TRIPLE P – POSITIVE PARENTING PROGRAM®
TRIPLE P INTRODUCTORY GUIDE

United States — Valid to 30 June 2020
To our valued collaborators,

Building stronger and healthier communities in the United States and having those communities truly thrive is a vision shared by many. Yet, the challenges facing local communities are wide and varied and include poverty, violence, child abuse and neglect, education achievement disparity, poor physical and mental health, and anti-social behavior. The good news is that although the challenges are great, solutions are available to drastically improve the well-being of whole communities, and those solutions are backed by evidence to prove they work. The Triple P – Positive Parenting Program® can play its part in helping communities thrive and address the challenges mentioned above. Triple P makes community-wide impacts by focusing on the smallest unit in the community – the family – to create positive changes for children and parents, with parents being empowered to take responsibility for their family. Those stronger families then make more positive and impactful contributions in the community.

Understanding that financial resources are scarce and must be allocated towards what is proven to work, the Triple P system has been developed (and independently verified) to save money for communities by focusing on prevention of problems before they arise. Further, the model offers parents the right amount of support at the right time and place and in the right “dosage” to be most effective – nothing more and nothing less.

Triple P has now been delivered in over 38 states and there are over 16,000 trained practitioners in the United States. Worldwide, there are more than 770 studies, trials, evaluation papers and meta-analyses about Triple P, including more than 135 randomized controlled trials. The program is recommended by the Centers for Disease Control, American Academy of Pediatrics, and is ranked highly on evidence-based practice lists such as Blueprints for Healthy Youth Development, California Evidence-Based Clearinghouse for Child Welfare (CEBC), SAHMSA’s National Registry for Evidence-based Programs Practices (NREPP), US Department of Justice’s Crime Solutions, and Results First Clearinghouse.

The evidence is overwhelming. Triple P works. It works at a child level including improvement in child behavior, social and emotional skills, increasing self-regulatory skills and improving health. It works at a parent level, including reduction of parental stress, anxiety and depression. It works at a community level including reduction of out-of-home placements, child maltreatment injuries and child maltreatment cases, improving health and reducing juvenile justice cases, all of which save costs for communities and tax-payers.

This guide will take you further through what we do and how we do it. However, we are not the expert of your community – you are. So, each implementing project is unique, as it should be. We would be honored to talk with you to explore how Triple P might fit best within your community and how we could partner with you in helping your community thrive.

Bradley Thomas
Chief Executive Officer
Triple P America
FOR MORE INFORMATION

TRIPLE P INTERNATIONAL
PTY LTD (AUSTRALIA)
11 Market Street North
Indooroopilly QLD 4068
contact.tpi@triplep.net
+61-7-3236 1212

TRIPLE P INTERNATIONAL LTD
(HONG KONG - WAREHOUSE)
Unit A, 10/F, Roxy Industrial
Centre, 58-66 Tai Lin Pai Road,
Kwai Chung, Hong Kong
contact.hk@triplep.net
+852-2485-0133

TRIPLE P NEW ZEALAND LTD
Level 2, 15 Sultan Street, Ellerslie
Auckland, New Zealand
contact.nz@triplep.net.nz
+64-9-579 1794

TRIPLE P UK LTD
BM Box 9068, London
WC1N 3XX, UK
contact.tpuk@triplep.uk.net
+44-207-987 2944

TRIPLE P AMERICA INC
1201 Lincoln St, Suite 201
Columbia, SC, 29201, USA
contact.us@triplep.net
+1-803-451 2278

TRIPLE P LATAM LTD (CHILE)
Almirante Pastene 185, Depto 810,
Providencia, Santiago, Chile
contacto.latam@triplep.net
+56-97-879 4832

TRIPLE P PARENTING
CANADA INC
PO Box 36015 Wellington Postal
Outlet Ottawa, ON, Canada K1Y 3V4
contact.canada@triplep.net
+1-647-822-8772

TRIPLE P DEUTSCHLAND GMBH
(GERMAN)
Nordstraße 22 48149
Münster, Deutschland
contact.tpde@triplep.net
+49-0251-1621248

STICHTING FAMILIES
FOUNDATION
(TRIPLE P NEDERLAND)
Koninginneweg 97, 1211 AP
Hilversum, The Netherlands
contact.nl@triplep.net
+31-35-7370757
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Copyright © 2019 Triple P International Pty Ltd
The Triple P – Positive Parenting Program® (Triple P) is one of the most effective and best-known positive parenting systems in the world. Its range of programs gives parents simple, practical strategies to build strong, healthy relationships, confidently manage children’s behavior and prevent problems developing.

In relation to Triple P, the word “parent” refers to any person who is a biological parent, adoptive parent, guardian, caregiver, or who is otherwise acting in a parental role.

Parents who participate in Triple P set their own goals and use the strategies and skills in their own style. With varying levels of support available, Triple P can be tailored to the needs of every family situation providing for those who need a lot of support as well as those who need only a little.

The Triple P Implementation Framework (TPIF) provides guidance for those implementing Triple P and follows the key principles of Triple P — self-regulation and minimal sufficiency. Using the TPIF, Triple P Implementation Consultants (ICs) work in partnership with organizations to ensure that the implementation process is smooth, timely, and responds to the needs and constraints of the implementing organization and communities.

Key principles of Triple P
Minimal Sufficiency: providing the least intensive solution to a problem.
Self-Regulation: the capacity to solve problems independently.

For almost a decade, Triple P America Inc. (TPA) has partnered with governments, agencies and nonprofits, and helped individual practitioners to get the best results from their family support initiatives. TPA uses its knowledge and experience of the Triple P system and its delivery, to support agencies and individuals as they plan for, train in and implement Triple P. TPA is a Certified B Corporation®. Certified B Corps meet the highest standards of social and environmental performance, transparency and accountability.
The Dunedin Study followed a cohort of 1,037 children from birth (born 1972-1973). After almost 40 years, the study found the level of a child’s self-control (first measured at age 3) predicted their health, wealth and criminality at age 32. Children who had low self-control showed higher rates at age 38 of:

- Metabolic abnormalities (e.g. obesity, blood pressure, cholesterol).
- Periodontal disease, stroke and neurovascular disease.
- Dependence on tobacco, alcohol, cannabis and other illegal substances.
- Criminal convictions.

They also earned less money, were less orientated towards saving and had accrued fewer assets than the high self-control participants. Self-regulation in young children has also been linked to school readiness and academic achievement. The Dunedin Study also found when a child’s self-control improved with age, they tended to have better adult outcomes. One way we can help children develop high self-control is to provide positive parenting.

From 1995 to 1997 Kaiser Permanente San Diego, a Health Maintenance Organization, along with the US Centers for Disease Control and Prevention (CDC), conducted the initial phase of The Adverse Childhood Experiences (ACE) Study.

The ACE categories studied:

- Abuse (emotional, physical, sexual).
- Neglect (emotional, physical).
- Household dysfunction (mother treated violently, parental separation or divorce, household substance abuse, household mental illness, incarcerated household member).

Of the 9,500 participants, more than half reported experiencing at least one category and a quarter reported more than two categories. The results found a graded relationship between the number of categories experienced and adult health risk behaviors and diseases (including: alcoholism, drug abuse, depression, suicide attempt, smoking, sexually transmitted disease, obesity, heart disease, cancer, lung disease and liver disease).

Harsh and coercive parenting increases the risk of child maltreatment and the development of serious social, emotional and behavioral problems in childhood and later in life. Inconsistent parenting increases the risk of children developing conduct problems, depression and anxiety. It also increases the risk of engaging in juvenile crime and in dangerous behaviors such as drug and alcohol abuse and risky sexual behavior. Director of the US Crimes against Children Research Center, Professor David Finkelhor, suggests that one of the most important hypotheses prompted by ACE research is that prevention of childhood adversities may have substantial population level health benefits.\(^6\)

The CDC identified that parent training programs, such as Triple P, can prevent adversity and help children reach their potential.

The first 1,000 days, between conception and age two, are crucial for a child’s development. During this time a child’s brain is developing and growing rapidly, making it at its most vulnerable to external influences and experiences.\(^7\)

Positive intervention within the first 1,000 days can be imperative in enhancing physical, developmental, and mental health outcomes for children.\(^8,9\)

Triple P gives parents clear strategies to respond to their child’s needs and remain calm, promoting attachment as children learn and meet developmental milestones. Triple P encourages parents to create a nurturing environment, allowing children to grow in a safe, stable and loving home.

WHY INTRODUCE A PARENTING SUPPORT STRATEGY?

It is anticipated that the introduction of a parenting support strategy will result in the following benefits.

Anticipated benefits for children:
- Increased pro-social behavior and emotional wellbeing.
- Less likely to be victims of child abuse and neglect.
- Higher levels of school readiness (i.e. social, emotional and language competence).
- Fewer will follow a developmental trajectory to poor adolescent outcomes such as health risk behaviors, substance abuse and juvenile offending.

Anticipated benefits for parents:
- More confidence, skill, and knowledge about raising children.
- More positive interactions with their children.
- Improved depression, stress or anxiety levels.
- Improvements in couple conflict over parenting issues (two-parent families).
- Improved work and family balance.

Anticipated benefits for communities:
- Less stigma associated with seeking parenting support.
- Common language for and increased access to parenting support.
- Reductions in child out-of-home placements.
- Reductions in hospital-treated maltreatment injuries.
- Curtailed rates of child maltreatment cases.
- Improvements in psychosocial adjustment of children across the community.

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WHAT IS THE TRIPLE P SYSTEM?

Triple P has been shown to prevent and treat behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. Triple P achieves this through a strength-based and self-reflective approach that builds on existing parenting skills. The flexibility and scope of the system enables it to be offered in a variety of settings with a diverse range of practitioners and populations.

Using the key principles of minimal sufficiency and self-regulation, interventions are tailored to each family’s needs, with the ultimate goal of developing self-regulation in parents and children.

Building a parent’s ability to self-regulate decreases parental stress and depression as well as children’s vulnerability to emotional and behavioral problems.10

UNDERSTANDING THE TRIPLE P SYSTEM

Triple P programs are classified through a five-level system that addresses service intensity (i.e. the level of support parents may need) and how parents access this support (e.g. one-to-one, groups, online).

Level 1 is a communications strategy that aims to raise awareness of parenting issues and destigmatise asking for parenting help. Levels 2–4 provide direct support to parents at increasing levels of intensity and different formats. Level 5 addresses issues that complicate parenting (e.g. partner conflict, stress, mental health, anger management, risk of child maltreatment, separation or divorce) and the issue of childhood obesity.

Triple P Online (0-12 years and 10-16 years) expands the potential reach of parenting support in communities and offers a responsive alternative for parents seeking guidance. Triple P Online can be used as:

- A referral option to meet the needs of families.
- Part of a mixed delivery strategy, where the parent completes the online program and a Triple P provider gives additional support.
- An adjunct to Group or Group Teen Triple P delivery (e.g. for partners who can’t attend in-person sessions).

The Positive Early Childhood Education (PECE) Program introduces educators to equivalent strategies to those in Triple P, tailored for situations found in early learning settings. The PECE Program is designed to build a common language between educators and parents using Triple P.

Each Triple P program is provided to parents as a separate intervention, and a population or targeted approach can be built from combinations of courses, based on community needs and initiative goals. See Appendix B for a summary of all courses in the Triple P system.

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The Triple P System

THE TRIPLE P EVIDENCE BASE
Triple P has been ranked by the United Nations as the world’s most extensively researched family skills training program. Triple P is backed by over 35 years of ongoing research carried out by more than 435 academic and research institutions around the world. Researchers from 36 countries have published more than 940 theoretical papers, clinical trials, meta analyses, and population trials.

See The University of Queensland, Parenting and Family Support Centre’s website at [www.pfsc.uq.edu.au/evidence](http://www.pfsc.uq.edu.au/evidence) to access studies published about Triple P. To discuss research relevant to your sector please contact your local Triple P office.

WHY INVEST IN TRIPLE P?

The different programs of the Triple P system provide flexibility for parents, practitioners, organizations and governments. The varying intensity and delivery methods, makes it easy to tailor a roll-out to the needs of an entire community, a targeted group or for individual practitioners to support the specific needs of the parents they see. The Triple P system is consistent with the principle of proportionate universalism and can go to scale simply and cost efficiently.

A POPULATION HEALTH APPROACH

To achieve a meaningful, population-level change in family resilience and functioning, and in children’s emotional and behavioral outcomes, a population health approach to parenting offers a powerful solution.

The Triple P system is consistent with the principle of proportionate universalism, where every family gets some degree of support, and those most in need get the most help. It can be delivered from universal access points including community health services, schools, early-years settings, the voluntary sector and local government service providers.

A population-level approach to increasing parenting skills aims to provide parenting information and support to every family in a community, to produce change at a whole-of-population level.

Triple P Online can function as part of the Triple P system or as a standalone solution to reduce waiting lists for existing services. The web-based program should be considered by organizations and governments interested in a community-wide approach as a pathway from lighter interventions to more intensive levels of support.

Taking a community-wide approach to parenting support can be achieved in different ways depending on the needs of the community. It can be adopted across a large region or as a starting point within a single organization. A Triple P Implementation Consultant (IC) can work with local stakeholders to develop a community-based approach to implementing Triple P.

"TRIPLE P IS A GREAT PROGRAM. TO MY MIND, IT IS THE BEST IN THE WORLD AT ADDRESSING THE NEEDS OF THE WHOLE COMMUNITY. THE DIFFERENT COMPONENTS ARE CAREFULLY TAILORED TO THE NEEDS OF A RANGE OF PARENTS. THE CONTENT IS BASED ON BEST SCIENTIFIC PRACTICE, AND IS ACCESSIBLE AND FUN. ABOVE ALL, IT HAS BEEN PROVEN IN NUMEROUS CONTROLLED TRIALS TO BE HIGHLY EFFECTIVE."

PROFESSOR STEPHEN SCOTT, CBE
INSTITUTE OF PSYCHIATRY, KINGS COLLEGE, UNIVERSITY OF LONDON, UNITED KINGDOM

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**POPULATION-LEVEL IMPACTS**

Triple P is one of only two parenting programs identified by the World Health Organization (WHO) in its 2009 report as being supported by the strongest evidence for a parenting program’s ability to prevent child maltreatment. WHO refers specifically to a large place-randomized study, led by Professor Ron Prinz of the University of South Carolina and funded by the CDC.

In the US Triple P System Population Trial, 18 counties were randomized to Triple P or services-as-usual control. When compared with the care as usual counties, the Triple P counties showed significant results for child out-of-home placements, hospital-treated child maltreatment injuries, and rates of child maltreatment cases.

**US Population Trial results**

[A bar chart showing the percentage change in child maltreatment cases, out-of-home placements, and child maltreatment injuries for the Triple P and control groups.]

In Santa Cruz County, California, a five-year summary report highlighted the achievements of a county-wide population roll-out of the Triple P system. Parents with children up to 16 years can access the full Triple P system of programs.

**Santa Cruz County’s improvements in key parenting issues**

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<thead>
<tr>
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<th>Percentage Change</th>
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<tr>
<td>Child Behavior Problems</td>
<td>80%</td>
</tr>
<tr>
<td>Overall Parenting Style</td>
<td>77%</td>
</tr>
<tr>
<td>Stress</td>
<td>63%</td>
</tr>
<tr>
<td>Depression</td>
<td>55%</td>
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<tr>
<td>Anxiety</td>
<td>53%</td>
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A research trial that began in Québec in 2015 involved delivery of all five levels of the Triple P system (including a local communications campaign) to parents of children 0-12 years in two communities; parents in matched communities received care as usual.

**Preliminary research findings from Québec demonstrate significant effects in:**

- Improved parents’ confidence
- Lowered parent stress and enhanced parenting practices
- Improvement in child behavior with reduction in problems
- Enhanced prosocial behavior

Following the success of the program in the research trial, the initiative has been sustained and also gathered momentum so the program is now being offered in primary schools, child daycare centres, child welfare agencies and non-profit community organizations. Initial findings show the program to be effective for low-income, middle-income and high-income families. More analyses are underway to assess population effects of the Triple P system in Québec.

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COST-EFFECTIVENESS

Many organizations and communities have invested in Triple P and achieved significant outcomes and a substantial return on investment. The following is a selection of key research findings from around the world.

Access Economics, commissioned by the Australian Government, conducted a cost analysis of the Triple P system. The report found an AU$13.83 return for every dollar spent.21

A cost analysis23 was conducted using data from the US Triple P System Population Trial. The analysis estimated the costs of implementing Triple P in a community and found the cost for establishing the infrastructure for all five levels of the Triple P system could be recouped in one year if a 10% reduction in child abuse and neglect was achieved.

The Washington State Institute of Public Policy (WSIPP)24 calculated that delivering Level 4 Standard or Group Triple P to parents of children with moderate to severe behavioral problems, could save a community between US$3,500 and US$5,200 per participant by reducing child mental health problems. A broader public health roll-out encompassing the full Triple P system could save the community US$1,398 per participant by preventing problems such as child abuse and neglect/out-of-home placements, juvenile crime, school failure and healthcare costs.

The 2014 Building a Better Future25 report, published by the UK Centre for Mental Health, estimated that every £1 spent on parenting support results in £4 of annual savings to health, education and social care.

The Public Health Agency of Canada partnered with the Institute of Health Economics to study the cost-effectiveness and health-policy implications of early-childhood mental health interventions26. The results of the Alberta-based study found:

- Each 1% population reduction in conduct disorder saves CA$456,244 over a lifetime.
- Triple P would pay for itself if conduct disorder was reduced between 5% and 6%.
- If a 25% reduction is achieved, the intervention could save up to CA$7.5 million in Alberta.

In 2007, a study published in the Australian and New Zealand Journal of Psychiatry27 reported Triple P has the potential to avert at least 26% of conduct disorder cases in children. In 2018, a study of the Longford Westmeath Parenting Partnership in Ireland, reported a possible reduction in the population incidence of behavioral problems between 31 and 38% if the initiative was replicated at national level28.

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Triple P is highlighted in the UK’s NICE Guidelines for the treatment of antisocial behavior and conduct disorders\textsuperscript{29}, and learning disabilities in children and young people\textsuperscript{30}.

In the UK, the Department for Education conducted the Study of Early Education and Development (SEED)\textsuperscript{31}, to examine the potential value for money of early education. In July 2017, SEED reported at ages three and four, improvements in child social development (measured using the Strengths and Difficulties Questionnaire (SDQ) total difficulties) can be linked to later monetary benefits. A decrease of 1 point on the SDQ total difficulties scale at age four could reduce the lifetime costs by an estimated £1,409.

A foundational randomized controlled trial of the Positive Early Childhood Education (PECE) Program in Alberta, Canada\textsuperscript{32} found significant changes in the SDQ, including a shift of the intervention participants out of the clinical range.

![Total Difficulties Score from Strengths and Difficulties Questionnaire](image)

### Online Variant

Triple P Online is the world’s first online parenting program to be used in a successful randomized controlled trial that demonstrated sustained improvements in child and family outcomes. The study examined 116 parents with children aged 2-9 years, who reported high levels of satisfaction with the program.\textsuperscript{33}

Positive outcomes have now been demonstrated in six randomized controlled trials (Australia, New Zealand, United Kingdom, United States), including for parents of children with ADHD symptoms in New Zealand\textsuperscript{34} and highly vulnerable low-SES families in Los Angeles\textsuperscript{35}.

### Intensive Parenting Support

The National Society for the Prevention of Cruelty to Children (NSPCC)\textsuperscript{36} in the United Kingdom evaluated Pathways Triple P when delivered to families with children 2-12 years where there was initial concern about child neglect.

### NSPCC Key Findings

- **29% Decrease in Children’s Emotional and Behavioral Difficulties**
- **Significant Improvements in Children’s Emotional Symptoms, Behavior Problems, Hyperactivity and Pro-social Behavior**
- **44% Decrease in Parent-reported Parenting Difficulties (Laxness, Over-reactivity and Verbosity)**

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GROUP PROGRAMS ACROSS A COMMUNITY
The Longford and Westmeath Parenting Partnership in Ireland reached more than 4,500 families with Triple P over a 30-month period between 2010 and 2013. The partnership targeted parents of children aged 4–8 through the delivery of Triple P Seminars, Discussion Groups and Group Triple P. Consistent positive changes on key parenting and child behavior indicators were found and maintained over time.

A recent study examined the population impact of Triple P in this initiative and found a reduction in the proportion of children scoring within the borderline/abnormal range by:
- 4.7% for total difficulties.
- 4.4% for conduct problems.
- 4.5% for hyperactivity.

STEPPING STONES TRIPLE P
Stepping Stones Triple P is a program which reaches parents to encourage healthy behavior and emotions in children with developmental disabilities (up to 12 years).

The National Health and Medical Research Council funded the rollout of Stepping Stones Triple P in Queensland, New South Wales and Victoria (Australia), from 2012 to 2017. The research trial found:
- improved parenting skills.
- reduced parental stress.
- improved child behavior.
- high participation rates (38% compared with 10% accessing usual clinical resources).

During the period of September 2016 to November 2017, the National Board of Health, Denmark evaluated the following three initiatives in multiple municipalities:
1. Stepping Stones Triple P in five municipalities.
2. Therapeutic Assistance (Terapeutisk bistand) in five municipalities.
3. Parenting Courses (Forældrekurser) in three municipalities.

Stepping Stones Findings:
- Significantly decreased parental stress, especially among fathers
- Improved parental well-being, especially among fathers
- Improved parenting satisfaction & mastery of parenting
- General improvements for family and child

LONG-TERM OUTCOMES
In Western Australia, 15-year follow-up data shows that children whose parents participated in Group Triple P, when they were aged three to five years, achieved higher scores on standardized tests of numeracy and literacy in
primary school and higher rates of school attendance in upper secondary school.

A recent evaluation looked at adolescent outcomes 10 years after parents participated in a RCT in Braunschweig, Germany. 17 preschools were cluster-randomized with parents from 11 preschools participating in Group Triple P and six preschools assigned to a control group. Measurements were conducted seven times with the 10-year follow-up showing benefits of participating in Group Triple P during the early years into adolescence.

The study interpreted findings in light of theoretical models in psychology and economics and suggests improvements in parental discipline and positive engagement through Triple P during early childhood improves behavioral outcomes and mental wellbeing during early adolescence.42

**Results at 10-year follow-up**

Significant effects on:
- externalising behaviors
- quality of life
- child subjective behavior

**LOW- AND MIDDLE-INCOME COUNTRIES**

Trials have shown Triple P is effective in a range of low- and middle-income countries in Asia43 and Latin America44. These trials found high cultural acceptability of Triple P by parents. In Africa, Triple P has been shown to be acceptable to women living in shelters as a result of domestic abuse. Research in Kenya found parents who completed Group Triple P reported high satisfaction and improvements in child behavior and parenting experience45.

**GOING TO SCALE**

In Australia, the Queensland State Government announced that the 2015-16 State Budget would fund free access to Triple P. This initiative gives Queensland families access to a range of Triple P programs. The aim is to provide universal access to parenting support across the state. At 31 March 2019, the project had trained 1,343 practitioners and reached 285,087 parents.

**Queensland families accessing Triple P**

| Support through Seminars | 48,387 |
| Light-touch and more intensive group and individual programmes | 127,585 |
| Triple P Online | 24,140 |

**EFFECTIVENESS DURING MAINTENANCE**

The 2006-2011 Parenting Early Intervention Program (PEIP) provided funding to all 150 local authorities in England to deliver parenting programs. Both the 2011 and 2013 evaluations of PEIP found while all programs evaluated were effective, Triple P was generally more effective on parent measures and showed significantly greater effects in improving children’s conduct problems.

A recent study looked at the effectiveness of the research-led PEIP implementation (n=1,390) compared to evidence-based parenting programs during sustained service-led implementation (n=3,706). Four local authorities chose which of the eight programs offered during PEIP they wished to continue with. During the effectiveness trial, 89% of parents enrolled in Triple P and during the sustained implementation, 93% enrolled in Triple P.46

Results during the sustained implementation phase and maintained at 12 month follow-up, include:
- Significant improvements in child behavior problems
- Significant improvements in parenting style
- Significant improvements in parental wellbeing

IMPLEMENTING TRIPLE P

Successful application and sustainability of any evidence-based intervention depends not only on an effective and proven intervention but also on how the intervention is implemented. Even the best evidence-based programs do not work when they are poorly implemented.

In 2014, Romney et al. found the quality of the implementation process, specifically completing a thorough readiness process, had a striking impact on the cost of sites implementing Triple P.48

To enhance the effective implementation of Triple P, Implementation Consultants (ICs) use the Triple P Implementation Framework (the TPIF) to provide support to all initiatives to guide the establishment of systems and processes. All practitioners receive access to online tools and support through the Triple P Provider Network and the Triple P Automatic Scoring and Reporting Application (ASRA). Additional support options are available for managers and practitioners as well as organizations seeking extra support for large-scale initiatives. Triple P communications support is also available to assist organizations to reach parents.

Access to the TPIF, the Triple P Provider Network and ASRA is included for organizations purchasing Triple P Provider Training Courses.

TRIPLE P IMPLEMENTATION FRAMEWORK

The TPIF draws on implementation science and research into the implementation of evidence-based practices, tailored for the processes involved in implementing Triple P. The TPIF is flexible and is designed to support all implementation options, from single organizations to multisector public health initiatives.

There are five phases in the TPIF that correspond to key decision-making and activity sequences in the effective implementation of Triple P. Each phase contains critical activities, guiding questions, discussion areas, tools, and resources for organizations and communities.

TRIPLE P IMPLEMENTATION FRAMEWORK Phases

1. IMPLEMENTATION PLANNING
2. COMMITMENT AND CONTRACTING
3. TRAINING AND ACCREDITATION
4. ENGAGEMENT
5. IMPLEMENTATION AND MAINTENANCE

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50 Adapted from RE-AIM, National Implementation Research Network (NIRN).
An IC is assigned to each initiative and typically provides support through telephone calls and emails, with in-person meetings and site visits conducted where appropriate. A key contact for each initiative is supported to:

- Understand Triple P and determine the fit of Triple P for the organization and community.
- Determine goals of implementing a parenting support strategy and assess the required capacity to achieve these goals.
- Assess the readiness of the implementing organization and prepare it for the adoption of Triple P.
- Select and prepare practitioners for training and establish practitioner peer support networks.
- Develop quality assurance and evaluation processes and monitor initial service delivery for fidelity and outcomes.
- Adopt revisions informed by experience and feedback from initial service delivery, and ongoing data collection.
- Explore expansion of parenting support services to increase community access to support (e.g. introducing TPOL as part of a digital support strategy).

Consistent with the Triple P principles of minimal sufficiency and self-regulation, the IC will support the implementing organization to develop the capacity to use effective implementation processes when adopting Triple P. This enables a community or implementing organization to get the best outcomes from the delivery of Triple P.

Questions-and-Answers on theoretical and clinical topics on Triple P, and Triple P programs.
- Video blogs, in which Professor Matt Sanders discusses common Triple P delivery issues and provides tips and suggestions to improve Triple P providers’ confidence and skills.
- Communications resources, including customisable flyers, media kit material and the Triple P logo for use on promotional material.
- A way for practitioners to list their contact details, which appear on the Triple P parent website’s Find a Provider map.

TRIPLE P PROVIDER NETWORK

On completion of training, practitioners gain access to the Triple P Provider Network website, which is one avenue of continued support following training. The Provider Network supports Triple P practitioners by providing clinical resources and helpful advice about program delivery. Access to the Provider Network includes:

- Clinical tools and resources, for example questionnaires, monitoring forms and certificates.
- Triple P’s digital presentation materials (e.g. some PowerPoints and Survival Guide DVDs).
- The Triple P Automatic Scoring and Reporting Application (ASRA): an online program that scores Triple P assessment measures and provides a family profile and report.

ASRA

Practitioners and organizations can use the online Triple P Automatic Scoring and Reporting Application (ASRA) on the Provider Network to electronically score questionnaire data collected when working with families. ASRA assists with entering and scoring data efficiently, program evaluation, and reporting. Specific features allow practitioners and organizations to:

- Analyse individual cases (i.e. to determine how effective Triple P has been for a family).
- Analyse outcomes by practitioner, district, Triple P program or client demographics.
- Compare outcomes between programs or interventions, to assist with resource allocation.
- Report on program effectiveness, e.g. for funding bodies or senior policy makers.

“TRIPLE P IS THE ONLY RESEARCH-BASED PARENTING PROGRAM THAT PROVIDES THE FLEXIBILITY TO ADAPT TO THE NEEDS OF FAMILIES AND TO A VARIETY OF SERVICE SETTINGS. IT IS HIGHLY APPEALING TO ME AS A PAEDIATRICIAN BECAUSE IT PROVIDES A SET OF TOOLS THAT ALLOW ME TO ADDRESS COMMON CONCERNS OF PARENTS EFFICIENTLY AND EFFECTIVELY.”

JOHN C. DUBY, M.D.
DIRECTOR, AKRON CHILDREN’S HOSPITAL, OHIO, USA
ADDITIONAL SUPPORT OPTIONS
As part of the implementation process it may be necessary to access some additional support for effective implementation. Some of the additional support options available to practitioners, managers and coordinators are summarized in this section for consideration. Costs are outlined in Table 2 in the Cost section.

Triple P Briefings
A Triple P Briefing is often the first step in the early stages of the implementation process and is strongly recommended for organizations new to the Triple P system. Designed to outline the Triple P system (e.g. levels of intervention, training programs, service delivery options, implementation and sustainability factors), briefings help organizations inform managers, decision makers, supervisory staff, and practitioners.

Support for managers and coordinators
Managers and coordinators can access hourly support via telephone or teleconference directly with a Triple P Trainer or IC or alternatively access a live or recorded webinar. Organizations may find it beneficial to schedule support more intensively at the start of the project and phase it out over time, encouraging the development of self-regulation.

Strategic Project Consultation
Strategic Project Consultation is delivered to management and coordination staff from implementing organizations looking for more intensive support. The consultations are an opportunity to discuss and receive project advice on the implementation of Triple P, plan for future training, assist in ensuring effective delivery within target communities, and receive expert feedback. Strategic Project Consultation is typically provided as a one-day meeting, recommended every quarter for large multisector public health initiatives.

Support for practitioners
There are practitioner support options, such as clinical support, designed to be delivered once practitioners start to use the program with families, or to help practitioners get started with program delivery. If practitioners do not already have access to formalized or peer supervision within their own organization, this provides an opportunity to meet with fellow practitioners to discuss cases, problem solve, plan for future delivery, and receive expert feedback for professional development.

Clinical support is available as a one-day workshop for up to 30 practitioners or as telephone or videoconferencing support for small groups of up to five practitioners. Trainer-facilitated PASS sessions are also available for organizations and practitioners requiring additional support during initial peer support sessions.

Workshop Series
Eight workshops are available to provide ongoing professional development for Triple P Providers:

- Workshop 1: Assessment.
- Workshop 2: Telephone Support.
- Workshop 3: Program Fidelity vs. Flexibility.
- Workshop 4: Cultural Diversity.
- Workshop 5: Engaging Hard-to-Reach Families.
- Workshop 6: Group Skills for Delivering Triple P.
- Workshop 7: Using Tip Sheets.
- Workshop 8: Triple P Peer Support
- Workshop 9: Triple P Clinical and Implementation Support

Tailored practitioner support workshops are available on request. The workshop series are half-day workshops, delivered in pairs (one full day of workshops). A half-day workshop can be paired with a half-day clinical support workshop.

Additional options
For information on how implementation support options can be tailored to suit your organization or initiative and to find out about additional options available, please contact your local IC.
STAY POSITIVE COMMUNICATIONS STRATEGY

One of the greatest strengths of Triple P is its ability to cater to the needs of all parents across a population, regardless of personal or family circumstances. However, one of the greatest challenges is ensuring parents know about Triple P and are comfortable reaching out for help if they need it. To ensure a maximum return on investment in implementing Triple P, a communications strategy which destigmatizes the notion of asking for parenting help and which provides a suite of engaging and eye-catching materials is vital. The Stay Positive communications strategy has been developed to assist implementing organizations quickly and easily communicate the Triple P system to targeted parents in your region. It aims to:

- Increase parental self-sufficiency and receptivity towards participating in Triple P and other family or child interventions.
- Destigmatize and normalize the process of seeking help for children across the range of Triple P interventions.
- Increase the accessibility, visibility and uptake of various Triple P interventions.
- Counter parent-blaming, alarmist, or negative parenting messages in the media.

Materials

The Stay Positive communications materials offer a structured, consistent and well-designed message. They work with implementing organizations’ public relations activities to address common parenting issues, raise the importance of positive parenting and provide clear pathways for parents to source further support if needed. These materials introduce parents to the principles of Triple P, explain how the program works and provide easy-access further information and assistance. Media advertising, editorials and public relations (organized and placed by the organization) complement these practical guides.

Depending on the scale of the organization’s roll-out, Triple P can also produce parent newspapers and/or newsletters, which include local stories and interviews with parents and practitioners from the community, highlighting the benefits for families, and giving insights into what to expect when visiting a practitioner. These materials provide clear direction to local practitioners and services within the local area, and encourage practitioner involvement in delivering Triple P.

Examples of print materials
Triple P ICs will support organizations with planning for training and provide tools to assist in preparing participants for training and accreditation. See the Decision Trees in Appendix A for assistance with selecting appropriate courses.

**ENTRY-LEVEL REQUIREMENTS**

Entry-level requirements for Training Courses are set by The University of Queensland. They are usually offered to participants with a post-high school degree in health, education, early childhood education, or social services. However, para-professionals who actively work with families may also be suitable for training (e.g. home health visitors and parent partners). Para-professionals are expected to have knowledge of child or adolescent development, and/or experience working with families. They will also require access to regular clinical supervision and support. Triple P pre-requisites apply to some Training Courses (see Appendix B).

**TRAINING**

Training Courses vary in length depending on the level/s of training. Typically, courses are conducted over one to three days, with a maximum of 20 participants. Each participant receives a comprehensive set of training resources, including Participant Notes and resources. The courses:

- Cover the theoretical foundations of behavioral family interventions both generally and specific to Triple P.
- Present a comprehensive overview of the development and prevalence of behavioral and emotional problems in children and/or adolescents.
- Equip participants to teach hands-on, proven strategies for positive parenting that parents can immediately apply and utilise.

A skills-based training approach introduces participants to the consultation skills necessary for effective delivery of the program. Various teaching methods are used, including instructive presentation, video demonstration, clinical problem solving, rehearsal of consultation skills, feedback, and peer coaching.
PRE-ACCREDITATION

Triple P Pre-Accreditation Workshops are provided to participants ahead of accreditation for any Training Course (excluding Extension Courses). The Pre-Accreditation Workshop provides individual feedback on skill development, competency practice, and discussion of implementation issues in the presence of a Triple P Trainer. Participants can see competencies demonstrated by the trainer and practice competencies with peers to prepare for their accreditation day. They can also clarify program content relevant to quiz questions.

Pre-Accreditation Workshops aim to reinforce all aspects of Triple P, build participants’ confidence to deliver the program, and reduce participants’ anxiety and apprehension about accreditation. A recent review shows that participants who attend a Pre-Accreditation Workshop are significantly more likely to successfully complete accreditation.

ACCREDITATION

A competency-based accreditation process is an extension of the learning at training and is critical, not only for official recognition of program delivery proficiency, but also to ensure Triple P will be delivered competently and successfully in the community. Participants who complete accreditation are more likely to deliver the program, and use the program at higher rates, than participants who have not completed accreditation.

Accreditation days are typically scheduled six to eight weeks after training. Between training and accreditation, participants complete a 30-question multiple-choice quiz, which is scored during the accreditation day. During accreditation, participants demonstrate their proficiency in the competencies targeted for accreditation, and receive coaching and feedback on their performance. To maximize opportunities for individual attention, accreditation workshops are restricted to groups of five to ten participants per half- or full-day session (depending on the level of training).

TRAINING OUTCOME REPORT

A report will be provided to your organization, summarising participants’ evaluations of the training. Feedback is collected before and after training, and after accreditation. The report includes statistical information on:

- Participation.
- Preparedness for the training.
- Appropriateness of the training for the participant’s role.
- Improvements in adequacy, confidence, and skills in providing parent consultations.
- Overall satisfaction with the different elements of training and accreditation.

The report is provided at the end of each contract period or as agreed.

ADDITIONAL TRAINING OPTIONS

Triple P offers additional training options (extension courses, combined courses and special accreditation) to accommodate participants training in multiple courses and accredited participants expanding the programs they are accredited to deliver. These options offer flexibility, and in most cases cost savings, and can be discussed with your local IC.

“WITH THE TRIPLE P PROGRAM, WE’RE FINDING THAT, JUST A FEW SESSIONS ALONG, (FAMILIES ARE) REALLY STARTING TO MAKE A DIFFERENCE TO (THEIR) SITUATION AND THAT’S PREVENTING THEM FROM NEEDING TO GO INTO STATUTORY SERVICES SUCH AS SOCIAL CARE, CHILD IN NEED PLANS, ETC.”

AMY CANNON
PARENTING AND FAMILY SUPPORT MANAGER, PEOPLE’S DIRECTORATE, HEREFORDSHIRE COUNCIL, UK

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STAFF COMMITMENT
Triple P programs themselves are inherently time-efficient, as they are based on the self-regulatory framework and the principle of minimal sufficiency. Each Triple P program requires different levels of time commitment from participants. Coordinators and managers should consider these time commitments, as well as time needed for supervision, peer support, and local quality assurance procedures when developing service delivery targets. This is an important step towards ensuring the long-term success of the program.

See the Triple P System Table (Appendix B) for the average time commitment to deliver each Triple P program. More detailed information is available in the Triple P Course Summaries, available on the Triple P Website (www.triplep.net) or from your local IC.

TRIPLE P PROGRAM DELIVERY RESOURCES
Each Triple P program has a set of resources to be used with families. In order to support immediate program delivery and uptake by practitioners, organizations need to plan for ordering these materials prior to training. General guidelines for service delivery targets have been established, informed by Triple P roll-outs around the world. These guidelines can aid in generating operating budgets for sustained program delivery as well as identifying goals for practitioner delivery rates. ICs are also available to assist in establishing and tailoring targets for the numbers of families to be served based on local context and project goals.

A preliminary guide for resourcing, and the estimated number of families to be reached, is outlined for each Triple P program in the Triple P System Table (Appendix B).

TRANSLATED RESOURCES
Several parent and practitioner resources have been translated into other languages. Please contact your local Triple P Office to enquire about the availability of translated resources or request an order form.

“THE PROGRAM IS A REVOLUTION BY WHICH ORDINARY FAMILIES WILL HAVE ACCESS TO THE BEST THAT THE PAST 30 YEARS OF RESEARCH ON FAMILIES CAN OFFER. THE MATERIALS ARE OUTSTANDING THE PROGRAM DESIGN IS EXCELLENT AND THE SCIENCE IS SUPERB. THE PROGRAM IS THE BEST IN THE WORLD.”

PROFESSOR PATRICK MCGRATH
SCHOOL OF PSYCHOLOGY, PSYCHIATRY AND BIOMEDICAL ENGINEERING
DALHOUSIE UNIVERSITY, CANADA
TRIPLE P ONLINE
Several studies have found that online is the preferred delivery format for accessing parenting support information\(^{52}\). Triple P Online (0-12 years and 10-16 years) gives organizations and practitioners an innovative way to meet the demand for services. There are two ways to refer parents to the program:

1. Parents can be referred directly to access Triple P Online via the parent website (www.triplep-parenting.net).
2. Organizations can provide access directly by purchasing access codes in bulk and providing them to parents (which allows options to track use and outcomes).


POSITIVE EARLY CHILDHOOD EDUCATION (PECE) PROGRAM
The PECE Program was developed as a professional learning program, aligned with Triple P. The PECE Program enhances the confidence and competence of educators through the introduction of 22 strategies and a coaching model to support the application of the strategies in the classroom. There are three ways to access the PECE Program:

1. Personal PECE - Educators complete the PECE Online program.
2. Team PECE - PECE Coaches are trained to support educators completing the PECE Online program.
3. Community PECE - A consistent approach of Team PECE while supporting parents with Triple P.

Online program for Educators
Educators complete their learning online using the PECE Online program. They complete the four 1-hour online modules at their pace typically over four to eight weeks.

PECE Coach training
One to two staff in supervisory, consultative or leadership roles per center attend PECE Coach Training. Alternatively, if a Community PECE approach is being taken, participants attend a Triple P Provider Training, followed by the PECE Coach Extension Training.

Practice sessions for educators
The coaching role involves delivering two to four 20-30-minute follow-up practice sessions to educators who have completed the PECE Online program, to assist with practical implementation of the PECE Program strategies. These sessions help tailor the program to individual educators’ needs, and promote the generalization of the PECE Program skills in diverse situations.

BENEFITS OF ONLINE DELIVERY
ACCESSIBLE 24/7
WIDE REACH
REDUCED PROVIDER BURDEN
FLEXIBLE & EASY TO TAILOR
PRIVATE
ENGAGING
COST-EFFECTIVE
There are six main cost considerations when implementing Triple P:

1. Triple P Provider Training Courses
2. Implementation Support Options
3. Program Resources
4. Triple P Online
5. Stay Positive Communications Strategy
6. Positive Early Childhood Education Program

Further information on how to estimate these costs is provided in this section and tailored quotes are available from your local IC or Triple P office. All costs are exclusive of Sales Tax, which will be charged where appropriate at the prevailing rate.

1. TRIPLE P PROVIDER TRAINING COURSES

Two costing options for Triple P Provider Training Courses are available for your organization to consider: Open Enrolment (OE) for individual participants and Agency Training for 10 to 20 participants.

OE courses are available in multiple locations annually and are recommended for organizations training fewer than 10 participants. OE trainings can be a cost-effective option if the required participant numbers are low, but organizations do need to factor in travel and accommodation of participants into their budgets for this option. Additionally, OE is organized and proceeds based on a minimum number of applications received, which does lend itself to less flexibility for organizations in terms of levels on offer and confirmation of dates. Please visit the OE page on the Triple P Website or contact your local office for a copy of the OE timetable.

Agency Training provides the highest level of customization and support to your Triple P delivery. A Triple P Implementation Consultant will support you with planning your delivery prior to training of your practitioners commencing. A Triple P Trainer will come to your organization, offering Triple P programs, event dates, and the location that works best for you. It also provides an opportunity for tailored examples and discussions throughout the training. The costs for 20 participants are outlined in Table 1.

All agency training costs include:

- Training and accreditation.
- Pre-Accreditation Workshop (excluding Extension Courses).
- Training materials (e.g. participant notes).
- Triple P practitioner resources (e.g. manual).
- Access to the Triple P Provider Network.
- Access to the Triple P Automatic Scoring and Reporting Application (ASRA).
- Access to support from a Triple P Implementation Consultant (IC).

Please contact your local IC to discuss the most appropriate course options for your service delivery and receive a quote tailored for your organization.
Table 1. Agency Training Costs for 20 participants

The table below provides the cost to train 20 participants in a Triple P Provider Training Course. All costs are exclusive of Sales Tax, which will be charged where appropriate at the prevailing rate.

<table>
<thead>
<tr>
<th>TRIPLE P PROVIDER TRAINING COURSE</th>
<th>TOTAL COST FOR TRAINING &amp; SUPPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELECTED (SEMINARS) TRIPLE P</td>
<td>$22,925</td>
</tr>
<tr>
<td>SELECTED (SEMINARS) TEEN TRIPLE P</td>
<td>$23,490</td>
</tr>
<tr>
<td>SELECTED (SEMINARS) STEPPING STONES TRIPLE P</td>
<td>$25,010</td>
</tr>
<tr>
<td>PRIMARY CARE TRIPLE P</td>
<td>$31,245</td>
</tr>
<tr>
<td>PRIMARY CARE TEEN TRIPLE P</td>
<td>$32,400</td>
</tr>
<tr>
<td>PRIMARY CARE STEPPING STONES TRIPLE P</td>
<td>$39,045</td>
</tr>
<tr>
<td>TRIPLE P DISCUSSION GROUPS</td>
<td>$27,255</td>
</tr>
<tr>
<td>TEEN TRIPLE P DISCUSSION GROUPS</td>
<td>$28,450</td>
</tr>
<tr>
<td>GROUP TRIPLE P</td>
<td>$34,980</td>
</tr>
<tr>
<td>GROUP TEEN TRIPLE P</td>
<td>$36,100</td>
</tr>
<tr>
<td>GROUP STEPPING STONES TRIPLE P</td>
<td>$37,370</td>
</tr>
<tr>
<td>STANDARD TRIPLE P</td>
<td>$34,980</td>
</tr>
<tr>
<td>STANDARD TEEN TRIPLE P</td>
<td>$36,100</td>
</tr>
<tr>
<td>STANDARD STEPPING STONES TRIPLE P</td>
<td>$37,370</td>
</tr>
<tr>
<td>ENHANCED TRIPLE P</td>
<td>$27,630</td>
</tr>
<tr>
<td>PATHWAYS TRIPLE P</td>
<td>$26,455</td>
</tr>
<tr>
<td>FAMILY TRANSITIONS TRIPLE P</td>
<td>$31,815</td>
</tr>
<tr>
<td>GROUP LIFESTYLE TRIPLE P</td>
<td>$36,190</td>
</tr>
<tr>
<td>ADDITIONAL ACCREDITATION DAY</td>
<td>$3,780</td>
</tr>
</tbody>
</table>

Costs are confidential and not for publication. Costs are exclusive of Sales Tax. Sales Tax charged at prevailing rate and subject to change at any time. Costs are valid to 30 June 2020.
2. IMPLEMENTATION SUPPORT OPTIONS
An IC will provide your organization with support using the Triple P Implementation Framework. Some organizations benefit from accessing additional support options for overall project consultation, managers and coordinators, or practitioners. Costs for a range of options are detailed in the table below. Please talk with your IC to determine which options are appropriate for your initiative. All costs are exclusive of Sales Tax, which will be charged where appropriate at the prevailing rate.

Table 2. Implementation Support costs

<table>
<thead>
<tr>
<th>TRIPLE P IMPLEMENTATION SUPPORT</th>
<th>COST (EXCL. SALES TAX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRIPLE P BRIEFING</td>
<td>$3,630</td>
</tr>
<tr>
<td>CLINICAL SUPPORT WORKSHOP</td>
<td>$3,630</td>
</tr>
<tr>
<td>TELEPHONE SUPPORT (1 HOUR)</td>
<td>$235</td>
</tr>
<tr>
<td>WORKSHOP SERIES (2X HALF DAY WORKSHOPS)</td>
<td>$3,630</td>
</tr>
<tr>
<td>TRAINER FACILITATED PASS SESSIONS (24 HOURS - SKYPE)</td>
<td>$5,640</td>
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<tr>
<td>TAILORED IMPLEMENTATION SUPPORT OPTIONS</td>
<td>POA</td>
</tr>
</tbody>
</table>

Costs are confidential and not for publication. Costs are exclusive of Sales Tax. Sales Tax charged at prevailing rate and subject to change at any time. Costs are valid to 30 June 2020.
3. PROGRAM RESOURCES
Each Triple P program has a set of resources to be used with families and organizations will need to estimate the quantity required to achieve the goals of the initiative. Program resources are typically calculated by determining the number of families who will access various levels of Triple P or by calculating the number of families each practitioner will deliver to as part of the initiative. Please contact your local IC for help calculating program resources. All costs are exclusive of Sales Tax, which will be charged where appropriate at the prevailing rate.

Table 3. Program Resource Costs for families

<table>
<thead>
<tr>
<th>TRIPLE P PROVIDER TRAINING COURSE</th>
<th>RESOURCES PER FAMILY</th>
<th>COST PER ITEM (EXCL. S&amp;H)</th>
<th>QTY</th>
<th>COST (EXCL. S&amp;H)</th>
<th>SHIPPING &amp; HANDLING</th>
<th>COST PER FAMILY (INCL. S&amp;H)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELECTED (SEMINARS) TRIPLE P</td>
<td>2 x Seminar Tip Sheets</td>
<td>$1.41</td>
<td>2</td>
<td>$2.82</td>
<td>$0.28</td>
<td>$3.10</td>
</tr>
<tr>
<td>SELECTED (SEMINARS) TEEN TRIPLE P</td>
<td>2 x Teen Seminar Tip Sheets</td>
<td>$1.41</td>
<td>2</td>
<td>$2.82</td>
<td>$0.28</td>
<td>$3.10</td>
</tr>
<tr>
<td>SELECTED (SEMINARS) STEPPING STONES TRIPLE P</td>
<td>2 x Stepping Stones Seminar Tip Sheets</td>
<td>$1.41</td>
<td>2</td>
<td>$2.82</td>
<td>$0.28</td>
<td>$3.10</td>
</tr>
<tr>
<td>PRIMARY CARE TRIPLE P</td>
<td>1 or 2 x 4-page Tip Sheets</td>
<td>$1.41</td>
<td>2</td>
<td>$2.82</td>
<td>$0.28</td>
<td>$13.40</td>
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<tr>
<td></td>
<td>1 or 2 x 2-page Tip Sheets</td>
<td>$1.01</td>
<td>1</td>
<td>$1.01</td>
<td>$0.10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 x Positive Parenting Booklet</td>
<td>$8.35</td>
<td>1</td>
<td>$8.35</td>
<td>$0.84</td>
<td></td>
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<tr>
<td>PRIMARY CARE TEEN TRIPLE P</td>
<td>1 or 2 x 4-page Tip Sheets</td>
<td>$1.41</td>
<td>2</td>
<td>$2.82</td>
<td>$0.28</td>
<td>$17.52</td>
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<tr>
<td></td>
<td>1 or 2 x 2-page Tip Sheets</td>
<td>$1.01</td>
<td>1</td>
<td>$1.01</td>
<td>$0.10</td>
<td></td>
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<tr>
<td></td>
<td>1 x Positive Parenting for Parents of Teenagers Booklet</td>
<td>$12.10</td>
<td>1</td>
<td>$12.10</td>
<td>$1.21</td>
<td></td>
</tr>
<tr>
<td>PRIMARY CARE STEPPING STONES TRIPLE P</td>
<td>2 x Stepping Stones Primary Care Booklets</td>
<td>$7.35</td>
<td>2</td>
<td>$14.70</td>
<td>$1.47</td>
<td>$30.09</td>
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<tr>
<td></td>
<td>1 x Positive Parenting Booklet</td>
<td>$12.65</td>
<td>1</td>
<td>$12.65</td>
<td>$1.27</td>
<td></td>
</tr>
<tr>
<td>TRIPLE P DISCUSSION GROUPS</td>
<td>1 x Group Discussion Workbook</td>
<td>$6.50</td>
<td>1</td>
<td>$6.50</td>
<td>$0.65</td>
<td>$7.15</td>
</tr>
</tbody>
</table>

53 The level of resourcing recommended for each practitioner to use with families is outlined in Appendix B. Organizations are encouraged to talk with an IC to discuss the resources required to meet their specific needs.
<table>
<thead>
<tr>
<th>TRIPLE P PROVIDER TRAINING COURSE</th>
<th>RESOURCES PER FAMILY</th>
<th>COST PER ITEM (EXCL. S&amp;H)</th>
<th>QTY</th>
<th>COST (EXCL. S&amp;H)</th>
<th>SHIPPING &amp; HANDLING</th>
<th>COST PER FAMILY (INCL. S&amp;H)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEEN TRIPLE P DISCUSSION GROUPS</td>
<td>1 x Teen Group Discussion Workbook</td>
<td>$9.40</td>
<td>1</td>
<td>$9.40</td>
<td>$0.94</td>
<td>$10.34</td>
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<tr>
<td>GROUP TRIPLE P</td>
<td>1 x Every Parent’s Group Workbook</td>
<td>$26.85</td>
<td>1</td>
<td>$26.85</td>
<td>$2.69</td>
<td>$29.54</td>
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<tr>
<td>GROUP TEEN TRIPLE P</td>
<td>1 x Teen Triple P Group Workbook</td>
<td>$29.35</td>
<td>1</td>
<td>$29.35</td>
<td>$2.94</td>
<td>$32.29</td>
</tr>
<tr>
<td>GROUP STEPPING STONES TRIPLE P</td>
<td>1 x Stepping Stones Triple P Group Workbook</td>
<td>$40.85</td>
<td>1</td>
<td>$40.85</td>
<td>$4.09</td>
<td>$44.94</td>
</tr>
<tr>
<td>STANDARD TRIPLE P</td>
<td>1 x Every Parent’s Family Workbook</td>
<td>$33.15</td>
<td>1</td>
<td>$33.15</td>
<td>$3.32</td>
<td>$36.47</td>
</tr>
<tr>
<td>STANDARD TEEN TRIPLE P</td>
<td>1 x Teen Triple P Family Workbook</td>
<td>$36.30</td>
<td>1</td>
<td>$36.30</td>
<td>$3.63</td>
<td>$39.93</td>
</tr>
<tr>
<td>STANDARD STEPPING STONES TRIPLE P</td>
<td>1 x Stepping Stones Triple P Family Workbook</td>
<td>$40.85</td>
<td>1</td>
<td>$40.85</td>
<td>$4.09</td>
<td>$44.94</td>
</tr>
<tr>
<td>ENHANCED TRIPLE P</td>
<td>2 x Every Parent’s Supplementary Workbook Modules 1-3</td>
<td>$11.45</td>
<td>2</td>
<td>$22.90</td>
<td>$2.29</td>
<td>$37.79</td>
</tr>
<tr>
<td></td>
<td>1 x Every Parent’s Supplementary Workbook Module 4 (Maintenance and Closure)</td>
<td>$11.45</td>
<td>1</td>
<td>$11.45</td>
<td>$1.15</td>
<td></td>
</tr>
<tr>
<td>PATHWAYS TRIPLE P</td>
<td>3 x Pathways to Positive Parenting Modules</td>
<td>$11.45</td>
<td>3</td>
<td>$34.35</td>
<td>$3.44</td>
<td>$37.79</td>
</tr>
<tr>
<td>FAMILY TRANSITIONS TRIPLE P</td>
<td>1 x Family Transitions Workbook</td>
<td>$33.15</td>
<td>1</td>
<td>$33.15</td>
<td>$3.32</td>
<td>$55.44</td>
</tr>
<tr>
<td></td>
<td>1 x Family Transitions Relaxation CD</td>
<td>$17.25</td>
<td>1</td>
<td>$17.25</td>
<td>$1.73</td>
<td></td>
</tr>
<tr>
<td>GROUP LIFESTYLE TRIPLE P</td>
<td>1 x Every Parent’s Group Lifestyle Workbook</td>
<td>$33.15</td>
<td>1</td>
<td>$33.15</td>
<td>$3.32</td>
<td>$53.19</td>
</tr>
<tr>
<td></td>
<td>1 x Lifestyle Triple P Active Games Booklet</td>
<td>$15.20</td>
<td>1</td>
<td>$15.20</td>
<td>$1.52</td>
<td></td>
</tr>
</tbody>
</table>

Costs are confidential and not for publication. Costs are exclusive of any Sales Tax. Sales Tax charged at prevailing rate and subject to change at any time. Costs are valid to 30 June 2020.
4. TRIPLE P ONLINE

Triple P Online (TPOL) is an accessible means to prevent and treat childhood issues while promoting positive child development, consequently it supports intervening before conduct problems develop into more serious issues requiring costly and prolonged intervention. Its flexibility allows parents to access support at their preferred time, place and rate of learning and to revisit the information, activities or goals to consolidate positive change. This provides organizations with a cost-effective opportunity to maximise their service delivery reach, whether it is by providing early intervention to families before they reach crisis point, providing immediate support to parents on a waitlist, or as part of a public health approach.

TPOL is available for parents of children aged up to 12 years and Teen TPOL is available for parents of children aged 10-16 years. Parents sign up to the program using a unique access code that allows 12 months’ access to the program. Triple P Online also includes a dynamic workbook, emails, and text messages that recap sessions and goals.

The cost for each TPOL Access Code is $79.95 excluding Sales Tax.

For organizations looking to reach more than 100 families, there are four support packages available (see Table 4). This support can include implementation and reporting help (e.g. data collection and reporting, staff workshops); and promotion and service integration tools (e.g. flyers, posters, digital media marketing, microsite/landing page for parents).

For more information contact your local IC or email online@triplep.net.

Table 4. TPOL support packages

<table>
<thead>
<tr>
<th>NUMBER OF FAMILIES YOU WANT TO REACH</th>
<th>SUPPORT INCLUDED WITH TRIPLE P ONLINE CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 - 499 PARENTS/CARERS</td>
<td>• Online Management System (monitoring, measuring &amp; reporting)</td>
</tr>
<tr>
<td></td>
<td>• Workshop for your staff</td>
</tr>
<tr>
<td></td>
<td>• Implementation Consultant support</td>
</tr>
<tr>
<td></td>
<td>• A5 flyers</td>
</tr>
<tr>
<td>500 - 1,999 PARENTS/CARERS</td>
<td>All of the above, plus:</td>
</tr>
<tr>
<td></td>
<td>• Dedicated microsite/landing page (option to also promote face-to-face programs)*</td>
</tr>
<tr>
<td></td>
<td>• Automated delivery of Triple P Online codes</td>
</tr>
<tr>
<td></td>
<td>• Automated pre- and post-data collection and reporting to measure intervention success</td>
</tr>
<tr>
<td></td>
<td>• A4 posters</td>
</tr>
<tr>
<td></td>
<td>• Digital media marketing campaign</td>
</tr>
<tr>
<td>2,000 - 4,999 PARENTS/CARERS</td>
<td>All of the above in English and Spanish**</td>
</tr>
<tr>
<td>MORE THAN 5,000 PARENTS/CARERS</td>
<td>All of the above in English and Spanish**, plus the following in English:</td>
</tr>
<tr>
<td></td>
<td>• Extended Implementation Consultant support</td>
</tr>
<tr>
<td></td>
<td>• Tailored communications campaign</td>
</tr>
<tr>
<td></td>
<td>• Dedicated website with content development support</td>
</tr>
<tr>
<td></td>
<td>• Additional tailored workshops</td>
</tr>
</tbody>
</table>

* Purchasing the Package 2 model comes with a TPOL microsite for a period of 12 months. An option is available to renew this microsite for a further 12 months at a fee.
** Only if Spanish required, please contact your local IC to discuss further.
5. STAY POSITIVE COMMUNICATIONS STRATEGY

It is important to consider allocating a portion of budget to promote the Triple P system. Costs for a Stay Positive communications strategy will vary based on the activities and materials incorporated in the communications strategy and the type of roll-out suitable for your region. Table 5 details the three levels of communications support available to organizations implementing Triple P. Triple P ICs can assist with determining the best level of investment to effectively communicate a Stay Positive message in the community.

Table 5. Levels of Communications Support

<table>
<thead>
<tr>
<th>TRIPLE P DELIVERY</th>
<th>RECOMMENDED STAY POSITIVE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>LARGE-SCALE, POPULATION-WIDE ROLL-OUTS</td>
<td>Communications framework</td>
<td>This will be tailored to the specific requirements and challenges of the organization. A Triple P communications manager will guide the communications strategy every step of the way through the phased implementation process. This level requires a local area coordinator, who can act as a central point of contact for the roll-out and provide on-the-ground support for communications activities in the region.</td>
</tr>
<tr>
<td>MEDIUM-SIZED ROLL-OUTS</td>
<td>Marketing and communications budget allocation over a 3-year period</td>
<td>This can incorporate a range of pre-created Stay Positive materials – for example, posters, brochures, outdoor and print materials, social media toolkits, and websites/digital materials that can be localized. The Triple P Communications Team will work with the organization to determine which elements of this campaign will best suit their needs, and assist to develop and launch these in their local areas.</td>
</tr>
<tr>
<td>INDIVIDUAL PRACTITIONERS OR SINGLE-LEVEL TRAINING RECIPIENTS</td>
<td>Pre-printed support materials are available to be purchased in smaller quantities</td>
<td>These come in low quantities and can easily be re-ordered when needed. This level of Stay Positive is essentially a “self-service” model and is designed to provide access to high-quality promotional materials for Triple P’s range of courses and minimize the cost of promoting courses if budgets are particularly tight. If further marketing and communications support is needed, the practitioner or organization can contact the Triple P Communications Team for advice and support at minimal hourly rates.</td>
</tr>
</tbody>
</table>
6. POSITIVE EARLY CHILDHOOD EDUCATION PROGRAM

The Positive Early Childhood Education (PECE) Program provides training for educators and centre leadership to support a positive early learning environment. The PECE Program aims to increase educators’ self-efficacy, by increasing confidence in performing work tasks, and self-sufficiency, by teaching evidence-based strategies to improve independent problem solving.

For more information see [www.peceprogram.net](http://www.peceprogram.net) or contact your local IC.

Table 6. PECE Program costs

<table>
<thead>
<tr>
<th>PECE PROGRAM OPTIONS</th>
<th>DESCRIPTION</th>
<th>ITEM COST (EXCL. SALES TAX)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONAL PECE</td>
<td>Educators complete the four online modules of the PECE Program to enhance their skills to meet the individual needs of children in group environments.</td>
<td>$199 (per PECE Online Access Code)</td>
</tr>
<tr>
<td>TEAM PECE</td>
<td>Staff in supervisory, consultative or leadership roles are trained to be PECE Coaches to support the educators in their centre completing Personal PECE.</td>
<td>$24,125** (PECE Coach Training for 20 participants)</td>
</tr>
<tr>
<td>COMMUNITY PECE</td>
<td>In addition to Team PECE, the centre may offer Triple P to parents in their community to promote consistency between educator and parent strategies. Alternatively, Team PECE may be included in a Triple P initiative, creating a community wide approach that includes early childhood education.</td>
<td>POA</td>
</tr>
</tbody>
</table>

* Costs are confidential and not for publication. Costs are exclusive of Sales Tax. Sales Tax charged at prevailing rate and subject to change at any time. Costs are valid to 30 June 2020.

** PECE Coach Training cost includes 2 days training, 1 day pre-accreditation workshop and 1 day accreditation for 20 participants.
TRAVEL AND ACCOMMODATION
Travel and accommodation costs associated with the delivery of Services (Training, Accreditation and Implementation Support) are included in the prices provided. Should the host organization require remote travel by the Trainer or IC, additional charges will apply.

Please check with the Triple P Training Coordinator or IC to see if travel and accommodation costs are applicable.

OBSERVER
Managers, supervisors, and key stakeholders are encouraged to attend Triple P Provider Training to gain a better understanding of the nature and content of the program. A maximum of two non-participating observers may attend; however they will not receive resources, participate in training discussions, or access accreditation. Observers may be rotated per half-day session if required.

Organizations should notify TPA if an observer will be attending.

VENUE
The host organization will be responsible for:

- Providing an appropriate venue (centrally air-conditioned/heated).
- If catering is provided, ensuring dietary requirements are met.
- Data projector, screen, and speakers for PowerPoint Presentation and screening of a DVD.
- Whiteboard or flip chart with markers.

The venue must be a minimum of 6 x 8 meters (20 x 26 feet) and have an area available for small group break-out activities close to the training room. Rooms larger than this will not require a break-out room. Tables must be set up in a U-Shape, to achieve:

- Easy eye contact between the Triple P Trainer and each participant.
- Eye contact among participants.
- Clear sight of the screen displaying the PowerPoint and Video materials.

COPYRIGHT MATERIALS FOR PURCHASE
The majority of assessment forms used with Triple P are not subject to copyright and can be photocopied as required. The Strengths and Difficulties Questionnaire can be downloaded in translated form at no charge at www.sdqinfo.org. Organizations are responsible for ensuring assessment measures are used in accordance with the requirements of the publisher.
TRIPLE P PUBLISHED RESOURCE ORDERS
The University of Queensland’s technology transfer company, UniQuest, owns the Triple P trademark and logo, whilst copyright in the Triple P Resources vests in The University of Queensland and other third parties. Photocopying published resources is not permissible unless otherwise stated. All Triple P Resources are available from TPA and can be obtained by contacting orders.us@triplep.net.

LETTER OF AGREEMENT
The host organization will be required to sign a Letter of Agreement (LoA) outlining the understanding and agreement with TPA regarding Triple P Provider Training Course/s to be conducted. The LoA clarifies time, date, training course/s and the responsibilities of both parties. The LoA must be signed before dates of training can be confirmed.

CANCELLATION OF TRAINING
In the event that the host organization wishes to cancel any one or more of the scheduled Services (Training, Accreditation, Implementation Support), it is agreed that the organization has the right to cancel the Service without cause, upon giving four weeks written notice to TPA, prior to the commencement of the Service and upon payment of a cancellation fee (50% of the total Service costs). It will also be the responsibility of the host organization, where resources have been despatched to the training destination prior to the cancellation, to cover the postage required to return these resources to TPA.

RESCHEDULING OF TRAINING
Organizations may reschedule Services (Training, Accreditation, and Implementation Support) two or more weeks prior to an event by submitting written notice to TPA along with payment of a rescheduling fee of $350. If the notice of the rescheduling is given to TPA less than two weeks prior to the commencement of Service delivery, the host organization will be required to pay TPA 11.5% of the total cost of the Service.

CANCELLATION AND RESCHEDULING OF TRAVEL ARRANGEMENTS
Where accommodation or transfers are pre-purchased by TPA, and cancellation or rescheduling of training by the host organization results in failure to obtain a refund, either in whole or in part, the host organization will be liable to refund to TPA the cost or the shortfall.

PAYMENT TIMING AND FORM
Payment is due and immediately payable when an invoice is issued from TPA outlining the total costs to be paid. It is preferred that this amount be paid by way of electronic transfer into the bank account of Triple P America Inc. Alternatively, payment can be made by check.
**WHICH TRIPLE P PROVIDER TRAINING COURSE IS BEST FOR YOU?**

**How do you usually work with parents or caregivers?**

- **INDIVIDUAL SESSIONS**
  - **BRIEF FORMAT**
    - **Level 3**
      - Primary Care Triple P
      - Delivered to parents in up to 4 x 30-minute sessions
      - Practitioners trained in Primary Care Triple P are eligible to provide Brief Primary Care Triple P sessions with parents.
    - **Level 4**
      - Standard Triple P
      - Delivered to parents in 7 x 1-hour weekly sessions and 3 x 1-hour home visits
  - **INTENSIVE FORMAT**
    - **Level 2**
      - Selected (Seminars) Triple P
      - Delivered to parents in up to 3 x 90-minute seminars
    - **Level 3**
      - Triple P Discussion Groups
      - Delivered to parents in 2-hour group discussions

**Do you provide support for parents struggling with issues that complicate parenting?**

- **TAILored COURSES**
  - **Level 5**
    - Group Lifestyle Triple P
    - Delivered to parents in 10 x 90-minute sessions and 4 x 20-minute telephone consultations
    - For parents who have concerns about their child's weight and are willing to make changes in their family lifestyle.
    - **Level 5**
      - Enhanced Triple P*
      - Delivered to parents in 3–7 x individual 60- to 90-minute sessions
      - For parents whose parenting is complicated by factors including partner conflict, stress or mental health issues.
    - **Level 5**
      - Pathways Triple P*
      - Delivered to parents in 2–5 x group or individual 60- to 90-minute sessions
      - For parents who have anger-management issues and other issues that put them at risk of child abuse or neglect.
  - **SUPPLEMENTARY COURSES**
    - **Level 5**
      - Family Transitions Triple P*
      - Delivered to parents in 5 x group or individual 2-hour sessions, recommended before Group or Standard Triple P
      - For parents whose separation or divorce is complicating their parenting.

**Do you offer self-help programs with telephone/email clinical support?**

- **SELF-DIRECTED**
  - **Level 4**
    - Self-Directed Triple P****
  - **Level 4**
    - Triple P Online***
    - **OR**
    - **Level 4**
      - Self-Directed Triple P****

---

* Requires pre-requisite training.
** Requires an organization to have established a successful referral process for families requiring further assistance.
*** Requires accredited Triple P provider with a working knowledge of the structure and content of Triple P Online to deliver Clinical Support. The provider must have access to Triple P Online.
**** Requires accredited Triple P provider with a working knowledge of the structure and content of the Every Parent's Self-Help Workbook to deliver Clinical Support. The provider must have access to the workbook.
### WHICH TEEN TRIPLE P PROVIDER TRAINING COURSE IS BEST FOR YOU?

**How do you usually work with parents or caregivers?**

#### INDIVIDUAL SESSIONS

<table>
<thead>
<tr>
<th>Format</th>
<th>Level 3 Primary Care Teen Triple P</th>
<th>Level 4 Standard Teen Triple P</th>
<th>Level 2 Selected (Seminars) Teen Triple P**</th>
<th>Level 3 Teen Triple P Discussion Groups</th>
<th>Level 4 Group Teen Triple P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Delivered to parents in up to 4 x 30-minute sessions</td>
<td>Delivered to parents in 7 x 1-hour weekly sessions and 3 x 1-hour home visits</td>
<td>Delivered to parents in up to 3 x 90-minute seminars</td>
<td>Delivered to parents in 2-hour group discussions</td>
<td>Delivered to parents in 5 x 2-hour group sessions and 3 x 20-minute individual consultations</td>
</tr>
<tr>
<td></td>
<td>Practitioners trained in Primary Care Teen Triple P are eligible to provide Brief Primary Care Teen Triple P sessions with parents.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### GROUP SESSIONS

<table>
<thead>
<tr>
<th>Format</th>
<th>Level 3 Teen Triple P Discussion Groups</th>
<th>Level 4 Group Teen Triple P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Delivered to parents in 5 x 2-hour group sessions and 3 x 20-minute individual consultations</td>
<td></td>
</tr>
</tbody>
</table>

#### BRIEF FORMAT

<table>
<thead>
<tr>
<th>Level 5 Enhanced Triple P*</th>
<th>Level 5 Pathways Triple P*</th>
<th>Level 5 Family Transitions Triple P*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivered to parents in 3–7 x individual 60- to 90-minute sessions</td>
<td>Delivered to parents in 2–5 x group or individual 60- to 90-minute sessions</td>
<td>Delivered to parents in 5 x group or individual 2-hour sessions, recommended before Group or Standard Triple P</td>
</tr>
<tr>
<td>For parents whose parenting is complicated by factors including partner conflict, stress or mental health issues.</td>
<td>For parents who have anger-management issues and other issues that put them at risk of child abuse or neglect.</td>
<td>For parents whose separation or divorce is complicating their parenting.</td>
</tr>
</tbody>
</table>

#### INTENSIVE FORMAT

<table>
<thead>
<tr>
<th>Level 5 Family Transitions Triple P*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivered to parents in 5 x group or individual 2-hour sessions, recommended before Group or Standard Triple P</td>
</tr>
<tr>
<td>For parents whose separation or divorce is complicating their parenting.</td>
</tr>
</tbody>
</table>

#### SELF-DIRECTED

<table>
<thead>
<tr>
<th>Teen Triple P Online*** OR Level 4 Self-Directed Teen Triple P****</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires pre-requisite training. ** Requires an organization to have established a successful referral process for families requiring further assistance. *** Requires accredited Triple P provider with a working knowledge of the structure and content of Teen Triple P Online to deliver Clinical Support. The provider must have access to Teen Triple P Online. **** Requires accredited Triple P provider with a working knowledge of the structure and content of the Every Parent’s Teen Self-Help Workbook to deliver Clinical Support. The provider must have access to the workbook.</td>
</tr>
</tbody>
</table>
WHICH STEPPING STONES TRIPLE P PROVIDER TRAINING COURSE IS BEST FOR YOU?
For families with a child who has a disability.

How do you usually work with parents or caregivers?

INDIVIDUAL SESSIONS

Do you provide brief or more intensive sessions?

BRIEF FORMAT

Level 3
Primary Care Stepping Stones Triple P
Delivered to parents in up to 4 x 30-minute sessions

INTENSIVE FORMAT

Level 4
Standard Stepping Stones Triple P
Delivered to parents in 7 x 1-hour weekly sessions and 3 x 1-hour home visits

GROUP SESSIONS

Do you provide brief or more intensive sessions?

BRIEF FORMAT

Level 2
Selected (Seminars) Stepping Stones Triple P*
Delivered to parents in up to 3 x 90-minute seminars

INTENSIVE FORMAT

Level 4
Group Stepping Stones Triple P
Delivered to parents in 6 x 2-hour group sessions and 3 x 20-minute individual consultations

Do you provide support for parents struggling with issues that complicate parenting?

SUPERINATARY COURSES

Level 5
Enhanced Triple P*
Delivered to parents in 3–7 x individual 60- to 90-minute sessions
For parents whose parenting is complicated by factors including partner conflict, stress or mental health issues.

Level 5
Pathways Triple P*
Delivered to parents in 2–5 x group or individual 60- to 90-minute sessions
For parents who have anger-management issues and other issues that put them at risk of child abuse or neglect.

Level 5
Family Transitions Triple P*
Delivered to parents in 5 x group or individual 2-hour sessions, recommended before Group or Standard Triple P
For parents whose separation or divorce is complicating their parenting.

Do you offer self-help programs with telephone/email clinical support?

LEVEL 4

Self-Directed Stepping Stones Triple P**

---

* Requires pre-requisite training.
** Requires accredited Triple P provider with a working knowledge of the structure and content of the Stepping Stones Self-Help Workbook to deliver Clinical Support. The provider must have access to the workbook.

Note: Practitioners trained in Stepping Stones Triple P programs can apply for special accreditation in the equivalent 0-12 program due to an overlap in both the content and the delivery mode.
The following table summarizes the Triple P system with a description of the target parent group, the practitioners best suited to each level, the delivery format, and any Triple P pre-requisite training required.

<table>
<thead>
<tr>
<th>TARGET CLIENT GROUP</th>
<th>TYPICAL PROVIDERS</th>
<th>DELIVERY FORMAT</th>
<th>PRE-REQUISITE COURSES</th>
<th>TRAINING &amp; ACCREDITATION DAYS</th>
<th>TOTAL TIME FOR PROGRAM DELIVERY</th>
<th>RESOURCES PER FAMILY</th>
<th>FAMILIES PER PRACTITIONER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEVEL 1 POPULATION INFORMATION STRATEGY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSAL TRIPLE P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General population targeted through a communication strategy.</td>
<td>Universal Triple P is not a program, but a premise underpinning the delivery of Triple P across populations. Universal Triple P acknowledges the importance of raising awareness of parenting issues and destigmatising the notion of asking for parenting help. A communications strategy, “Stay Positive”, supports Universal Triple P. Stay Positive communications materials are available for purchase as a suite or separately.</td>
<td>Includes websites or web pages, brochures, posters, flyers, parent newspapers, outdoor artwork, radio scripts, online banner artwork.</td>
<td>To be implemented with Level 2–5 Triple P programs.</td>
<td>None</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>LEVEL 2 BRIEF INTERVENTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SELECTED (SEMINARS) TRIPLE P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents interested in general information about promoting their child’s development.</td>
<td>Those involved in education, social services, health services, or voluntary organizations.</td>
<td>3 x 90-minute seminars delivered to large groups of parents.</td>
<td>None</td>
<td>2 days’ training 1 day pre-accreditation 1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each)</td>
<td>3 hours per seminar</td>
<td>1 x Seminar Tip Sheet</td>
<td>300 seminar places</td>
</tr>
<tr>
<td>TARGET CLIENT GROUP</td>
<td>TYPICAL PROVIDERS</td>
<td>DELIVERY FORMAT</td>
<td>PRE-REQUISITE COURSES</td>
<td>TRAINING &amp; ACCREDITATION DAYS</td>
<td>TOTAL TIME FOR PROGRAM DELIVERY</td>
<td>RESOURCES PER FAMILY</td>
<td>FAMILIES PER PRACTITIONER</td>
</tr>
<tr>
<td>---------------------</td>
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<td>--------------------------</td>
</tr>
<tr>
<td><strong>SELECTED (SEMINARS) TEEN TRIPLE P</strong></td>
<td>Parents interested in general information about promoting their teen’s development.</td>
<td>Those involved in education, social services, health services, or voluntary organizations.</td>
<td>3 x 90-minute seminars delivered to large groups of parents.</td>
<td>None</td>
<td>2 days’ training 1 day pre-accreditation 1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each)</td>
<td>3 hours per seminar</td>
<td>1 x Teen Seminar Tip Sheet</td>
</tr>
<tr>
<td><strong>SELECTED (SEMINARS) STEPPING STONES TRIPLE P</strong></td>
<td>Parents of children with a disability (up to 12 years old) interested in general information about promoting their child’s development</td>
<td>Those involved in education, disability services, health services, or voluntary organizations.</td>
<td>3 x 90-minute seminars delivered to large groups of parents.</td>
<td>None</td>
<td>2 days’ training 1 day pre-accreditation 1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each)</td>
<td>3 hours per seminar</td>
<td>1 x Stepping Stones Seminar Tip Sheet</td>
</tr>
<tr>
<td><strong>LEVEL 3 BRIEF INTERVENTION</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>PRIMARY CARE TRIPLE P</strong></td>
<td>Parents with a specific concern about their child’s behavior who require one-to-one consultations and active skills training. These parents may be unable to commit to regular treatment over longer periods of time. It can also be offered to families with complex needs where access to more intensive interventions is not immediately available.</td>
<td>Those who may be involved in occasional support for the client and are able to provide focused therapeutic interventions, including teachers, school counselors, nurses, home visitors, family physicians, and allied health professionals.</td>
<td>Brief individual consultations (possibly 4 x 20–30-minute sessions over 1–2 months).</td>
<td>None</td>
<td>2 days’ training 1 day pre-accreditation 2 days’ accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)</td>
<td>2 ¾ – 3 ¼ hours per family</td>
<td>1 x Positive Parenting Booklet 3 x Tip Sheets</td>
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<tr>
<td>TARGET CLIENT GROUP</td>
<td>TYPICAL PROVIDERS</td>
<td>DELIVERY FORMAT</td>
<td>PRE-REQUISITE COURSES</td>
<td>TRAINING &amp; ACCREDITATION DAYS</td>
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<tr>
<td>PRIMARY CARE TEEN TRIPLE P</td>
<td>Those who may be involved in occasional support for the client and are able to provide focused therapeutic interventions, including teachers, school counselors, nurses, home visitors, family physicians, and allied health professionals.</td>
<td>Brief individual consultations (possibly 4 x 20–30-minute sessions over 1–2 months).</td>
<td>None</td>
<td>2 days’ training 1 day pre-accreditation 2 days’ accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)</td>
<td>2 ¼ – 3 ¼ hours per family</td>
<td>1 x Positive Parenting for Parents of Teenagers Booklet 3 x Teen Tip Sheets</td>
<td>50</td>
</tr>
<tr>
<td>PRIMARY CARE STEPPING STONES TRIPLE P</td>
<td>Those who may be involved in occasional support for the client and are able to provide brief therapeutic interventions, including teachers, school counselors, nurses, home visitors, family physicians, paediatricians, and allied health professionals.</td>
<td>Brief individual consultations (possibly 4 x 20 – 30-minute sessions over 1–2 months).</td>
<td>None</td>
<td>3 days’ training 1 day pre-accreditation 2 days’ accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)</td>
<td>2 ¼ – 3 ¾ hours per family</td>
<td>1 x Positive Parenting Booklet 2 x Stepping Stones Primary Care Booklets</td>
<td>50</td>
</tr>
<tr>
<td>TRIPLE P DISCUSSION GROUPS</td>
<td>Those who may be involved in occasional support for the client and are able to provide brief therapeutic interventions to small groups of parents, including teachers, school counselors, nurses, home visitors, family physicians, paediatricians, allied health professionals, and parent educators.</td>
<td>A single-session 2-hour group discussion with an average of 10 parents.</td>
<td>None</td>
<td>2 days’ training 1 day pre-accreditation 1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each)</td>
<td>4 hours per group</td>
<td>1 x Group Discussion Workbook</td>
<td>100</td>
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<tr>
<td>TARGET CLIENT GROUP</td>
<td>TYPICAL PROVIDERS</td>
<td>DELIVERY FORMAT</td>
<td>PRE-REQUISITE COURSES</td>
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<tr>
<td>TEEN TRIPLE P DISCUSSION GROUPS</td>
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<td>Parents with a specific concern about their teen’s behavior who would benefit from a focused topic-based 2-hour group discussion. The discussion group topics are: - Getting teenagers to cooperate. - Coping with teenagers’ emotions. - Building teenagers’ survival skills. - Reducing family conflict.</td>
<td>Those who may be involved in occasional support for the client and are able to provide brief therapeutic interventions to small groups of parents, including teachers, school counselors, nurses, family physicians, allied health professionals, and parent educators.</td>
<td>A single-session 2-hour group discussion with an average of 10 parents.</td>
<td>None</td>
<td>2 days’ training - 1 day pre-accreditation - 1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each)</td>
<td>4 hours per group</td>
<td>1 x Teen Group Discussion Workbook</td>
<td>100</td>
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<tr>
<td>LEVEL 4 INTENSIVE INTERVENTION</td>
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<tr>
<td>GROUP TRIPLE P</td>
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<td>Parents with concerns about their child’s behavior who require intensive training in positive parenting or those who wish to learn a variety of parenting skills to apply to multiple contexts. These parents can commit to 8 weeks of regular appointments.</td>
<td>Those who are able to provide regular group interventions, including school counselors, nurses, psychologists, social workers, and parent educators.</td>
<td>5 x 2-hour group sessions + 3 x 20-minute individual telephone consultations for a group of up to 12 parents of children aged 0–12 years.</td>
<td>None</td>
<td>3 days’ training - 1 day pre-accreditation - 2 days’ accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)</td>
<td>40 hours per group</td>
<td>1 x Every Parent’s Group Workbook</td>
<td>30</td>
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<tr>
<td>GROUP TEEN TRIPLE P</td>
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<tr>
<td>Parents with concerns about their teen’s behavior who require intensive training in positive parenting or those who wish to learn a variety of parenting skills to apply to multiple contexts. These parents can commit to 8 weeks of regular appointments.</td>
<td>Those who are able to provide regular group interventions, including school counselors, nurses, psychologists, and social workers, and parent educators.</td>
<td>5 x 2-hour group sessions + 3 x 20-minute individual telephone consultations for a group of up to 12 parents of teens.</td>
<td>None</td>
<td>3 days’ training - 1 day pre-accreditation - 2 days’ accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)</td>
<td>40 hours per group</td>
<td>1 x Teen Triple P Group Workbook</td>
<td>30</td>
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<tr>
<td>TARGET CLIENT GROUP</td>
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<td>PRE-REQUISITE COURSES</td>
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<tr>
<td>GROUP STEPPING STONES TRIPLE P</td>
<td>Parents of children with a disability (up to 12 years of age) requiring intensive training in positive parenting or those who wish to learn a variety of parenting skills to apply to multiple contexts. These parents can commit to 9 weeks of regular appointments.</td>
<td>Those who are able to provide regular group interventions, including school counselors, nurses, psychologists, social workers, and parent educators.</td>
<td>6 x 2 ½-hour group sessions + 3 x 20-minute individual telephone consultations for a group of up to 9 parents of children with a disability (aged 0–12 years).</td>
<td>None</td>
<td>3 days’ training 1 day pre-accreditation 2 days’ accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)</td>
<td>37 ½ hours per group*</td>
<td>1 x Stepping Stones Triple P Group Workbook</td>
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<td>STANDARD TRIPLE P</td>
<td>Parents with concerns about their child’s moderate to severe behavioral problem who require intensive training in positive parenting on a one-to-one basis. These parents can commit to 10 weeks of regular appointments.</td>
<td>Those who are able to provide individualized regular interventions, including school counselors, nurses, psychologists, social workers, and allied health professionals.</td>
<td>10 individualized 1-hour weekly sessions.</td>
<td>None</td>
<td>3 days’ training 1 day pre-accreditation 2 days’ accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)</td>
<td>19 hours per family</td>
<td>1 x Every Parent’s Family Workbook</td>
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<tr>
<td>STANDARD TEEN TRIPLE P</td>
<td>Parents with concerns about their teen’s moderate to severe behavioral problem who require intensive training in positive parenting on a one-to-one basis. These parents can commit to 10 weeks of regular appointments.</td>
<td>Those who are able to provide individualized regular interventions, including school counselors, nurses, psychologists, social workers, and allied health professionals.</td>
<td>10 individualized 1-hour weekly sessions.</td>
<td>None</td>
<td>3 days’ training 1 day pre-accreditation 2 days’ accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)</td>
<td>19 hours per family</td>
<td>1 x Teen Triple P Family Workbook</td>
</tr>
<tr>
<td>STANDARD STEPPING STONES TRIPLE P</td>
<td>Parents of children with a disability (up to 12 years old) who have concerns about their child’s moderate to severe behavioral problem and are able to commit to 2 months of regular one-to-one appointments.</td>
<td>Those who are able to provide individualized regular interventions, including school counselors, nurses, psychologists, social workers, and allied health professionals.</td>
<td>10 individualized 1 ½-hour weekly sessions.</td>
<td>None</td>
<td>3 days’ training 1 day pre-accreditation 2 days’ accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)</td>
<td>19 hours per family*</td>
<td>1 x Stepping Stones Triple P Family Workbook</td>
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<tr>
<td>TARGET CLIENT GROUP</td>
<td>TYPICAL PROVIDERS</td>
<td>DELIVERY FORMAT</td>
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<td><strong>LEVEL 5 ADJUNCTIVE SUPPORT</strong></td>
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<td><strong>GROUP LIFESTYLE TRIPLE P</strong></td>
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<td>Parents of overweight or obese children (5–10 years of age) who have concerns about their child’s weight and are willing to make changes in their family’s lifestyle. These parents can commit to up to 6 months of regular appointments.</td>
<td>Those who are able to provide regular group interventions, including dieticians, physical education teachers, nurses, psychologists, and physicians.</td>
<td>10 x 1 ½-hour group sessions + 4 x 20-minute telephone consultations for a group of up to 10 families.</td>
<td>None</td>
<td>3 days’ training 1 day pre-accreditation 2 days’ accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)</td>
<td>55 hours per group</td>
<td>1 x Every Parent’s Group Lifestyle Workbook 1 x Lifestyle Triple P Active Games Booklet</td>
<td>20</td>
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<tr>
<td><strong>FAMILY TRANSITIONS TRIPLE P</strong></td>
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<td>Parents going through separation and divorce who have concurrent concerns about their child’s behavior.</td>
<td>Those who are able to provide regular interventions, including family support workers, school counselors, nurses, psychologists, social workers, and allied health professionals.</td>
<td>5 x 2-hour individual or group sessions in addition to a Level 4 Triple P program.</td>
<td>None</td>
<td>2 days’ training 1 day pre-accreditation 2 days’ accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)</td>
<td>21 hours per group</td>
<td>1 x Family Transitions Workbook 1 x Family Transitions Relaxation CD</td>
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<tr>
<td><strong>ENHANCED TRIPLE P</strong></td>
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<td>Parents of children with concurrent child behavior problems and family adjustment difficulties, e.g. parental depression or stress and partner conflict. These parents have attempted a Level 4 program and shown minimal improvements.</td>
<td>Those who are able to provide regular interventions, including school counselors, nurses, psychologists, social workers, and allied health professionals.</td>
<td>3–8 individualized 60–90-minute parenting sessions.</td>
<td>Any Level 4 Triple P training course</td>
<td>2 days’ training 1 day pre-accreditation 2 days’ accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)</td>
<td>15 ½–19 hours per family</td>
<td>2 x Every Parent’s Supplementary Workbook Modules 1–3 1 x Every Parent’s Supplementary Workbook Module 4 (Maintenance and Closure)</td>
<td>25</td>
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<tr>
<td>TARGET CLIENT GROUP</td>
<td>TYPICAL PROVIDERS</td>
<td>DELIVERY FORMAT</td>
<td>PRE-REQUISITE COURSES</td>
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<td>PATHWAYS TRIPLE P</td>
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<td>Parents who have anger-management issues and other issues that put them at risk of child abuse and neglect.</td>
<td>Those who are able to provide regular interventions, including school counselors, nurses, psychologists, social workers, and allied health professionals.</td>
<td>2–5 individualized or group 60–90-minute sessions.</td>
<td>Any Level 4 Triple P training course</td>
<td>2 days’ training 1 day pre-accreditation 2 days’ accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)</td>
<td>Individual Program 9 ½–12 hours per family Group Program 20 hours per group</td>
<td>Individual Program</td>
<td>3 x Pathways to Positive Parenting Modules</td>
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<tr>
<td>POSITIVE EARLY CHILDHOOD EDUCATION COACHING</td>
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<td>Professionals in the early childhood education sector, including early childhood education and care centers, preschools, home-based child care and after school care.</td>
<td>PECE Coach Training is suitable for center directors, lead teachers, supervisors, consultants, or others in a position to support professional learning.</td>
<td>Up to four 45-minute coaching sessions.</td>
<td>None</td>
<td>2 days’ training 1 day pre-accreditation 1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each)</td>
<td>¼ - 4 hours per educator</td>
<td>n/a</td>
<td>n/a</td>
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</tbody>
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a  The word “parent” referred to in relation to Triple P is used to refer to any person who is a biological parent, adoptive parent, guardian, caregiver, or who is otherwise acting in a parental role in respect of a person who is a child or adolescent.
b  Assumes an organization has established a successful referral process for families requiring further assistance.
c  Practitioners trained in Primary Care Triple P are eligible to provide Brief Primary Care Triple P sessions with parents. For more information please contact your local IC or Triple P Office.
d  Practitioners trained in Primary Care Teen Triple P are eligible to provide Brief Primary Care Teen Triple P sessions with parents. For more information please contact your local IC or Triple P Office.
e  Stepping Stones programs may require additional time to address complex cases.
f  Based on an average of two modules (8 sessions) completed per family in addition to Level 4 programs.
g  In addition to a Level 4 Triple P program.
h  These estimates are a guide only and will vary from practitioner to practitioner based upon skill, experience, qualification, and access to supervision. Practitioners new to Triple P may require more preparation time to what is outlined. Refer to the Practitioner Information Sheets for details on the time delivery calculations.
i  Please note these figures are a guide only and will vary for each practitioner based on practitioner skill, experience, qualification, access to supervision, and allocation of time to provide Triple P.
j  Assumes 50 families per seminar and each family attends two seminars.
The following table summarizes the Triple P online programs with a description of the target client group, the participants best suited to each program, and the delivery format.

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<tr>
<th>TARGET CLIENT GROUP</th>
<th>TYPICAL PARTICIPANTS</th>
<th>DELIVERY FORMAT</th>
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<tbody>
<tr>
<td><strong>ONLINE PROGRAMS</strong></td>
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<tr>
<td><strong>TRIPLE P ONLINE</strong></td>
<td>Parents of children up to 12 years who are more suited to completing an online program for reasons such as busy schedules, geographical isolation, personal preference for online, or unable to attend regular parenting courses.</td>
<td>Triple P Online is a stand-alone web-based intervention designed to promote positive parenting practices and teach parents the application of principles to specific situations. Parents can complete the program in their own time on a computer, tablet, or smartphone.</td>
</tr>
<tr>
<td><strong>TEEN TRIPLE P ONLINE</strong></td>
<td>Parents of children aged between 10 and 16 years who are more suited to completing an online program for reasons such as busy schedules, geographical isolation, personal preference for online, unable to attend regular parenting courses.</td>
<td>Teen Triple P Online is designed for parents to complete as a stand-alone web-based intervention that promotes the use of positive parenting practices and teaches parents the application of principles to specific situations. Parents can complete the program in their own time on a computer, tablet or smartphone.</td>
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<tr>
<td><strong>POSITIVE EARLY CHILDHOOD EDUCATION PROGRAM</strong></td>
<td>PECE Online is designed for professionals in the early childhood education sector, including early childhood education and care centers, preschools, home-based child care and after school care.</td>
<td>PECE Online is a professional learning program, designed to build educators’ knowledge, confidence and skills and enhance educators’ self-efficacy in implementing strategies that promote children’s development, social competence and self-regulation. Educators can complete the program on a computer, tablet, or smartphone.</td>
</tr>
</tbody>
</table>

a The word “parent” referred to in relation to Triple P is used to refer to any person who is a biological parent, adoptive parent, guardian, caregiver, or who is otherwise acting in a parental role in respect of a person who is a child or adolescent.