

Lanier, P., Dunnigan, A., & Kohl, P. L. (2018). Effects of Pathways Triple P on pediatric health-related quality of life in maltreated children. *Journal of developmental and behavioral pediatrics: JDBP*, 39(9), 701.

## **What we know**

Child maltreatment is associated with negative health outcomes over the life course. The child welfare system investigates reports of child maltreatment, and in some cases provides programming to support children who remain in their homes. However, most programs do not have evidence of their effectiveness. Pathways Triple P (PTP) is a program that was designed for families at risk for child maltreatment and children with behavior problems in particular. One part of PTP is a 14-week program where a trained staff person visits the family in their home and provides individual sessions, such as teaching parenting skills, managing emotions, or reacting to child behavior issues. Previous studies have shown PTP is effective in the US and Australia for improving child behavior and reducing the risk of child maltreatment.

## **What this study adds**

The authors conducted a randomized control trial of Pathways Triple P in the US. Families who had an open investigation with the child welfare system and who agreed to be in the study were randomly assigned to receive PTP or usual services, which included case management and potentially a parent training program or mental health services. The results show that children who received PTP had improved reports of well-being, which was measured as physical, emotional, social, and school functioning.

## **What this means for practice or policy**

This study shows that Pathways Triple P is an effective intervention for improving well-being and health for children involved with the child welfare system. The child welfare system should adopt interventions that research shows are effective and beneficial. Because this intervention also improves health outcomes, health care providers should advocate for policies that allow for greater access to programs like PTP as a way to reduce health disparities.

## **How we know this is a good study**

This study uses a design called a randomized control trial. People are randomly assigned to either a treatment group or a non-treatment group. 75 families were assigned to receive PTP, while 69 families received services as usual. PTP was provided by outside, trained staff, not child welfare workers, to maintain independence. There was high retention in the program (83% completed). Data was collected from child and parent reports before and after the intervention. A separate researcher who did not know which families got which treatment collected data. There was no statistically significant difference between the two groups in terms of demographics or baseline data. They also used interviews with parents as another method to understand parent experiences in the program.