Triple P – Positive Parenting Program: A Systems Approach
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Implementation Consultant, Triple P America
What is Triple P?

Triple P – Positive Parenting Program

Triple P is an evidence-based public health approach for improving parenting practices and child welfare outcomes within a population.

3141 Counties
Population: 312,958,930
Estimated Underserved Population: 20.8%
Triple P Interventions
An evidence-based public health approach for improving parenting practices and child welfare outcomes within a population.
Standard Triple P Parenting Strategies

- **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

Skills are taught using modeling, practice, and self-reflective exercises. Parents select skills to improve and child behaviors to monitor.

Learning Aids
- Parent workbooks
- Videos
- Tip Sheets
- Books/booklets
Sample Parenting Strategies

Planned Ignoring for Tantrums

• e.g. for use with toddlers under the age of 2 years exhibiting inappropriate behavior
• Even negative attention can be reinforcing
• Plan to ignore minor problematic behaviors so as to not reinforce or strengthen them
• As soon as children begin to behave appropriately, praise them

Strategies

• Based on a cognitive-behavioral perspective
• Research-informed
• Easy to understand
• Simple to implement
Sample Parenting Strategies

- Setting a Good Example
- Ground Rules
- Planned Ignoring
- Incidental Teaching
Self Regulation

Self regulation is the ability to adapt one’s behavior, and emotions, and cognitions in response to the social environment.

- An individual who can self regulate:
  - Is able to guide their own behavior
  - Copes with powerful emotions
  - Demonstrates self-control and inhibitory control
  - Manages their thoughts and beliefs
  - Focuses attention, problem solves, and organizes their resources

- How would these abilities make an individual a better parent?
Self Regulation for All

- Children are learning to self-regulate
  [http://www.youtube.com/watch?v=9PnbKL3wuH4](http://www.youtube.com/watch?v=9PnbKL3wuH4)

- Parents can also learn to self-regulate
  - Triple P self regulatory framework assists with instruction
  - Strength-based, “What went well for you?”
  - Positive-focused, “What would you do differently next time?”

- Practitioners can learn to self-regulate
  - Peer support network
  - Continuous improvement of consultation skills

*When me lose control, me have no doubt. Me have strategies to calm me down!*
Difficulty with Self Regulation

- As environmental demands increase, poor self regulatory skills are related to numerous problems:
  - Small problems get bigger
  - Problems in childhood are related to problems in adulthood.
  - It is more difficult to address problems later in life further downstream
The Emerging Science of Toxic Stress

**POSITIVE STRESS**
Mild/moderate and short-lived stress response necessary for healthy development.

**TOLERABLE STRESS**
More severe stress response but limited in duration which allows for recovery.

**TOXIC STRESS**
Extreme, frequent, or extended activation of the body’s stress response without the buffering presence of a supportive adult.

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**TOXIC STRESS EFFECTS**

Multi-System Impacts of Toxic Stress

- Brain development, structure, and function
- Behavior
- Immune function
- Gene expression

Whitepaper: An Unhealthy Dose of Stress Center for Youth Wellness
QUICK REVIEW

Adverse Childhood Experiences and Toxic Stress

The three types of ACEs include

<table>
<thead>
<tr>
<th>ABUSE</th>
<th>NEGLECT</th>
<th>HOUSEHOLD DYSFUNCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Physical</td>
<td>Mental illness, Incarcerated Relative</td>
</tr>
<tr>
<td>Functional</td>
<td>Functional</td>
<td>Mother treated violently, Substance Abuse</td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
<td>Divorce</td>
</tr>
</tbody>
</table>

ACEs lead to increased risk for negative health behaviors.

A PERSON WITH 4 OR MORE ACES IS:

- 12.2 times as likely to attempt suicide
- 10.3 times as likely to use injection drugs
- 7.4 times as likely to be an alcoholic

ACEs lead to increased risk for serious health conditions.

A PERSON WITH 4 OR MORE ACES IS:

- 2.2 times as likely to have ischemic heart disease
- 2.4 times as likely to have a stroke
- 1.9 times as likely to have cancer
- 1.6 times as likely to have diabetes

FIGURE 1: Types of Adverse Childhood Experiences
Image courtesy of the Robert Wood Johnson Foundation
Translating Science into Interventions for Entire Populations

Relationship of ACE Score with Alcoholism and Suicidality

http://acestoohigh.com
A Public Health Response

- Control of infectious diseases
- Tobacco use as health hazard
- Vaccinations
- Healthier mothers and babies
- Safer and healthier foods
- Adversity and trauma in childhood
- Child Abuse and Neglect
- Domestic violence
- Serious and mental illness and substance abuse in parents
CDC Triple P US Population Trial

Case studies and stories show the benefits of the Triple P system at work.

EVIDENCE BASED - US TRIALS INSPIRE MORE TRIALS
A population trial of Triple P in South Carolina had a dramatic impact on child abuse and foster care rates there. Other sites and commentators around the United States took notice and are now monitoring Triple P as a cross-cultural and cost-effective parenting support.
US Triple P System Population Trial\textsuperscript{1}

- 9 Triple P Counties; 9 Care as Usual Counties
- Matched on demographic variables and size
- Prevention of child/family problems

- 22% fewer out of home placements/year (240 fewer/100,000)\textsuperscript{2}
- 16% fewer hospitalizations/ER visits for child maltreatment injuries/year (60 fewer/100,000)\textsuperscript{2}
- 17% fewer substantiated child abuse cases/year (688 fewer/100,000)\textsuperscript{2}

2. Standardized prevention rates per 100,000 children ages 0-8 yrs.
Behavioral Risk Factor Surveillance System

- Adult self-report
- Established in 1984 by the CDC, it is the largest health survey in the world
- All states are implementing this telephone survey
- Survey contains core modules, optional modules, and state added questions.
- The optional ACE module was included in the 2008, 2009, 2011, and 2013 in California; will reappear in 2015.
- California Department of Public Health has a new contractor data collection, analyses, and warehousing, CSU Sacramento.
## BRFSS Data for California (2010)

A Hidden Crisis, Center for Youth Wellness, 2014

<table>
<thead>
<tr>
<th>County</th>
<th>% with 4 or More ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda</td>
<td>12.5</td>
</tr>
<tr>
<td>Santa Barbara</td>
<td>13.3</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>13.5</td>
</tr>
<tr>
<td>Butte</td>
<td>30.3</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>11.0</td>
</tr>
<tr>
<td>CA Average</td>
<td>16.7</td>
</tr>
</tbody>
</table>
National Survey of Children’s Health

Core indicators
- Physical and Dental Health
- Emotional and Mental Health
- Health Insurance Coverage and Access
- Community and School Activities
- Family Health and Activities
- Neighborhood Safety and Support

Modified ACE module
- 9 ACEs included
- Divorce/separation, incarceration, domestic violence, household mental illness, household substance abuse, death of parent, discrimination, poverty, victim of neighborhood violence
Prevalence of ACEs among Children 0-17 in California by Race/Ethnicity (2011-12)

Children with 2+ ACEs are 2.5 times more likely to repeat a grade, more likely to experience chronic health problems such as asthma, ADHD, ASD, & obesity than children with 0 ACEs.

Source: Data Resource Center for Child and Adolescent Health; http://www.childhealthdata.org
**Triple P Intervention Effect Sizes**
from 2014 Triple P Meta-analysis (n = 16,009)*

Overall parenting practices = 0.58
Overall child outcomes = 0.47

Cohen's D
S = 0.2  M = 0.5  L = 0.8

**Level 5**
Intensive family intervention

**Level 4**
Broad parent training

**Level 3**
Narrow parent training

**Level 2**
Brief consultations

**Level 1**
Media strategy

140 Evaluation Studies

- 8 Meta-analyses
- 13 Single subject designs
- 3 Population-level trials
- 43 Effectiveness/service-based trials
- 70 Randomized Controlled Trials

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

CDC-funded US Population Trial
↓ Out of home placements
↓ Child abuse reports
↓ Child injuries/ER visits
How Triple P Can Mitigate ACEs

Triple P can function as a **prevention program** to address child abuse and neglect ACEs and as an **early intervention** to mitigate the harmful effects of ACEs.

- Triple P services can improve parenting skills and sense of competence.
- Triple P can reduce coercive family processes that lead to an escalation of problems.
- Triple P can decrease a parent’s level of depression, anger and anxiety.

All of these benefits can help to reduce child injuries due to maltreatment, substantiated child abuse reports, and out of home placements.
Parent Experience

Summer Saldivar

Angharad

Jennifer Bock

LeSandra James
### Table 2. Client Demographics – Children Who Entered Triple P Level 4/5 (n=1,677)

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Primary Language</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>African American</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.3</td>
<td>34.3%</td>
<td>12.0%</td>
<td>8.7%</td>
</tr>
<tr>
<td>(n=1,648)</td>
<td>(n=576)</td>
<td>(n=1,086)</td>
<td>(n=30)</td>
</tr>
</tbody>
</table>

### Table 3. DSM-IV Diagnosis – Children Who Entered Triple P Level 4/5 (n=2,824)

<table>
<thead>
<tr>
<th>Primary DSM-IV Axis I Diagnosis</th>
<th>Disruptive Behavior Disorders</th>
<th>Attention Deficit/ Hyperactivity Disorders</th>
<th>Mood/ Anxiety/ Adjustment Disorders</th>
<th>Post-Traumatic Stress Disorder</th>
<th>Other</th>
<th>Missing/ Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>36.0%</td>
<td>24.3%</td>
<td>29.7%</td>
<td>3.0%</td>
<td>6.7%</td>
<td>0.2%</td>
</tr>
<tr>
<td></td>
<td>(n=1,018)</td>
<td>(n=685)</td>
<td>(n=839)</td>
<td>(n=86)</td>
<td>(n=190)</td>
<td>(n=6)</td>
</tr>
</tbody>
</table>
The Y-OQ®-2.01 is a 64 item report completed by the parent/guardian. It is a measure of treatment progress for children and adolescents (ages 4-17) receiving mental health intervention. It is meant to track actual change in functioning.

The Eyberg Child Behavior Inventory is a comprehensive, behaviorally specific rating scale that assesses the current frequency and severity of disruptive behaviors in the home and school settings, as well as the extent to which parents find the behavior troublesome.
Ventura County Triple P Data

Change in Symptoms and Functioning for youth 5 years and older

1. Source: Fiscal Year 11/12 Triple P Data, Ventura County Outcome System. All measures completed by the parent/caregiver.
Becoming a Triple P Practitioner

A model training curriculum for agencies:
- Intervention training (cohort of 20 trainees max)
- Pre-accreditation workshop
- Accreditation (quiz and role plays)
- Clinical Support Days/Telephone Consults

Open enrollment events are scheduled periodically for groups smaller than 20, but are more expensive per trainee.
Practitioner Experiences

We’ve got a plan, we’ve done this before, and we’re going to help you.

Bianca Rodriguez

Parents can go home and try it the next day – and it works; it’s like magic!

Jessica Molina

When you hear parents use words like “happy, peaceful, and hopeful” you feel good about what you are doing.

Lenell Young
Scaling Interventions for Broad Coverage

- An evidence-based program that is 100% efficacious but only reaches a small segment of the population only solves part of a bigger problem.

- “Every child is a mission.”
  Judge Michael Nash, Los Angeles County Juvenile Court

- “For Every Parent”
  Triple P Slogan

- Minimal sufficiency – the notion that parents should receive only the services that they need and desire.
Configuring Triple P Interventions

Engagement: Determining the fit; can Triple P reach your aspirations? (scale of operations, targeted populations, program outcomes)

Implementation Planning: Organization readiness (Admin, Data, Clinical Supports)

- Level 5: Intensive family intervention
- Level 4: Broad parent training
- Level 3: Narrow parent training
- Level 2: Brief consultations
- Level 1: Media strategy

Human Service Providers:
- Corrections
- Behavioral Health
- Special Ed
- Mental Health
- Faith-based
- Schools
- Probation
- Promotores
- Community clinics
- Shelters
- Child care
- Developmental Disabilities
- Tribes
- Libraries
- Domestic Violence
- Primary Care
- Courts
- Substance Abuse
- Early Childhood Ed
- Public Health
- Child Welfare
- Military
Human Capital: Workforce Development

Current Skill Set
Access to target population
Motivation and Experience
Organization role
Protected time
Organizational support

Triple P Accreditation sanctioned by the University of Queensland, Australia. It is recognized worldwide.

What is not needed?

A particular educational background or degree

Efficiency Matters

Families/year across interventions

Client attrition rate
Workforce Development Models

Program mix:
- Low intensity/high reach
- High intensity/low reach
- Clinical vs non-clinical

Project timeline:
- Start up/skill up
- Staff retention
- Client attrition

System of care:
- Admin supports
- Data supports
- Clinical supports

Triple P competencies
Service delivery targets
Caseload
Client attrition
Staff attrition
Client referrals
Program Reach Models

Santa Clara County Triple P Service Delivery Models and Population Reach

Model (3 Year Project)
Thinking about population reach can
- lead to reduction in CAN prevalence rates
- increase the efficiencies of organizations
- decrease cost of service delivery
- build cross-sector partnerships
Cross-sector Caveats

• Small counties have an easier time with service integration than larger counties
• You may be derided for thinking out-of-the-box
• Don’t give up before the race is even run
• “Gentle persuasion relentlessly applied”

Marcia Stanton, MSW, Phoenix Children’s Hospital
Integrated Behavioral Health

Co-located model (Saint John’s Child and Family Development Center/Venice Family Clinic - Los Angeles)
• Embedded behavioral health practitioners within a primary care setting
• Warm hand-off
• PCP refer families directly to the Triple P practitioner
• A good way to kick start a program at an FQHC, for instance if behavioral health is not already present
• Factors impacting success: medical director buy-in; space; billing

Direct services model (State of Washington; Roseland Children’s Health Center, Sonoma County CA)
• Medical practitioners are trained within a primary care setting
  • Community clinics/FQHCs
  • Private practices
  • Hospitals
• PCP can choose to consult with parents directly for circumscribed problems or refer to an outside agency for more intensive levels of intervention with a partner behavioral health provider
• Factors impacting success: medical director buy-in; billing
Katie A (Ventura County)

- Key players: VCBH, First 5 Ventura, VCHSA
- Working to integrate Triple P with families at different access points along the dependency process
- Differential response -> Triple P
- Reunifying parents -> Triple P
- Foster parents -> Triple P
- Factors impacting success: HSA-VCBH coordination of cases and integration of Triple P curricula within the service delivery constraints

Direct CPS referrals (Sonoma County)

- CW and ICWA jurisdictions
- Mental health and ICW agencies work with CPS to facilitate referrals and response

Safety Framework Integration (Mendocino County)

- Signs of Safety
- CW and First 5 Mendocino
Parent Education, Primary Care, and Early Childhood Literacy

The library as a parenting hub

Parent Triple P Seminars
- Power of Positive Parenting
- Raising Confident Competent Children
- Raising Resilient Children

Child Literacy Programs
- Fun with Math and Science
- Stay and Play
- Shake Rattle and Roll
- Little Libros
- Times for Twos and Threes

Parent-child workshops can blend parent education, early childhood literacy approaches, and provide an outreach opportunity for healthcare professionals

Primary Care Providers
- Pediatrics
- Dentistry
- Ophthalmology
- Nutrition
- Behavioral Health

Other partners

Other partners
5th Annual Evidence-Based Practices Symposium
Integration and Evidence in the Changing Service System

For additional information
Triple P – Positive Parenting Program

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