Outline

- Overview of the Triple P system
  - What is Triple P?
  - Research update
- Overview of Triple P Provider Training
  - Training, Accreditation, Courses on offer
- Post training support
- Questions

Why do we need parenting programs?

A disturbingly large number of children develop significant social, behavioral and emotional problems that are preventable.

Percentage of children in each family income band

Highest proportion of children developing problems come from low income families.
**The case for a population based approach to supporting parents**

- Parenting has a pervasive impact on children's development (Collins et al, 2000)
- Parenting programs benefit both children and parents
- Potential impact is diminished because they reach relatively few parents

- **It’s little wonder parents are stressed**
  - Many parents reported experiencing high levels of personal stress (52%)
  - Many parents reported being depressed (23%)
  - 31% had sought professional help for their child’s behavioural or emotional problems.
  - Only a minority of parents (14%) had completed a parenting program.

**Which parents should we target?**

84% of cases are not from low income families

<table>
<thead>
<tr>
<th>Income level</th>
<th>Percentage of children with emotional and behavioural problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>16</td>
</tr>
<tr>
<td>Lower Middle</td>
<td>32.2</td>
</tr>
<tr>
<td>Upper Middle</td>
<td>44.3</td>
</tr>
<tr>
<td>High</td>
<td>7.6</td>
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</table>

**No group has a monopoly on either coercive or positive parenting practices**

Inappropriate strategy

- Threaten
- Shout
- Single spank
- Spank with object

<table>
<thead>
<tr>
<th>Percentage of parents</th>
<th>Low</th>
<th>Lower Middle</th>
<th>Upper Middle</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threaten</td>
<td>45</td>
<td>60</td>
<td>50</td>
<td>20</td>
</tr>
<tr>
<td>Shout</td>
<td>40</td>
<td>60</td>
<td>50</td>
<td>20</td>
</tr>
<tr>
<td>Single spank</td>
<td>35</td>
<td>50</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>Spank with object</td>
<td>30</td>
<td>40</td>
<td>30</td>
<td>10</td>
</tr>
</tbody>
</table>

**Support and guidance for parents - professional, confidential, for the cost of a local call.**

The Challenge

Increase the number of parents who complete evidence-based parenting programs

To enhance parenting competence and confidence at a population level

To reduce the prevalence of child social, emotional and behavioural problems

What is Triple P?

- Flexible system of parenting and family support
- Evidence-based
- Prevention / early intervention approach
- Five intervention levels of increasing intensity
- Principle of sufficiency
- Multidisciplinary focus

What makes Triple P different?

- A public health model of parenting intervention
- Suite of evidence based programs not a single program from infancy through to adolescence-5 levels, 4 delivery modalities
- Blends universal and targeted programs
- Uses self regulatory framework

Theoretical Basis of Triple P

- Social learning models of parent-child interaction
- Child and family behaviour therapy research
- Developmental research on parenting in everyday contexts and social competence
- Social information processing models
- Developmental psychopathology research
- Public/population health framework
Research evidence

- Studies conducted on each intervention level and delivery format with consistent results
  - Fewer behavioural and emotional problems in children
  - Greater parental confidence and use of positive parenting
  - Less negative parenting, stress, depression, and anger
  - Less marital conflict over parenting
- Independent replications of main findings across different sites, cultures and countries

Triple P: Global dissemination 1996 onwards...

- Australia
- New Zealand
- Canada
- USA
- Ireland
- Scotland
- England
- Wales
- Iran
- Curacao
- Germany
- The Netherlands
- Belgium
- Switzerland
- Sweden
- Singapore
- Japan
- Hong Kong
- Austria
- Germany
- The Netherlands
- Belgium
- Switzerland
- Sweden
- Singapore
- Japan
- Hong Kong
- Austria

Principles and Strategies underlying Triple P

Principles of Positive Parenting
17 Core Parenting Skills

- Promoting positive relationships
  - Brief quality time
  - Talking to children
  - Affection

- Encouraging desirable behaviour
  - Praise, positive attention, engaging activities

- Teaching new skills and behaviours
  - Modelling, incidental teaching
  - Ask-say-do
  - Behaviour charts

- Managing misbehaviour
  - Ground rules
  - Directed discussion
  - Planned ignoring
  - Clear, calm instructions
  - Logical consequences
  - Quiet time
  - Time-out

Focus of parenting support

Level One
- Universal Triple P
  - Print
    - Newspaper editorials/features, positive parenting column, posters, brochures
  - Television
    - Current affairs stories, 15-30 sec positive parenting community service announcements (CSAs), Families TV series
  - Radio
    - Interviews, 1-2 minute CSAs, weekly talkback
  - Internet
    - Parent direct web sites, e-journals

Level 1: Universal Triple P

- Selected Triple P
- Primary Care Triple P
- Standard Triple P
- Enhanced Triple P
Posters and Brochures

Benefits of Universal Intervention

- Normalise
- Destigmatise
- Increase receptivity
- Promote self-sufficiency
- Provide coping models
- Depict solutions to common problems
- Alert parents to availability of services

Level 1: Universal Triple P

Level 2
Brief, Selected Intervention
Level 2: Selected Triple P (Individual)

- Brief parenting advice through Primary Care services
- Anticipatory developmental guidance
- Brief consultation format (e.g. 10 mins)
  - clarify problem / explain resources / tailor information to family
  - brief follow-up
- Invitation to return

Level 2: Triple P Seminar Series

- Three 90-minute presentations at each age level
- 0-12 years
  - The Power of Positive Parenting
  - Raising Confident, Competent Children
  - Raising Resilient Children
- 12-16 years
  - Raising Responsible Teenagers
  - Raising Competent Teenagers
  - Getting Teenagers Connected
- Functions as information session and promotes engagement at more intensive levels
- Provision of parenting tip sheets summarising content of each seminar
Level 3: Primary Care Triple P

- Practical advice for discrete behavioural or developmental issues
- May involve active skills training procedures
- Four 15-30 minute consultations
  - Nature and history of problem / monitoring
  - Formulation / parenting plan / obstacles
  - Review / rehearsal / new parenting plan
  - Follow-up / trouble shooting
- Referral to more intensive intervention if appropriate
Level 4: Standard Triple P

- Broad focus parent skills training
- Active skills training
- Generalisation enhancement strategies
- 10 sessions
  - Assessment and feedback
  - Causes of children’s behaviour problems
  - Positive parenting strategies
  - Practice
  - Planned activities for high-risk settings
  - Maintenance

Level 4: Group Triple P

- Groups of 10-12 parents
- Active skills training in small groups
- 8 session group program
  - 4 x 2 hour group sessions
  - 3 x 15-30 minute telephone sessions
  - Final group / telephone session options
- Supportive environment
- Normalise parenting experiences

Level 4: Self-Directed Triple P

- Parent workbook
- 10 week self-directed program
  - Set readings
  - Practice tasks
- Optional telephone consultations
  - Minimal support
  - Prompt self-directed learning and problem solving

Level 5

Intensive Family Intervention
Level 5: Enhanced Triple P

- Adjunct to other intervention levels
- Review and feedback
- Negotiation of additional modules tailored to family’s needs
  - Practice Module
  - Coping Skills Module
  - Partner Support Module
- Maintenance and closure

Practice Module

- Conducted in the family home or community setting if possible
- Practice task negotiated
- Practitioner observes
- Parent self-evaluates (practitioner provides feedback as appropriate)
- Parent sets goals for change
- Parent sets homework tasks

Coping Skills Module

- Education about mood
- Relaxation / stress management
- Managing dysfunctional thoughts
  - Coping statements
  - Challenging unhelpful thoughts
- Coping plans for high-risk times

Partner Support Module

- Casual conversations
- Partner support
- Problem solving discussions
Level 5: Pathways Triple P

- Extra Level 5 modules
- For parents at risk of maltreating their children, parents with prior abuse notification, or parents with anger management problems
- Attribution Retraining Module (re child’s and own behaviour)
- Anger Management Module

Level 5: Pathways Triple P

Group Triple P plus

Attributional retraining

Explanations For child’s behaviour

Explanations For own behaviour

Anger Management

Program Additions

Core Triple P Program

Indigenous Triple P

Lifestyle Triple P

Workplace Triple P

Infant Triple P

Family Transitions Triple P

Pathways Triple P

Stepping Stones Triple P

Teen Triple P
Teen Triple P
- For parents of teenagers or children making the transition to high school
- Program variants
  - Selected
  - Primary care
  - Group
  - Standard
  - Self-directed

Stepping Stones
- For parents of children who have mild to moderate disabilities
- Program variants
  - Tip Sheets
  - Primary Care
  - Group
  - Standard

Family Transitions Triple P
- For parents and families experiencing separation and divorce
- Variation of Group Triple P
  (5 additional sessions)
- Personal adjustment following divorce
- Strategies for
  - improving coping skills, reducing parenting stress anxiety, anger and depression, reducing conflict between parents & improving communication, promoting work, family, play balance and gaining appropriate social support
- Helping parents develop independent problem solving skills

Lifestyle Triple P
- For parents of overweight and obese children
- Variation of Group Triple P
  (14 session program)
- Strategies for
  - increasing self-esteem and reducing problem behaviour
  - promoting healthy eating
  - increase physical activity and reducing sedentary activities
Research update

United States Triple P System Population Trial

- Funded through CDC
- Aim of study – pose as question reduce prevalence rates for child maltreatment
- Monitored government records for maltreatment

Design

- Random assignment of 18 counties to:
  - Triple P System
  - Comparison (services as usual)
- Counties were matched on child abuse rates, poverty, and population size
- None of the counties had prior exposure to Triple P

Translation of effect sizes into human terms

- Assume a population with 100,000 children under 8 years of age
- With the observed effects, there were:
  - 688 fewer substantiated cases of child maltreatment per year
  - 240 fewer child out-of-home placements per year
  - 60 fewer hospitalized or ER treated children with child-maltreatment injuries per year
Triple P Provider Training & Accreditation

Attendance at Triple P Provider Training Courses is a 4-step process that includes the following:
• Attendance at a dedicated training course (Part 1)
• Implementation of Triple P in the workplace including development of peer support networks
• Completion of accreditation requirements (Part 2)
• Access to Triple P Provider Network (web based)
Completion of each of these steps is essential for the successful implementation of Triple P.

UK Practitioners - Who attends Triple P Training?

Participants are required to attend at least 80 percent of the training course to be eligible to attend accreditation.
Accreditation Overview

- Scheduled 2 to 3 months after the initial training
- Completion of Take Home Quiz
- A competency-based accreditation process
- Expert feedback on core competencies of programme delivery.
- Specific details of accreditation requirements are provided during each Triple P Provider Training Course.

Triple P Practitioner Resources

- Each practitioner receives (e.g., Group Triple P):
  - Facilitator's Kit for Group Triple P
    - Facilitator’s Manual for Group Triple P
    - PowerPoint Presentation CD
    - Copy of Every Parent’s Group Workbook.
  - Every Parent’s Survival Guide [DVD]

Triple P Resources

- Parent tip sheets
- Parent workbooks
- Practitioner manuals
- Practitioner teaching aids
  (e.g., PowerPoint presentations, desktop flip chart)
- DVD’s

Parent Resources are essential for the successful implementation of Triple P within organisations and across a community.

Triple P Ongoing Support
Types of Ongoing Support

1. Peer Support Networks (local)
2. Consultation Days
3. Online Support
4. Triple P Provider Network
5. Triple P Coordinator Network

Pre-Accreditation Support

Post-training workshop
- Provides opportunities for participants to ask questions, raise concerns and practice competencies in preparation for accreditation
- Discuss clinical questions
- Encourage peer supervision networks

Post-Accreditation and Implementation Support

Clinical consultation and case discussion
DVD review of Triple P interventions
Other issues may include:
- Assessment measures
- Co-ordinating and planning parent groups
- Common implementation issues e.g. parental engagement, low literacy, ethnic diversity
- Flexible delivery
- Barriers to practitioners implementing the programme
- Organising and facilitating local peer support groups

Triple P Provider Network User Login
Provider Network will provide:

- **Clinical tools** such as assessment measures, session checklists and parent worksheets.
- **Promotional materials** such as posters and brochures to assist your promotion of Triple P locally.
- **Suggested reading list** is available to support your ongoing education, understanding and professional development.
- **Question & Answer** forum to provide feedback on clinical issues, evaluation, and other problems that may arise during the implementation process.

**Purpose of the Coordinators’ Network:**

- Offer support to managers and coordinators in streamlining the training and dissemination process
- Provide models for introducing the Triple P System
- Facilitate information exchange across Triple P sites regardless of location
- Share ideas on service delivery
- Assist with funding submissions
Time Allocation for Practitioners to Deliver Triple P

- Looked at how much time the practitioners needed to invest in learning Triple P skills
- Found that the amount of time and effort practitioners spent on activities varied depending on training level and implementation

<table>
<thead>
<tr>
<th>Steps to Triple P delivery</th>
<th>Every Family - Time spent by practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Attend training course (1 to 4 days depending on training)</td>
<td>Time Spent</td>
</tr>
<tr>
<td>• Attend Consultation Day to prepare for accreditation (½ day)</td>
<td>Reading Triple P Material</td>
</tr>
<tr>
<td>• Complete accreditation quiz and practise competencies prior to accreditation (1-2 days)</td>
<td>Working on Accreditation Quiz No Quiz</td>
</tr>
<tr>
<td>• Attend accreditation (½ day)</td>
<td>Preparing for Accreditation day</td>
</tr>
<tr>
<td>• Arrange materials for ongoing implementation e.g. parent workbooks, tip sheets etc</td>
<td>Practising Triple P Skills</td>
</tr>
<tr>
<td>• Become familiar with the consultation process for each session (approx. 2 hours preparation per session initially)</td>
<td>Work time to make up</td>
</tr>
</tbody>
</table>

Steps to Triple P delivery cont.

- Deliver Triple P intervention (can vary from 15 mins to 2 hours for each session depending on type of intervention)
- Score pre- and post-assessment measures (30 mins for each family)
- Feedback post-assessment results and refer families for further support where appropriate
- Attend ongoing peer supervision group (1 hour every 4-6 weeks)
### Planning a Triple P group

- Prepare promotional package and registration form
- Liaise with schools and other referring agencies
- Arrange venue and meet with venue staff
- Program promotion and recruitment
- Contact families and discuss any barriers to attendance. Arrange transport, childcare if necessary
- Telephone/letter reminders
- Arrange conducive learning environment
  - seating, refreshments, parent workbooks, nametags, flipchart/whiteboard, computer, projector, tv, dvd.

### The differences between practitioners that use Triple P and those that don’t

**Practitioners more likely to use if:**
- Have completed accreditation (Seng, Prinz & Sanders, 2006)
- Have greater line management support (Turner, Nicholson & Sanders, 2005)
- Identify fewer barriers to program implementation (Seng et al, 2006)
- Have higher self efficacy post training (Turner et al, 2006)

### Barriers to Usage

**Practitioners less likely to use if:**
- Insufficient knowledge and skills
- Received a lack of recognition from colleagues for their Triple P work
- Had difficulty coordinating with other practitioners
- After hours appointments clash with other commitments

### Helping Families Change Conference

- International conference devoted to Triple P.
- Held once a year at different locations.
- February 9-11 – Antwerp, Belgium.
Further information

- General Information
  www.triplep.net
- Research (University of Queensland)
  www.pfsc.uq.edu.au
  Email: triplep@pfsc.uq.edu.au

Thank you for your time and attention!