

Journal of Applied Research on Children: Informing Policy for Children at Risk

Volume 4
Issue 2 *Accountable Communities: Healthier
Neighborhoods, Healthier Children*

Article 18

2013

Enhancing Communities through the Design, Development and Dissemination of Positive Parenting Interventions

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Recommended Citation

Pickering, John A. and Sanders, Matthew R. (2013) "Enhancing Communities through the Design, Development and Dissemination of Positive Parenting Interventions," *Journal of Applied Research on Children: Informing Policy for Children at Risk*: Vol. 4: Iss. 2, Article 18.

DOI: <https://doi.org/10.58464/2155-5834.1158>

Available at: <https://digitalcommons.library.tmc.edu/childrenatrisk/vol4/iss2/18>

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There is now overwhelming evidence linking early parenting practices and positive, nurturing environments to almost every aspect of child development.¹⁻¹² The extent to which children grow up to be healthy and well-adjusted depends largely upon the way in which they are raised,¹³⁻¹⁴ and the extent to which parents raise their children positively has significant flow-on effects for the communities in which they inhabit.⁹

Evidence-based parenting programs which seek to instil a warm, responsive, consistent parenting environment that provides boundaries and contingent limits for children in a low conflict family environment affords children many essential life skills which significantly shape their lifelong interactions with the community.¹⁵ Whether through accelerated language development, greater readiness for school, higher academic achievement, reduced risk of antisocial behavior, lack of substance abuse problems or mental health issues, an increased likelihood of involvement in higher education, improved physical health, improved workplace performance, or greater capacity for later intimate relationships, positive parenting interventions target multiple factors which lay the foundation for lifelong prosperity for both the individual and broader community.^{8-9, 12, 15-17} There is no more important and potentially modifiable target of preventive intervention and conceivably no more powerful means of enhancing the health and well-being of a community than evidence-based parenting practices.

This paper makes the case that the process of designing, developing and disseminating evidence-based parenting interventions is crucial to not only enhancing outcomes for children and their parents, but, just as importantly, the communities in which they live. In making this case we demonstrate that rarely are the consumers of parenting programs accessed—especially policymakers—when programs are being developed, and this lack of consumer engagement potentially limits intervention uptake and impact.

To illustrate this point we use sibling conflict—one of the most commonly reported and universal challenges parents face—as an exemplar of how existing evidence-based interventions can be adapted to meet the needs of a diverse range of parents with benefits at the child, parent and community level. We begin by briefly examining the existing consumer engagement literature, focusing specifically on how consumer involvement in the intervention development and dissemination process can be used to enhance various aspects of intervention design and development.

Consumer Engagement and the Development of Parenting Interventions

Consumers of parenting interventions encompass a wide variety of target groups, including parents and their children, the practitioners

who deliver the intervention, agencies that train practitioners, and overarching bodies such as governments who make policy-based decisions relating to funding and implementation of such interventions. Consumers are a richly valuable source of information and, depending on the type of consumer engaged, can be called upon to explicate the problem behaviors interventions seek to manage; the applicability and acceptability of the recommended strategies; preferences for delivery of the intervention; methods of enhancing practitioner training and service delivery; community level need and fiscal priorities.

Although the idea of seeking the consumer perspective in intervention development is neither new,¹⁸ nor totally neglected,¹⁹ the involvement of consumers across all aspects of program design and development has received relatively limited attention in the parent training field. Typically, investigators rely on theoretical models to inform the development of an intervention and then test the intervention in clinical settings to determine program effectiveness and subsequent “consumer (viz. client) satisfaction.” However, such limited scope in assessing consumer need, demand, preferences and satisfaction restricts the potential benefits obtainable through engaging the consumer voice more comprehensively.

The main goal of applying a consumer approach to intervention development is to increase the ecological fit between parenting programs and parents’ needs to enhance the effectiveness of intervention across both the individual and community level. Consumer engagement not only seeks to maximize the effectiveness of the intervention at the individual parent or child level (e.g., the extent to which an intervention lowers behavioral problems), but also seeks to maximize the likelihood that it will be widely adopted and disseminated (e.g., the extent to which parents actually participate in parenting programs or governments and other organizations seek to embed such programs across the community). Consumer information is not obtained to replace or supersede established theories and empirical findings, but rather to be integrated with theory and empirical research to optimize specific elements of the intervention.

An example of the consumer engagement process in action was provided by Kirby and Sanders,²⁰ who adopted a parent-as-consumer perspective in developing a tailored parenting program for grandparents. Their main goal was to examine the challenges encountered by grandparents in the role of informal childcare providers and then use this information to inform the development of a parenting program for grandparents. Drawing on well-established theoretical bases (e.g., social learning theory) and empirical foundations (e.g., behavioral parent training), the authors conducted focus groups with grandparents wherein specific questions were asked about the challenges faced by grandparents and what they would like to see

included in a grandparenting program. A thematic analysis of focus group content was performed and the results were integrated with the theoretical and empirical foundations to tailor an intervention specifically to the needs of grandparents. The program has since been tested successfully with grandparents and is now being prepared for dissemination and further replication studies.²¹

Beyond grandparents, researchers have also explored the needs and preferences of parents of low and middle income countries,²² parents of preterm babies,²³ parents of children with cerebral palsy,²⁴ parents of children with Autism Spectrum Disorder²⁵ and ethnically diverse populations.²⁶ Interestingly, however, these studies all focus on the *parent-as-consumer*. Focusing on the *parent-as-consumer* is useful, but potentially limited—especially from a public health perspective—because data from other target groups within the consumer sphere also could be obtained to enhance the ecological fit of the intervention.

As outlined in Table 1, there are a variety of different consumers and methods of engaging these consumers within parenting interventions. Within these methods of engagement, there are numerous possible outcomes and implications for intervention design and dissemination. For example, to enhance the population reach and subsequent community impact of parenting interventions, practitioners delivering the intervention could be engaged through a mix of focus groups and surveys to help inform the best methods of delivery to parents, what obstacles and barriers they encounter, and the factors which may enhance the flow of information to parents. In addition, agencies which employ practitioners to deliver the intervention to parents can be engaged to help inform the best models of supervision, provide feedback on the training process, and identify opportunities for increasing agency-level adoption and support of intervention delivery. Moreover, governments and policymakers could be consulted to clarify which population-level problems are a priority from a policy perspective, as well as what fiscal considerations are relevant to investing in parenting programs. It is indeed important for intervention developers to be attuned to questions of cost-effectiveness, feasibility, and government priority when developing interventions. Taking a holistic, synergistic approach to intervention development which addresses current identified need and priority areas in the community should enhance the likelihood of the intervention being adopted and delivered in the community.

To illustrate the process and value of an integrated consumer engagement approach to intervention design and development, we introduce below a conceptual framework for consumer engagement in the development of a parenting intervention for managing sibling conflict and rivalry. Sibling fighting, aggression and rivalry rank among

the most commonly reported and significant problems parents face in their role as parents,²⁷⁻²⁹ and if left unattended, sibling aggression is associated with significant behavioral and emotional problems in later life.³⁰

A model of program development to enhance communities through the management of sibling conflict

Children's relationships with their siblings are among the most important contributors to their mental health and well-being throughout life. Such is the significance of the sibling relationship that the strongest predictor of well-being at age 65 among male Harvard alumni was found to be the quality of their sibling relationships during college.³¹ Siblings affect each other's social, cognitive and behavioral development, and there are over 26 different types of siblings that a person may have.³² Whether it's the acquisition of interpersonal skills,³³ cognitive development,³⁴ social understanding,³⁵ socio-cognitive reasoning skills,³⁶ delinquent behavior,³⁷⁻³⁹ behavior problems in adolescence,⁴⁰ or even protection against the adverse effects of marital discord,⁴¹ siblings play a pivotal role in shaping an individual's development and how that individual will ultimately go on to interact with his community through life.

Evidence from behaviorally based parenting programs provided preliminary support for the role of parents in reducing sibling conflict. Using mixed method designs, including single-case designs, behavior therapists have successfully demonstrated how strategies such as timeout,⁴² logical consequences,⁴³ reinforcement and contingency management,⁴⁴ and social skills training⁴⁵ have all been successfully used to target sibling aggression.⁴⁶

Not surprisingly, much of the focus to date has been on reducing undesirable behaviors rather than teaching specific, positive sibling interaction skills. In a series of studies evaluating a family-based preventive intervention for preschool-age siblings of antisocial youths, Brotman et al., examined the extent to which a targeted intervention of elder siblings could act as a preventative intervention for younger siblings.⁴⁷⁻⁵⁰ The intervention combined the Incredible Years Parenting Program⁵¹ with additional components consistent with social interactional learning and transactional developmental models of conduct problems. One of the main findings to emerge across the Brotman et al. studies was that families were motivated to participate in a prevention program focused on their normally developing preschool-age child when an adolescent child in the family had engaged in serious delinquent behaviors.^{47, 48} In the larger trial⁴⁹, the effects of the preventive intervention on parents and children were convincing. Relative to controls, intervention parents used fewer negative parenting practices and provided greater stimulation for learning at home.

Preschoolers in the intervention exhibited enhanced peer skills relative to controls. Such positive immediate outcomes on parenting practices and child social competence with peers are expected to contribute to the prevention of later conduct problems in the targeted pre-schoolers, rendering interventions which address sibling conflict to be of potential significance to not only the individual family, but to the broader community as well.

An opportunity exists, therefore, for intervention developers to create a collaborative, bidirectional process of knowledge exchange which seeks to maximize individual and community benefit by enabling the development of the most effective and disseminable intervention for managing sibling conflict. Soliciting input from different consumer groups across each aspect of development and dissemination of the intervention will help maximize its applicability and effectiveness across the population of parents. In particular, the consumer voice as expressed by policymakers will enable the identification of government priority areas, allow for assessment of population-level need for service or intervention, and create an informed understanding of the fiscal environment and barriers to policy support. In addition, preference information from other sources can be extracted to help design the intervention to enhance its appeal and acceptability, such as the strategies used, delivery format (e.g., large group, individual, seminar), supporting materials, and other relevant information such as partner involvement and support.

Figure 1 outlines a 10-stage iterative model of program design and development that acts as a template for development of parenting interventions. Beginning with the identification of a sound theoretical framework right through to the ultimate goal of making an intervention widely available and receiving population-level uptake, the model emphasises the importance of intervention development being dynamic and responsive to the consumer voice and seeks to marry consumer preference data alongside existing theoretical and empirical foundations. The end result is to infuse consumer feedback information across the entire intervention design and development process and each make widely available the most effective possible intervention.

Using the phases outlined in Figure 1, it is proposed that intervention developers select and adhere to a theoretical framework to lay a foundation for the intervention. An example framework for sibling conflict parenting intervention is to adopt a social learning and cognitive-behavioral approach, as these approaches have well-documented effects in reducing problem behaviors in children and adolescents.^{5, 52} Drawing upon a robust theoretical framework coupled with an initial wave of consumer preference data (e.g., government priority areas, parent preferences), the intervention is designed and developed in preparation for initial feasibility testing.

The pilot testing phase involves administering the intervention, typically in a randomized clinical trial setting, to “road test” the intervention and also to capture further consumer input in the form of usability feedback for further program refinement. At this stage in the development process, feedback should be provided by consumers and should be specific with the intention of making directed modifications to program content and delivery. An example modification may be the inclusion of an added activity aimed at enhancing parents’ skills in monitoring sibling interactions with increased focus on preventive strategies to avoid the occurrence of sibling conflict. Once this second wave of consumer feedback is provided, the intervention is ready for effectiveness testing.

Parallel to the phases described above, the consumers of the intervention are engaged (including parents, children, practitioners, agencies and governments) to provide input to various aspects of program design. For policymakers, this process may consist of directed engagement of key personnel within government to assess the level of priority of need in the community, estimate funding available for projects, and help provide analysis of government priorities. In the case of siblings, the outcomes of the initial consumer engagement process may be that the government has identified vulnerable families with complex co-occurring problems (e.g., alcoholism, mental health concerns, limited socio-economic resources) as a priority area, and they are eager to make an intervention available to all parents of children under 7 who fall within this category. Accordingly, developers can seek to address how their intervention meets the needs of these families as they flow through the design and development phases.

Beyond policymakers, focus groups of parents could be undertaken to orientate the research team to the key issues facing parents of siblings, the children themselves and the practitioners working with parents. The focus groups could address a series of directed questions aimed at eliciting the main areas of concern for consumers, which can then be used to inform program content, delivery mode, ongoing supervision, and means of overcoming barriers to adoption.

Once the intervention has been shown to be effective and further refinements incorporated, the intervention is now ready to be “scaled-up” for dissemination. Scaling up of an intervention refers to the process of shifting the focus of the intervention away from the clinical management of individual families and their children to entire populations of families living in defined communities. However, the process of responding to consumer needs and preferences is ongoing, and developers need to remain vigilant in attending to changes in consumer needs and preferences and be willing to incorporate further program refinements as necessary. Program developers should build-

in formal mechanisms aimed at capturing consumer feedback on the intervention while it is being more widely deployed.

Taking Interventions to Scale: Implications for Policy Makers

One of the key challenges in engaging and harnessing the consumer voice in the development of a sibling conflict parenting intervention is to ensure that the intervention itself is put to maximum possible use by reaching as many “end users” as possible who might benefit from the intervention. The most effective way to enhance end user uptake is to adopt a public health approach to parenting support and increase the demand of parents wanting to access parenting interventions in the community. Within a public health framework, an intervention targeting sibling conflict is conceptualized as just one component of a larger system of parenting support that seeks to enhance child and parent outcomes more broadly. For community level benefits to occur, there must be a process of destigmatizing and normalizing the notion of seeking parenting support and mechanisms of increasing awareness and acceptability of parents undertaking formalised parent training. Currently, many parents perceive parenting programs as being for inadequate, ignorant, failed or wayward parents, as opposed to a normal part of the child rearing process which stands to benefit the parents themselves, their children, and the community in which they live.

To improve uptake of parenting programs and to make them more accessible, a whole of population approach to parenting support is required. A population approach to parenting support has received increasing attention in the evidence-based practice literature, and recent studies have added support for disseminating parenting interventions across an entire community^{53, 54} Prinz et al.,⁵⁴ randomized eighteen counties in South Carolina (USA) to either the Triple P system or to care-as-usual control. Following intervention, the Triple P counties observed lower rates of founded cases of child maltreatment, hospitalizations and injuries due to maltreatment, and out of home placements due to maltreatment. This was the first time a public health parenting intervention has shown positive population-level effects on child maltreatment in a randomized design and provides great promise for the potential value of a population approach to parenting support. It also demonstrates to policymakers the potential of positive parenting programs for enhancing the lives of individuals within the community and also the fabric of the community more broadly.

The population approach emphasizes the universal relevance of parenting assistance so that the larger community of parents embraces and supports involvement of parents in parenting programs. From a population-level perspective, intervention developers must consider how their program fits with local needs and policy, and be mindful of

the cost-effectiveness of their proposed solution. Improved parenting is a potentially powerful cornerstone of any prevention and early intervention strategy designed to promote positive outcomes for children and the community. However, strengthening parenting and family relationships across the entire population as a preventive approach will most likely occur if developers work synergistically with the consumers of intervention to achieve common goals.

Conclusion

The extent to which parents raise their children positively has significant flow-on effects for the communities they inhabit. Evidence-based parenting programs afford children many essential life skills which significantly shape their lifelong interactions with the community; thus, there is no more important potentially modifiable target of preventive intervention and conceivably no more powerful means of enhancing the health and well-being of a community than evidence-based parenting practices. Intervention developers are wise to engage the consumers of intervention and be considerate of policy implications and questions of feasibility and cost effectiveness in designing and developing interventions. Consumer engagement should not be seen as a stagnant, discreet “step” in intervention program development. Rather, consumer engagement is a proactive, responsive and ongoing process that occurs fluidly across all phases of program development. The process of designing, developing and disseminating evidence-based parenting interventions is crucial to not only enhancing outcomes for children and their parents, but just as importantly, the communities in which they live.

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Figure 1. The integrated 10-part process of program design and development, incorporating the consumer perspective.

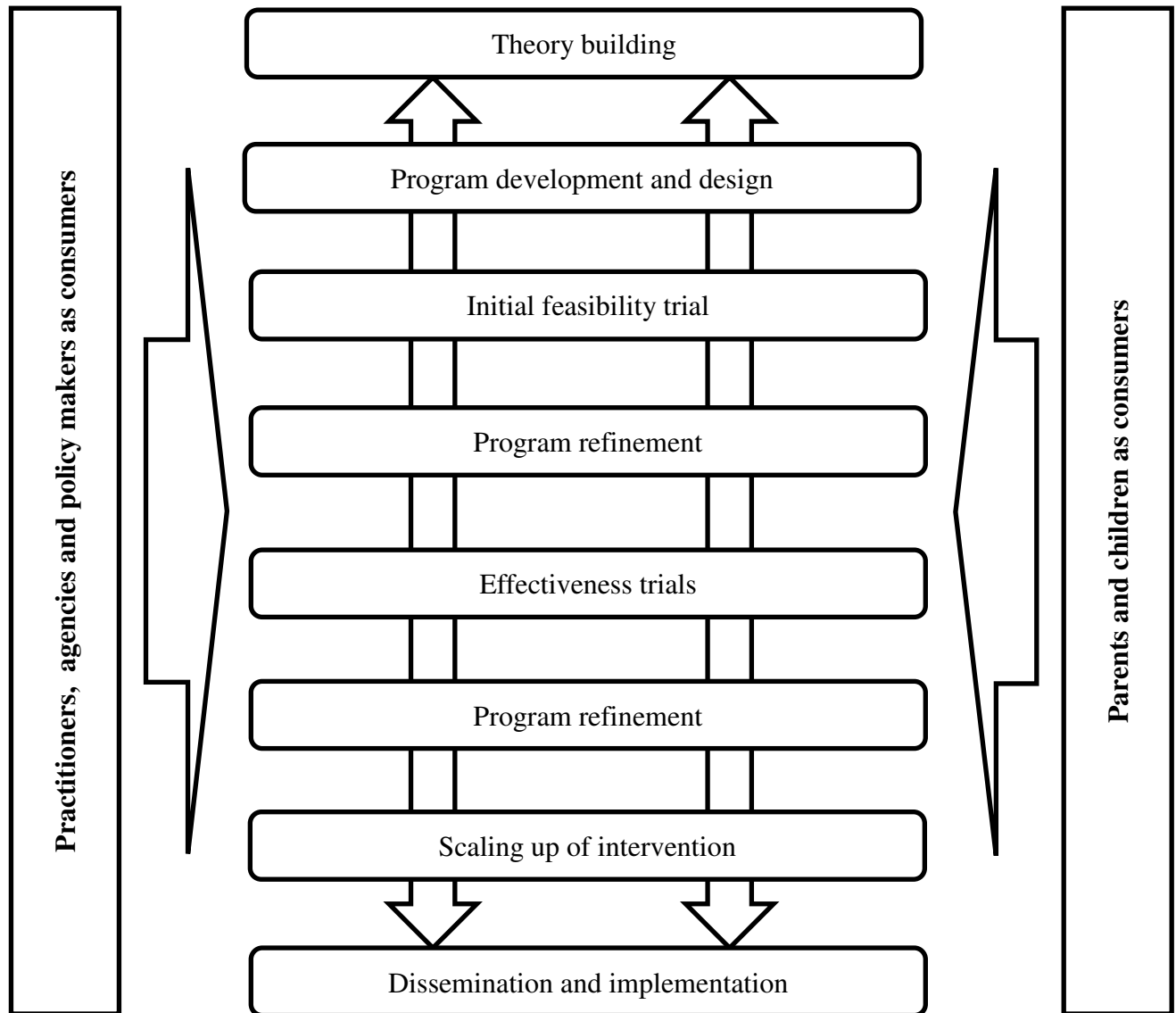


Table 1
 Different groups of evidence-based parenting intervention consumers and possible outcomes of harnessing their particular voice

Type of consumer	Means of engagement	Outcome of engagement
Parent	Focus Group	<ul style="list-style-type: none"> • Identification of issues and problem behaviours that parents need help with
	Survey	
	Individual Interview	<ul style="list-style-type: none"> • Determination of how acceptable proposed strategies within the intervention are • Determination of how applicable proposed strategies within the intervention are • Determination of preference for how best to receive the intervention (e.g., group, online, individual)
Child	Individual Interview	<ul style="list-style-type: none"> • Identification of issues and problem behaviours that parents need help with
	Role Play	
		<ul style="list-style-type: none"> • Determination of how acceptable proposed strategies within the

		intervention are
Practitioner	Focus Group Survey	<ul style="list-style-type: none"> • Identification of issues and problem behaviours that parents need help with • Determination of how acceptable proposed strategies within the intervention are • Determination of how applicable proposed strategies within the intervention are • Determination of preference for how best to deliver the intervention (e.g., group, individual) • Information relating to points of parental resistance and barriers to parental uptake • Information relating to how supportive agency is and what can be done to enhance support
Agency	Focus Group Survey	<ul style="list-style-type: none"> • Determination of how successful practitioner supervision is and what could be done to improve it • Feedback on training process • Determination of preference for how best

		<p>to receive training in the intervention (e.g., group, online)</p> <ul style="list-style-type: none"> • Identification of factors to enhance agency-level adoption of the intervention
Government and Policy Makers	<p>Interview or direct consultation Inspection of policy or position paper Budget analysis</p>	<ul style="list-style-type: none"> • Identification of government priority areas • Assessment of population need for service or intervention • Understanding of fiscal environment and barriers to policy support