



Triple P – Positive Parenting Program®



Investing in Children in Bulgaria: Triple P, Positive Parenting Program

Matt Buttery, Chief Executive, Triple P UK

At a glance



- Why is parenting important?
- The Triple P system
- Implementing Triple P
- Population trials & cost effectiveness
- Assessing the fit

The need to make
parenting programs
more widely available
is now strongly
supported



UNODC

United Nations Office on Drugs and Crime



AMERICAN
PSYCHOLOGICAL
ASSOCIATION



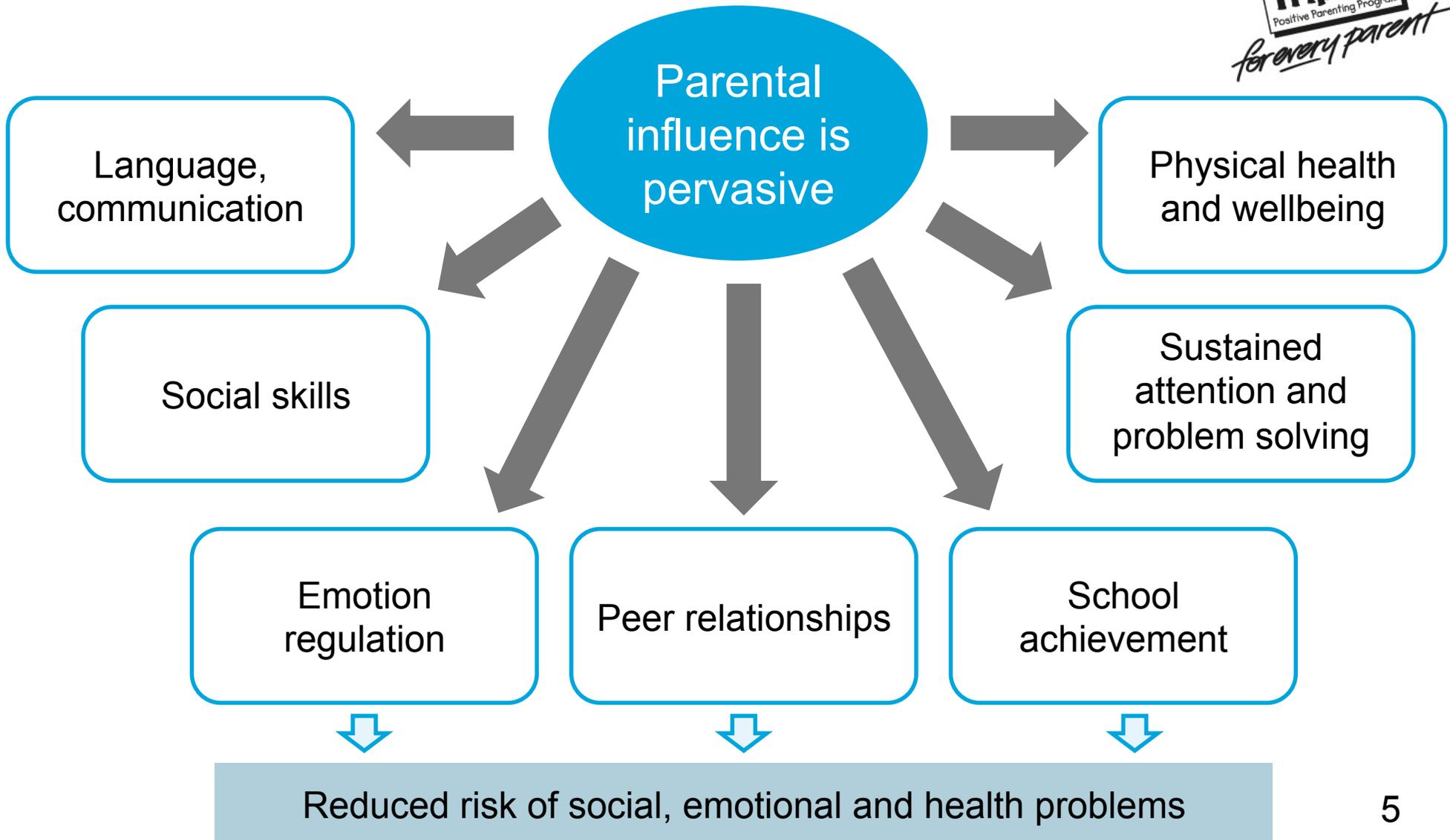
WHO

National
Academy for
**Parenting
Practitioners**

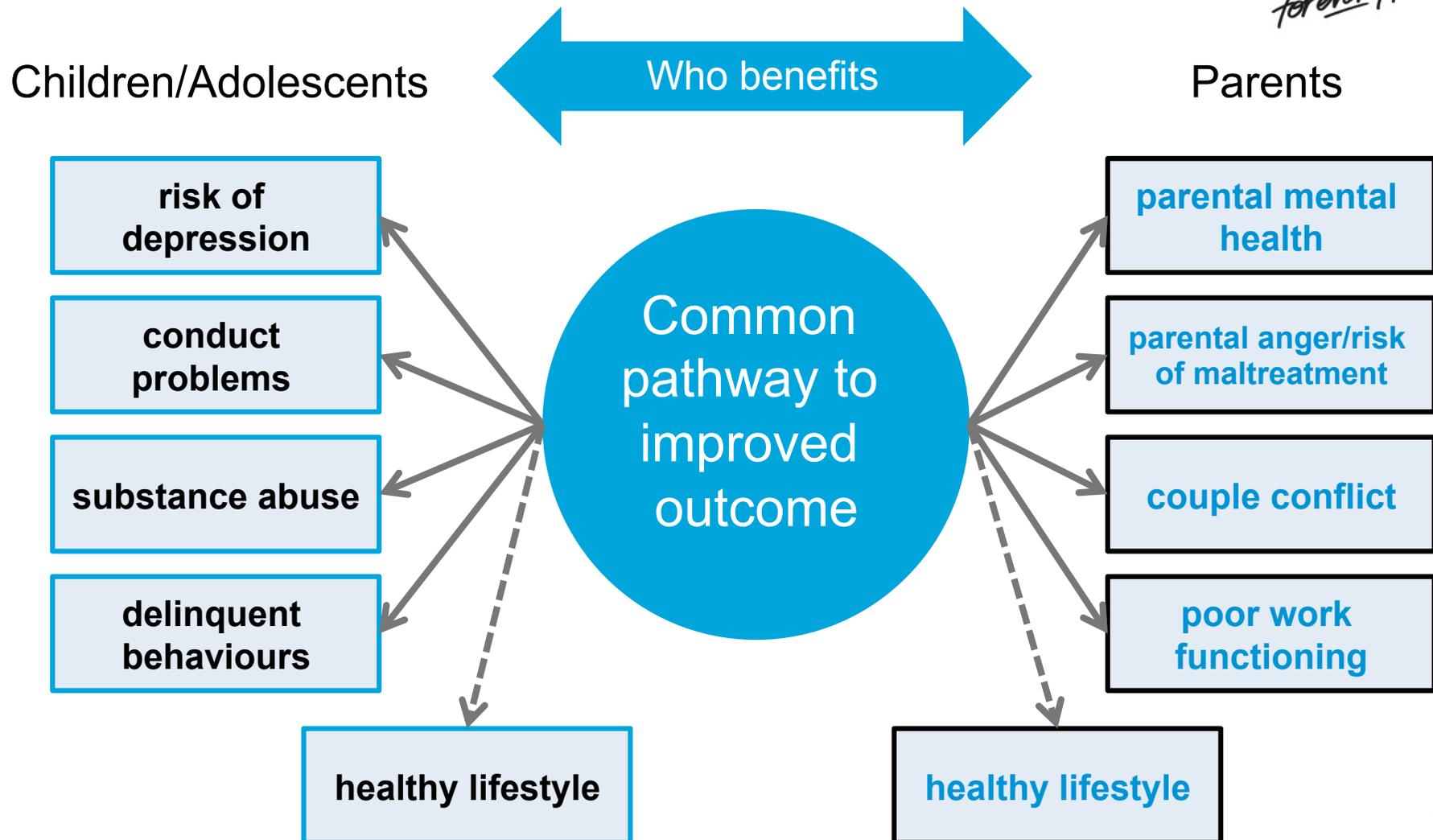


INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Interest in parenting is well justified



Parenting programs concurrently address multiple problems



Why do we need parenting programs?



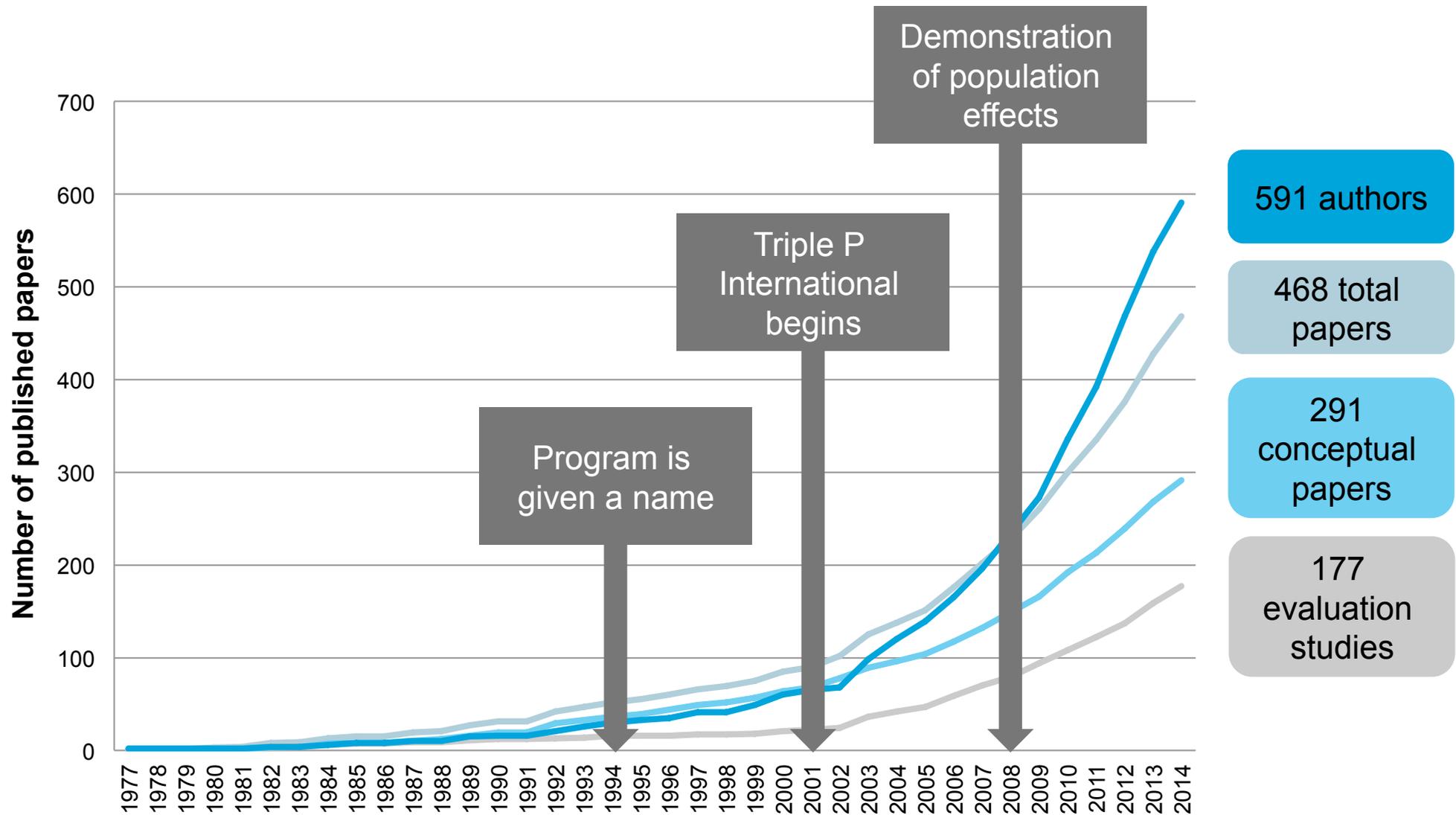
A disturbingly large number of children develop significant social, behavioural and emotional problems that are preventable

“The single most important thing we can do to prevent serious behavioural and emotional problems and abuse of children is to help parents in the most important job in the world, raising the next generation.”

Professor Matt Sanders

Founder, Triple P – Positive Parenting Program®

How does Triple P stack up?



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

Aspects of the program designed to maximise engagement and flexibility



- Parents determine the specific goals for their child and family
- Triple P offers a menu of parenting options and facilitates the parent making informed choices
- Multi-modal methods of presenting and delivering content
- Techniques for engaging parents and managing process issues

The Triple P system

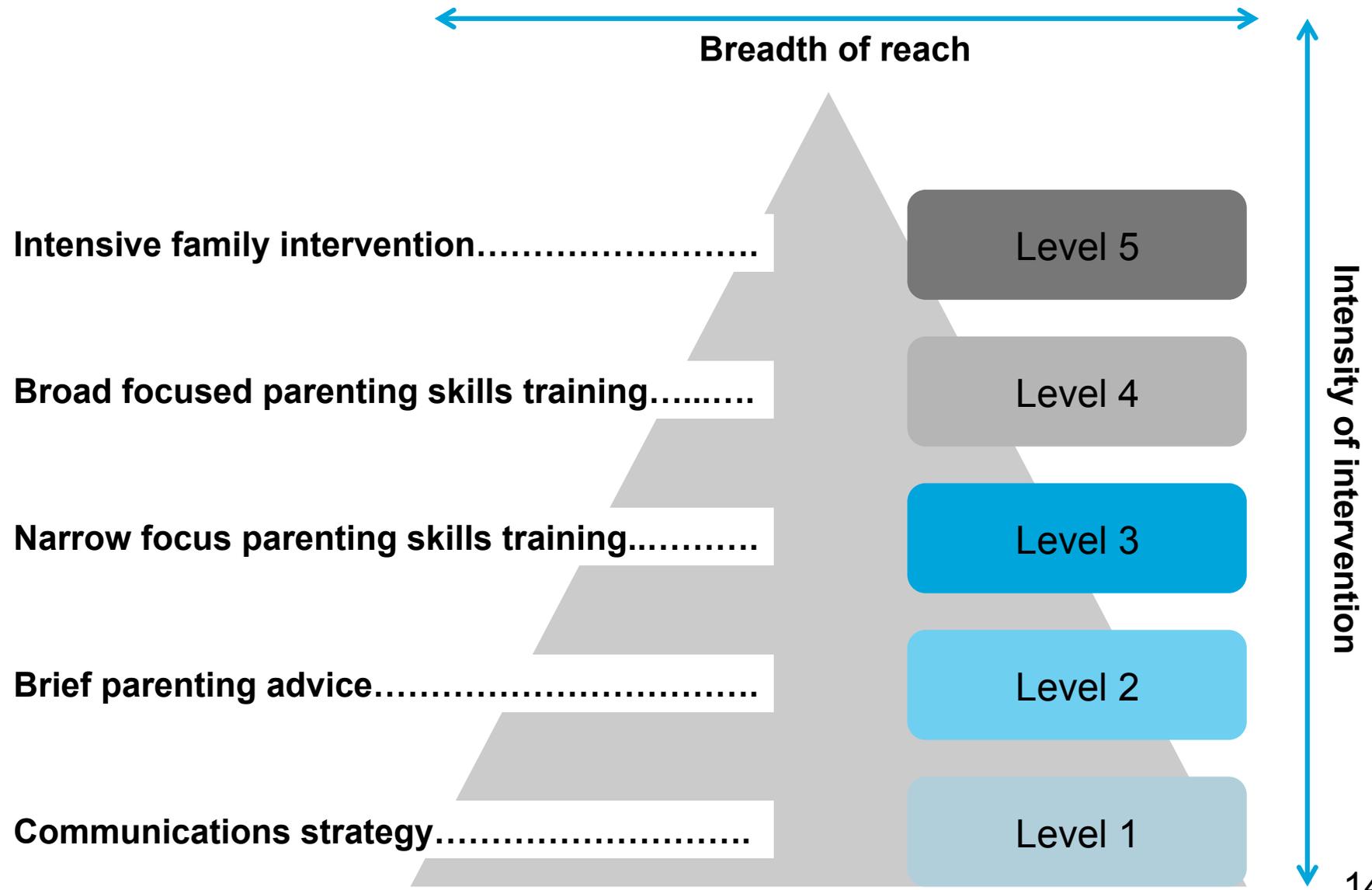


What is Triple P?



- Flexible system of parenting and family support
- Evidence based
- Prevention/early intervention approach
- Five intervention levels of increasing intensity
- Principle of minimal sufficiency
- Self-regulatory framework
- Multi-disciplinary focus
- A public health model of parent education and support

Multi-level model of Triple P



Five core principles of Triple P



1. Having a safe, interesting environment
2. Having a positive learning environment
3. Using assertive discipline
4. Having realistic expectations
5. Taking care of yourself as a parent

Triple P strategies



Promoting good relationships

- Spending time with children
- Talking to children
- Affection

Encouraging good behaviour

- Praise
- Attention
- Interesting activities

Teaching new skills and behaviours

- Setting a good example
- Incidental teaching
- Ask-say-do
- Behaviour charts

Managing misbehaviour

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

The case for a population-based approach to supporting parents



- Parenting has a pervasive impact on children's development
- Parenting programs benefit both children and parents
- Potential impact is diminished because many programs reach relatively few parents

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

Implementing Triple P



Triple P Implementation Framework



- The success of Triple P within a community will also depend on the way it is implemented and sustained
- The Triple P Implementation Framework draws on the emerging field of research into the implementation of Evidence Based Programs (EBPs)

TPI implementation framework



Implementing Triple P



- Selecting the right practices and program
- Articulating desired outcomes
- Preparing the organisation or community for effective implementation
- Ensuring practitioners and supervisors are prepared for training and delivery
- Providing training
- Supporting the development of an evaluation and monitoring process to support maintenance and sustainability

Intended outcomes



- High utilisation rates for trained practitioners
- Long-term sustainability for implementing organisations
- Expanded use of Triple P to support a population health approach within systems of care
- Increase the implementation capacity of the involved partners for implementation of any EBP

Triple P population trials & cost effectiveness



Triple P international dissemination



- More than 25 countries, 18 languages other than English, approximately 55,000 providers

	Australia		Luxembourg		Curacao	Early stages:  Aruba  Greece  Kenya  Namibia  Panama  South Africa
	New Zealand		Belgium		Chile	
	Canada		Sweden		Turkey	
	United States		Austria		Iran	
	United Kingdom • England • Scotland • Wales		Switzerland		Singapore	
	Ireland		Romania		Hong Kong	
	Germany		The Netherlands • Caribbean Netherlands (BES Islands)		Japan	
	France		Portugal		Costa Rica	

World Health Organization



- In the 2009 violence prevention report, WHO declared evidence-based parenting programs are essential to developing safe, stable and nurturing parent/child relationships
- Triple P was one of only two parenting programs identified as having strong evidence to show it can prevent child maltreatment
- The report specifically refers to the US Triple P System Population Trial

US Triple P system population trial



- Funded by the US Centers for Disease Control and Prevention
- 18 counties were randomly assigned to either dissemination of Triple P or services-as-usual
- Existing workforce (over 600 providers) were trained
- Aim was prevention of child/family problems

US Triple P system population trial



The trial found that making Triple P available to all parents led to significantly lower rates of:

- Child out-of-home placements/institutionalisation/
children in care
 - (Triple P Counties 16% lower than comparison counties)
- Hospital treated injuries related to child
maltreatment
 - (Triple P Counties 17% lower than comparison counties)
- Substantiated cases of child maltreatment
 - (Triple P Counties 22% lower than comparison counties)

US Triple P system population trial cost analysis



A cost analysis of this trial, undertaken at the University of South Carolina, found that the cost of delivering Triple P universally would be recovered in a single year when the number of families in which abuse and neglect occurred is reduced by just 10 percent



- PEIP offered government funding to all 150 local authorities in England to deliver five selected evidence-based parenting programs
- The 2011 evaluation found the programs were successful in increasing the support available for parents and that outcomes were maintained one year on

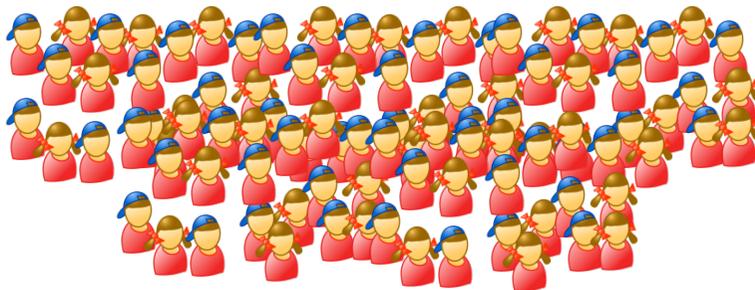


- While all five programs showed significant improvements, Triple P was found to have better outcomes on the following:
 - reduction of reported child conduct problems
 - improved parent mental wellbeing
 - decreased laxness and over-reactivity in parenting style
 - greater program reach, with 52% of families receiving a Triple P intervention

Every Family: Population impact



- All five levels of Triple P were delivered
- Target - parents with children aged 4-7 years
- Every Family impact on children's behavioural and emotional problems:



**22%
reduction**



Public Health Agency of Canada



- The Public Health Agency of Canada partnered with the Institute of Health Economics to study the cost effectiveness of early childhood interventions in mental health and the implications for Canadian health policy
- The study used a birth cohort of 52,000 children



The results of the Alberta-based study found that:

- If Triple P reduced conduct disorder by 6%, then there would be a positive return on investment
- With a 25% reduction in conduct disorder cases, Triple P would save up to CA\$10.2 million in justice, mental health, education and social services costs for those children

Triple P in Longford and Westmeath, Ireland



- Program targeted parents with children aged 3–7 years through
 - Level 1 Stay Positive Communications Campaign
 - Level 2 Selected Seminar Triple P
 - Level 3 Triple P Discussion Groups (Workshops)
 - Level 4 Group Triple P
- Population samples of 1,500 families in Longford and Westmeath were compared with 1,500 families from two matched counties where Triple P not implemented
- The study showed the implementation of Triple P significantly improved outcomes for children and parents when used as a population-based health strategy.

Final report expected to be released in November 2014.

“I came to (Triple P) having been on President Obama’s transition team, working on early childhood issues, so I was looking for programs that are going to make a difference. This, to me, was the star program in that, if you’ve got a relatively modest amount of money to invest, look at the payoff you are going to have.”

Professor David L. Kirp
Goldman School of Public Policy,
University of California, Berkeley, USA

Assessing the fit



Assessing the fit



- Is parenting education and support on a population level needed in your community?
- Do organisations believe in the value of evidence-based programs and working with other organisations to form a 'system' of supports for parents?
- Do practitioners believe in a self-regulatory, rather than 'expert', model to work with parents?

Characterising the children and families we serve more diversely



FOR WHOM?

WHAT CHILD?

- Internalising
- Externalising
- Developmental disability
- Prematurity/Low birth weight
- Type and severity of behaviour problem

X

WHAT PARENT?

- Depressed
- Highly stressed
- Maritally discordant
- Abusive
- Substance abusing
- Minority
- Indigenous
- Grandparents
- Foster

X

WHAT FAMILY?

- Unhappy couples
- Separated/divorced
- Incarcerated
- Step/blended
- Single parent
- Teen parent
- Extended family

Characterising providers and system of care



WHAT PROVIDERS?

WHAT PROVIDER?

- No single discipline delivers Triple P
- Government/NGO/private
- Self-directed

X

IN WHAT SETTING?

- Home
- Clinic (inpatient, outpatient, hospital)
- School/preschool
- Child care
- At work
- Over the phone
- Web-based
- Community agency
- Faith-based

X

WHAT FUNDING CONTEXT?

- Recurrent funding
- Policy setting
- Mainstreamed
- Prevention or treatment
- Workplace support

Triple P & Bulgaria



- Universal strategies
- Strong evidence to demonstrate success
- Can be tailored to meet the community's needs
- Addresses child behaviour problems and other factors (e.g. parental stress, depression and anger)

Summary



Community interest/need for parenting support



Evidence-based program (Triple P)



Intentional implementation planning and support
(including evaluation/communication strategies)



Good outcomes for parents/children/
practitioners/community/funders

Triple P case study



- Aiken, 13 years from Herefordshire, UK

[Click here](#)

Further information



- General information
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