

## Program Overview: Triple P

Please note that the accuracy of the contents of this inventory cannot be guaranteed until the program director has reviewed this summary for accuracy. Changes may be pending.

Category	Parenting Programs	Definitions/ Notes
<b>Program Name</b>	Triple P	
<b>History of Program</b>	Triple P is a multilevel system of behavioral parent training, using a population level public health approach to improving parenting and reducing child behavior problems. Triple P has an extensive evidence base with controlled evaluations assessing its efficacy, effectiveness, and dissemination. The program has been widely disseminated in multiple countries across Australasia, Europe, Asia, and North America.	
<b>Description of Program as it Relates to addressing Children's Exposure to Violence</b>	The program is ultimately aimed at reducing coercive parenting, including maltreatment. A recent randomized population trial of Triple P in 18 counties in South Carolina showed significant reductions in substantiated child maltreatment, child maltreatment injuries, and out-of-home placements for those in the Triple P counties. Within the Triple P system, the Pathways Triple P adjunctive intervention provides a four session adjunct to either standard or enhanced, group or individual Triple P for parents who have abused or are at risk of maltreating their children.	Blank
<b>Service Continuum</b>	Primary/Universal Prevention Secondary/Selective Intervention Tertiary/Targeted Intervention	
<b>Primary</b>	Maltreatment (non-specific)	

Highlighted text indicates program components are currently under review. Changes may be pending.

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<b>Exposure Type</b>		
<b>Target Population</b>	<p>Family Systems Individual Children/ Youth Parent/Caregivers(s)</p> <p>Providers/Staff Foster Care Child Welfare Physician/Nursing Mental Health Residential treatment</p>	
<b>Target Age</b>	<p>0 - 2 Early Childhood (3-5) Middle Childhood (6 - 12)</p>	Blank
<b>Target Gender</b>	Both	Blank
<b>Appropriate for Unique Ethnic, Cultural, or Linguistic Populations?</b>	<p>Has this program been used or evaluated with minority, cultural, or linguistically diverse groups? Yes</p> <p>If yes, please indicate: Published studies report on the program's use in multiple countries including Australia, USA, European countries, China, Hong Kong, Iran, etc. Within Australia studies report findings for both white and indigenous Australian populations.</p>	
<b>What Adaptations have been made?</b>		Triple P materials have been translated into several languages (please list)
<b>Primary Settings</b>	<p>Homes (biological/adoptive) Flexible</p>	

Category	Parenting Programs	Definitions/ Notes
<b>Persons or Entities in charge of delivering Program</b>	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>Supportive Housing/Shelter Staff</li> <li>Foster Care Providers</li> <li>Child Welfare Workers</li> <li>Nurses/Physicians/Health Providers</li> <li>Mental Health Providers (e.g., Social Workers, Therapists)</li> <li>Inpatient Staff/Providers</li> <li>Residential Treatment Staff</li> <li>Juvenile Justice/Correctional Line Staff</li> <li>School Staff &amp; Educators (e.g., Teachers)</li> <li>Community Providers (e.g., mentors)</li> <li>Parent/Caregiver(s)/Family Foster Family</li> </ul>	
<b>Primary Components</b>	<ul style="list-style-type: none"> <li>Child Group Therapy</li> <li>Child Individual Therapy</li> <li>Parent Training/Therapy</li> <li>Family Treatment/Therapy</li> <li>Parent/ Family Support Services</li> <li>Community Resource Planning</li> <li>Service Provider Training, Supervision, Consultation, Technical Assistance</li> </ul>	

## Resource & Capacity Planning

Category	Parenting Programs	Definitions/ Notes
<b>Length/Duration of Program</b>	<p>The program is provided at 5 levels:</p> <p>Level 1 – Universal Triple P – provides media strategies to increase awareness of parenting resources within communities, offer solutions to typical developmental and behavioral concerns, and encourage program participation.</p> <p>Level 2 – Selected Triple P – provides tips and advice on specific behavioral and developmental issues (e.g. toilet training, bedtime routines). Level 2 is delivered via tip sheets and videotapes demonstrating specific effective parenting strategies, typically through 1-2 individual sessions lasting about 20 minutes.</p> <p>Level 3 – Primary Care Triple P – provides skills training for parents of children with mild to moderate behavior problems (e.g. sibling fighting, tantrums). The skills training is delivered via flexible individual consultation, typically of about 4 sessions lasting 20 minutes, incorporating advice, rehearsal and parent self-evaluation.</p> <p>Level 4 – Standard Triple P and Group Triple P – targets families with children who have severe behavioral difficulties (aggression, oppositional problems, etc). Delivered over approximately 10 hrs via 8 group or 10 individual sessions, the intervention teaches positive parenting skills for a variety of settings, children, and target behaviors.</p> <p>Level 5 – Enhanced Triple P – targets parents whose parenting challenges are complicated by other stressors (e.g. depression, relationship conflict, etc). This extends Standard Triple P with 3-5 sessions tailored to family needs that include mood and stress coping skills, and partner support skills.</p> <p>Adjunctive components also include Stepping Stones Triple P for parents of young children with developmental disabilities, and Pathways Triple P for parents who have abused their children.</p>	
<b>Required Materials</b>	<p>Manuals/Program materials Video/Audio Equipment Technical Assistance</p>	

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<b>Training Requirements</b>	Face-to-face training Supervision Consultation	National & international training, and implementation guidelines have been established for Triple P, with information available at: <a href="http://www.triplep-america.com">http://www.triplep-america.com</a> Each component of Triple P requires specific training and some require supervision consultation. Training may be delivered onsite; at least two training components (the training course plus a subsequent accreditation day, are required to receive accreditation as a Triple P practitioner). Part 1 provides one to five days of training, and Part 2 – the accreditation day – follows Part 1 by 8-10 weeks and offers intensive practice and feedback on skills.
<b>Provider Certification/ Training/ Requirements</b>	Program Specific Certification/Training Required	Providers must be support workers or volunteers offering support to parents, healthcare, education, mental health, juvenile justice, and/or child welfare professionals.
<b>System or Agency Recommendations for Serving CEV Populations</b>	<b>Within Agency Support &amp; Infrastructure</b> Agency support and an infrastructure to support Triple P implementation is strongly recommended. A decision tree is provided to help organizations decide how/which elements of Triple P to implement: <a href="http://www.triplep-america.com/pages/organizations/training.html">http://www.triplep-america.com/pages/organizations/training.html</a>	Some programs require involvement from supervisors or administration, while other programs require the collaboration between different community service sectors and/or systems. Please describe any specific recommendations (e.g. supervision, fidelity requirements) that need to be considered to successfully implement program.

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<b>Costs of Implementation</b>	<p>Training costs a flat fee for the Triple P courses that covers up to 20 participants and the trainer traveling to the organization's site, and the cost of the Triple P practitioner materials. Cost varies from approximately \$900-\$1500 per service provider for training and resources, depending upon the level of training provided.</p> <p>Training materials include course booklets, practitioner kits (manual, sample parent materials), and a DVD for demonstrations for parents.</p> <p>Parent workbooks cost approximately \$20-\$28, positive parenting booklets approximately \$10, and parenting tip sheets, approximately \$8-\$11 for a set of 10. Ordering information is available on the Triple P America Web site at <a href="http://www.triplep-america.com">http://www.triplep-america.com</a>.</p>	

## Evidence for Children’s Exposure to Violence

<b>Evidence for Preventing or Addressing Violence Exposure</b>	<p>Program demonstrates <i>robust empirical findings</i> in preventing children's exposure to violence or ameliorating the effects of exposure, using a <i>reputable conceptual framework</i> and an evaluation <i>design of the highest quality</i>, and has been used with populations known to be at risk for violence exposure (e.g. abuse).</p>	
<b>Evaluation Design of Studies with CEV</b>	<p>Randomized, control experimental design Quasi-experimental design</p>	<p>Blinded</p>
<b>Violence Exposure-Related Outcomes</b>	<p><b>Child maltreatment, out-of-home placement, and maltreatment injury rates were significantly reduced in South Carolina counties randomly assigned to implement Triple P compared with comparison (services-as-usual) counties. Analyses controlled for pre-intervention rates of maltreatment.</b></p> <p><b>Results of an Australian study showed that parents of preschoolers participating in Standard or Enhanced Triple P reported less use of dysfunctional discipline and greater parenting competence than a wait-list control group.</b></p>	
<b>Additional Research Information</b>	<p><b>Study 1:</b> 18 counties in South Carolina were randomly assigned to disseminate either Triple P or to continue with services-as-usual. Triple P was disseminated via professional training to over 600 service providers; universal media and communication strategies also were disseminated.</p>	

	<p><b>Outcome Measures:</b> After a 2-year intervention period, population data were gathered on outcome variables of child maltreatment for 0-8 year olds: annual rates per 1000 population of substantiated child maltreatment recorded by protective services, out-of-home placements, and child hospitalizations and emergency room visits due to child maltreatment injuries.</p> <p><b>Reference:</b> Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., &amp; Lutzker, J.R. (2009). Population-based prevention of child maltreatment: The US Triple P System Population Trial. <i>Prevention Science</i>, published online 22 January 2009; DOI 10.1007/s11121-009-0123-3</p>	
<p><b>Conceptual Framework/Theoretical Design</b></p> <p>( For internal use)</p>	Reputable	
<p><b>Is this Program an Evidence-Based Practice in other Family/Youth Development Areas?</b></p>	<p>Yes</p> <p>NREPP Blue Prints Model Program (only when Triple P is implemented as a full system, not individual levels) California Clearing House Rated</p>	
<p><b>Evaluation Designs of other evaluations</b></p>	<p>Randomized, control experimental design Waitlist control (randomized or pseudo randomized)</p>	
<p><b>Sources</b></p>	<p>Empirical Studies (peer-reviewed journal) NREPP California Clearing House</p>	

## Contact Information:

Web site:

<http://www.triplep-america.com>

Information about implementation:

Operations Manager

Triple P America

4840 Forest Drive, #308

Columbia, SC 29206

Phone: 803-787-9944

Fax: 803-787-9941

Email: [triplepa@bellsouth.net](mailto:triplepa@bellsouth.net)

Developer and research information:

Matthew Sanders, Ph.D.

Director, Parenting and Family Support Center

University of Queensland,

Brisbane, QLD 4072

Phone: 617 3365 7290

Fax: 617 3365 6724

Email: [triplep@psy.uq.edu.au](mailto:triplep@psy.uq.edu.au)

Selected Publications/References:

De Graaf, I., Speetjens, P., Smit, F., de Wolff, M., Tavecchio, L. (2008). Effectiveness of the Triple P Positive Parenting Program: A meta-analysis. *Family Relations*, 57, 553-566.

Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., & Lutzker, J.R. (2009). Population-based prevention of child maltreatment: The US Triple P System Population Trial. *Prevention Science*, published online 22 January 2009; DOI 10.1007/s11121-009-0123-3

Sanders, M.R., Ralph, A., Sofronoff, K., Gardiner, P., Thompson, R., Dwyer, S., Bidwell, K. (2008). Every family: A population approach to reducing behavioral and emotional problems in children making the transition to school. *Journal of Primary Prevention*, DOI 10.1007/s10935-008-0139-7.

Sanders, M., Pidgeon, A.M., Gravestock, F., Connors, M.D., Brown, S., & Young, R.W. (2004). Does parental attributional retraining and anger management enhance the effects of the Triple P-Positive Parenting Program with parents at risk of child maltreatment? *Behavior Therapy*, 35, 513-535.

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