supervision of Felicity Allen of Monash University, undertook research and evaluation of the Positive Parenting Telephone Service client outcomes over the longer term. Pre and post intervention data was collected for 85 parents who had completed the Triple P program with the PPTS between March 2003 and March 2005. A third and additional set of questionnaires identical to those issued in the 2001 study were forwarded to parents who had completed the program between 6 and 24 months prior.

Results from this research supported and reconfirmed the results achieved in 2001. In addition evaluation of 2003/2005 research data demonstrates that the positive outcomes achieved immediate post intervention were maintained over the longer term – that being 6-24 months post intervention. See Figures 1-12 for outcomes.

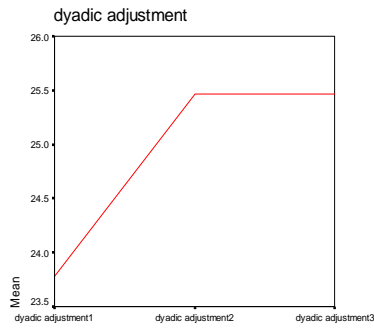


Figure 1. Dyadic Adjustment (ADAS)

Figure 1. (6)

Dyadic Adjustment Scale

- Significant increase in Marital Satisfaction at time 2
- These improvements maintained at time 3.

Overall positive changes were maintained over time.

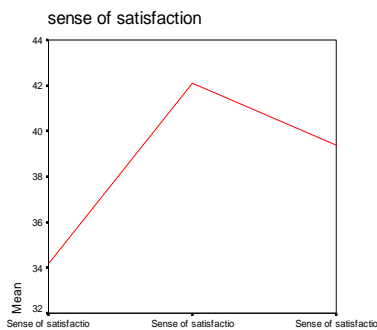


Figure 2. Sense of Satisfaction (PSOC)

Figure 2. (6)

Parental Sense of Satisfaction with the parenting role

- Increased at the time 2
- Non-significant reduction at time 3

Overall positive changes were maintained over time.



Figure 3. Sense of Efficacy (PSOC)

Figure 3. (6)

Parents Sense of Efficacy With the parenting role

- Increased at the time 2
- Non-significant reduction at time 3

Overall positive changes were maintained over time.

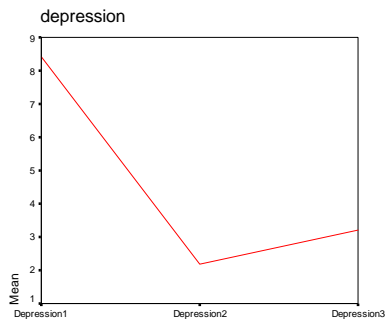


Figure 4. Depression (DASS)

Figure 4. (6)

Depression (DASS)

- Significant reduction at time 2
- Non-significant increase from time 2 to time 3

Overall positive changes were maintained over time.

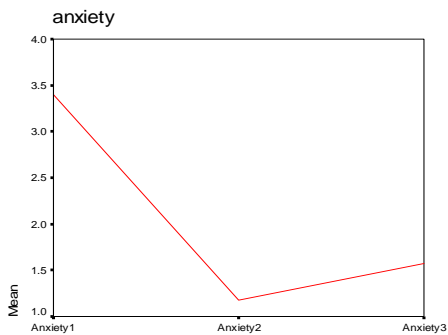


Figure 5. Anxiety (DASS)

Figure 5. (6)

Anxiety (DASS)

- Reduced level at time 2
- Non-significant increase from time 2 to time 3

Overall positive changes were maintained over time.

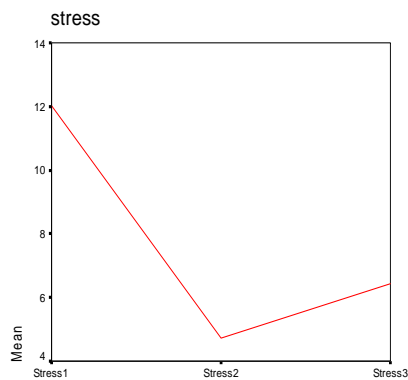


Figure 6. Stress (DASS)

Figure 6. (6)

Stress (DASS)

- Significant reduction at time 2
- Non-significant increase from time 2 to time 3

Overall positive changes were maintained over time.

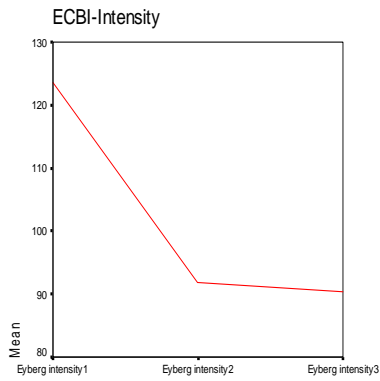


Figure 7. Child Behaviour Intensity (ECBI)

Figure 7. (6)

Child Behaviour Intensity (ECBI)

- Significant reduction at time 2
- Continues reducing from time 2 to time 3

Overall positive changes were maintained and continued to fall over time.

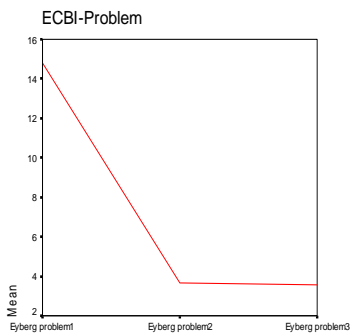


Figure 8. Child Behaviour Problem Number (ECBI)

Figure 8. (6)

Child Behaviour Problem Number (ECBI)

- Significant reduction at time 2
- Positive changes maintained at time 3

Overall positive changes maintained over time

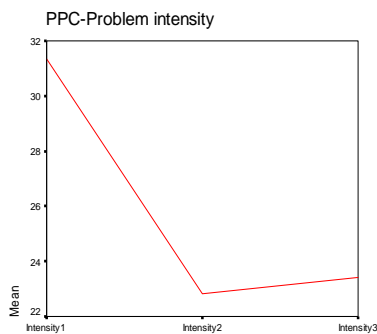


Figure 9. Parent Problem Intensity (PPC)

Figure 9. (6)

Parent Problem Intensity (PPC)

- Significant reduction at time 2
- Non-significant increase from time 2 to time 3

Overall positive changes were maintained over time.

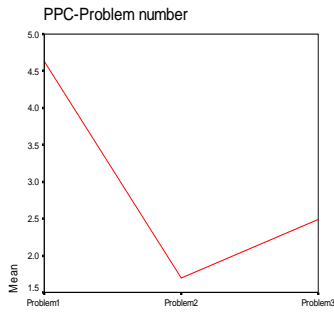


Figure 10. Parent Problem Number (PPC)

Figure 10. (6)

Parent Problem Number (PPC) (Conflict between parents over child raising issues)

- Significant reduction at time 2
- Non-significant increase from time 2 to time 3

Overall positive changes maintained over time.

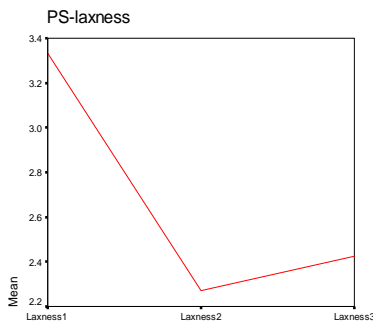


Figure 11. Laxness (PS)

Figure 11. (6)

Laxness (PS) (Permissive Discipline)

- Significant reduction at time 2
- Non-significant increase from time 2 to time 3

Overall positive changes maintained over time.

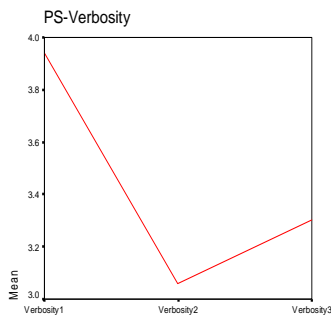


Figure 12. Verbosity (PS)

Figure 12. (6)

Verbosity (PS) (Over emphasis on talking as a discipline strategy)

- Significant reduction at time 2
- Non-significant increase from time 2 to time 3

Overall positive changes maintained over time.

The effectiveness of this model of service delivery is reflected in the research outcomes, with families achieving very impressive results. We pride ourselves in the valuable contribution we make to the healthy functioning and well-being of families living in the Hume Region of Victoria. In September 2006, the Positive Parenting Telephone Service was recognised for its innovative approach, quality service, evaluation, equity in access and outstanding outcomes, being awarded the 2006 Victorian Public Health Spotlight Award for “Excellence” in the Supporting Childhood Health & Well-being Category. The award was presented by Hon Bronwyn Pike, Minister for Health, Victoria.



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Presenters

Margaret Hunter has been the Manager of the Families Relationships and Youth Team of Upper Hume Community Health Service for approximately five years. Margaret has a long history of working in the health industry.

Denise Roddy is the Co-ordinator of the Positive Parenting Telephone Service and has been with the service for the past five years.