



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



Intensity of Intervention

1. **Universal Triple P**
Media-based parenting information campaign
2. **Selected Triple P**
Information/advice for a specific parenting concern
3. **Primary Care Triple P**
Narrow focus parenting skills training
4. **Standard/Group/Self-Directed Triple P**
Broad focus parenting skills training
5. **Enhanced Triple P**
Behavioral family intervention



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

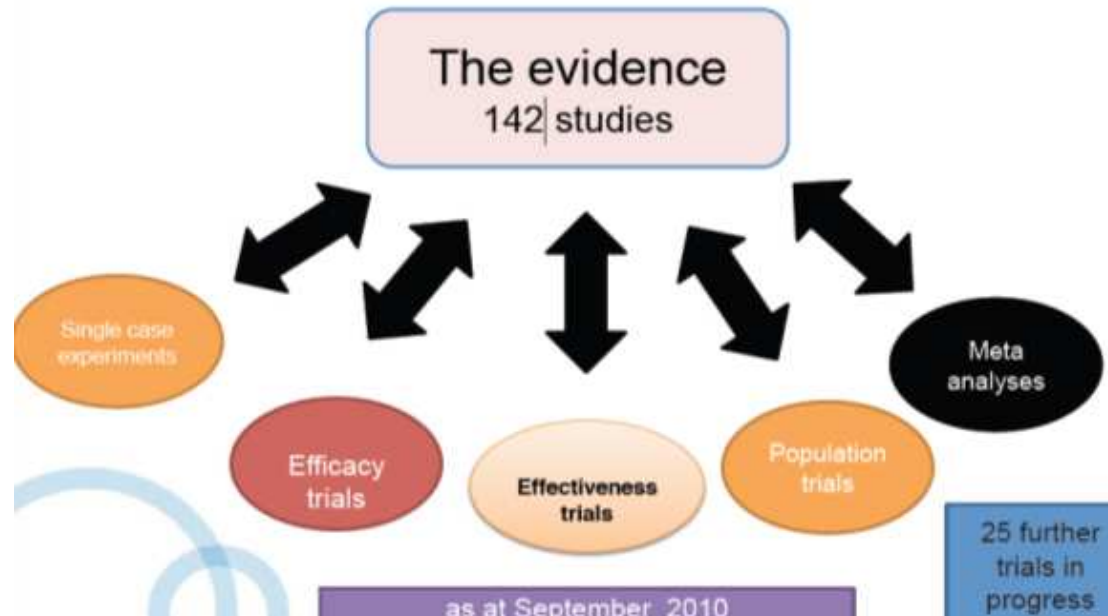
Cohen's rule of thumb for a small, medium and large effect size are based on a wide examination of the typical difference found in psychological data.

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.

Prinz, R. J., Sanders, M. : R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population--based prevention of child maltreatment: The U.S. Triple P System Population Trial. *Prevention Science*, 10(1), 1-12..



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

Prinz, R. J., Sanders, M. : R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population--based prevention of child maltreatment: The U.S. Triple P System Population Trial. *Prevention Science*, 10(1), 1-12..



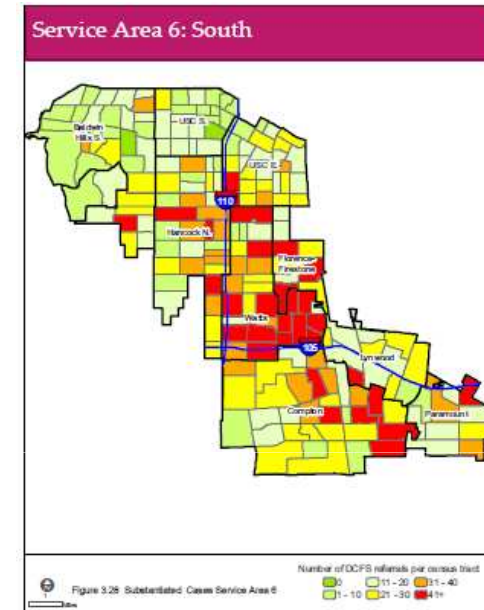
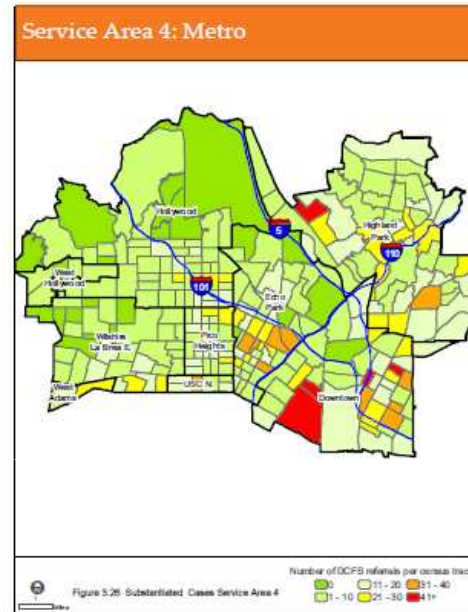
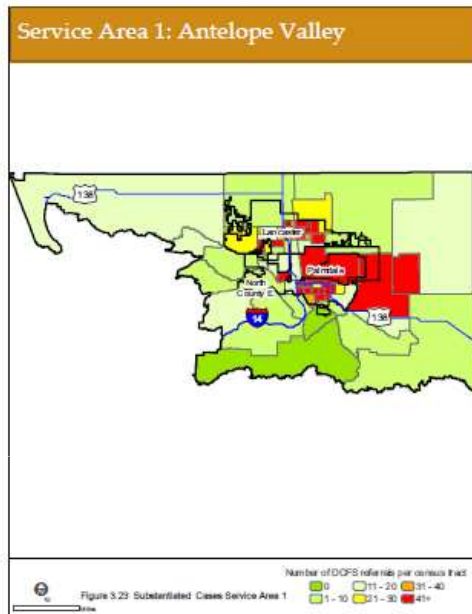
Triple P and the US Population Trial (CDC Trial)

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



Triple P and Child Welfare Populations



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)



County of Los Angeles Dept of Mental Health

Mental Health Services Act: Prevention and Early Intervention

- 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)



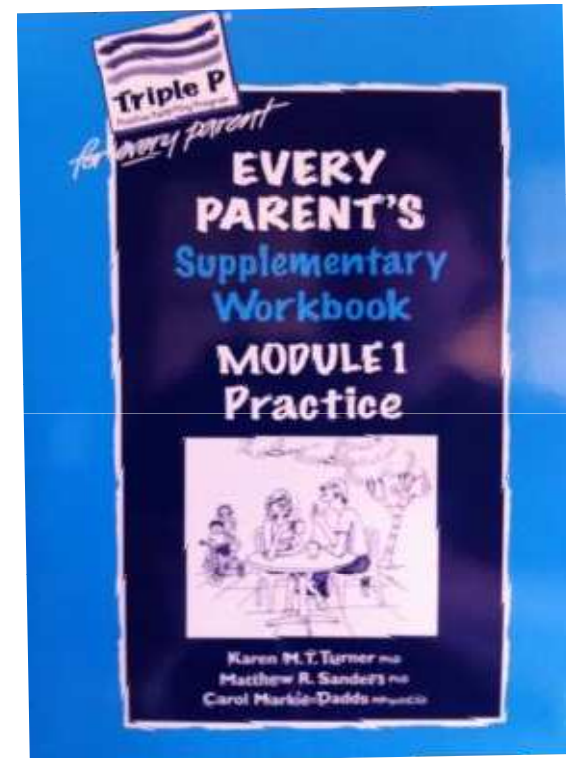
Level 5 – Enhanced Triple P

- 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



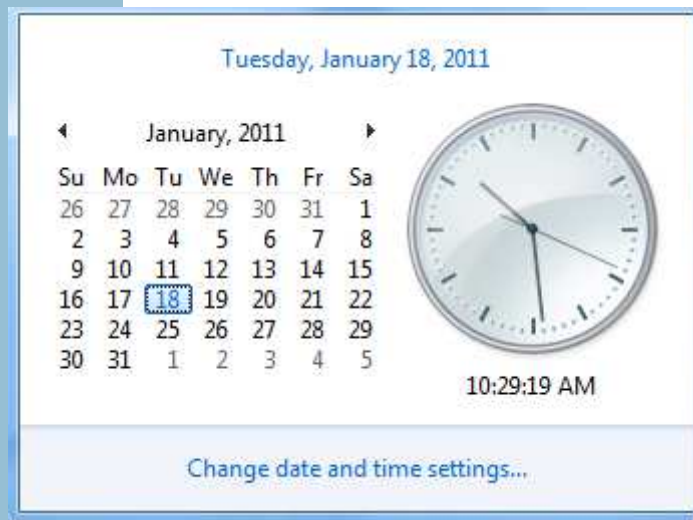
Level 5 Enhanced: Practice Module

- 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

Positive Speaking Habits

I am specific
I talk in a calm voice
I talk about the present
I ask assertively
I take turns
I speak in clear language

Negative Speaking Habits

I get off topic
I shout and raise my voice
I intellectualize and use big terms
I command and order
I accuse and blame
I am sarcastic



Level 5 – Pathways Triple P

- 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



Pathways: Module 1, Avoiding Parent Traps

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.



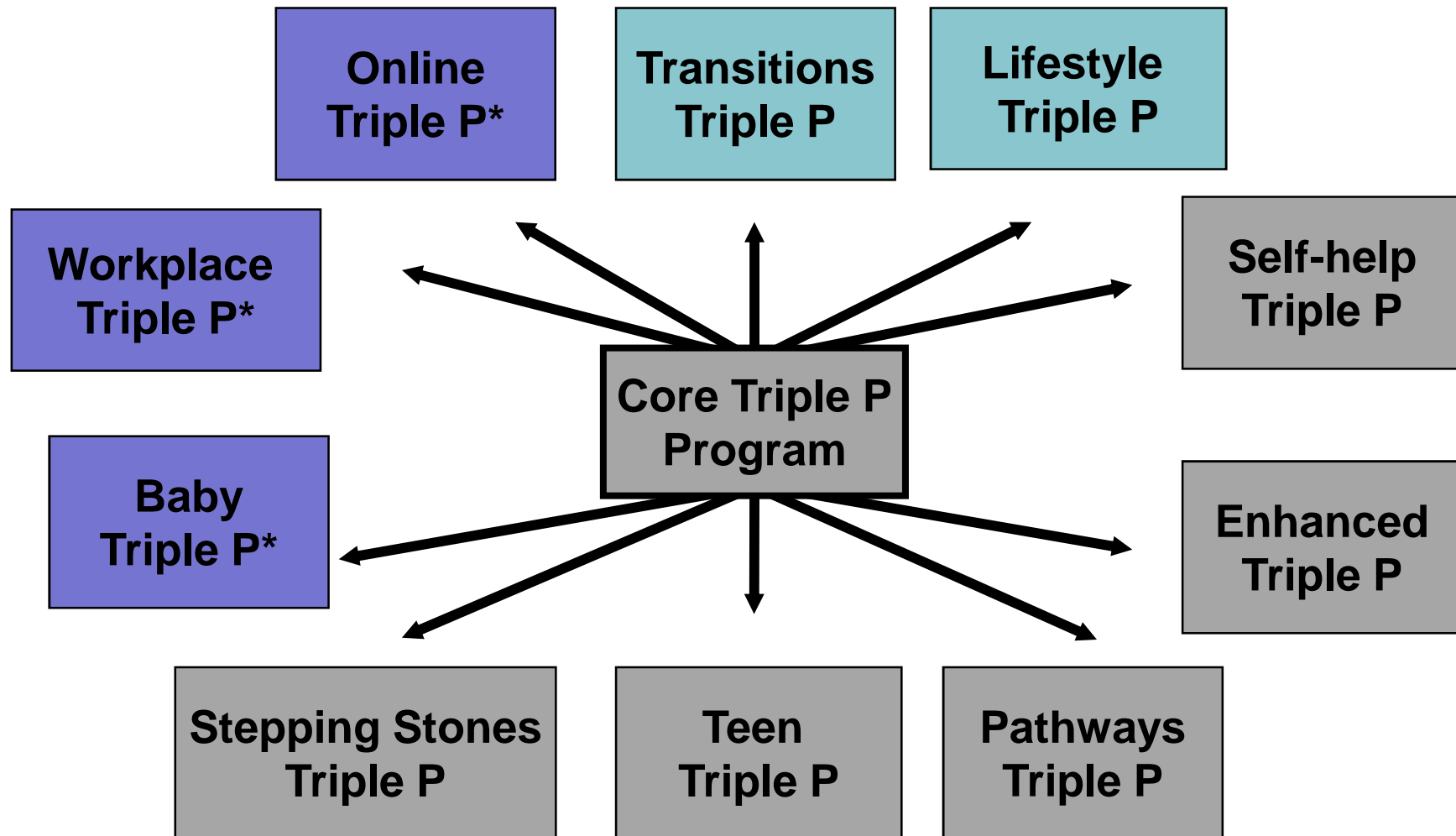
Pathways: Module 2, Coping with Anger

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



* 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



Level 4 – Group Session Checklist

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; Directed Discussion; Planned Ignoring
 - Exercise 1: Deciding on ground rules
 - Exercise 2: Ideas for using directed discussion
 - Exercise 3: Ideas for using planned ignoring



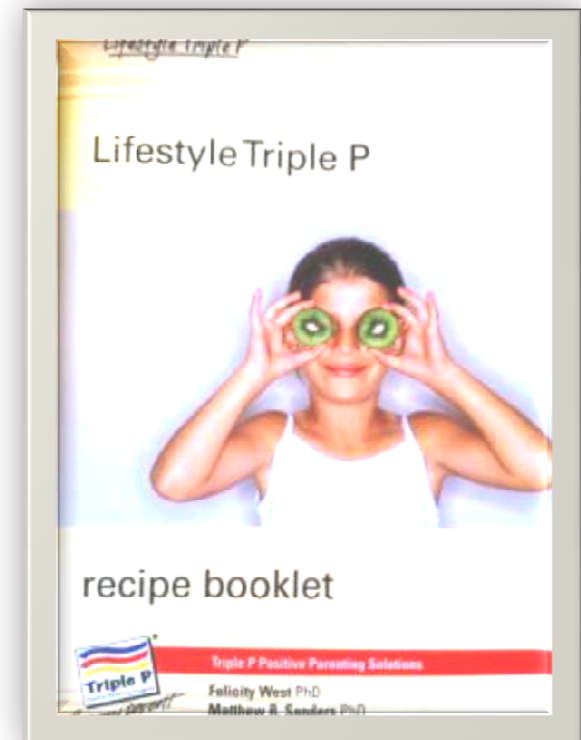
Level 4: Stepping Stones Triple P

- 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



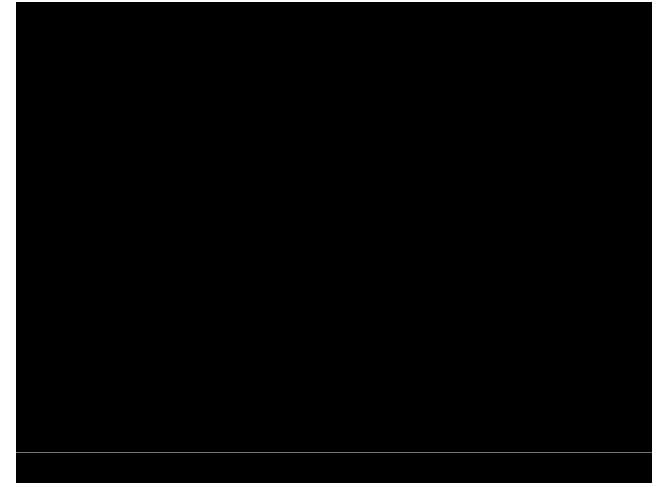
Strategy: Use all aspects of the media to get the message across

- 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



Triple P
Positive Parenting Program
for every parent

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



Employment opportunity

Raise a child! No experience necessary. Applicants must be available 24 hours per day, 7 days a week, and must provide food, shelter, clothing and supervision. **No training provided.** No salary - applicants pay \$180,000 over the next 18 years. Accidental applications accepted. Single people may apply but should be prepared for twice the work.

Triple P
Positive Parenting Program

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

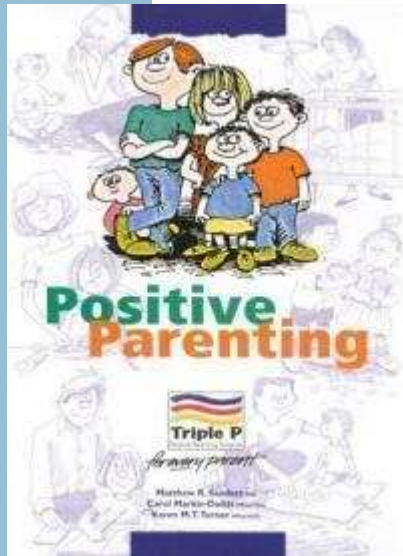


Level 3 – Primary Care Triple P

- 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.



Level 3 – Primary Care Triple P: Tip Sheets



Tip Sheets are tools!
Tip sheets are organized by age group
(prenatal – childhood years)

Prenatal/General Parenting



Being a parent (4pages)

Coping with Stress (4pages)

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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