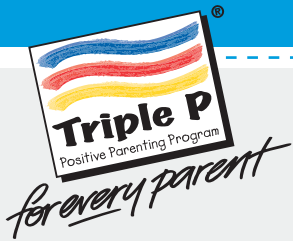




Small Changes, Big Differences



Triple P,
Positive Parenting Program®

www.triplep.net



TRIPLE P – POSITIVE PARENTING PROGRAM

The Triple P – Positive Parenting Program® is one of the world’s most effective evidence-based parenting systems. With more than 35 years of ongoing research and more than 600 trials, studies and published papers, including more than 200 evaluation papers, Triple P works across cultures, socioeconomic groups and in many different family structures.

Triple P is designed to give parents the skills they need to raise confident, healthy children and teenagers, and to build stronger family relationships. It provides parents with simple and practical strategies they can adapt to suit their own values, beliefs and needs.

“Children who grow up with positive parenting are more likely to develop the skills they need to do well at school, build friendships, and feel good about themselves.”

“They are also much less likely to develop behavioral or emotional problems when they get older. Similarly, parents who use positive parenting skills feel more confident and competent about managing day-to-day family life. They are also less stressed, less depressed and have less conflict with their partners over parenting issues.”

PROFESSOR MATT SANDERS,
FOUNDER OF THE TRIPLE P – POSITIVE PARENTING PROGRAM

TRIPLE P – FLEXIBLE DELIVERY

Triple P is distinctive in that it is not a “one-size-fits-all” course. It is a system that offers increasing levels of support to meet the needs of individual families. Parents can choose anything from single public seminars or self-help books and DVDs, to more intensive group courses, online courses or individual counseling sessions.

“Some parents may just need a light-touch of Triple P, a few ideas to help them set up a better bedtime routine or manage occasional disobedience, but others may be in crisis and need greater support. So Triple P is based on the idea that we give parents just the right amount of help they need.”

PROFESSOR MATT SANDERS,
FOUNDER OF THE TRIPLE P – POSITIVE PARENTING PROGRAM

TRIPLE P – POPULATION BASED APPROACH

Triple P has been designed as a population-based approach to parenting – typically implemented by government bodies or NGOs (non-government organizations) across regions or countries with the aim of reaching as many parents as possible. It is often delivered through health or education departments. Triple P providers come from a range of professions including doctors, nurses, psychologists, counselors, teachers, teachers’ aides, police officers, clergy, social workers and health support workers.



UNIVERSAL TRIPLE P

Universal Triple P aims to raise awareness of the importance of parenting and destigmatize the idea of asking for parenting help. The communications strategy, Stay Positive, helps ensure the maximum number of parents know about, understand and can easily find the Triple P help they need.

TRIPLE P INTERVENTIONS

All Triple P programs are available for parents of children from birth to 12 years and for parents of teenagers, except where noted.

■ SELECTED SEMINAR TRIPLE P

A series of three 90-minute seminars that tackle common parenting challenges. Parents may choose to do one, two or all three seminars.

■ PRIMARY CARE TRIPLE P

Brief, flexible, consultations for parents of children with mild to moderate behavioral difficulties. Typically provided to parents in up to four sessions (15–30 minutes in duration). Includes active skills training for parents, where necessary.

■ TRIPLE P DISCUSSION GROUPS

Targets a single specific parenting issue in one two-hour group session. Topics for parents of children up to 12 years are: “dealing with fighting and aggression,” “dealing with disobedience,” “developing good bedtime routines,” and “hassle-free shopping with children.” Topics for parents of teens are “getting teenagers to cooperate,” “coping with teenagers’ emotions,” “building teenagers’ survival skills,” and “reducing family conflict.”

■ GROUP TRIPLE P

A moderately intensive parent program for moderate to severe behavioral or emotional difficulties. It can also be used as a prevention strategy to promote positive development. Typically delivered to parents as five group sessions of two hours each, with three individual phone consultations.

■ STANDARD TRIPLE P

Intensive parenting program for moderate to severe behavioral or emotional difficulties. Typically delivered to individual families in 10 sessions. Delivered in a clinic or in parents’ homes.

■ TRIPLE P ONLINE

Eight-session web-based course for parents who prefer an electronic medium or who are too busy, reluctant or isolated to attend regular parenting courses. Based on Standard Triple P, Triple P Online

introduces parents to Triple P's 17 core parenting skills and includes a mix of video, worksheets and online activities. Parents can also sign up to receive podcasts, email and texts that recap sessions and goals. It is most suitable for parents of children 2–12.

■ ENHANCED TRIPLE P

An intensive, individually-tailored program (up to 11 sessions) for families where parenting is complicated by factors such as partner conflict or mental health issues. Enhanced Triple P is used in combination with either Group or Standard Triple P. Program modules include practice sessions to enhance parenting skills, mood management strategies, stress coping skills, partner support skills.

■ PATHWAYS TRIPLE P

A focused intervention for parents at risk of child maltreatment. Pathways Triple P is used in combination with either Group or Standard Triple P. This intervention helps parents understand causes of a child's behavior and develop anger management strategies.

SPECIALIZED TRIPLE P PROGRAMS

Triple P also offers specialized programs including Stepping Stones Triple P for parents of children with disabilities, Family Transitions Triple P for parents going through divorce or separation, and Lifestyle Triple P for parents of children who are obese or overweight. Check the website for details.

TRIPLE P – RESOURCES TO HELP PARENTS

Triple P has a broad range of parenting and professional resources including positive parenting booklets, tip sheets and workbooks for parents, as well as DVDs and practitioner kits. Parenting resources are also available in Spanish and many other languages.

WHAT THE RESEARCH SAYS

The Triple P – Positive Parenting Program is one of the most extensively evaluated parenting systems in the world. There are now more than 600 trials, studies and published papers, including more than 200 evaluation papers, by researchers in more than 25 countries. The most comprehensive meta-analysis of the Triple P program conducted to date shows the entire range of Triple P programs produces significant effects for children and their families, regardless of delivery mode. (Sanders, Kirby, Tellegen, & Day, 2014)





SOME RESEARCH HIGHLIGHTS:

A population level U.S. trial found that communities providing Triple P services had fewer cases of child maltreatment, fewer children removed from their homes, and fewer child hospitalizations or emergency room visits related to maltreatment than similar communities that were not providing Triple P services.

Prinz, R.J. et al (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, 10(1), 1-12.

A cost analysis based on the U.S. Triple P system population trial found that the costs of equipping a community to provide Triple P services would be recovered in a single year if rates of child maltreatment were decreased by only 10%.

Foster, E.M. et al (2008). The costs of a public health infrastructure for delivering parenting and family support. *Children and Youth Services Review*, 30, 493-501.

The Every Family Initiative population trial in Australia found that communities where Triple P services were widely available had fewer children with behavioral or emotional problems than communities where Triple P services were not widely available.

Sanders, M.R. et al (2008). Every Family: A population approach to reducing behavioural and emotional problems in children making the transition to school. *Journal of Primary Prevention*, 29, 197-222.

Many of these articles and numerous other articles, including studies on the effectiveness of individual levels of Triple P and the effectiveness of program variations such as Teen Triple P and Stepping Stones Triple P, can be found at:

<http://www.pfsc.uq.edu.au/evidence>

STAY POSITIVE – REACHING EVERY PARENT

One of the greatest strengths of the Triple P – Positive Parenting Program is its ability to cater to every parent, regardless of personal or family circumstances. One of the greatest challenges is ensuring parents know how to reach out for that help. That’s why the Stay Positive communications strategy has been created. Stay Positive helps ensure every parent knows about, understands, and can easily find the Triple P help they need.

WHAT IS STAY POSITIVE?

Stay Positive is a communications strategy for organizations implementing a population-level Triple P rollout. Materials are designed to raise awareness of parenting issues, destigmatize the idea of asking for parenting advice, and encourage parents to reach out for information and help if they need it. Although Stay Positive is an integrated communications strategy, elements of the campaign may be used in isolation. However program awareness and destigmatization outcomes may be more limited with this approach. Materials include a locally-driven Stay Positive website, television, radio and outdoor creative, banners, brochures, posters, flyers and localized parent newspapers.

TRIPLE P AMERICA

Triple P America (TPA) organizes Triple P provider Training Courses for organizations and agencies at their sites around the country. Triple P is offered in 27 states in the United States with various materials translated into 19 languages other than English. Triple P may be offered in clinical and non-clinical settings by a multidisciplinary workforce of social service, mental health, healthcare and education providers. A single practitioner may provide Triple P services or, on a larger scale, an entire county or state jurisdiction may implement Triple P as a public health approach. Open-enrollment courses are also offered periodically for single practitioners. TPA uses an Implementation Framework with all types of implementation, regardless of scale. The framework supports a successful and sustainable implementation of Triple P.

HOW TO CONTACT US

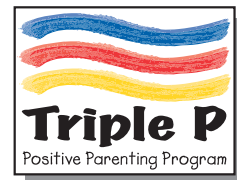
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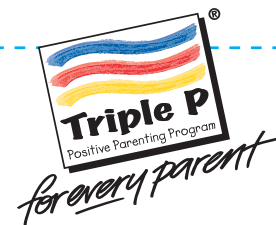
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Triple P – Positive Parenting Program

Factsheet

What is Triple P?

The Triple P-Positive Parenting Program® (Triple P) is a multi-tiered system of evidence-based education and support for parents and caregivers of children and adolescents. The system works as both an early intervention and prevention model. Triple P may be offered in clinical and non-clinical settings by a multidisciplinary workforce of social service, mental health, healthcare, and education providers. A single practitioner may provide Triple P services to interested parents; or on a larger scale, an entire county or state jurisdiction may implement Triple P as a public health approach. The Institute of Medicine's 2009 Report¹ on prevention of mental, emotional, and behavioral disorders highlighted Triple P as having substantial empirical evidence: Triple P "is noteworthy for being the first [program] to show significant positive effects of a parenting intervention in an entire population."

The overarching aims of Triple P are as follows:

- To promote the independence and health of families through the enhancement of parents' knowledge, skills, confidence, and self-sufficiency.
- To promote the development of non-violent, protective, and nurturing environments for children.
- To promote the development, growth, health, and social competence of young children.
- To reduce the incidence of child maltreatment and behavioral/emotional problems in childhood and adolescence.

Triple P is a culturally sensitive intervention being offered in 25 countries and in more than 30 states in the United States with various materials translated into 19 languages other than English. As of August 2015, there were more than 13,000 Triple P practitioners in the US.

What is the evidence base?

Triple P is backed by more than 35 years of ongoing research conducted by academic institutions in the US and abroad (UK, CA, DE, NL, BE, SE, CH, IR, TR, HK, JP, AU, NZ). This includes more than 690 trials, studies and published papers, including more than 240 evaluation papers, 124 of which are randomized controlled trials. Triple P is proven to work across ethnicities, cultures and socio-economic groups. For a complete list, please see: <http://www.pfsc.uq.edu.au/research/evidence/>

Whom does Triple P benefit?

• Children, Parents, & Families

Triple P interventions increase parents' ability to deal with a full range of behavior problems including those within normal developmental limits to severe problems associated with DSM-5 diagnoses (e.g. Oppositional Defiant Disorder, ADHD, Conduct Disorder, and Autism Spectrum Disorder).

• Practitioners and Agency Providers

As an evidence based practice, Triple P can stand alone or complement existing services. As a brief and time-limited intervention, practitioners and organizations see significant results (both clinically and statistically) immediately following treatment and at follow-up.

• Public Health Outcomes and Cost Savings

When implemented as a public health approach, Triple P positively impacts key child welfare indicators. The CDC-funded US Population Trial² with randomization of counties demonstrated:

- substantial reductions in child out-of-home placements - 16% lower than control counties (Cohen's *d* effect size = .87)
- substantial reductions in hospital-treated children maltreatment injuries - 13% lower than control counties (Cohen's *d* effect size = 1.01), and
- curtailed rates of child maltreatment cases - 33% lower than control counties (Cohen's *d* effect size = 1.30)

In a typical community, the one-year cost of Triple P dissemination could be easily recaptured by the savings associated with only a 10% reduction in child maltreatment³.

Other economic analyses have yielded similar results:

- Triple P would only have to divert 1.5 percent of cases of conduct disorder in order to pay for the service delivery of Triple P in to families in the community⁴.
- Washington State Institute of Public Policy (WSIPP) has determined that every dollar invested in the implementation of the Triple P system will return multiple dollars in terms of benefits across several human service sectors⁵.

1. Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and possibilities - Institute of Medicine. (2009)

2. Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., & Lutzker, J.R. (2009). Addendum to "Population-based prevention of child maltreatment: The US Triple P System Population Trial". *Prevention Science*, 17, 1-7.

3. Foster, E.M., Prinz, R.J., Sanders, M.R., & Shapiro, C.J. (2008). The costs of a public health infrastructure for delivering parenting and family support. *Children and Youth Services Review*, 30, 493-501.

4. Mihalopoulos, C., Sanders, MR, Turner, KMT, Murphy-Brennan, M & Carter, R (2007). *Does the Triple P – Positive Parenting Programme provide value for money?* Australian and New Zealand Journal of Psychiatry, vol. 41, no. 3, pp. 239-46.

5. Washington State Institute for Public Policy. (2015 December). *Benefit-Cost Results*. Retrieved January 22, 2016, from <http://www.wsipp.wa.gov/BenefitCost?programSearch=triple+p>



Selected Triple P

What is Selected Triple P?

Selected Triple P is a “light touch” parenting information presentation to a large group of parents (20 to 200) who are generally coping well but have one or two concerns. There are three seminar topics with each taking around 90 minutes to present, plus 30 minutes for question time. The Selected Triple P Seminar Series is designed to be a brief introduction to the Triple P strategies and will give the parents and carers you work with great ideas to take home and try out with their family.

Who is it for?

Parents or caregivers who benefit from Selected Triple P are those who have children up to the age of 12 years and who are interested in general information about promoting their child’s development. The series of seminars can assist parents with specific concerns about their child’s behaviour or development. Parents are likely to benefit if their family is not complicated by significant behaviour problems or family stress. This intervention can also be useful as an introduction to the Triple P strategies for families who will access a more intensive intervention.

What is covered in sessions with parents?

Seminar 1: Positive Parenting. Practitioners introduce parents to the five key principles of positive parenting that form the basis of Triple P. These principles are:

- Ensuring a safe engaging environment.
- Creating a positive learning environment.
- Using assertive discipline.
- Having reasonable expectations.
- Looking after yourself as a parent.

Seminar 2: Raising confident and competent children. In this seminar, parents are introduced to six core building blocks for children to become confident and successful at school and beyond. These competencies are:

- Showing respect to others.
- Being considerate.
- Having good communication and social skills.
- Having healthy self-esteem.
- Being a good problem solver.
- Becoming independent.

Seminar 3: Raising resilient children. Parents are introduced to six core building blocks for children to manage their feelings and become resilient in dealing with life stress. These competencies are:

- Recognising and accepting feelings.
- Expressing feelings appropriately.
- Building a positive outlook.
- Developing coping skills.
- Dealing with negative feelings.
- Dealing with stressful life events.



What resources do parents receive?

Each family will receive a Triple P Seminar Series Tip Sheet corresponding to the seminar they are attending.

How much time is needed to deliver the intervention?

In addition to each seminar, the practitioner should allow time for reviewing satisfaction questionnaires, and preparing for the seminar and/or supervision. Please see the table below for an approximate delivery guideline time for each seminar.

Course	Face to Face Consultation or Group Session Time	Questionnaire Scoring and Feedback - Pre and Post Assessment*	Telephone Support or Home Visit	Session Preparation and Post-Session Debrief/ Supervision	Case notes and Report Writing**	Total Time
Selected (Seminars) Triple P	2 hours	n/a	n/a	1 hour	n/a	3 hours per seminar

*An additional 2-3 minutes per family should be allowed for reviewing the Client Satisfaction Questionnaire (CSQ).

**Not including comprehensive reports for government agencies.

What is involved in provider training?

To provide Selected Triple P to families, practitioners must have completed an active-skills training programme and demonstrated their knowledge and competence in programme delivery through a skills-based accreditation process. The table below provides an estimate of the time commitment for practitioners to attend training and support days, as well as time needed for preparation and peer support.

Course	Number of Training Days (9.00am - 4.30pm)	Pre-Accreditation Day (9.00am - 4.30pm)	Preparation Time for Accreditation Day	Accreditation Day	Peer Support	Total Time
Selected (Seminars) Triple P*	1 day	n/a	2 hours (competency preparation)	Half day	n/a (combined with Level 3 or 4 course)	2 days

*Practitioner must have previously attended Level 3 or Level 4 Triple P Course.

What resources do practitioners receive?

Each practitioner will receive a copy of the following Triple P practitioner resources at training:

- Facilitator's Kit for Selected Triple P (includes Facilitator's Manual, and Seminar Series PowerPoint presentations CD); and
- Triple P Tip Sheet Series - Seminar Series (includes a tip sheet from each Seminar Series).



Primary Care Triple P

What is Primary Care Triple P?

Primary Care Triple P is a brief targeted intervention in a one-to-one format that assists parents to develop parenting plans to manage behavioural issues (e.g. tantrums, fighting, going shopping) and skill development issues (e.g. eating independently, toilet training, staying in bed at night). These focused consultations are carried out in the course of providing routine health care for all health professionals. Practitioners provide 3-4 sessions (15-30 minutes each) over a period of 4-6 weeks. Sessions can be done in person, over the phone, or as a combination of both.

Who is it for?

Parents or caregivers who benefit from Primary Care Triple P are those with a specific concern about their child's behaviour and who prefer one-to-one consultations. They are likely to benefit when their child's behaviour problems are mild and uncomplicated by a high level of family stress. Parents receiving this intervention sometimes then choose to do a Group Triple P course when problems persist.

What is covered in sessions with parents?

Consultation Session 1: Assessment of the presenting problem. In this session the practitioner conducts an initial interview, discusses options for intervention, and introduces the parent to keeping track of their child's behaviour.

Consultation Session 2: Developing a parenting plan. In this session the practitioner provides the parent with feedback of assessment results, helps the parent identify causes of their child's behaviour problem, and to set goals for change.

Consultation Session 3: Review of implementation. In this session the practitioner uses a self regulatory feedback process to assist the parent to review their implementation of their parenting plan and to set goals for further refinement if needed. Behavioural rehearsal in this session is used when parents want to rehearse specific parenting techniques.

Consultation Session 4: Follow up. A review of the child's progress and how Triple P is being used is discussed along with any maintenance issues. If it is necessary, referral options are discussed.

What resources do parents receive?

Each family will receive up to three Triple P Tip Sheets relevant to the targeted problem behaviour/s and a Positive Parenting Booklet.



How much time is needed to deliver the intervention?

In addition to each session, the practitioner should allow time for reviewing satisfaction questionnaires, and preparing for the session and/or supervision. Please see the table below for an approximate delivery guideline time for each family.

Course	Face to Face Consultation or Group Session Time	Questionnaire Scoring and Feedback - Pre and Post Assessment*	Telephone Support or Home Visit	Session Preparation and Post-Session Debrief/ Supervision	Case notes and Report Writing**	Total Time
Primary Care Triple P	2 hours (30 minutes per family for 4 sessions)	n/a	n/a	¼ hour	¼ hour	2½ hours per family

*An additional 2-3 minutes per family should be allowed for reviewing the Client Satisfaction Questionnaire (CSQ).

**Not including comprehensive reports for government agencies.

What is involved in provider training?

To provide Primary Care Triple P to families, practitioners must have completed an active-skills training programme and demonstrated their knowledge and competence in programme delivery through a skills-based accreditation process. The table below provides an estimate of the time commitment for practitioners to attend training and support days, as well as time needed for preparation and peer support.

Course	Number of Training Days (9.00am - 4.30pm)	Pre-Accreditation Day (9.00am - 4.30pm)	Preparation Time for Accreditation Day	Accreditation Day	Peer Support	Total Time
Primary Care Triple P	2 days	1 day	4-6 hours (quiz and competency preparation)	Half day	2-3 hours (hourly meetings per month)	4½ days

What resources do practitioners receive?

Each practitioner will receive a copy of the following Triple P practitioner resources at training:

- Practitioner's Kit for Primary Care Triple P (includes Practitioner's Manual and Consultation Flip Chart);
- Triple P Tip Sheet Series - Sample Pack (includes the Positive Parenting Booklet and a sample of the Triple P Tip Sheets); and
- Every Parent's Survival Guide [DVD].



Group Triple P

What is Group Triple P?

Group Triple P is a broad-based parenting intervention delivered over eight weeks for parents of children up to 12 years old and who are interested in learning a variety of parenting skills. Parents may be interested in promoting their child's development and potential or they may have concerns about their child's behavioural problems. The programme involves four (2 hour) group sessions of up to 12 parents. Parents actively participate in a range of exercises to learn about the causes of child behaviour problems, setting specific goals, and using strategies to promote child development, manage misbehaviour and plan for high-risk situations. Then there are three (15 to 30 minute) individual telephone consultations to assist parents with independent problem solving while they are practising the skills at home. The group then re-convenes to review progress, discuss maintenance and generalisation issues and complete final assessments.

Who is it for?

Parents or caregivers who benefit from Group Triple P are those who have concerns about their child's mild to moderate level of behavioural problems or simply wish to prevent behaviour problems from developing. Parents who have completed lower-level interventions and have not achieved the goals they want, may benefit from a Group Triple P intervention. They usually want to learn a variety of parenting skills to apply to multiple contexts. Parents need to be able to commit to the whole eight sessions.

What is covered in sessions with parents?

Session 1: Positive parenting. This session provides parents with an introduction to what is positive parenting, why children behave as they do and how to set goals for change. Parents submit a completed assessment booklet at the beginning of this session.

Session 2: Helping children develop. During this session, the practitioner discusses how to develop good relationships with children, how to encourage good behaviour, and the four strategies for how parents can teach their children new skills and behaviours.

Session 3: Managing misbehaviour. The practitioner offers additional strategies to assist parents with managing misbehaviour during this session. Parents will also learn to develop parenting routines to promote compliance and manage non-compliance from their children. They have an opportunity to rehearse these routines during the session.

Session 4: Planning ahead. This session covers family survival tips, identifying high-risk situations that still cause concern, how to develop planning ahead routines to promote good child behaviour in high risk situations (e.g. shopping, learning how to take turns, fighting with siblings, getting ready for school). Parents also prepare for their telephone consultations during this session.



Session 5-7: Using positive parenting strategies 1-3. During the telephone consultation the practitioner provides feedback from initial assessments that the family completed and then uses the self-regulatory feedback model to help parents review their implementation of planning ahead routines for their high-risk situations. From this, parents set goals for further refinement of their routines, if needed.

Session 8: Programme close. Parents return for a final group session to review progress, look at ways to maintain changes and plan for the future, and to close the programme. If necessary, referral options are discussed.

What resources do parents receive?

Each family receives a copy of the Every Parent's Group Workbook. This workbook provides them with the content of all sessions, space to complete written exercises and an outline of all homework tasks.

How much time is needed to deliver the intervention?

In addition to consultations, the practitioner should allow time for reviewing satisfaction questionnaires, and preparing for the sessions and/or supervision. Please see the table below for an approximate delivery guideline time for each group.

Course	Face to Face Consultation or Group Session Time	Questionnaire Scoring and Feedback - Pre and Post Assessment*	Telephone Support or Home Visit	Session Preparation and Post-Session Debrief/ Supervision	Case notes and Report Writing**	Total Time
Group Triple P	10 hours (2 hours per session for 5 weeks)	5 hours	15 hours (10 families, 30 minutes each week for 3 weeks)	5 hours	5 hours	40 hours per group

*An additional 2-3 minutes per family should be allowed for reviewing the Client Satisfaction Questionnaire (CSQ).

**Not including comprehensive reports for government agencies.

What is involved in provider training?

To provide Group Triple P to families, practitioners must have completed an active-skills training programme and demonstrated their knowledge and competence in programme delivery through a skills-based accreditation process. The table below provides an estimate of the time commitment for practitioners to attend training and support days, as well as time needed for preparation and peer support.

Triple P – Positive Parenting Program®



Course	Number of Training Days (9.00am - 4.30pm)	Pre-Accreditation Day (9.00am - 4.30pm)	Preparation Time for Accreditation Day	Accreditation Day	Peer Support	Total Time
Group Triple P	3 days	1 day	4-6 hours (quiz and competency preparation)	Half day	2-3 hours (hourly meetings per month)	5½ days

What resources do practitioners receive?

Each practitioner will receive a copy of the following Triple P practitioner resources at training:

- Facilitator's Kit for Group Triple P (includes Facilitator's Manual, CD Rom with Group Triple P PowerPoint presentations, and the Every Parent's Group Workbook); and
- Every Parent's Survival Guide [DVD].



Standard Triple P

What is Standard Triple P?

Standard Triple P provides parents with broad focused parenting support and intervention on a one-to-one basis. The programme supports parents who have concerns about their child's behaviour or development across settings (e.g. disobedience in community settings, fighting and aggression, refusing to stay in bed, eating healthy meals). Over ten one-to-one sessions parents identify the causes of child behaviour problems and to set their own goals for change. They learn a range of parenting strategies to promote and develop positive behaviour for their child. The practitioner focus is on generalisation-enhancement strategies to promote parental autonomy throughout the intervention process.

Who is it for?

Parents or caregivers who benefit from this intervention are those with children up to 12 years of age who are concerned about their child's behaviour. Usually they either need or prefer a one-to-one intervention and they need to be available to commit to 10 weeks of regular one-hour sessions. The programme is appropriate for children with moderate to severe levels of behavioural problems.

What is covered in sessions with parents?

Session 1: Intake interview. The parent is interviewed to gather comprehensive information about their child's presenting behavioural concerns, developmental history and family circumstances. They are asked to complete further assessment in the form of questionnaires and they are taught to use monitoring forms to track a specific child behaviour throughout the following week.

Session 2: Observation of family interaction and assessment feedback. The practitioner conducts an observation of child behaviour and parenting excesses and deficits. Then they provide feedback to the parent from all forms of the assessment and develop a shared understanding of the nature, severity and causes of current concerns. From there, treatment is negotiated and the parent sets goals for their own and their child's behaviour change.

Session 3: Promoting children's development. During this session, the parent is presented with strategies that aim to enhance the quality of the parent child relationship and promote a rich environment of encouragement and positive attention for the child. The parent identifies when and how these skills can be used and have the opportunity to practise.

Session 4: Managing misbehaviour. This session involves introducing the parent to strategies for dealing with misbehaviour, rehearsing a routine for managing non-compliance, and setting new homework tasks.

Session 5-7: Practise and feedback. These sessions assist the parent in using the behaviour change strategies. The practitioner observes a 10 minute parent-child interaction where the parent has set goals to practise using specific parenting strategies. The practitioner then has the opportunity to encourage the parent's self-evaluation and goal setting to refine the use of specific parenting strategies.



Session 8: Planned activities training. During this session, the parent identifies high-risk home and community activities (e.g. shopping trips), they learn to develop planned activities and routines to target specific behaviours, and select one of their routines to implement throughout the following week.

Session 9: Using planned activities training. During this session, the parent implements planned activities routines to encourage independent play when busy and a structured play activity. The practitioner provides feedback and then observes the parent implement a final planned activities routine to get their child ready to go out.

Session 10: Programme close. The practitioner conducts a progress review and discusses with the parent family survival tips, problem solving for the future and future goals. If it is necessary, referral options are discussed.

What resources do parents receive?

Each family will receive a copy of the Every Parent’s Family Workbook. This workbook outlines content of all sessions and all homework tasks. It provides space for parents to complete all exercises.

How much time is needed to deliver the intervention?

In addition to consultations, the practitioner should allow time for reviewing satisfaction questionnaires, and preparing for the sessions and/or supervision. Please see the table below for an approximate delivery guideline time.

Course	Face to Face Consultation or Group Session Time	Questionnaire Scoring and Feedback - Pre and Post Assessment*	Telephone Support or Home Visit**	Session Preparation and Post-Session Debrief/ Supervision	Case notes and Report Writing***	Total Time
Standard Triple P	7 hours (1 hour per session for 7 sessions)	1½ hours	3 hours (1 hour per home-visit for 3 visits)	2½ hours	1 hour	15 hours per family

*An additional 2-3 minutes per family should be allowed for reviewing the Client Satisfaction Questionnaire (CSQ).

**Travel time per visit is not included.

***Not including comprehensive reports for government agencies.



What is involved in provider training?

To provide Standard Triple P to families, practitioners must have completed an active-skills training programme and demonstrated their knowledge and competence in programme delivery through a skills-based accreditation process. The table below provides an estimate of the time commitment for practitioners to attend training and support days, as well as time needed for preparation and peer support.

Course	Number of Training Days (9.00am - 4.30pm)	Pre-Accreditation Day (9.00am - 4.30pm)	Preparation Time for Accreditation Day	Accreditation Day	Peer Support	Total Time
Standard Triple P	3 days	1 day	4-6 hours (quiz and competency preparation)	Half day	2-3 hours (hourly meetings per month)	5½ days

What resources do practitioners receive?

Each practitioner will receive a copy of the following Triple P practitioner resources at training:

- Practitioner's Kit for Standard Triple P (includes Practitioner's Manual, and Every Parent's Family Workbook); and
- Every Parent's Survival Guide [DVD].