TRIPLE P
POSITIVE PARENTING PROGRAM

Introduction and Implementation Planning

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Topics

I. Triple P Target Population
II. Triple P Model
III. Community Development Team
IV. Training Protocol
V. Expectations to Maintain Fidelity
VI. Implementation Planning Guide
TRIPLE P CLIENT POPULATION
Appropriate Triple P Clients

- Selection of clients is based upon the intervention level and intervention variant being offered (i.e. the Triple P programs being offered)

- LACDMH initial rollout: Standard Triple P and Standard Teen Triple P
Appropriate Triple P Clients (continued)

• Parents/families of Children/Adolescents ages 0 – 16 (developmental periods of infancy, toddlerhood, pre-school, elementary school and adolescence)
• Parents/families of Children/Adolescents experiencing common behavior problems such defiance and opposition
• Parents/families of Children/Adolescents at risk for maltreatment
Appropriate Triple P Clients (continued)

• Families from diverse cultural backgrounds – Triple P successfully implemented internationally (Asia-Pacific, N. America, UK, Europe, Middle East, and Caribbean)

• US Dissemination Study included underserved populations (African-American populations)
TRIPLE P MODEL
Triple P Parenting

• Targets children 0-16 years of age
• Parenting program
• Five levels of intervention
• Primary, secondary and tertiary prevention
• Individual and group modalities
• Numerous clinical trials demonstrating effectiveness
• Developed by Sanders
  http://www.triplep.net/
Triple P Parenting

- Improves parenting skills
- Improves parent anger management skills
- Decrease in parental stress and depression
- Decreases social isolation
- Decrease in child maltreatment
- Decrease in child injuries
- Decrease in out-of-home placements
- Improves child behavior
Triple P Parenting

• Multi level parenting and family support strategy
• Promote social competence and emotional regulation in children
• Core principles
  – Ensuring a safe, engaging environment
  – Promoting a positive learning environment
  – Using assertive discipline
  – Maintaining reasonable expectations
  – Taking care of oneself as a parent
Levels of Intervention

- **Universal Triple P**
  - Level One

- **Selected Triple P**
  - Level Two

- **Primary Care Triple P**
  - Level three

- **Standard Triple P**
  - Level four

- **Enhanced Triple P**
  - Level five
Triple P Parenting

• Self-sufficiency guided
  – Minimally sufficient

• Flexible delivery
  – Self directed
  – Individual
  – Group

• Parent directed (reduces stigma/blame)
  – Parent determines the specific goals for child and family
  – Provider uses examples that are consistent with the family’s circumstance and preferences
Triple P Parenting

• Parenting information campaign
  – Level 1
• Brief parenting advice
  – Level 2
• Narrow focused parent skills training
  – Level 3
• Broad focused parent skills training
  – Level 4
• Behavioral family intervention
  – Level 5
17 Specific Parenting Skills

- Promoting a positive relationship
  - Brief quality time
  - Talking to children
  - Affection

- Encouraging desirable behavior
  - Praise
  - Positive attention
  - Engaging activities

- Teaching new skills and behaviors
  - Modeling
  - Incidental teaching
  - ASK, SAY, DO
  - Behavior charts

- Managing misbehavior
  - Ground rules
  - Directed discussion
  - Planned ignoring
  - Clear, calm instructions
  - Logical consequences
  - Quiet time
  - Time out
Triple P Parenting

• Level 4--Broad focus parenting skills
  – Individual, group or self-directed parenting skills
  – Mental health practitioners (typically)

• Level 5--Enhanced family behavioral intervention
  – Up to 9 additional sessions in addition to Level 4
  – Increased focus on parenting skills, coping strategies, and partner support
  – Mental health practitioners (typically)
Triple P Parenting

• Level 2--Information/advice
  – Information, specific parenting advice and referrals
  – Medical, daycare, school, social service, or mental health practitioners
• Level 3--Brief focus parenting
  – Information and specific parenting counseling
  – 120 minutes over 4 contacts (in-person or phone)
  – Medical, daycare, school, social service, or mental health practitioners
• Level 1—Universal (part of population rollout)
  – Media-based social marketing
Level 4: Standard Triple P

- Broad focus parent skills training (office or home)
- Active skills training
- Generalization enhancement strategies
- 10 sessions
  - Assessment and feedback
  - Causes of children’s behavior 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
- Normalize parenting experiences
Level 5: Enhanced Triple P

• Adjunct to Level 4 Triple P
• Review and feedback
• Negotiation of additional modules tailored to family’s needs
  – Additional Practice Module
  – Coping Skills Module
  – Partner Support Module
• Maintenance and closure
Level 3: Primary Care Triple P

- Practical consultation for discrete behavioral 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 (or provision of) more intensive intervention if appropriate
Level 2: Selected Triple P (Individual Support)

- Brief parenting consultation through many settings
- Anticipatory developmental guidance
- Brief consultation format (e.g., 10 mins)
  - clarify problem / explain resources / tailor information to family
  - possible brief follow-up
- Invitation to return if more intensive services are indicated
Level 2: Selected Triple P (Seminar Series)

- **Seminar 1**
  - The Power of Positive Parenting
- **Seminar 2**
  - Raising Confident, Competent Children
- **Seminar 3**
  - Raising Resilient Children

90 minute large group parenting seminars
Invitation to return
Level 1: Universal Triple P

- **Print**
  - Newspaper editorials/features, positive parenting column, posters, brochures
- **Television**
  - Current affairs stories, 15-30 sec positive parenting CSAs, television news coverage
- **Radio**
  - Interviews, 1-2 minute CSAs, weekly call-in shows
- **Internet**
  - Parent direct web sites, e-journals
LA PEI Triple P Levels

4. Standard / Group / Self-Directed Triple P
   - Broad focus parenting skills training
   - Standard Triple P (0-12 years of age)
   - Standard Teen Triple P (13-16 years of age)

5. Enhanced Triple P
   - Behavioral family intervention
Training Protocol
Training Overview

• Trainings include
  – Some pre-training agency consultation
  – Active training days (# of days vary by level)
    • Part I (learning the model)
    • Pre-accreditation consultation day (required for some courses, in the future)
    • Part II (practice and accreditation)
      – Scheduled approximately 8-10 weeks after Part I
  – Program manual and support materials
  – Trainee certificates
  – Access to the Triple P Provider website
  – All trainer travel and expenses
Active Training Days

• Part I (learning the model)
  – Classes of 20 practitioners
  – Up to 2 ‘auditors’ (e.g., supervisors, agency directors)
  – Didactic instruction, active practice and skill building, video supplements

• Part II (practice and accreditation)
  – Classes divided into groups of 5 (½ day per group of 5)
  – Participants demonstrate skill mastery in key components of Triple P
  – Provides opportunity for practice and feedback in a supportive environment
  – Completion of open book quiz (returned that day)
Level 4 Options

• Three-day training plus accreditation
  – Standard Triple P (individual families)
    • Birth – 12
    • Teens
  – Group Triple P
    • Birth – 12
    • Teens
  – Stepping Stones Triple P (parents of children with developmental disabilities)
Level 4 Materials

• Practitioners (included)
  – Program Manual
  – Powerpoint Presentation for Group Triple P
  – Family Workbook sample, either:
    • Every Parent's Family Workbook (Level 4 Standard)
    • Teen Triple P Family Workbook (Level 4 Teen)
    • Every Parent’s Group Workbook (Level 4 Group)
    • Teen Triple P Group Workbook (Level 4 Group Teen),
    • Stepping Stones Triple P Family Workbook
  – DVDs
    • Every Parent’s Survival Guide
    • Every Parent’s Guide to Teenagers
• Parent resources (for purchase)
  – Additional Family or Group Workbooks
Level 5 Options

• 2-day training plus accreditation
  – Prerequisite: Level 4 training
• Options:
  – Enhanced
  – Pathways (for parents who have abused or are at elevated risk of being abusive)
Level 5 Materials

- Practitioners (included)
  - Manual
  - Parent DVDs:
    - Coping With Stress
    - Supporting Your Partner
  - Sample module workbooks
- Parenting resources (for purchase)
  - Enhanced Triple P—4 module workbooks
  - Pathways Triple P—3 module workbooks
EXPECTATIONS FOR MAINTAINING FIDELITY
Expectations for Fidelity

• Each agency will complete the Implementation Planning guide and submit it to CiMH
• Each agency will participate in an Implementation Planning call/meeting with CiMH prior to providing direct services
• Each agency will ensure identified staff will participate fully in all training and consultation activities
Expectations for Fidelity

• Agencies will ensure staff participation in regular supervision with a Triple P trained supervisor

• Clinical staff will participate in a titrated schedule of consultation calls with Triple P America

• Agencies will participate in monthly TA/administrative conference calls w/CiMH
Expectations for Fidelity

• Agencies will ensure the consistent use of a program performance evaluation protocol

• Agencies are responsible for additional training fees associated with replacing a therapist

• Agency staff will be trained by certified trainers and/or trainers recognized by Triple P America
Expectations for Fidelity

• Each staff member must obtain certification from Triple P America; this also defines the scope of the Triple P programs they are authorized to provide. (i.e. each Triple P program has a separate certification.)

• Identified outcome measures will be administered at intake and termination, and raw data will be processed and submitted to CiMH every 6 months
Implementation and Planning Guide
Implementation Plans

• Service system integration
• Staffing
• Supervision
• Funding
• Program performance evaluation
• Administrative oversight
Service System Integration

• Which levels of Triple P will be implemented?

• Who will be responsible for coordinating/insuring referrals?

• Who will be referred? Will there be inclusion or exclusion criteria?

• Where will Triple P fit into your service system?
Staffing

• Who will be the practitioners? How will they be selected? Will they have a choice?

• What educational background and clinical experience will be required?

• Will they have time to learn the practice? What other duties will they have?

• What will their Triple P caseload involve?
Supervision

• Who will supervise the Triple P practitioners? How will they be selected?

• What educational background and clinical experience will be required?

• Will they be responsible for supervising other programs? If yes, which programs?

• Who will coordinate distribution of Level 4/5 materials be managed?
Fidelity and Evaluation

• Who will be responsible for insuring collection of program performance measures?

• Who will be responsible for data collection and submittal?
Administrative Oversight

• Who at the administrative level participated in implementation planning?

• Who at the administrative level is committed to making sure that everything happens as planned?

• Who at the administrative level will review fidelity and outcome reports and oversee any needed corrections?

• How will staff attrition be managed?
Contact Information

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