

ANN MARTIN PROFESSIONAL LECTURE SERIES





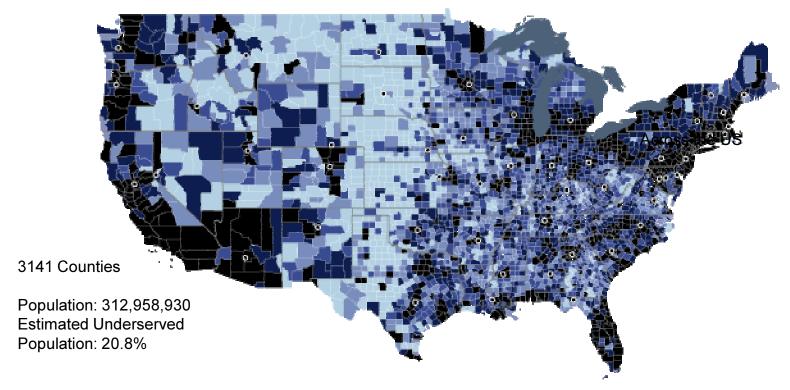
Prevention and Mitigation of Adverse Childhood Experiences Triple P – the Positive Parenting Program

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What is Triple P?

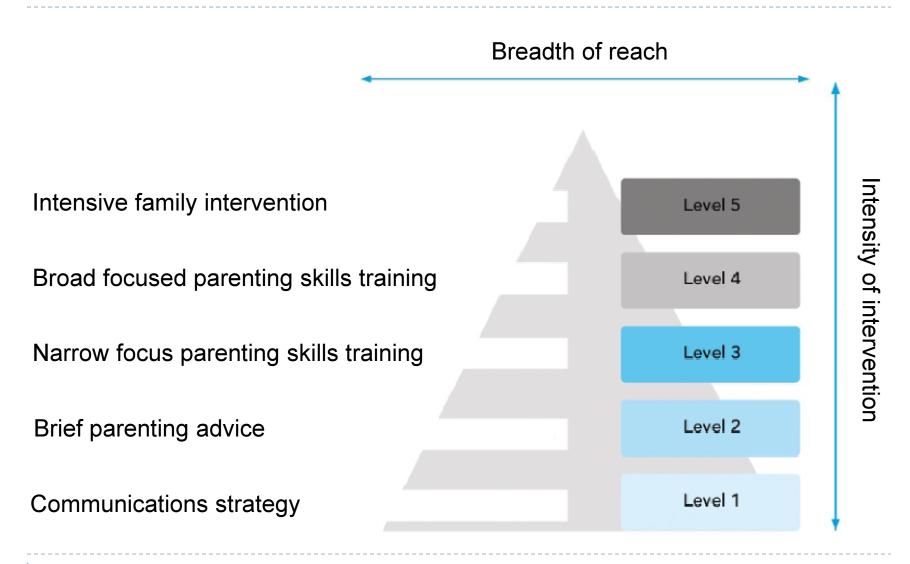
Triple P – Positive Parenting Program



Triple P is an evidence-based public health approach for improving parenting practices and child welfare outcomes within a population.

Triple P Interventions

An evidence-based public health approach for improving parenting practices and child welfare outcomes within a population.



Standard Triple P Parenting Strategies

- Promoting positive relationships
 Brief quality time, talking to children, affection
- Encouraging desirable behavior
 Praise, positive attention, engaging activities
- ► Teaching new skills and behaviors Modelling, incidental teaching, ask-say-do, behavior charts
- Managing misbehavior
 Ground rules, directed discussion, planned ignoring, clear, calm instructions, logical consequences, quiet time, time-out

Skills are taught using modeling, practice, and self-reflective exercises.

Parents select skills to improve and child behaviors to ------monitor.



Learning Aids

Parent workbooks
Videos
Tip Sheets
Books/booklets

Sample Parenting Strategies

Planned Ignoring for Tantrums

- e.g. for use with toddlers under the age of 2 years exhibiting inappropriate behavior
- Even negative attention can be reinforcing
- Plan to ignore minor problematic behaviors so as to not reinforce or strengthen them
- As soon as children begin to behave appropriately, praise them

Strategies

- Based on a cognitivebehavioral perspective
- Researchinformed
- Easy to understand
- Simple to implement

Sample Parenting Strategies

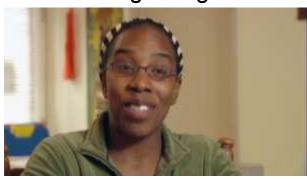
Setting a Good Example



Ground Rules

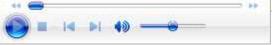


Planned Ignoring



Incidental Teaching





Standard Triple P Sessions

Session 1-2: Intake/Assessment

- Parent-child observation
- Getting buy-in and generating a treatment plan

Sessions 3-4: Parental Skill Building

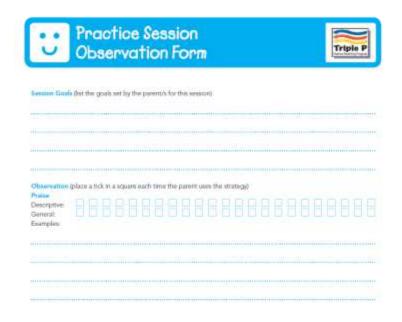
- Teaching parenting strategies
- · Homework and behavioral monitoring

Sessions 5-7: Home visits!

Sessions 8-9: Learning to be planful parents

Sessions 10: Closure

- Review of progress
- · Maintenance of progress discussed



Parent Experience











LeSandra

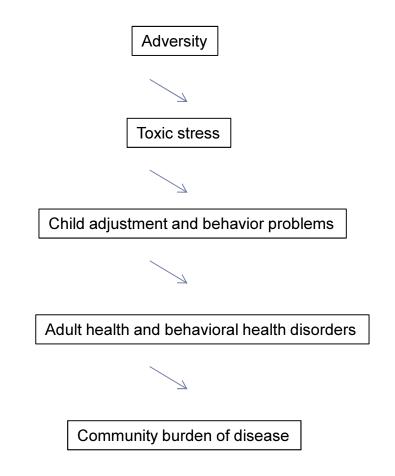
Self Regulation

Self regulation is the ability to adapt one's behavior, and emotions, and cognitions in response to the social environment.

- ▶ An individual who can self regulate:
 - Is able to guide their own behavior
 - Copes with powerful emotions
 - Demonstrates self-control and inhibitory control
 - Manages their thoughts and beliefs
 - Focuses attention, problem solves, and organizes their resources
 - How would these abilities make an individual a better parent?

Difficulty with Self Regulation

- As environmental demands increase, poor self regulatory skills are related to numerous problems:
 - Small problems get bigger
 - Problems in childhood are related to problems in adulthood.
 - It is more difficult to address problems later in life further downstream



The Emerging Science of Toxic Stress

POSITIVE STRESS

Mild/moderate and short lived stress response necessary for healthy development

TOLERABLE STRESS

More severe stress response but limited in duration which allows for recovery

TOXIC STRESS

Extreme, frequent, or extended activation of the body's stress response without the buffering presence of a supportive adult

PREVENTION & EARLY INTERVENTION

PROLONGED AND UNADDRESSED

TOXIC STRESS EFFECTS

Multi-System Impacts of Toxic Stress

- Brain development, structure, and function
- Behavior
- Immune function
- Gene expression

Whitepaper: An Unhealthy Dose of Stress Center for Youth Wellness

Self Regulation for All

- ► Children are learning to self-regulate
 http://www.youtube.com/watch?v=9PnbKL3wuH4
- Parents can also learn to self-regulate
 - Triple P self regulatory framework assists with instruction
 - Strength-based, "What went well for you?"
 - Positive-focused, "What would you do differently next time?"
- Practitioners can learn to self-regulate
 - Peer support network
 - Continuous improvement of consultation skills



. Sesame Street: Me Want It (But Me Wait)

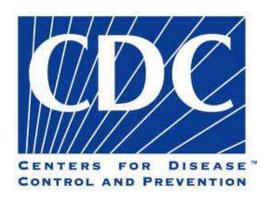
When me lose control, me have no doubt. Me have strategies to calm me down!

Public Health and Minimal Sufficiency

- Multi-level approach encourages practitioners to apply the public health principle of minimal sufficiency
- Families should only receive the amount of intervention that is needed and desired; no more - no less
- Minimal sufficiency means that
 - Resources are not wasted
 - Client needs/desires direct treatment dose
 - Brief interventions with broad reach are possible
 - Simple solutions to complex problems are tried first

1900-1999 Ten great public health achievements in the U.S.

- Motor vehicle safety
- Safer workplaces
- Control of infectious diseases
- Fewer coronary/stroke deaths
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Tobacco use as health hazard
- Vaccination



What will be public health's great achievements in this century?

QUICK REVIEW

Adverse Childhood Experiences and Toxic Stress

The three types of ACEs include

ABUSE



HOUSEHOLD DYSFUNCTION



Physical



Physical





Mental Illness Incarcerated Relative



Emotional



Emotional



Mother treated violently Substance Abuse





Sexual



Divorce

FIGURE 1: Types of Adverse Childhood Experiences Image courtesy of the Robert Wood Johnson Foundation ACEs lead to increased risk for negative health behaviors.

A PERSON WITH 4 OR MORE ACES IS:

- 12.2 times as likely to attempt suicide
- 10.3 times as likely to use injection drugs
- 7.4 times as likely to be an alcoholic

ACEs lead to increased risk for serious health conditions.

A PERSON WITH 4 OR MORE ACES IS:

- · 2.2 times as likely to have ischemic heart disease
- 2.4 times as likely to have a stroke
- 1.9 times as likely to have cancer
- 1.6 times as likely to have diabetes

Relationship of ACEs with Alcoholism and Suicidality



http://acestoohigh.com



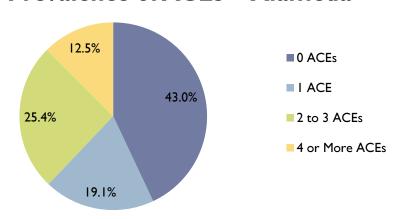
Behavioral Risk Factor Surveillance System

- Adult self-report
- Established in 1984 by the CDC, it is the largest health survey in the world
- All states are implementing this telephone survey
- Survey contains core modules, optional modules, and state added questions.
- The optional ACE module was included in the 2008, 2009, 2011, and 2013 in California; will reappear in 2015.
- California Department of Public Health has a new contractor data collection, analyses, and warehousing, CSU Sacramento.

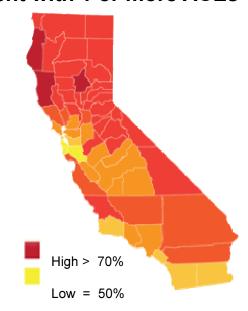
BRFSS Data for California (2010)

A Hidden Crisis, Center for Youth Wellness, 2014

Prevalence of ACEs -- Alameda



Percent with 1 or more ACEs



County	0 ACEs	1 ACE	2 to 3 ACEs	4 or More ACEs
Alameda	43.0%	19.1%	25.4%	12.5%
Santa Barbara	42.5%	19.6%	24.7%	13.3%
Los Angeles	39.3%	22.6%	24.6%	13.5%
Butte	23.5%	26.3%	19.9%	30.3%
Santa Clara	46.6%	22.6%	19.8%	11.0%
CA Average	38.3%	21.7%	23.3%	16.7%

National Survey of Children's Health

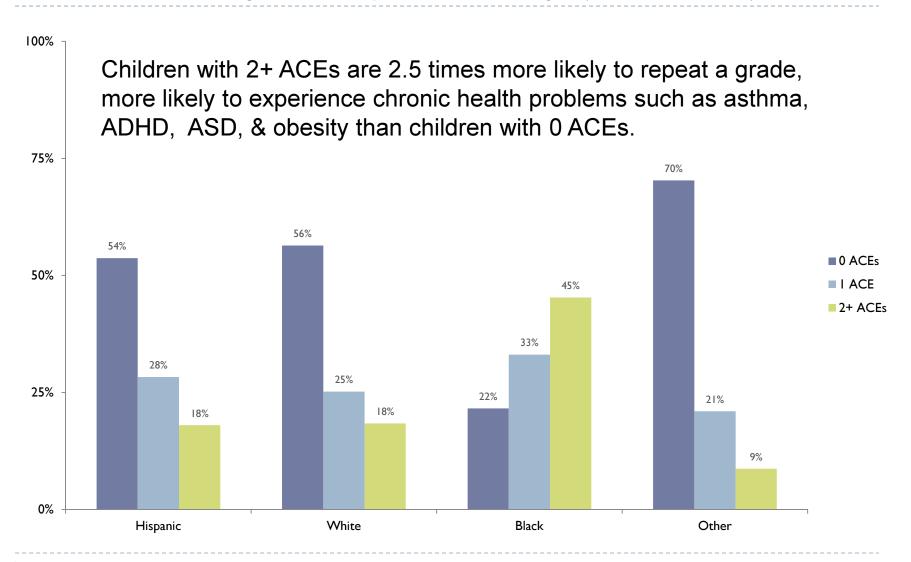
Core indicators

- Physical and Dental Health
- Emotional and Mental Health
- Health Insurance Coverage and Access
- Community and School Activities
- Family Health and Activities
- Neighborhood Safety and Support

Modified ACE module

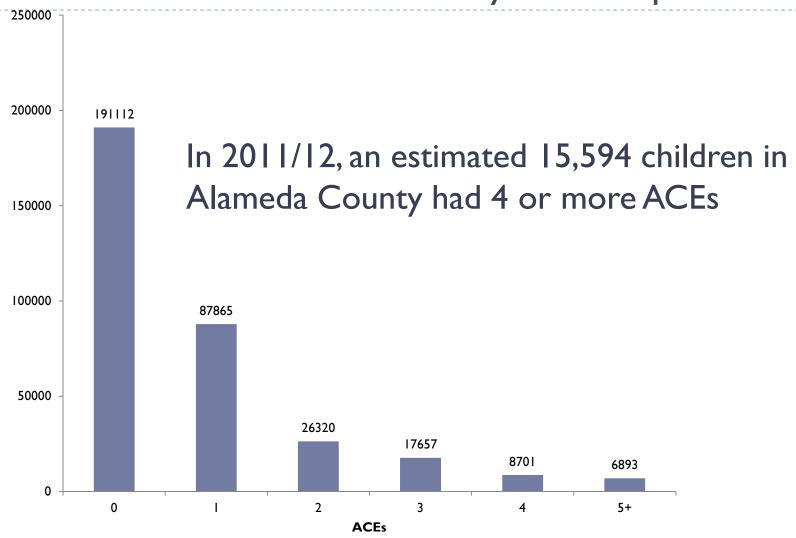
- 9 ACEs included
- Divorce/separation, incarceration, domestic violence, household mental illness, household substance abuse, death of parent, discrimination, poverty, victim of neighborhood violence

Prevalence of ACEs among Children 0-17 in California by Race/Ethnicity (2011-12)



Source: Data Resource Center for Child and Adolescent Health; http://www.childhealthdata.org

ACE Estimates for Alameda County Child Population¹



^{1.} National Survey of Child Health, 2011/12 Data. Data Resource Center for Child and Adolescent Health. http://www.childhealthdata.org

Correlating ACEs with Home Environment (CA)

- For all children, hours spent playing videogames and watching TV was significantly related to ACE scores.
- For 6-17 year olds, school problems were significantly related to ACE scores. The higher a child's ACE score, the more days of school were missed and the more disengaged children were with school.
- ▶ For 6-17 year olds, adequate sleep was significantly related to ACE score. The higher a child's ACE score, the more sleep-deprived they were.

What home environment conditions would give rise to these connections?

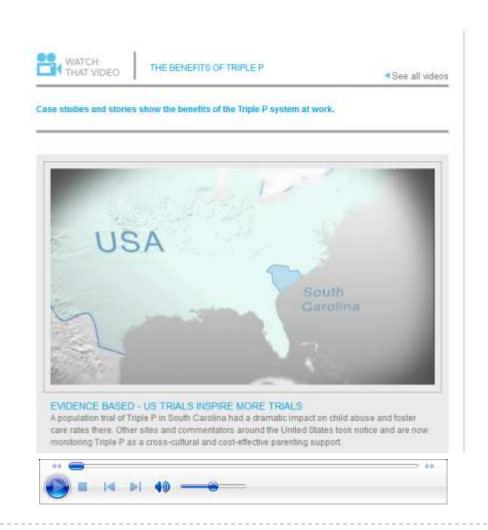
Correlating ACEs with Social Environment (CA)

For all children, poverty and living in an unsupportive neighborhood were significantly related to ACE scores. The higher a child's ACE score, the more impoverished the family environment, and fewer social supports were available in their neighborhood.

Neighborhood items:

- People in my neighborhood help each other.
- We watch out for each other's children in my neighborhood.
- There are people I can count on in my neighborhood.
- If my children were playing outside and got hurt or scared, there are adults nearby who I trust to help my child.

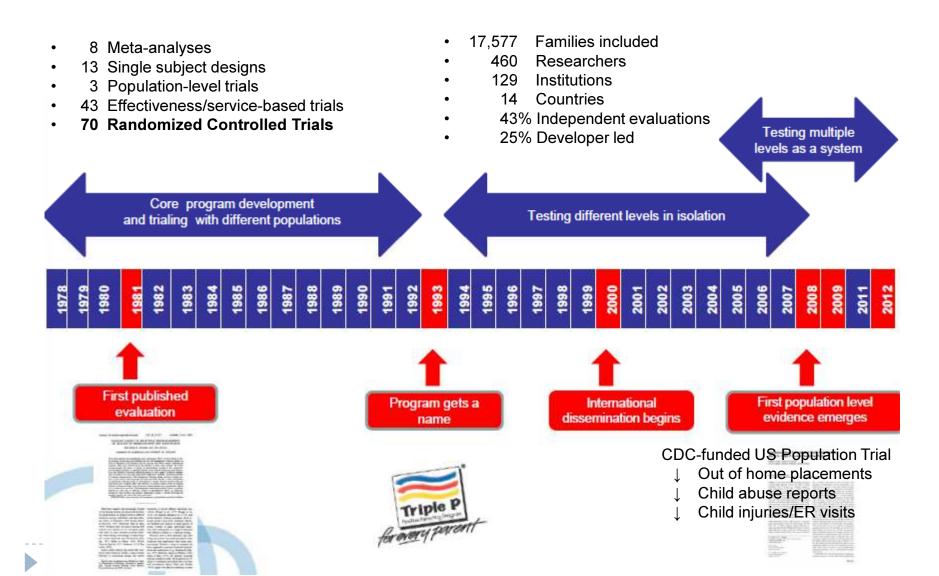
CDC Triple P US Population Trial



US Triple P System Population Trial¹

- 9 Triple P Counties; 9 Care as Usual Counties
- Matched on demographic variables and size
- Prevention of child/family problems
 - 22% fewer out of home placements/year (240 fewer/100,000)²
 - ▶ 16% fewer hospitalizations/ER visits for child maltreatment injuries/year (60 fewer/100,000)²
 - ▶ 17% fewer substantiated child abuse cases/year (688 fewer/100,000)²
 - Prinz, R. J., Sanders, M.: R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population--based prevention of child maltreatment: The U.S. Triple P System Population Trial. *Prevention Science*, 10(1), 1-12.
 - 2. Standardized prevention rates per 100,000 children ages 0-8 yrs.

140 Evaluation Studies



How Triple P Can Make a Difference

Home and Social Environment	Triple P Strategy
Impoverished family environment	 Brief quality time Praising children Talking to children Showing affection
Excessive videogames and TV	 Planning engaging activities Modeling behavior Logical consequences Ground rules
III parent	Taking care of oneselfHaving realistic expectationsSupporting your partner
School problems	Modeling behaviorBehavior chartsDirected discussion
Bedtime problems	Behavior chartsCalm instructions

How Triple P Can Mitigate ACEs

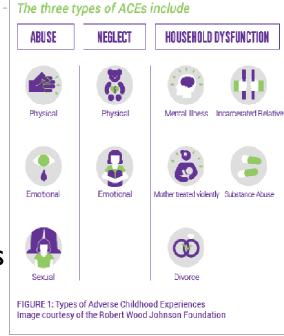
For NSCH ACE categories, providers have started to install the program to work with at-risk populations.

ACE	Triple P Service Delivery Site
Mother Treated Violently	Homeless sheltersDomestic violence shelters
Household Substance Abuse	Substance abuse treatment center
Incarcerated Household Member	• Corrections
Parental Separation or Divorce	Adoption of Family Transitions Triple P

How Triple P Can Mitigate ACEs

Triple P can function as a **prevention program** to address child abuse and neglect ACEs

- Triple P services can improve parenting skills and sense of competence
- Triple P can reduce coercive family processes that lead to an escalation of problems
- Triple P can decrease a parent's level of depression, anger and anxiety



All of these benefits can help to reduce child injuries due to maltreatment, substantiated child abuse reports, and out of home placements.

How Triple P Can Mitigate ACEs

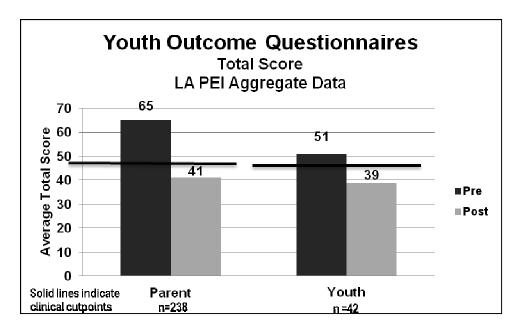
Triple P can function as an **early intervention** program to address child behavior problems before they escalate.

- Pre-post intervention scores on common child behavior inventories demonstrate reductions below clinical thresholds for externalizing disorders (e.g. Oppositional Defiant Disorder, ADHD).
- Evidence is also accumulating for Triple P interventions focusing on internalizing disorders as well (e.g. anxiety disorders)
- Interrupting the negative behavioral cascade that leads to more severe diagnoses and utilization of parent and community resources.

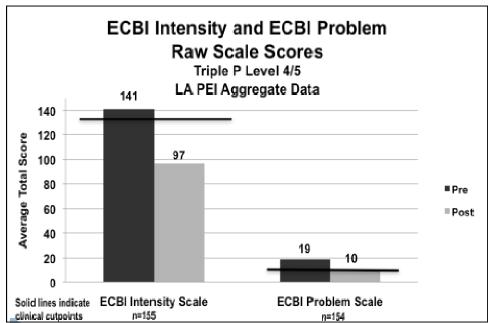
Los Angeles County Department of Mental Health Aggregate July 2012

Table 2. C		ographics – nder	Children Who Entered Triple P Level 4/5 (n=1,677) Ethnicity				Primary Language			
(in years)	Female	Male	African American	Asian/Pacific Islander	Caucasian	Hispanic/ Latino	Other	English	Spanish	Other
9.3 (n=1,648)	34.3% (n=576)	64.8% (n=1,086)	12.0% (n=202)	1.8% (n=30)	8.7% (n=146)	73.9% (n=1,239)	3.6% (n=60)	55.7% (n=934)	42.1% (n=706)	2.2% (n=37)

Table 3. DSM-IV	Table 3. DSM-IV Diagnosis – Children Who Entered Triple P Level 4/5 (n=2,824)								
	Primary DSM-IV								
	Axis I Diagnosis								
Disruptive Behavior Disorders	Behavior Hyperactivity		Post-Traumatic Stress Disorder	Other	Missing/ Not Reported				
36.0% (n=1,018)	24.3% (n=685)	29.7% (n=839)	3.0% (n=86)	6.7% (n=190)	0.2% (n=6)				



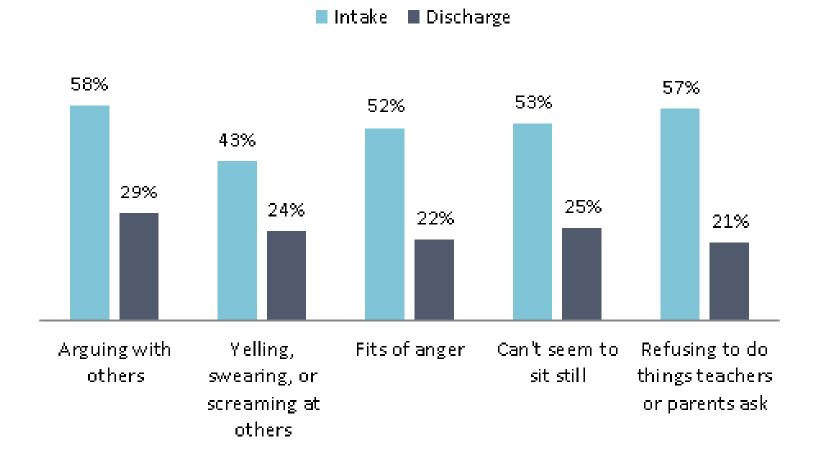
The Y-OQ®-2.01 is a 64 item report completed by the parent/guardian. It is a measure of treatment progress for children and adolescents (ages 4-17) receiving mental health intervention. It is meant to track actual change in functioning.



The Eyberg Child Behavior Inventory is a comprehensive, behaviorally specific rating scale that assesses the current frequency and severity of disruptive behaviors in the home and school settings, as well as the extent to which parents find the behavior troublesome.

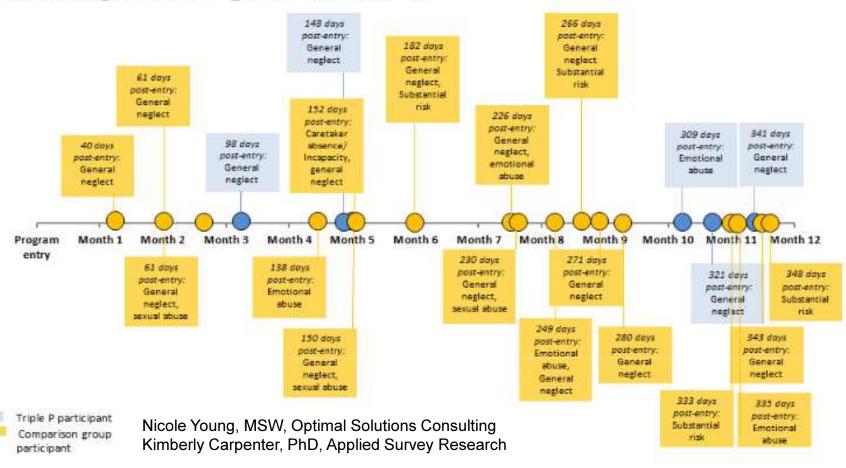
Ventura County Triple P Data¹

Change in Symptoms and Functioning for youth 5 years and older



First 5 Santa Cruz Key Findings

Timeline of Triple P and Comparison Group Substantiated Allegations Occurring After Program Enrollment



Practitioner Experiences



We've got a plan, we've done this before, and we're going to help you.

Bianca Rodriguez





Parents can go home and try it the next day — and it works; it's like magic!

Jessica Molina





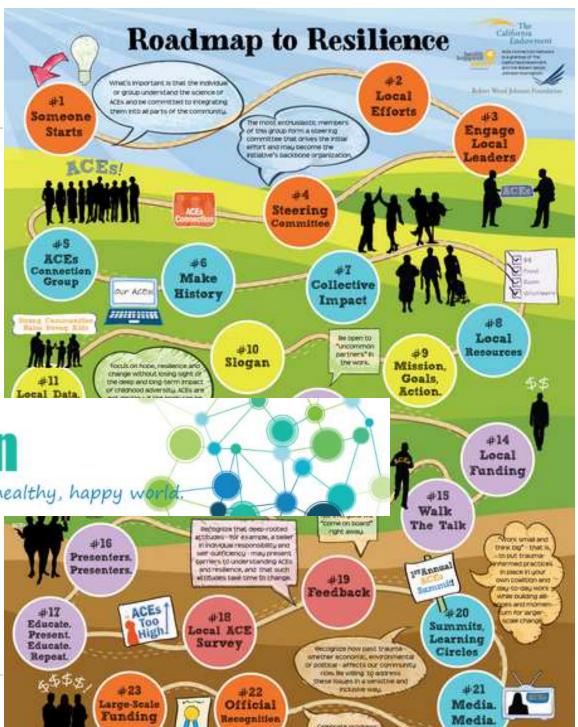
When you hear parents use words like "happy, peaceful, and hopeful" you feel good about what you are doing.

Lenell Young



Becoming a Trauma-informed Community...

involves many players and many steps...



ACEs Connection

Healthy, happy kids grow up to create a healthy, happy world.

acesconnection.com



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For additional information

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