The Triple P System as a Prevention Strategy with Parents

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Why we do what we do

• You are champions for children, parents, and families
• Triple P provides a framework and a vehicle that unites this effort
• The central goal is the well-being of children and families, rather than Triple P itself
Triple P—Positive Parenting Program

- Triple P
  - Multi-level system for parenting/family support
  - Programs of increasing intensity
  - Multiple formats and delivery modalities
- Spans across the continuum:
  - Promotion of child well-being
  - Prevention of child social, emotional and behavioral problems; child maltreatment
  - Early intervention
  - Treatment
- Utilizes existing workforce in many service sectors
- Developed by Matt Sanders and colleagues at the University of Queensland (UQ owns Triple P)
Outline

1. Common features of validated parenting interventions
2. Distinctive features of Triple P
3. What does it mean to adopt a population approach?
4. What about child maltreatment?
5. Ways to get more out of a population approach
Parental influence is pervasive and continuing.

Influences key risk and protective factors

- Language, communication
- Social skills and peer relationships
- Emotion regulation
- Coping with adversity and life transitions
- Physical health and well being
- Sustained attention and problem solving
- School achievement

Reduced risk social, emotional and health problems
Evidence-based parenting interventions

- Reduce/prevent mental, emotional and behavioral problems in early childhood
- Promote readiness at school entry
- Reduce prevalence of child maltreatment (a major risk factor for youth substance abuse, etc.)
- Reduce risk for later adverse outcomes (e.g., academic difficulties, substance abuse, teen parenthood, delinquency)
- More generally
  - Reduce parent/family risk factors
  - Strengthen family protective factors
Empirically validated parenting interventions

• often seek similar outcomes
• share several features in common

• Triple P is no exception
Theoretically driven

• Based on empirically derived theories about:
  – Child development
  – Family interaction
  – Developmental psychopathology and resilience
  – Intervention concepts and processes

• Conceptual rationale for the intervention does not come out of thin air
Theoretical foundations for Triple P

• Social learning/social-interactional theory
• Cognitive behavioral principles
• Developmental psychopathology
• Attribution theory
• Public health concepts
• Family systems
• Communication theory
• Attachment theory
Action focused

• More than just talk
• Parents actually do things during the intervention
• Activities in the session
• Activities at home ("homework")
Problem-solving oriented

- Address specific challenges faced by the parent
- Work towards solutions to identified problems
- At the same time building on child and family strengths
Specific parenting strategies

• Parenting strategies:
  – Specific
  – Concrete
  – Practical

• Parents can add these parenting practices to their repertoire

• Example: differential attending
  [in Triple P, involves planned ignoring, positive attention]
Collaborative goal setting

• Parent sets the goals for the child and the family
• Intervention staff member provides guidance but works collaboratively
Consultative rather than prescriptive

• Intervention staff member is a consultant rather than the “boss”
• For example, in Triple P the intervention staff member
  – Provides a menu of parenting strategy options
  – Gains a mandate from the parent (i.e., gets parent’s permission at each step)
  – Emphasizes the self-regulatory model
Adoption of a positive frame

- Non-judgmental about the parent
- Looking to build on parent and child competencies
- Emphasis on expanding positive child behaviors to displace problematic behaviors
- Optimistic, encouraging, patience in the delivery of programs
Lexicon for Triple P

- **Level**: refers to the degree of intervention intensity; there are 5 levels of Triple P
  - Media-based (Level 1)
  - Brief and flexible consultation (Levels 2 & 3)
  - Large group “parenting seminar” (Level 2)
  - Small group program (Levels 3 & 4)
  - Individual family in clinic or home visitation (Levels 4 & 5)
  - Intensive online delivery (Level 4)

- **Delivery format**: how Triple P programming is conveyed
  - Media-based (Level 1)
  - Brief and flexible consultation (Levels 2 & 3)
  - Large group “parenting seminar” (Level 2)
  - Small group program (Levels 3 & 4)
  - Individual family in clinic or home visitation (Levels 4 & 5)
  - Intensive online delivery (Level 4)

- **Variant**: versions of Triple P for specific populations or circumstances
  - children with developmental disabilities (Stepping Stones Triple P)
  - parents of teens (Teen Triple P)
  - childhood obesity (Lifestyles Triple P)
  - Infants and prenatal (Baby Triple P)
  - divorcing families (Transitions Triple P)
Triple P System

Level 5
Intensive family Intervention

Level 4
Broad focused parenting skills training

Level 3
Narrow focus parenting skills training

Level 2
Brief parenting advice

Level 1
Media and communication strategy

Breadth of reach
Intensity of intervention
Core Principles of Positive Parenting

1. Safe engaging environment
2. Responsive learning environment
3. Assertive discipline
4. Reasonable expectations
5. Taking care of self

17 Specific Parenting Skills

Promoting a positive relationship
• Brief quality time
• Talking to children
  • Affection

Teaching new skills and behaviors
• Modeling
• Incidental teaching
  • ASK, SAY, DO
  • Behavior charts

Encouraging desirable behavior
• Praise
• Positive attention
• Engaging activities

Managing misbehavior
• Ground rules
• Directed discussion
• Planned ignoring
• Clear, calm instructions
  • Logical consequences
  • Quiet time
  • Time out
In practical terms

• Triple P aims to help parents reduce reliance on coercive and counter-productive parenting, such as:
  – Yelling or berating
  – Spanking/hitting
  – Humiliating
  – Criticizing in harsh language
  – Disregarding unsafe situations
  – Inflicting pain or discomfort
• Triple P aims to increase positive parenting, such as:
  – Setting clear and simple rules (including limit setting)
  – Recognizing and celebrating child behaviors (small steps, goal achievement, effort, prosociality)
  – Parent staying calm, focused, facilitative
  – Frequent use of engaging interactions, affection
  – Replacing criticism with positive parenting strategies (differential attending, constructive coaching, modeling)
Self-regulatory framework

- Parental Self-regulation
- Self-management
- Self-efficacy
- Personal agency
- Self-sufficiency

Reduced need for support

Minimally Sufficient Intervention
Collaborate with parents in ways that empower them

- Ultimate goal is parental independence and autonomy
- Parent decides on goals, strategies and values
- Parent has plan, monitors, evaluates outcome and revises accordingly
- Provide parent with support and advice to “minimally sufficient” degree needed
Principle of minimal sufficiency

- Match the amount of intervention to solve the problem
- Every parent does not need a long-duration intervention
- Provide only the amount of prompting and assistance necessary for the parent to catch on to the parenting strategy
Other distinctive features

• Media strategy
  – Intervention in its own right (Level 1 Triple P)
  – Validated, well linked to other levels of Triple P

• Adopts approach that seeks to normalize parenting and family support, and diminishes stigma

• Designed as a public health strategy meant to achieve population impact
Targeting

• Prevalence reduction
• Cumulative impact on the whole population
• Changes at the level of individual families
  – are necessary but not sufficient
  – need to be part of a larger, public health strategy
Broad coverage

• Universal access
  – Every parent doesn’t have to receive services
  – But any parent who wants or needs parenting and family support should be able to access it

• Incorporating
  – Prevention
  – Early intervention
  – Treatment
  – Promotion of child well-being
Targeting multiple outcomes

• Prevention of child maltreatment
• Reduction of coercive parenting more generally
• Prevention and treatment of children’s (early) behavioral and emotional problems
• Promotion of child well-being
  – addressing common parenting challenges
  – strengthening parental competence and confidence
  – improving child adjustment at school entry
The benefits for children

- Conduct problems
- Risk of substance abuse
- ADHD
- Internalizing problems
- Peer relationship problems
- School problems
- Heath related behavior

- Improved social and emotional skills
- Positive relationships with parents, siblings, and peers
- Enhanced emotion regulation
- School readiness
Creation of multiple access points

To give parents easy access:

• Multidisciplinary
  – Service providers from many disciplines who serve families
  – No discipline “owns” or controls Triple P

• Utilize the existing workforce

• Train large numbers of service providers

• Involve many settings where parents have routine contact
Cost effective for dissemination

- Streamlined system
- Financially viable to extend across the population
- Takes advantage of efficiencies associated with pursuing several outcome goals with the same intervention system
Media strategies

Why should individual practitioners care about Triple P media strategies?

• Parental receptivity
  – Normalize seeking of parenting/family support
  – De-stigmatize participation
  – Stimulate interest and action

• Validate positive parenting

• Reinforce practitioners

• Extend practitioners’ work
Different types of evidence
140 evaluation studies on Triple P

- 17,577 families included
- 460 Researchers
- 129 Institutions
- 14 Countries
- 43% Independent evaluations
- 25% developer led

- Meta-analysis: 8
- N=1: 13
- Population trials: 3
- Effectiveness/Service-based studies: 46
- RCTs: 70
How effective is Triple P?
Child and parent effects
N=17,577 families

Parenting practices overall $d=.57$

Child outcomes overall $d=.45$

Role of practitioner is critical

- Triple P is a framework and comprehensive set of tools
- Training in Triple P is in-service (not pre-service)
  - Triple P not meant to replace basic disciplinary training
- Triple P is NOT a cookbook
- “Manual with a brain”
- Don’t leave communication and analytical skills at the door
- Beyond training:
  - Self-regulation of professional development
  - Peer support networks (to learn from peers)
“It doesn’t work with my families”

- The “It” (Triple P) is a framework with many different “ITS”
- Same thing is sometimes spoken in schools:
  - “Some children cannot learn”
  - “I cannot get through to this child”
- When faced with challenging situations:
  - Focus heavily on process
  - Utilize supervisory and peer support resources
  - Simplify the initial goals
  - Make sure that a mandate from the parent has been achieved
Peer support networks

- Within and across agencies
- Diversity of client populations is good
- Collective problem-solving
- Expanding your repertoire
Parents as consumers

• Let parents in the community know about Triple P
• Involve parents and parent advocates in community planning committees
• Document parental opinions about Triple P
Triple P as value added

- Triple P is not meant to supplant other kinds of services
- Child trauma treatment
- Substance abuse treatment of parents
- Housing, health care, and sustenance needs
Prevention of child maltreatment
Adverse Childhood Experiences (ACE) study

- Demonstrates
  - Long-term, corrosive impact of childhood adverse life events on health and development

- Underscores need for
  - Prevention of adverse childhood experiences
  - Promotion of child well-being
Prevention: Two-fold focus

1. Mitigate impact of childhood adverse events
2. Prevent adverse experiences during childhood

For parenting intervention/support--

How do we achieve both goals concurrently?
1. Mitigation of adverse events

- Improve implementation of evidence-based programs and practices
- Examples:
  - Trauma-focused CBT
  - Pathways Triple P
  - SafeCare
  - Other evidence-based mental health treatment strategies
2. Prevent adverse experiences

- Several of the adverse events link to parent/family variables
- Improvement of parenting is critical
- Need:
  - a broad strategy to reach many parents
  - public health approach
Applying a public health strategy to prevention of child maltreatment and other adverse experiences

- Rationale
- What is required
- Is it possible?
- Is it cost prohibitive?
Main goal of prevention

Prevalence reduction
1. Parenting difficulties are widespread
Underestimation of child abuse

- Des Runyan and colleagues conducted a random household telephone survey of parents
- Self-reported incidence of physical abuse: 40 times greater than official records

Widespread parenting practices

- Our own random household telephone survey of 3,600 parents of children under 8 years old.
- 49% reported heavy reliance on coercive discipline strategies for child misbehavior.
- 10% reported they spanked using an object on a frequent or very frequent basis.
Key argument

• Child maltreatment is severely detrimental to child development
• Problematic parenting is a continuum much broader than official abuse
• Goal is to improve child well-being for many children

Child maltreatment prevention, then, requires broad reach
1. Problematic parenting is widespread
2. Need to sidestep the issue of stigma
Institute of Medicine underscores:

- Endorsing a population health perspective
- Providing families with easy access to evidence-based preventive interventions
- Minimizing stigma
Diminish stigma by

• Normalizing parent support
• Adopt intervention content appealing to broad range of parents
• Avoid compartmentalizing parent support:
  – example: “Hi, I’m with the Child Abuse agency—can I be of help?”
  – instead: “Every parent faces challenges. What are your concerns as a parent?”
Rationale

1. Problematic parenting is widespread
2. Need to sidestep the issue of stigma
3. Creation of efficiencies by addressing multiple goals through parenting/family intervention
Address multiple goals

with the same parenting intervention system:

• Prevention of children’s social, emotional and behavioral problems
• Prevention of risk for academic failure, substance abuse, and delinquency
• Promotion of readiness for school
• and of course, prevention of child maltreatment
Rationale

1. Problematic parenting is widespread
2. Need to sidestep the issue of stigma
3. Creation of efficiencies by addressing multiple goals through parenting/family intervention
4. Draw on a variety of strategies to reach wide segments of the population
Make use of

- Multiple access points (organizations, agencies, settings)
- Variety of formats to match parental preferences
- Media strategies that do not require substantial professional time
What is required for a public health approach
Requirements

• Interventions with broad reach
• Tapping multiple formats and modalities (including media strategies)
• Multiple levels of programming intensity
• Make use of the principle of minimum sufficiency
• Drawing on evidence-supported parenting strategies
• Make use of existing workforces
• Cost effective and efficient
Is a public health approach to child maltreatment prevention possible?
Example

• The Triple P system of parenting and family support interventions
• Designed to build towards achieving community-wide impact

• Another example:
The Purple Crying Program for prevention of shaken baby syndrome
U.S. Triple P System
Population Trial
Basic thrust

• Place randomization trial (counties randomly assigned to Triple P versus usual programming)
• Disseminate Triple P system to entire communities
  – Making use of existing workforces in several venues
  – Implement all levels of the Triple P system, including media intervention
• Reduce prevalence of child-maltreatment related indicators
Population reach of Triple P

- Eligible population: 85,000 families with at least one child birth to 8 years of age
- Direct delivery of Triple P for approximately 14% of those households
Counties receiving Triple P showed:

1. Lower rates of child out-of-home (foster care) placements
2. Lower rates of hospital-treated maltreatment injuries
3. Slowed growth of substantiated maltreatment
Is a public health approach cost prohibitive?
Benefit-cost analysis (child welfare)

Washington State Institute for Public Policy
directed by health economist Steve Aos

• Examined Triple P benefits and costs in the context of the child welfare system
• Triple P system (all five levels)
• Benefit to Cost Ratio (return on one dollar investment)

$6.06
8 sure-fire ways to make Triple P professional training fail
Recipe for Failure #8….

• DON’T attend both parts of training
• Why should practitioners want to demonstrate mastery and get feedback?
• We can just learn about a program, without actually delivering it
Recipe for Failure #7…

• DON’T actually read the manual or practice the intervention elements
Recipe for Failure #6….

• DON’T have supervisors and managers go through the full training

• Why should it be necessary to master the program in order to supervise others?
Recipe for Failure #5…

• DO send staff to training without fully briefing them about the rationale and goals of Triple P and its utility for the organization

• Staff don’t need the bigger picture or an understanding of how Triple P fits into their work setting
Recipe for Failure #4…

• DO make staff go to the training “on their own time”
• Why should we take work time to acquire additional professional skills?
Recipe for Failure #3…

• DON’T consider up front how to make Triple P part of the organization’s core business
Recipe for Failure #2…

• DON’T actually commit to serving significant numbers of families
Recipe for Failure #1…

• DO contradict core Triple P principles and strategies, such as
  – Using a self-regulatory approach (just tell parents what to do)
  – Minimally sufficient interventions (give parents more help than they can possibly use)
  – Built-in evaluation process (avoid collecting any data from parents)
  – Family-respectful interactions and process (just expect each family to be like your family)
  – Recognition of positive behaviors in staff, parents, and children (just criticize freely)
Conclusion

- Two-pronged approach:
  - Use evidence-based programs to mitigate trauma
  - Adopt public health approach for prevention
- Public-health approach to parenting/family support
  - Blended prevention combining universal, selected, and indicated prevention, as well as treatment
  - De-stigmatized approach to achieve multiple goals with the same system of parenting interventions
  - Strive for reduction in the prevalence of childhood adverse events and mental health problems
References


