Triple P - Positive Parenting Program
Population-level Implementation Considerations
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What is Triple P?

Triple P – Positive Parenting Program

Triple P is a flexible and scalable system of parent education and support that can address the needs of an entire population of children and families (or specific sub-populations) within a given area.
Principles of Positive Parenting

Recurring themes present in all interventions

- Ensuring a safe, engaging environment
- Creating a positive learning environment
- Using assertive discipline
- Having realistic expectations
- Taking care of yourself as a parent
17 Core Parenting Skills

- 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
Five Levels of Triple P Intervention

5. Enhanced Triple P
   Behavioral family intervention

4. Standard/Group/Self-Directed Triple P
   Broad focus parenting skills training

3. Primary Care Triple P
   Narrow focus parenting skills training

2. Selected Triple P
   Information/advice for a specific parenting concern

1. Universal Triple P
   Media-based parenting information campaign
Research Evidence

• Studies conducted on each intervention level and delivery format with consistent results
• Average effect sizes large
  – .92 for improved child behavior
  – .77 for improved parenting style
• Independent trials in many countries

Cohen’s rule of thumb for a small, medium and large effect size are based on a wide examination of the typical difference found in psychological data.
Small effect size = .20
Medium effect size = .50
Large effect size = .80
(Cohen, 1992).
Triple P and the US Population Trial (CDC Trial)

- When used as a public health approach to parenting what population-level outcomes can be obtained?
- What kinds of problems can be prevented within a population when a fully formed Triple P system of care is in place?
- Who should participate in a public health approach aimed at improving parent education and support?
- What are the basic elements that need to be in place for a population-level roll out to be successful?
Triple P and the US Population Trial (CDC Trial)

- Randomized 18 counties to Triple P system (9) versus usual services (9)
- Trained over 600 service providers in wide variety of settings
- Made Triple P readily accessible to parents throughout the communities
- Coordinated media strategies with concurrent program delivery
- Tracked population-level indicators:
  - Child out-of-home placements
  - Child maltreatment injuries
  - Substantiated child maltreatment cases
Triple P and the US Population Trial (CDC Trial)

• After 2 years of implementation, positive effects were apparent
• Compared to control counties, Triple P counties had:
  – Lower rates of child out-of-home placements
  – Lower rates of child maltreatment injuries
  – Slower growth of substantiated child abuse cases
• Similar findings were achieved in the “Every Family” Australian population trial with additional findings that parental depression/anxiety were reduced in families receiving Triple P.

Triple P and the US Population Trial (CDC Trial)

- Prevention of child/family problems
- Standardized prevention rates per 100,000 children ages 0-8
  - 240 fewer out of home placements/year
  - 60 fewer hospitalizations/ER visits for child maltreatment injuries/year
  - 688 fewer substantiated child abuse cases/year

Lessons learned from the US Population/CDC Trial

- All levels of Triple P system are pertinent:
  - Some parents need a lot of intervention
  - Some need a little
  - Some need information only

- When a multi-level system is in place, population-wide treatment effects can be obtained for child and parent outcomes
PEI Community Needs Assessment:
Substantiated Child Abuse Reports, 2005 Data

0-15 Population:
Service Area 1: 115,187
Service Area 4: 257,284
Service Area 6: 303,547
Moving towards a population-level project

• As service areas increase the breadth and depth of Triple P staff, they approach a population-level rollout
  – Population-level rollouts represent a true public health approach to addressing the effects of adverse childhood experiences and improving overall parenting skills in the community
  – Population-level rollouts result in measurable indicators of prevention (e.g. reduction in child injuries, child maltreatment, out of home placements, and reductions in levels of maternal depression and anxiety)
• Approved MHSA PEI Plan selected Triple P as a PEI parenting program
• Program launch/first trainings held May 2010
• 600 practitioners trained in Standard/Standard Teen across all service areas
• How can the initial implementation be improved?
  – Extend competencies to Level 5 Enhanced/Pathways for Medi-Cal and child welfare population
  – Implement Levels 1-3 to reach others in population
  – A population-level coordination plan (e.g. Working with other partners such as First 5 LA to implement other levels)
Level 5 – Enhanced Triple P

• Enhanced -- an intensive individually-tailored program (up to 11 sessions) for families with child behavioral problems and family dysfunction.

• Program modules:
  – Practice sessions to enhance parenting skills
  – Coping skills
  – Partner-support skills
  – Maintenance
Level 5 Enhanced: 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
Level 5 Enhanced: Coping Skills Module

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

Calendar of Relaxation Practice
### Level 5 Enhanced: Partner Support Module

- Casual conversations
- Partner support
- Problem solving discussions

### Sample Activity: Checklist of Speaking Habits

<table>
<thead>
<tr>
<th>Positive Speaking Habits</th>
<th>Negative Speaking Habits</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am specific</td>
<td>I get off topic</td>
</tr>
<tr>
<td>I talk in a calm voice</td>
<td>I shout and raise my voice</td>
</tr>
<tr>
<td>I talk about the present</td>
<td>I intellectualize and use big terms</td>
</tr>
<tr>
<td>I ask assertively</td>
<td>I command and order</td>
</tr>
<tr>
<td>I take turns</td>
<td>I accuse and blame</td>
</tr>
<tr>
<td>I speak in clear language</td>
<td>I am sarcastic</td>
</tr>
</tbody>
</table>

*Triple P: Positive Parenting Program*
A four session intervention strategy for parents at risk of child maltreatment.

Pathways Triple P is an adjunctive intervention used in combination with either Group or Standard Triple P.

This intervention addresses parental anger and explanations for their children’s behavior.

Program modules:
- Attribution retraining (Avoiding Parent Traps)
- Anger management (Coping with Anger)
Identifying Pathways Clients

- Presence of dysfunctional parent attributions
- Parent reports difficulties in managing anger
- Parent is resistant to and/or reports difficulty implementing positive parenting skills after exposure to Group or Standard Triple P
- Suspected or substantiated child abuse and neglect
- Parent is literate (this indicator can be flexible)
- Willing to attend 2-4 individual or 4 group sessions
Core consultation tasks to address misattribution

- Create an appropriate interview environment.
- Non judgmentally explore parents’ expectations for their child’s behavior.
- Exploring parents explanations (attributions) for their child’s behavior.
- Exploring parents’ explanations for their own behavior.
- Explain monitoring task clearly.
Pathways: Module 1, Avoiding Parent Traps

Core consultation tasks to address misattribution

- Promoting commitment to change.
- Clearly explain and give appropriate examples to illustrate the thought switching strategy.
- Use simulated exposure based strategy to demonstrate thought switching technique.
- Deal with parent queries and resistance.
Pathways: Module 2, Coping with Anger

Core consultation tasks to improve coping skills

- Demonstrate abdominal breathing relaxation technique.
- Be able to explain and demonstrate relaxation exercises. Review implementation of the program and child’s progress.
- Explain and demonstrate thought stopping and interruption.
- Explain and demonstrate coping statements and development of coping plans.
- Deal with resistance as required.
- Discuss maintenance issues.
**Triple P Variants**

- **Online Triple P***
- **Transitions Triple P**
- **Lifestyle Triple P**
- **Workplace Triple P***
- **Baby Triple P***
- **Core Triple P Program**
- **Stepping Stones Triple P**
- **Teen Triple P**
- **Pathways Triple P**
- **Self-help Triple P**
- **Enhanced Triple P**

* Under development
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
Session Checklists promote model-adherence

**GROUP TRIPLE P SESSION 3 CHECKLIST**

Use this as a guide and as a record of what you covered in the session. Indicate with a tick (✓) if the item was covered. Leave a blank if the item was omitted.  
Date: ________ Number of participants: ________ Start time: ________ Finish time: ________

**Content Checklist**

1. **Agenda** (outline proposed session goals and gain consent from the group)
   - Review of Session 2
   - Review of homework
   - Managing misbehaviour
   - Compliance routine
   - Behaviour correction routine
   - Behaviour chart
   - Homework tasks

2. **Previous Session Review**
   - Developing positive relationships with children (quality time; talking with children; showing affection)
   - Encouraging desirable behaviour (praise; attention; engaging activities)
   - Teaching new skills and behaviours (setting a good example; incidental teaching; Ask, Say, Do; behaviour charts)

3. **Homework Review**
   - Check how the parents went with monitoring their implementation of the two chosen strategies; deciding on rewards; preparing their behaviour chart; and monitoring the behaviours they targeted in Session 1

4. **Managing Misbehaviour**
   - Provide a rationale for strategies for managing misbehaviour
   - Introduce ground rules, directed discussion and planned ignoring
   - Show video Part 4: Managing Misbehaviour; Ground Rules; Unrestrained Discussion; Planned Ignoring
   - Exercise 1: Deciding on ground rules
   - Exercise 2: Ideas for using directed discussion
   - Exercise 3: Ideas for using planned ignoring

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**Triple P**

*Positive Parenting Program*

*Every parent*
Level 4: Stepping Stones Triple P

- For parents with a child who has a disability who has or is at risk of developing behavioral or emotional problems
- Variation of Standard Triple P (10 sessions)
- Indicators for inclusion
  - Child aged 2 to 8 years who has a physical or intellectual disability and severe behavior problems
  - Parent has clear deficits in parenting skills
  - Parent can attend a 10 week individual program
  - No major conflict between partners or parental psychopathology
Level 4: Lifestyle Triple P

- Family intervention for overweight and obese children aged 5-10 years
- 10 group sessions with 4 individual telephone sessions
- Diet and nutrition
- Exercise and activity
- Lifestyle
Level 5: Family Transitions Triple P

- For family experiencing difficulties due to separation or divorce
- 5 group sessions with 2 individual telephone sessions
- Indicators for inclusion:
  - Ongoing parental conflict after separation
  - Difficulty “moving on” after divorce
  - Declining child behavior
  - Difficulty in implementing Positive Parenting
  - High levels of parental stress
  - Use of litigation to solve co-parenting problems
Parent Engagement

• Parent engagement begins with de-stigmatizing and normalizing messages
• Outreach messages can be tailored for each targeted population
• It continues with an understanding of the program and what the evidence says about its effectiveness and its applicability to different cultural populations
• Parent engagement is greatly influenced by practitioner engagement and agency support
Strategy: Use all aspects of the media to get the message across

- Quality posters and flyers in community settings which parents are likely to visit
- Brief articles in local social, recreational, school and community group newsletters
- Sound-bites and talk-back to local radio stations using local parents or role models
- Level 1: Stay Positive Media Campaign
Level 1: Universal Triple P

- Television and Radio clips
- Parenting articles and other print resources
- Stay Positive website with syndicated and local content to generate referrals or publicize events
Level 2 – Selected Seminars

• Selected seminars involve 90 minute seminars for large groups of parents.
• A ‘light touch’ intervention to provide brief help for parents who are coping well but have one or two concerns with their child’s behavior.
• Seminar Series Tip Sheets used in conjunction with presentation
Level 2 – Selected Triple P

• Seminar Topics
  – The Power of Positive Parenting
  – Raising Confident, Competent Children
  – Raising Resilient Children

*From the Power of Positive Parenting*
Location

- Location is a key factor influencing the decision to participate in parenting programs, especially group programs.
- Locating courses in neighborhood schools or centers (PEI tenet: Natural Community Settings)
  - reduces transportation difficulties
  - minimizes unfamiliarity of new settings
  - creates groups with shared experiences and similar backgrounds
Level 3 – Primary Care Triple P

- Brief, flexible parent consultation targeting children with mild to moderate behavioral difficulties.
- Typically provided to parents in 1-4 sessions (15-30 minutes in duration).
- Includes active skills training for parents.
- May involve face-to-face or telephone contact with a practitioner.
Tip Sheets are tools!
Tip sheets are organized by age group (prenatal – childhood years)

Prenatal/General Parenting

- Being a parent (4 pages)
- Coping with Stress (4 pages)
- Feeling Depressed After the Birth of Your Baby (4 pages)
- Home Safety (4 pages)
- Preparing Your Child for a New Baby (4 pages)
- Supporting Your Partner (4 pages)
- Balancing Work and Family
Strategy: Help parent/s anticipate and overcome potential obstacles

• Be prepared to deal with parents’ wavering commitment by problem-solving potential obstacles (e.g. transport, child care, meals)
• Address any negative self-talk or discouraging comments from others
• Stress benefits of participation – new skills, reassurance, meet parents with similar issues, improve network
• Create an environment that is appropriate for each culture – provide Triple P in a modality that fits each culture best
Facilitator issues

• Parents will attend regularly when they:
  – believe they and their family are benefiting from the sessions
  – believe they are receiving assistance in achieving their own goals
  – believe they are contributing something themselves
  – believe that their support network is improving

• Practitioners can learn more about parent engagement issues with their Post Accreditation Day
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