# TRIPLE P INTRODUCTORY GUIDE

## TRIPLE P – POSITIVE PARENTING PROGRAM®

United States — Valid to 30 June 2022

Triple P
Positive Parenting Program
for every parent

**To our valued collaborators,**

Our country has faced significant events during 2020 and 2021, including a global pandemic, a charged political climate and grappling with racial inequalities. The cumulative impact of these events has placed significant strains on so many families throughout the country.

The impacts of COVID-19 were felt by all at varying levels; however, some were impacted in a far greater way than others. Among those were parents who were faced with significant challenges as they guided their children through a pandemic. For many that included providing supervision of virtual school, while juggling work commitments or concerns over lost jobs or reduced income streams. Additionally, parents faced the uncertainty of the future, health concerns for themselves, their children and loved ones and separation from usual supports. Some were also dealing with grief over the tragic loss of loved ones.

While the stressors were great in number and magnitude, we also witnessed great resilience in families and communities as they rose to the challenges. We were humbled and proud to see so many of our partner agencies respond to the challenges and rapidly adapt systems of care to support parents. So many "double downed" on the importance of the need for such supports and the understanding of the importance of prevention and quickly pivoting to the immediate provision of services, to mitigate larger issues down the road.

TPA remains committed to partnering with communities to build strong networks that provide all families with parenting supports at the right amount, right time and right place. Our commitment to being "for every parent" is strong and it is a core value that drives us. We believe that *every* child deserves to grow up in a safe, stable and nurturing environment, and that every family deserves the opportunity to thrive. We believe this is true across race, culture, religious beliefs, sexual orientation, abilities, nationality, and gender identity and we are committed to providing equitable opportunities across all populations.

That belief requires us to have a constant process of identifying ways to improve, to identify barriers and deliver solutions to truly being available "for every parent". Our commitment is to continue on that journey and to do more to listen and self-examine what more we can be doing to continue to make the program accessible to even more parents, including the role we can play in combating racial disparities.

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 best fit within your community and how we could partner with you to provide your families with parenting supports at the right amount, right time and right place.

**Bradley Thomas**
Chief Executive Officer
Triple P America

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# OVERVIEW

Parenting influences all aspects of children's development. The day-to-day, moment-to-moment interactions between parents and their children have a sustained impact on children's well-being and quality of life. The positive parenting advantage cascades to all facets of life, including mental and physical health, learning opportunities, peer and couple relationships and work satisfaction.

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 system* is a suite of interventions of increasing intensity for families with children aged up to 16 years. Each level of the system can be delivered in a range of ways including one-to-one, small groups, large groups, or online. Triple P program and support packages are available for individual practitioners, organizations, and population-based implementations involving multiple cross-sector partnerships.

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 or "just enough" level of intervention needed to resolve the problem.
- Self-regulation: the capacity to solve problems independently, reducing dependency on others.

For over 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.

# WHY IS PARENTING SO IMPORTANT?

Positive parenting influences developmental capacities, including speech, language, social skills, peer relationships, emotion regulation, sustained attention, problem solving and physical health.

The global COVID-19 pandemic has led to disruptions to family life as a result of lockdowns, social distancing, unemployment, working and learning at home, and managing uncertainties during a global public health crises. Children are now at greater risk of experienceing adverse psychological outcomes[1], and exposure to domestic and family violence[2], with harmful outcomes now and later adulthood[3]. However, parents are an important buffer against negative effects of the crisis on children[4].

Promoting children's self-control is as important as providing children with a safe and loving environment, as shown in the Dunedin Multidisciplinary Health and Development Study. The Dunedin Study[5] 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 32 of:

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

They also earned less money, were less oriented 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.[6] The Dunedin Study also found when a child's self-control improved with age, they tended to have better adult outcomes.[7] One way we can help children develop high self-control is to provide positive parenting.[8]

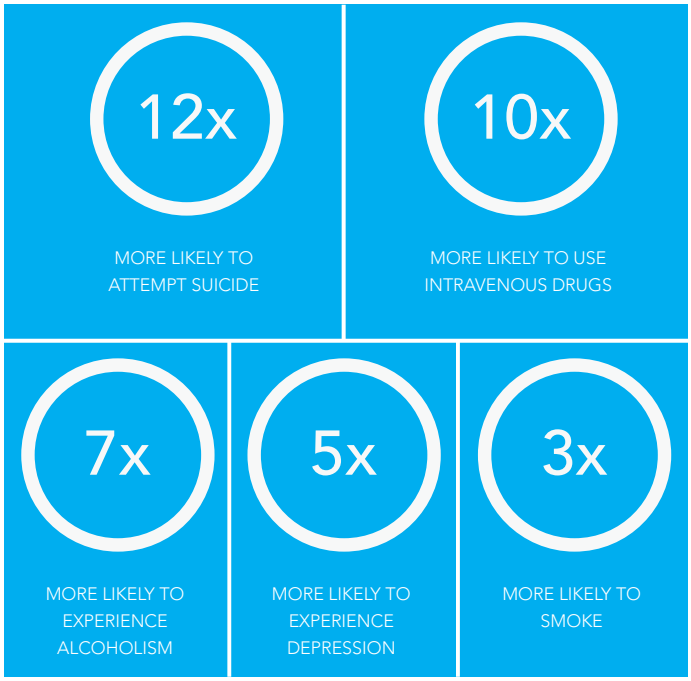
From 1995 to 1997 Kaiser Permanente San Diego, a Health Maintenance Organization, along with the US Centers for Disease Control and Prevention (CDC), conducted the initial phase of The Adverse Childhood Experiences (ACE) Study[9].

**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).

**A person with four or more Adverse Childhood Experiences is:**




Harsh and inconsistent parenting increases the risk of child maltreatment and the development of serious social, emotional and behavioral problems in childhood and later in life.[10,11,12] Poor parenting practices are associated with an increased risk of children developing conduct problems, depression and anxiety.[13,14] They also increase the risk of engaging in juvenile crime[15] and in dangerous behaviors such as drug and alcohol abuse and risky sexual behavior[16]. 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[17].

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.[18] Positive intervention within the first 1,000 days can be imperative in enhancing physical, developmental, and mental health outcomes for children.[9,19]

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:

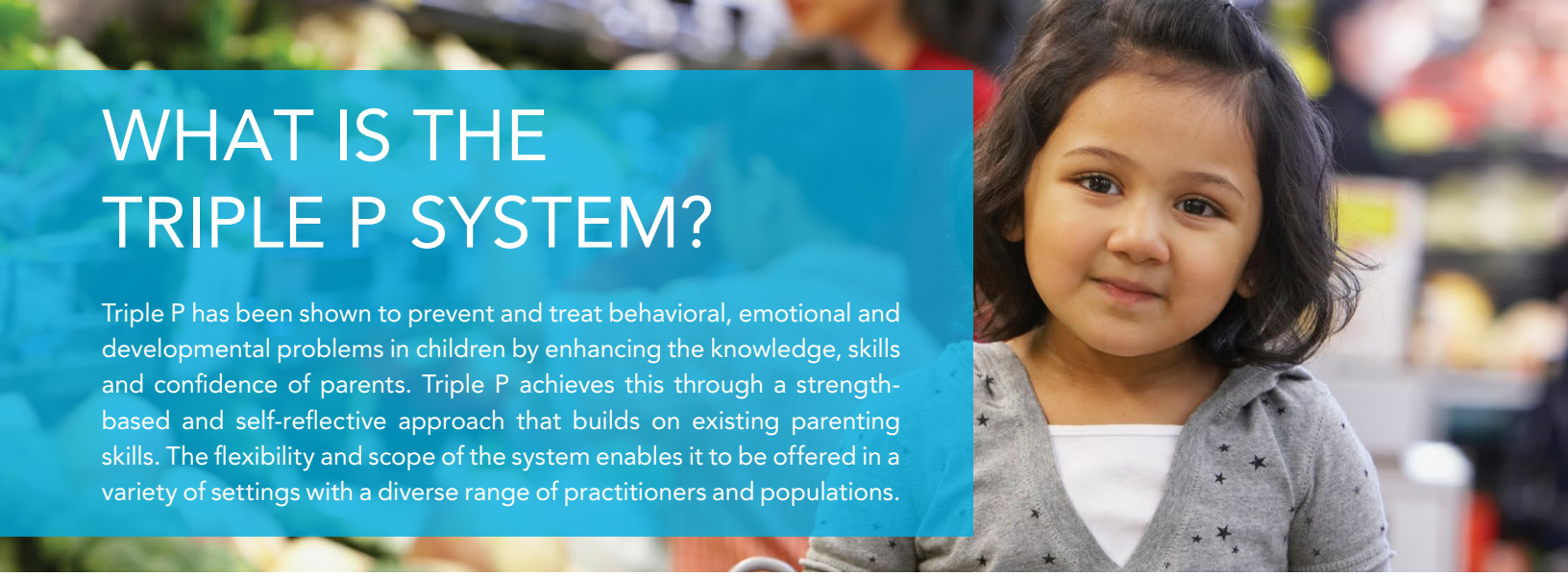
- Increased pro-social behavior and emotional wellbeing.
- Increased quality of parent-child attachment.
- Less likely to be victims of child abuse and neglect.
- Higher levels of school readiness (i.e. social, emotional and language competence).
- Fewer will follow a developmental trajectory to poor 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.
- Reductions in child maltreatment cases.
- Improvements in psychosocial adjustment of children across the community.



# 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.[20]

## 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 destigmatize asking for parenting help. Levels 2–4 provide direct support to parents at increasing levels of intensity and in different formats. Level 5 addresses issues that complicate parenting (e.g. partner conflict, stress, 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).
- A way to provide universal support, particularly under social distancing requirements.

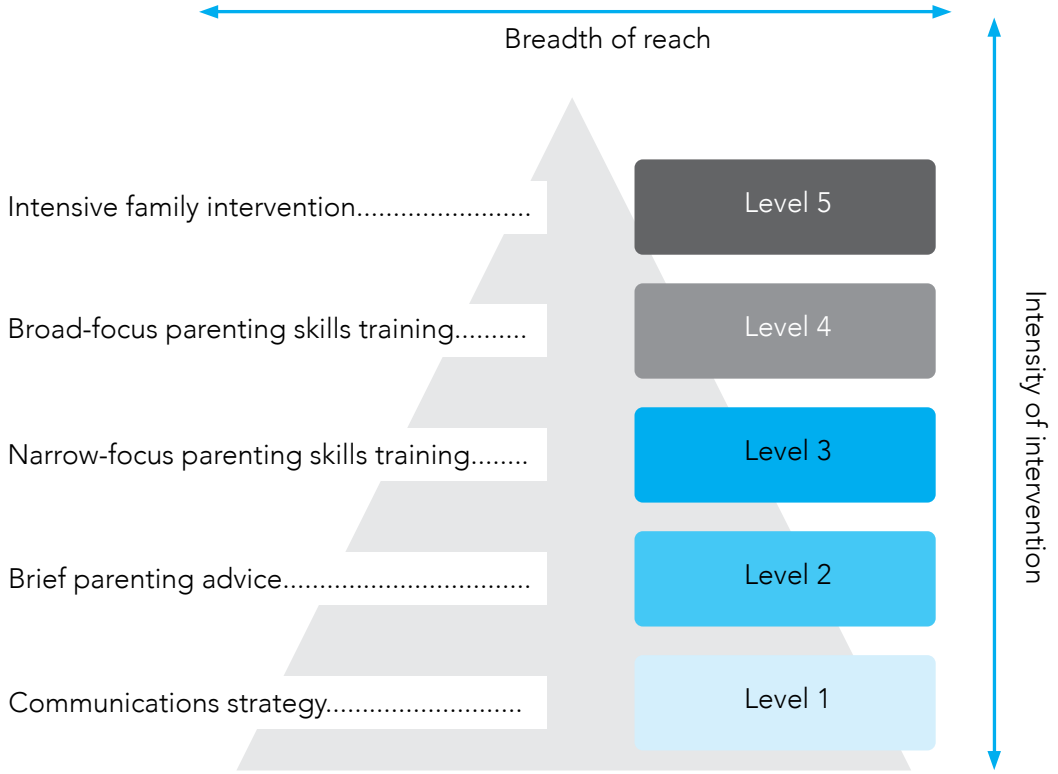
The Positive Early Childhood Education (PECE) Program introduces educators to equivalent strategies to those in Triple P, tailored for situations found in early learning settings. The PECE Program is designed to build a common language between educators and parents using Triple P.

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. Triple P programs can be delivered via video conference or in-person*. See Appendix B for a summary of all courses in the Triple P system.

> "THE SINGLE MOST IMPORTANT THING WE CAN DO TO PREVENT SERIOUS BEHAVIORAL AND EMOTIONAL PROBLEMS AND ABUSE OF CHILDREN IS TO HELP PARENTS IN THE MOST IMPORTANT JOB IN THE WORLD: RAISING THE NEXT GENERATION."
>
> PROFESSOR MATT SANDERS, FOUNDER, TRIPLE P – POSITIVE PARENTING PROGRAM®

* In-person is an option when government rules, safety and insurance requirements allow.

## The Triple P System




### THE TRIPLE P EVIDENCE BASE

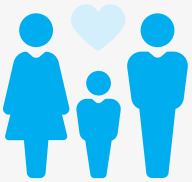
Triple P has been ranked by the United Nations as the world's most extensively researched family skills training program.[21] Triple P is backed by over 40 years of ongoing research carried out by more than 478 academic and research institutions around the world. Researchers from 37 countries have published more than 700 theoretical papers, clinical trials, meta analyses, and population trials.

See The University of Queensland, Parenting and Family Support Centre's website at pfsc-evidence.psy.uq.edu.au to access studies published about Triple P. To discuss research relevant to your sector please contact your local Triple P office.

350+ EVALUATION STUDIES

WORKS ACROSS DIVERSE CULTURAL, LINGUISTIC AND GEOGRAPHIC COMMUNITIES

IMPROVES HEALTH AND WELLBEING FOR PARENTS AND CHILDREN



IMPROVES CHILD BEHAVIOR

170+ RANDOMIZED CONTROLLED TRIALS

# WHY INVEST IN TRIPLE P?

Without support for parents, we can expect increases in child and family issues as we deal with social challenges from COVID-19 now and in the future. These issues carry large personal costs for families, and long-term social and economic costs at scale. More than ever, parents need support to build resilience within their family and community.

Triple P's programs provide flexibility for parents, practitioners, organizations and governments, and its implementation can be tailored to the needs of an entire community, a targeted group or for individual practitioners. The Triple P system is consistent with the principle of proportionate universalism[22] 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.[23]

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

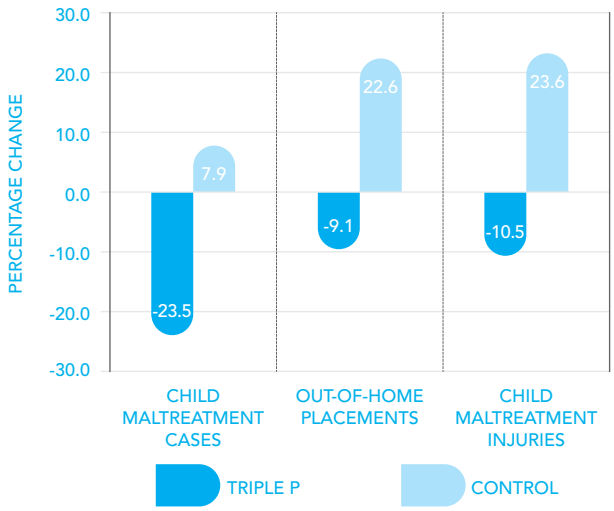
## POPULATION-LEVEL IMPACTS

Triple P is one of only two parenting programs identified by the World Health Organization (WHO) in its Violence Prevention report[24] 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 US Centers for Disease Control and Prevention (CDC).

In the US Triple P System Population Trial[25,26,27], 18 counties were randomized to Triple P or services-as-usual control. When compared with the control counties, the Triple P

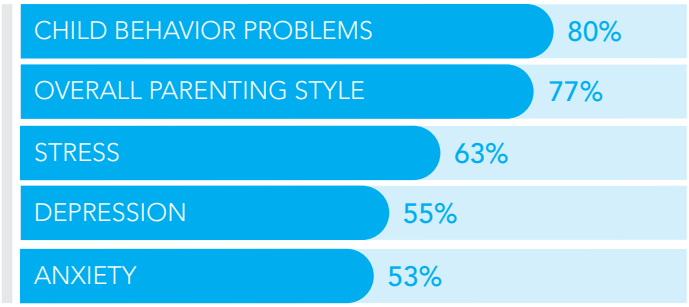
counties showed significant results for child out-of-home placements, hospital-treated child maltreatment injuries, and rates of child maltreatment cases.

### US Population Trial results




In Santa Cruz County, California, parents of children up to 16 years can access the full Triple P system of programs. A five-year summary report[28] highlighted the achievements of this county-wide population rollout of Triple P:

### Santa Cruz County's improvements in key parenting issues




North Carolina has reached 49,454 caregivers of 79,264 children with programs from the full Triple P system. Outcomes for participating parents include[29]:

- Level 2 Triple P — Parents were highly satisfied with the programs offered and reported gaining understanding and skill in teaching their child new behaviors.
- Level 3 Triple P — Parents reported that parenting was more rewarding and fulfulling, parenting was less demanding, stressful and depressing, and they felt more confident and supported.
- Level 4 Triple P — Reduction in lax, over-reactive and hostile parenting styles. Parents reported improvements in their child's emotional symptoms, peer problems and prosocial behaviors.

A research trial in Québec implemented 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.

**Parents receiving Triple P demonstrate significant effects in:**

- Improved parent confidence
- Lowered parent stress
- Enhanced parenting practices
- Improved child behavior
- Enhanced child prosocial behavior

Following the program's success in the research trial, the initiative has gathered momentum and Triple P is now offered in primary schools, early childhood education centres, child welfare agencies and non-profit community organizations. Findings show the program to be effective for low-, middle- and high-income families. More analyses are underway to assess population effects of the Triple P system in Québec.[30,31]

In describing the Triple P population approach, WHO recognizes it as an intervention that "aims to improve child behavior and development by altering the family environment to one that enables the child to realize its potential; thus, increasing the child's life chances and reducing the risks associated with poor mental health."[32]

## GROUP PROGRAMS ACROSS A COMMUNITY

The Longford and Westmeath Parenting Partnership[33] 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.

## Results in Longford and Westmeath

SIGNIFICANT REDUCTION IN CHILD EMOTIONAL & BEHAVIORAL PROBLEMS

30% DECREASE IN REPORTED PARENTAL DISTRESS & STRESS

SIGNIFICANT INCREASES IN PARENTS ENGAGING IN POSITIVE PARENTING

SIGNIFICANT IMPROVEMENT IN PARENT-CHILD RELATIONSHIP

A recent study[34] 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). There have been two meta-analyses of Stepping Stones research examining the program's effect on child and parenting outcomes. Overall findings indicate significant improvements for child behavior problems, parenting styles, parent satisfaction and self-efficacy, parental adjustment, and co-parental relationships, demonstrating support for Stepping Stones Triple P as an effective intervention for families of children with disabilities.[35,36]

Positive outcomes have also been shown in large scale initiatives in Australia and Denmark.

The National Health and Medical Research Council-funded rollout of Stepping Stones Triple P across the states of Queensland, New South Wales and Victoria (Australia)[37] resulted in:

- Improved parenting skills.
- Reduced parental stress.
- Improved child behavior.
- High participation rates (38% compared with 10% accessing usual clinical resources).

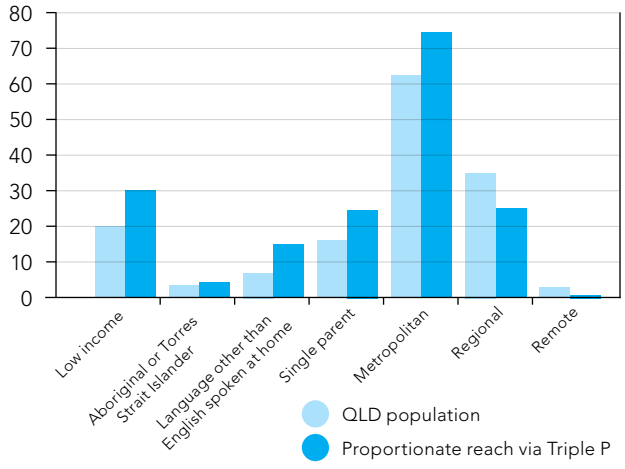
The National Board of Health, Denmark evaluated Stepping Stones Triple P in five municipalities[38] and found:

- 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.

### GOING TO SCALE

In Australia, the Queensland State Government has funded free access to Triple P since 2015. This initiative gives Queensland families access to a range of Triple P programs in order to provide universal access to parenting support across the state. More than 135,000 parents and carers accessed Triple P programs in the first two years of the initiative, including over 30,000 accessing Triple P Online programs.

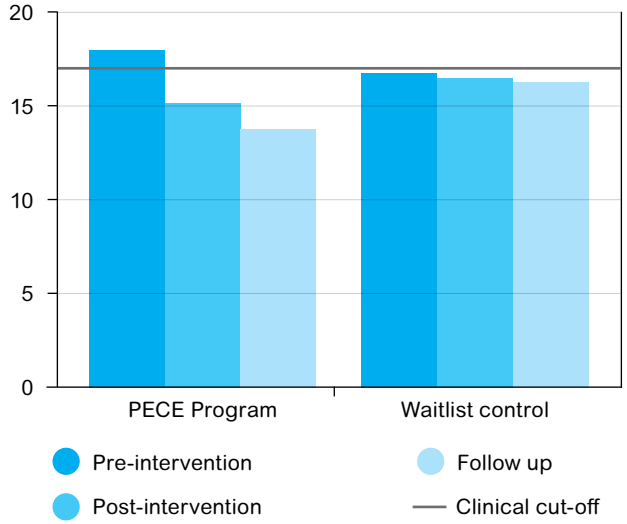
**Diverse Queensland families accessing Triple P (September 2017 to June 2020)**



## POSITIVE EARLY CHILDHOOD EDUCATION PROGRAM (PECE)

A foundational randomized controlled trial of the Positive Early Childhood Education (PECE) Program in Alberta, Canada[39] 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**




## 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 noted Triple P to be one of the best evaluated family functioning programs for young children, and found a A$13.83 return for every dollar spent, a 1,283% return on investment.[40]

FOR EVERY £1 SPENT BRITISH MEDICAL ASSOCIATION REPORT A £5.05 RETURN[41]

A cost analysis[42] 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.

EVERY US$1 SPENT ON TRIPLE P UPSTREAM SAVES US$7.78 DOWNSTREAM ACROSS SEVERAL HUMAN SERVICES SECTORS[43]

US$7.78

The Washington State Institute of Public Policy (WSIPP)[43] 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$3,646 and US$4,873 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$2,070 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 Future[44] 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.

POTENTIAL BENEFIT OF REDUCING THE LIFETIME COSTS BY BRINGING A CHILD WITH A CONDUCT DISORDER BELOW THE CLINICAL THRESHOLD[44]

£175,000

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 interventions.[45] The results of the Alberta-based study found:

- Each 1% population reduction in conduct disorder saves CA$561,297 over a lifetime.
- Triple P would pay for itself if conduct disorder was reduced by 6.5%.

- If a 25% reduction is achieved, the intervention could save up to CA$10 million in Alberta.

In 2007, a study published in the Australian and New Zealand Journal of Psychiatry[46] 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 initiative in Ireland reported a possible reduction in the population incidence of behavioral problems between 31 and 38% if the initiative was replicated at national level.[34]

Triple P is highlighted in the UK's NICE Guidance for antisocial personality disorder[47], antisocial behavior and conduct disorders[48], child abuse and neglect[49], and challenging behavior and learning disabilities[50].

In the UK, the Department for Education conducted the Study of Early Education and Development (SEED)[51], 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.

### ONLINE VARIANT

Triple P Online was the first online parenting program to be used in a randomized controlled trial that demonstrated sustained improvements in child and family outcomes.[52]

Positive outcomes have been demonstrated in seven randomized controlled trials across Australia, New Zealand, the United Kingdom and the United States. These studies have involved a range of different families, including families of children with neuro-developmental conditions (ADHD[53], early onset conduct or behavioral problems [52,54,55], children with a disability[56]), young mothers[57], and parents with Bipolar Disorder[58].

These RCTs demonstrate the effectiveness of Triple P Online in significantly improving child and parent outcomes, including:

- Improved child behavior, reduced child conduct and emotional problems, or reduced ADHD symptoms[52, 53, 54, 55, 56, 58]
- Improved parenting style, practices, or use of positive parenting strategies[52, 53, 54, 55, 56, 57]
- Improved parental sense of competence, confidence, satisfaction, or self-efficacy[52, 53, 54, 56, 58]
- Reduced parental anger, stress, or depression[52, 53, 55, 58]

Other studies also indicate the program may be effective in supporting vulnerable low-SES families[59], and in reducing the risk of child maltreatment and interparental conflict[60].

In a recently published trial comparing the effectiveness of Triple P Online with practitioner-delivered Standard Triple P, both modes of delivery were found to be of equal effectiveness in improving child behavior, parenting practices, and the quality of the parent-child relationship.[61]

### INTENSIVE PARENTING SUPPORT

The National Society for the Prevention of Cruelty to Children (NSPCC)[62] 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)

## LONG-TERM OUTCOMES

In Western Australia, 15-year follow-up data[63] shows that children whose parents participated in Group Triple P when they were aged 3 to 5 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 of preschoolers participated in Group Triple P in Braunschweig, Germany.[64] Findings indicated reduced behavior problems and improved child wellbeing during children's early adolescence, 10 years after parents initially participated in the program.

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.[64]

## LOW- AND MIDDLE-INCOME COUNTRIES

Trials have shown Triple P is effective in a range of low- and middle-income countries in Asia[65] and Latin America[66]. These trials found high cultural acceptability of Triple P by parents. In Africa, research in Kenya found parents who completed Group Triple P reported high satisfaction and improvements in child behavior and parenting experience.[67]

> "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

## 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.[68,69]

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.[70]

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.[71]

In 2014, Romney and colleagues 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.[72]

To enhance the effective implementation of Triple P, Implementation Consultants (ICs) use the Triple P Implementation Framework (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 Automated 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.

## TRIPLE P IMPLEMENTATION FRAMEWORK[73]

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.

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).
- Develop, review and maintain a sustainability and maintenance process.

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.

**Triple P Implementation Framework Phases**


## 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 Videos).
- The *Triple P Automated Scoring and Reporting Application* (ASRA): an online program that scores Triple P assessment measures and provides a family profile and report.
- 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.
- Guidelines for remote service delivery.

## AUTOMATED SCORING AND REPORTING APPLICATION (ASRA)

Practitioners and organizations can use the online Triple P Automated 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.

## PEER-ASSISTED SUPERVISION AND SUPPORT (PASS)

The PASS model has been developed as a workforce development strategy to assist practitioners in the process of peer support. PASS is a structured feedback process to promote learning of a complex set of consultation skills. Regular meetings (90–120 minutes) with a supportive small group of practitioners is recommended. PASS participation has been shown to positively affect the number of parents served by practitioners.[74] Continual reflection helps practitioners acquire and refine skills needed for successful implementation.

## 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.

### 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. Triple P Briefings can be delivered in-person* or remotely via video conference.

**Support for managers and coordinators**

Managers and coordinators can access hourly support via telephone or teleconference directly with a Triple P 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 20 practitioners or as telephone or video conferencing support for small groups of up to five practitioners. Trainer-facilitated Peer-Assisted Supervision and Support (PASS) sessions are also available for organizations and practitioners requiring additional support during initial peer support sessions.

**Workshop Series**

Ten workshops are available to provide ongoing professional development for Triple P Providers:

- Workshop 1: Assessment.
- Workshop 2: Telephone Support.
- Workshop 3: Program Fidelity and 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
- Workshop 10: Online Support

Tailored practitioner support workshops are available on request. The workshop series are half-day workshops, delivered via video conference to up to 20 Triple P Providers.

**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.

* In-person is an option when government rules, safety and insurance requirements allow.

- 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.

**Communications strategy**

A strong communications strategy creates population awareness and reach, target audience engagement with the product/service and finally conversion. On average, a parent encounters around 6,000 media messages per day. Within that media clutter, the Triple P messages have to stand out. High-quality, high-impact creative and a consistent message is vital in order for the message to stick. This is what the communications strategy provides, a strong umbrella concept that is the driver of communication to create awareness with parents and deliver engagement with the community.

Based on the Fogg Behavior Model, the Stay Positive communications approach notes that in order for someone to act and change their behavior, the motivation, ability, and trigger to do so should appear at the right time and place. Relating this to promoting Triple P: an issue should be important to a parent, the parents should be capable to act, and the parent should be reminded to act.

These principles of behavior design are then translated into:

- Creating awareness for the parenting need through realistic images of everyday parenting situations, and having them relate to the message emotionally.
- Explaining how we can help to fulfill parents' needs and the range of interventions we can offer that suits their needs (engagement).
- Providing sufficient, well-timed and easy-to-access information about how to receive Triple P parenting help, and by doing so, stimulate action (conversion).

**Materials**

The Stay Positive communications materials offer a structured, consistent and well-designed message. Available across online, print, digital and social media, Triple P works with implementing organizations 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 to further information and assistance. Further, media advertising, editorials and public relations (organized and placed by the organization) complement these practical guides.

Depending on the scale and objectives of the organization's roll-out, Triple P can implement parent facing websites and provider facing websites, a range of printed materials for brand awareness and intervention brochures, posters and flyers. Triple P can further 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. Addditional media, PR and content options are also available.

## Examples of materials

# TRIPLE P PROVIDER TRAINING PROCESS

Triple P Provider Training Courses (Training Courses) include training, a pre-accreditation workshop, and a competency-based accreditation process. All Training Courses are conducted by Triple P Trainers, in compliance with Quality Assurance requirements set by The University of Queensland. Triple P Provider Training Courses are available remotely via video conference or in-person*.

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

To complete Triple P Provider Training, it is recommended participants have 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. Triple P pre-requisites apply to some Training Courses (see Appendix B).

## TRIPLE P PROVIDER TRAINING VIA VIDEO CONFERENCE

Triple P Provider Training Courses are available in-person* or via video conference. Both in-person and video conference options keep the experience of the attending practitioners as similar as possible, with both modes of delivery featuring the same content and exercises. Both utilize Triple P Training PowerPoint presentations (via main screen or screensharing) and video content (via main screen or video streaming). Small group exercises and discussions occur using a venue's breakout room, or using the breakout function in the video conferencing platform.

A thorough statistical analysis was conducted by Triple P at the end of 2020, using the anonymized data of events for in-person and video conference. It was found that participants rated training, both in-person and via video conference, highly.

## 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 utilize.

**Training process**


* In-person is an option when government rules, safety and insurance requirements allow.

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.[75]

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).

> "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

## TRAINING OUTCOME REPORT

A report will be provided to your organization, summarizing 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.

# TRIPLE P DELIVERY

## 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.[76] 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).

## BENEFITS OF ONLINE DELIVERY

ACCESSIBLE 24/7
WIDE REACH
REDUCED PROVIDER BURDEN
FLEXIBLE & EASY TO TAILOR
PRIVATE
ENGAGING
COST-EFFECTIVE

## 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 — Team PECE plus the additional support of Triple P for parents.

### 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.

PECE Program communications support is available based on client need.

## TRIPLE P DELIVERY DURING COVID-19

The COVID-19 crisis is creating unique challenges for parents, families and organizations. In these difficult times it's especially important for parents to have access to timely, high-quality support. Triple P has developed written support (Parent Guides and Top Tips) for parents, as well as creating and incorporating an additional online module (Parenting During COVID-19) in Triple P Online programs. Guidance on flexible delivery is available to organizations and practitioners to support them to adapt their Triple P delivery where face-to-face services are no longer possible.

# COSTS

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 Enrollment (OE) for 1 to 11 participants and Agency Training for cohorts up to to 20 participants (plus observers).

OE courses are available via video conference and are recommended as a more cost effective option for organizations training fewer than 12 participants. 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 your organization throughout the process of planning for training events and delivery to parents. Agency Training will be delivered via video conference or in-person*. It also provides an opportunity for tailored examples and discussions throughout the training. Table 1 outlines the costs for an individual practitioner to attend OE (via video conference), along with Agency Training for 20 practitioners.

All agency training costs include:

- Training and accreditation.
- Pre-Accreditation (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 Automated 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.

* In-person is an option when government rules, safety and insurance requirements allow.

**Training costs for individual (OE) or 20 participants**

The Open Enrollment costs outlined are per person, where practitioners are accessing training courses through our open enrollment timetable. This is the most cost effective option for organizations training 1 to 11 practitioners. Agency training is the most cost effective option if your organization has 12 or more practitioners to train in the same course. The table below provides OE training cost (per participant) along with the agency training costs for 20 participants in a Triple P Provider Training Course. A quote can be provided by TPA, tailored to the number of participants attending each course. All costs are exclusive of Sales Tax, which will be charged at prevailing rate and subject to change at any time.

**Table 1. Training costs for Open Enrollment (per participant) and Agency Training costs for 20 participants***

| TRIPLE P PROVIDER TRAINING COURSE | OPEN ENROLLMENT COST (PER PARTICIPANT) | TOTAL TRAINING COST FOR 20 PARTICIPANTS |
|---|---|---|
| SELECTED TRIPLE P | $1,600 | $24,070 |
| SELECTED TEEN TRIPLE P | $1,630 | $24,665 |
| SELECTED STEPPING STONES TRIPLE P | $1,690 | $26,260 |
| PRIMARY CARE TRIPLE P | $2,205 | $32,805 |
| PRIMARY CARE TEEN TRIPLE P | $2,295 | $34,020 |
| PRIMARY CARE STEPPING STONES TRIPLE P | $2,835 | $40,995 |
| TRIPLE P DISCUSSION GROUPS | $1,945 | $31,010 |
| TEEN TRIPLE P DISCUSSION GROUPS | $1,895 | $29,870 |
| GROUP TRIPLE P | $2,590 | $36,730 |
| GROUP TEEN TRIPLE P | $2,645 | $37,905 |
| GROUP STEPPING STONES TRIPLE P | $2,720 | $39,235 |
| STANDARD TRIPLE P | $2,590 | $36,730 |
| STANDARD TEEN TRIPLE P | $2,645 | $37,905 |
| STANDARD STEPPING STONES TRIPLE P | $2,720 | $39,235 |
| ENHANCED TRIPLE P | $2,000 | $29,010 |
| PATHWAYS TRIPLE P | $1,945 | $27,775 |
| FAMILY TRANSITIONS TRIPLE P | $2,235 | $33,405 |
| GROUP LIFESTYLE TRIPLE P | $2,670 | $38,000 |
| ADDITIONAL ACCREDITATION DAY | — | $3,970 |

* Standalone course; please contact your IC for information on extension course options and costs for your previously trained practitioners.

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 2022.

## 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

| TRIPLE P IMPLEMENTATION SUPPORT OPTION | COST |
|---|---|
| TRIPLE P BRIEFING | $3,810 |
| REMOTE CLINICAL SUPPORT WORKSHOP (1 X HALF DAY) | $3,810 |
| TELEPHONE SUPPORT (1 HOUR) | $245 |
| REMOTE WORKSHOP (1 X HALF DAY WORKSHOP) | $2,665 |
| REMOTE TRAINER FACILITATED PASS SESSIONS (24 HOURS) | $5,880 |
| TAILORED IMPLEMENTATION SUPPORT OPTIONS | POA |

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 2022.

## 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*

| TRIPLE P PROVIDER TRAINING COURSE | RESOURCES PER FAMILY | COST PER UNIT (EXCL. S&H) | QUANTITY | COST (EXCL. S&H) | SHIPPING & HANDLING | COST PER FAMILY (INCL. S&H) |
|---|---|---|---|---|---|---|
| SELECTED TRIPLE P | 2 x Seminar Tip Sheets | $1.48 | 2 | $2.96 | $0.30 | $3.26 |
| SELECTED TEEN TRIPLE P | 2 x Teen Seminar Tip Sheets | $1.48 | 2 | $2.96 | $0.30 | $3.26 |
| SELECTED STEPPING STONES TRIPLE P | 2 x Stepping Stones Seminar Tip Sheets | $1.48 | 2 | $2.96 | $0.30 | $3.26 |
| PRIMARY CARE TRIPLE P | 1 or 2 x 4-page Tip Sheets | $1.48 | 2 | $2.96 | $0.30 | $14.06 |
| | 1 or 2 x 2-page Tip Sheets | $1.06 | 1 | $1.06 | $0.11 | |
| | 1 x Positive Parenting Booklet | $8.75 | 1 | $8.75 | $0.88 | |
| PRIMARY CARE TEEN TRIPLE P | 1 or 2 x 4-page Tip Sheets | $1.48 | 2 | $2.96 | $0.30 | $18.40 |
| | 1 or 2 x 2-page Tip Sheets | $1.06 | 1 | $1.06 | $0.11 | |
| | 1 x Positive Parenting for Parents of Teenagers Booklet | $12.70 | 1 | $12.70 | $1.27 | |
| PRIMARY CARE STEPPING STONES TRIPLE P | 2 x Stepping Stones Primary Care Booklets | $7.70 | 2 | $15.40 | $1.54 | $31.57 |
| | 1 x Positive Parenting Booklet | $13.30 | 1 | $13.30 | $1.33 | |
| TRIPLE P DISCUSSION GROUPS | 1 x Group Discussion Workbook | $6.85 | 1 | $6.85 | $0.69 | $7.54 |
| TEEN TRIPLE P DISCUSSION GROUPS | 1 x Teen Group Discussion Workbook | $9.85 | 1 | $9.85 | $0.99 | $10.84 |
| GROUP TRIPLE P | 1 x Every Parent's Group Workbook | $28.20 | 1 | $28.20 | $2.82 | $31.02 |
| GROUP TEEN TRIPLE P | 1 x Teen Triple P Group Workbook | $30.80 | 1 | $30.80 | $3.08 | $33.88 |

| TRIPLE P PROVIDER TRAINING COURSE | RESOURCES PER FAMILY | COST PER UNIT (EXCL. S&H) | QUANTITY | COST (EXCL. S&H) | SHIPPING & HANDLING | COST PER FAMILY (INCL. S&H) |
|---|---|---|---|---|---|---|
| GROUP STEPPING STONES TRIPLE P | 1 x Stepping Stones Triple P Group Workbook | $42.90 | 1 | $42.90 | $4.29 | $47.19 |
| STANDARD TRIPLE P | 1 x Every Parent's Family Workbook | $34.80 | 1 | $34.80 | $3.48 | $38.28 |
| STANDARD TEEN TRIPLE P | 1 x Teen Triple P Family Workbook | $38.10 | 1 | $38.10 | $3.81 | $41.91 |
| STANDARD STEPPING STONES TRIPLE P | 1 x Stepping Stones Triple P Family Workbook | $42.90 | 1 | $42.90 | $4.29 | $47.19 |
| ENHANCED TRIPLE P | 2 x Every Parent's Supplementary Workbook Modules 1-3 | $12.00 | 2 | $24.00 | $2.40 | $39.60 |
| | 1 x Every Parent's Supplementary Workbook Module 4 (Maintenance and Closure) | $12.00 | 1 | $12.00 | $1.20 | |
| PATHWAYS TRIPLE P | 3 x Pathways to Positive Parenting Modules | $12.00 | 3 | $36.00 | $3.60 | $39.60 |
| FAMILY TRANSITIONS TRIPLE P | 1 x Family Transitions Workbook | $34.80 | 1 | $34.80 | $3.48 | $38.28 |
| GROUP LIFESTYLE TRIPLE P | 1 x Every Parent's Group Lifestyle Workbook | $34.80 | 1 | $34.80 | $3.48 | $55.83 |
| | 1 x Lifestyle Triple P Active Games Booklet | $15.95 | 1 | $15.95 | $1.60 | |

* 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.

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 2022.

## 4. TRIPLE P ONLINE

Triple P Online 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 maximize 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.

Triple P Online is available for parents of children aged up to 12 years and Teen Triple P Online 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.

An additional option is available for parents of children aged 0-12 with a developmental disability[56]. This option requires an accredited Triple P provider in Stepping Stones Triple P to provide guidance and requires parents to be able to access additional Stepping Stones Triple P resources. Please contact your local IC for information on how to implement this program in a tailored way to support parents' needs.

The cost for each Triple P Online Access Code is $84.95 excluding Sales Tax. Triple P Online is available in English, Arabic, Dutch-Flemish, French, German, Japanese and Spanish. Teen Triple P Online is available in English, Dutch-Flemish and Spanish.

For organizations looking to reach 100 or more parents/carers, there are 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. Triple P Online support packages**

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

* Purchasing the Package 2 model comes with a Triple P Online landing page for the term of your Triple P Online project.
** 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**

| TRIPLE P DELIVERY | RECOMMENDED STAY POSITIVE SUPPORT | DESCRIPTION |
|---|---|---|
| LARGE-SCALE, POPULATION-WIDE ROLL-OUTS | Communications framework | 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. |
| MEDIUM-SIZED ROLL-OUTS | Marketing and communications budget allocation over a 3-year period | 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. |
| INDIVIDUAL PRACTITIONERS OR SINGLE-LEVEL TRAINING RECIPIENTS | Pre-printed support materials are available to be purchased in smaller quantities | 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. |

## 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. All costs are exclusive of Sales Tax. Sales Tax charged at prevailing rate and subject to change at any time.

For more information see www.peceprogram.net or contact your local IC.

### Table 6. PECE Program costs

| PECE PROGRAM OPTION | DESCRIPTION | ITEM COST |
|---|---|---|
| PERSONAL PECE | Educators complete the four online modules of the PECE Program to enhance their skills to meet the individual needs of children in group environments. | $199<br>(per PECE Online Access Code) |
| TEAM PECE | Staff in supervisory, consultative or leadership roles are trained to be PECE Coaches to support the educators in their centre completing Personal PECE. | $25,330 (20 participants)* |
| COMMUNITY PECE | 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. | POA |

* PECE Coach Training cost includes 2 days training, 1 day pre-accreditation workshop and 1 day accreditation.

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 2022.

# ADDITIONAL CONSIDERATIONS

## TRAVEL AND ACCOMMODATION (FOR IN-PERSON EVENTS)

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 (FOR AGENCY TRAINING)

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 via video conference or in-person*; however they will not receive resources, participate in training discussions, or access accreditation. Observers may be rotated per half-day session if required and those attending via video conference are required to turn-off both their video and audio.

Organizations should notify TPA if an observer will be attending.

## VENUE (FOR IN-PERSON EVENTS)

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 Video.
- Whiteboard or flip chart with markers.
- Ensuring the event is Covid safe for participants and the Triple P Trainer.

For further information please contact your local Triple P Training Coordinator.

## EQUIPMENT (FOR VIDEO CONFERENCE EVENTS)

Events conducted via video conference require no onsite venue. The host organization will be responsible for:

- Ensuring practitioners have access to the technology required for the remote training. Note, each participant is required to connect individually.
- A technical support person is on call for the events.

## 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.

* In-person is an option when government rules, safety and insurance requirements allow.

## 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.

## SHIPPING AND RELATED COSTS

All taxes (including withholding taxes), import duties, and brokerage fees may be payable upon delivery. Those fees are not included in the shipping and handling costs provided and are the responsibility of the host organization.

## 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 SERVICES

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 SERVICES

Organizations may reschedule Services (Training, Accreditation, and Implementation Support) with 28 days' (including weekends) notice prior to an event by submitting written notice to TPA along with payment of a rescheduling fee of $350 and any non-refundable third party costs such as transport and accommodation that may have been booked. If the notice of the rescheduling is given to TPA fewer than 28 days (including weekends) 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.

# REFERENCES


1. Jiao, W. Y., Wang, L. N., Liu, J., Fang, S. F., Jiao, F. Y., Pettoello-Mantovani, M., & Somekh, E. (2020) Behavioral and emotional disorders in children during the COVID-19 epidemic. *Journal of Pediatrics, 221*, 2640266.
2. Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and COVID-19: Increased vulnerability and reduced options for support. *International Journal of Mental Health Nursing, 29*, 549–552
3. van Gelder, N., Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., & Oertelt-Prigione, S. (2020) COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. *EClinicalMedicine*
4. Yoshikawa, H., Wuermli, A. J., Rebellow Britto, P., Dreyer, B., Leckman, J. F., Lye, S. J. ... & Stein, A. (2020). Effects of the global COVID-19 pandemic on early childhood development: Short and long-term risks and mitigating program and policy actions. *The Journal of Pediatrics*. https://doi.org/10.1016/j.jpeds.2020.05.020
5. Gresham College (Producer), & Moffitt, T. (Presenter). (2012, July 31). *Children's self-control and the health and wealth of their nation.* [Audio podcast]. London, England: Gresham College. Retrieved from http://www.gresham.ac.uk/lectures-and-events/childrens-self-control-and-the-health-and-wealth-of-their-nation-tracking-1000
6. Duckworth, A. L., & Carlson, S. M. (2013). Self-regulation and school success. *Self-regulation and Autonomy: Social and Developmental Dimensions of Human Conduct, 40*, 208.
7. Moffitt, T. E., Arseneault, L., Belsky, D., Dickson, N., Hancox, R. J., Harrington, H., … Heckman, J. J. (2011). A gradient of childhood self-control predicts health, wealth, and public safety. *Proceedings of the National Academy of Sciences of the United States of America, 108*(7), 2693-2698. https://doi.org/10.1073/pnas.1010076108
8. Cecil, C.A.M., Barker, E.D., Jaffee, S., & Viding, E. (2012). Association between maladaptive parenting and self-control over time: Cross-lagged study using a monozygotic twin difference design. *British Journal of Psychiatry, 201*, 291-297. https://doi.org/10.1192/bjp.bp.111.107581
9. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventative Medicine, 14*(4), 245-258.
10. Pinquart, M. (2017). Associations of parenting dimensions and styles with externalizing problems of children and adolescents: An updated meta-analysis. *Developmental Psychology, 53*(5), 873-932. https://doi.org/10.1037/dev0000295
11. Scaramella, L. V., & Leve, L. D. (2004). Clarifying parent–child reciprocities during early childhood: The early childhood coercion model. *Clinical Child and Family Psychology Review, 7*(2), 89-107.
12. Rodriguez, C. M. (2010). Parent–child aggression: Association with child abuse potential and parenting styles. Violence and Victims, 25(6), 728-741. https://doi.org/10.1891/0886-6708.25.6.728
13. Knox, M., Burkhart, K., & Khuder, S. A. (2011). Parental hostility and depression as predictors of young children's aggression and conduct problems. *Journal of Aggression, Maltreatment & Trauma, 20*(7), 800-811. https://doi.org/10.1080/10926771.2011.610772
14. Smokowski, P. R., Bacallao, M. L., Cotter, K. L., & Evans, C. B. (2015). The effects of positive and negative parenting practices on adolescent mental health outcomes in a multicultural sample of rural youth. *Child Psychiatry & Human Development, 46*(3), 333-345. https://doi.org/10.1007/s10578-014-0474-2
15. Hoeve, M., Blokland, A., Dubas, J. S., Loeber, R., Gerris, J. R., & Van der Laan, P. H. (2008). Trajectories of delinquency and parenting styles. *Journal of Abnormal Child Psychology, 36*(2), 223-235.
16. Afshari, Ali. (2019). Investigation of the relationship between parenting styles with high-risk behaviors among the students. *International Journal of Medical Science in Clinical Research and Review, 2*(05), 121-128.
17. Finkelhor, D. (In press). Screening for adverse childhood experiences (ACEs): Cautions and suggestions. *Child Abuse & Neglect*. https://doi.org/10.1016/j.chiabu.2017.07.016
18. Sheridan, M., & Nelson, C. A. (2009). *Neurobiology of fetal and infant development: Implications for infant mental health*. In C.H. Zeanah (Ed.), Handbook of infant mental health, 3rd edition (pp. 40-58). New York, NY: Guilford Press.
19. Moore, T.G., Arefadib, N., Deery, A., Keyes, M., & West, S. (2017). *The First Thousand Days: An Evidence Paper – Summary*. Parkville, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute.
20. Sanders, M.R. (2008). Triple P – Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology, 22* (4), 506-517.
21. The United Nations Office on Drugs and Crime. (2009). *Compilation of evidence-based family skills training programs*. http://www.unodc.org/docs/youthnet/ Compilation/10-50018_Ebook.pdf
22. Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M., & Ilaria, G. (2010) *Fair society, healthy lives (the Marmot review).* Strategic Review of Health Inequalities in England. http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review
23. Prinz R. J. & Sanders M. R. (2007). Adopting a population-level approach to parenting and family support interventions. *Clinical Psychology Review. 27*(6), 739–749. https://doi.org/10.1016/j.cpr.2007.01.005
24. World Health Organization (2009). *Preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers. Series of briefings on violence prevention: The evidence*. https://apps.who.int/iris/handle/10665/44088
25. Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science, 10*(1), 1-12. https://doi.org/10.1007/s11121-009-0123-3

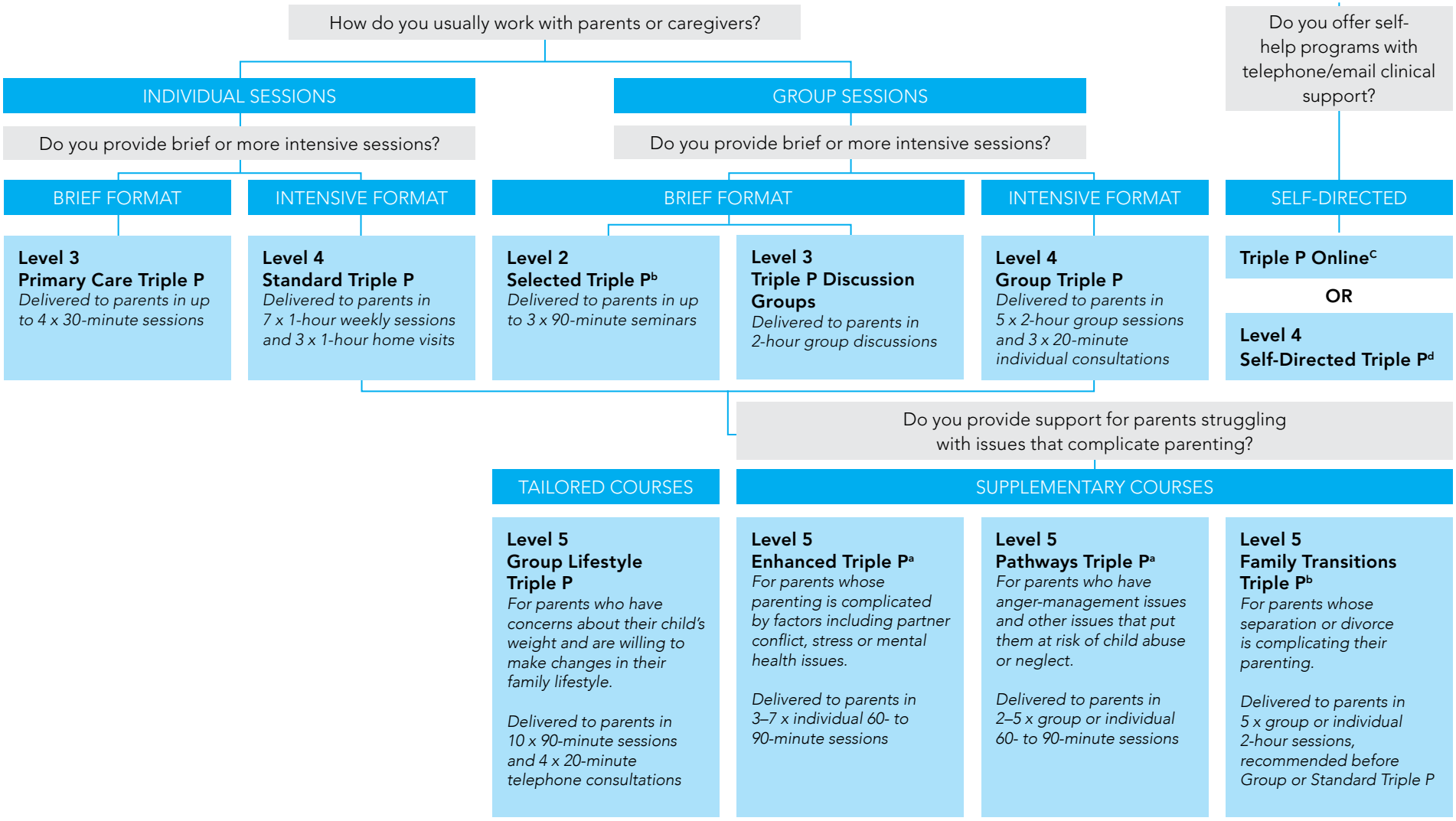
26. Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2016). Addendum to "Population-based prevention of child maltreatment: The U.S. Triple P system population trial". *Prevention Science, 17*(3), 410-416. https://doi.org/10.1007/s11121-016-0631-x
27. Prinz, R. J. (2017). Assessing child maltreatment prevention via administrative data systems: A case example of reproducibility. *Child Abuse & Neglect, 64*, 13-18. https://doi.org/10.1016/j.chiabu.2016.12.005
28. First 5 Santa Cruz County. (2016). *Triple P – Positive Parenting Program: Strengthening families in Santa Cruz County, 5-year report (2010-2015)*. http://first5scc.org/families-are-strong/triple-p
29. NC Department of Health and Human Services & North Carolina Public Health. (2019). *"Triple P spoken here" North Carolina Triple P 2010-2017 evaluation report*.
30. Gagné. M.-H., et al. (2012-2019). *Chaire de partenariat en prévention de la maltraitance [Partnership Chair in child maltreatment prevention]*. Partnership Grant # 895-2011-1016, Social Sciences and Humanities Research Council of Canada.
31. Gagné, M.-H., Drapeau, S., & Charest, É. (2017). *Les effets du program Triple P. [Effects of the Triple P program].* 15th Journées annuelles de la recherche [Annual Research Days], CIUSSS de la Capitale-Nationale, Québec City, June 13, 2017.
32. World Health Organization & Calouste Gulbenkian Foundation. (2014). *Social Determinants of Mental Health*. www.who.int
33. Fives, A., Pursell, L., Heary, C., Nic Gabhainn, S., & Canavan, J. (2014). *Parenting support for every parent: A population-level evaluation of Triple P in Longford Westmeath. Final Report*. Longford Westmeath Parenting Partnership (LWPP). https://www.researchgate.net/publication/283903988_Parenting_support_for_every_parent_A_population-level_evaluation_of_Triple_P_in_Longford_Westmeath_Final_Report
34. Doyle, O., Hegarty, M., & Owens, C. (2018). Population-based system of parenting support to reduce the prevalence of child social, emotional, and behavioral problems: difference-in-differences study. *Prevention Science, 19*, 772-781. https://doi.org/10.1007/s11121-018-0907-4
35. Ruane, A., & Carr, A. (2019). Systematic review and meta-analysis of Stepping Stones Triple P for parents of children with disabilities. *Family Process, 58*(1), 232-246. https://doi.org/10.1111/famp.12352
36. Tellegen, C. & Sanders, M. (2013). Stepping Stones Triple P-Positive Parenting Program for children with disability: A systematic review and meta-analysis. *Research in Developmental Disabilities, 34*(5), 1556-1571. https://doi.org/10.1016/j.ridd.2013.01.022
37. Einfeld, S. L., Sanders. M. R., Tonge, B., Gray, K. M., Sofronoff, K., & The MHYPEDD Team. (2018). *Is statewide delivery of Stepping Stones Triple P effective?* National Health and Medical Research Council. https://pfsc.psychology.uq.edu.au/article/2018/10/statewide-delivery-stepping-stones-triple-p-effective
38. Vincent Lyk-Jensen, S., Karmsteen, K., Egede Hansen, G., & Nielsen, K. (2018). *Mestring blandt forældre til børn med handicap: Evaluering af effect, økonomi og implementering af mestringsprogramt*. VIVE - Viden til Velfærd.
39. Lee, S. L. (2017). *Examining the effects of the Positive Child Care Program in early childhood education environments: A randomized control trial* [Doctoral dissertation, The University of Western Ontario]. Scholarship@Western. https://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=6785&context=etd
40. Access Economics. (2010). *Positive family functioning*. https://www.dss.gov.au
41. British Medical Association. (2017). *Exploring the cost effectiveness of early intervention and prevention*. https://www.bma.org.uk
42. Foster, E. M., Prinz, R. J., Sanders, M. R., & Shapiro, C. J. (2008). The costs of a public health infrastructure for delivering parenting and family support. *Children and Youth Services Review, 30*, 493-501. https://doi.org/10.1016/j.childyouth.2007.11.002
43. Washington State Institute for Public Policy. (2018). *Benefit-cost results*. http://www.wsipp.wa.gov
44. Parsonage, M., Khan, L., & Saunders, A. (2014). *Building a better future*. Centre for Mental Health. http://www.centreformentalhealth.org.uk
45. Doran, C. E., Jacobs, P., & Dewa, C. (2011). *Return on investment for mental health promotion: Parenting programs and early childhood development*. Institute of Health Economics. https://www.ihe.ca/advanced-search/return-on-investment-for-mental-health-promotion-parenting-programs-and-early-childhood-development
46. Mihalopoulos, C. (2007). Does the Triple P – positive parenting program provide value for money? *Australian and New Zealand Journal of Psychiatry, 41*(3), 239-46. https://doi.org/10.1080/00048670601172723
47. National Collaborating Centre for Mental Health. (2013). *Antisocial personality disorder: The NICE guideline on treatment, management and prevention*. The British Psychological Society and The Royal College of Psychiatrists. https://www.nice.org.uk/guidance/cg77/evidence/full-guideline-pdf-242104429
48. National Collaborating Centre for Mental Health. (2013). *Antisocial behavior and conduct disorders in children and young people: Recognition, intervention and management*. The British Psychological Society and The Royal College of Psychiatrists. https://www.nice.org.uk/guidance/cg158/evidence/full-guideline-189848413
49. National Institute for Health and Care Excellence. (2017). *Child abuse and neglect: Recommendations*. https://www.nice.org.uk/guidance/ng76/chapter/Recommendations
50. National Collaborating Centre for Mental Health. (2015). *Challenging behavior and learning disabilities: Prevention and interventions for people with learning disabilities whose behavior challenges*. https://www.nice.org.uk/guidance/ng11/evidence/full-guideline-pdf-2311243668
51. NatCen Social Research & Frontier Economics. (2017). *Study of Early Education and Development (SEED): The potential value for money of early education*. www.gov.uk/government/publications
52. Sanders, M. R., Baker, S., & Turner, K. M. T. (2012). A randomized controlled trial evaluating the efficacy of Triple P Online with parents of children with early-onset conduct problems. *Behaviour Research and Therapy, 50*(11), 675-684. https://doi.org/10.1016/j.brat.2012.07.004

53. Franke, N., Keown, L. J., & Sanders, M. R. (2016). An RCT of an online parenting program for parents of preschool-aged children with ADHD symptoms. *Journal of Attention Disorders, 24*(12), 1716-1726. https://doi.org/10.1177/1087054716667598
54. Baker, S., Sanders, M. R., Turner, K. M. T., & Morawska, A. (2017). A randomized controlled trial evaluating a low-intensity interactive online parenting intervention, Triple P Online Brief, with parents of children with early onset conduct problems. *Behaviour Research and Therapy, 97*, 78-90. https://doi.org/10.1016/j.brat.2017.01.016
55. Day, J. J., & Sanders, M. R. (2018). Do parents benefit from help when completing a self-guided parenting program online? A randomized controlled trial comparing Triple P Online with and without telephone support. *Behavior Therapy, 49*(6), 1020–1038. https://doi.org/10.1016/j.beth.2018.03.002
56. Hinton, S., Sheffield, J., Sanders, M. R., & Sofronoff, K. (2017). A randomized controlled trial of a telehealth parenting intervention: A mixed-disability trial. *Research in Developmental Disabilities, 65*, 74-85. https://doi.org/10.1016/j.ridd.2017.04.005
57. Ehrensaft, M. K., Knous-Westfall, H. M., & Lopez Alonso, T. (2016). Web-based prevention of parenting difficulties in young, urban mothers enrolled in post-secondary education. *The Journal of Primary Prevention, 37*(6), 527-542. https://doi.org/10.1007/s10935-016-0448-1
58. Jones, S. H., Jovanoska, J., Calam, R., Wainwright, L. D., Vincent, H, Asar, O., Diggle, P. J., Parker, R., Long, R., Sanders, M., & Lobban, F. (2017). Web-based integrated bipolar parenting intervention for parents with bipolar disorder: a randomised controlled pilot trial. *Journal of Child Psychology and Psychiatry, 58*(9), 1033–1041. https://doi.org/10.1111/jcpp.12745
59. Love, S. M., Sanders, M. R., MT, K., Maurange, M., Knott, T., Prinz, R., Metzler, C., & Ainsworth, A. T. (2016). Social media and gamification: Engaging vulnerable parents in an online evidence-based parenting program. *Child Abuse & Neglect, 53*, 95–107. https://doi.org/10.1016/j.chiabu.2015.10.031
60. Sanders, M. R., Dittman, C. K., Farruggia, S. P. and Keown, L. J. (2014). A comparison of online versus workbook delivery of a self-help positive parenting program. *Journal of Primary Prevention, 35*(3), 125-133. https://doi.org/10.1007/s10935-014-0339-2
61. Prinz, R.J., Metzler, C.W., Sanders, M.R., Rusby, J.C. & Cai, C. (2021). Online-delivered parenting intervention for young children with disruptive behavior problems: a noninferiority trial focused on child and parent outcomes. *The Journal of Child Psychology and Psychiatry*. https://doi.org/10.1111/jcpp.13426
62. Whalley, P. (2015). *Child neglect and Pathways Triple P: an evaluation of an NSPCC service offered to parents where initial concerns of neglect have been noted*. National Society for the Prevention of Cruelty to Children (NSPCC). https://www.basw.co.uk/resources/child-neglect-and-pathways-triple-p-evaluation-nspcc-service-offered-parents-where-initial
63. Telethon Kids Institute. (2014). *Annual report 2014: Scientific supplement*. http://telethonkids.org.au/media/1650673/tki017-cd-annual-report-2014-scisupp.pdf
64. Kim, J. H., Schulz, W., Zimmermann, T., & Hahlweg, K. (2018). Parent-child interactions and child outcomes: Evidence from randomized intervention. *Labour Economics, 54*, 152-171. https://doi.org/10.1016/j.labeco.2018.08.003
65. Sumargi, A., Sofronoff, K. & Morawska, A. (2015). A randomized-controlled trial of the Triple P-Positive Parenting Program Seminar Series with Indonesian parents. *Child Psychiatry and Human Development, 46*(5), 749–761. https://doi.org/10.1007/s10578-014-0517-8
66. Mejia, A., Calam, R. & Sanders, M. R. (2015). A pilot randomized controlled trial of a brief parenting intervention in low-resource settings in Panama. *Prevention Science, 16*(5), 707–717. https://doi.org/10.1007/s11121-015-0551-1
67. Triple P Research Network. (2013). *First Triple P groups delivered in Africa*. http://www.tprn.net/connect/news/first-triple-p-groups-delivered-in-africa
68. Lindsay, G., Strand, S., & Davis, H. (2011). A comparison of the effectiveness of three parenting programs in improving parenting skills, parent mental-well being and children's behavior when implemented on a large scale in community settings in 18 English local authorities: the parenting early intervention pathfinder (PEIP). *BMC Public Health, 11*(1), 1-13.
69. Lindsay, G., & Strand, S. (2013). Evaluation of the national roll-out of parenting programs across England: the parenting early intervention program (PEIP). *BMC Public Health, 13*(1), 1-17.
70. Gray, G. R., Totsika, V., & Lindsay, G. (2018). Sustained effectiveness of evidence-based parenting programs after the research trial ends. Frontiers in Psychology, 9, 2035-2035. https://doi.org/10.3389/fpsyg.2018.02035
71. Damschroder, L. J., & Hagedorn, H. J. (2011). A guiding framework and approach for implementation research in substance use disorders treatment. *Psychology of Addictive Behaviours, 25*(2), 194-205. https://doi.org/10.1037/a0022284
72. Romney, S., Israel, N., & Zlatevski, D. (2014). Exploration-stage implementation variation: Its effect on the cost-effectiveness of an evidence-based parenting program. *Zeitschrift für Psychologie, 22*, 37-48. https://doi.org/10.1027/2151-2604/a000164
73. McWilliam, J., Brown, J., Sanders, M. R., & Jones, L. (2016). The Triple P Implementation Framework: The role of purveyors in the implementation and sustainability of evidence-based programs. *Prevention Science, 17*(5), 636-645. https://doi.org/10.1007/s11121-06-0661-4
74. Owens, C. R., Haskett, M. E., & Norwalk, k. (2019). Peer Assisted Supervision and Support and Providers' Use of Triple P- Positive Parenting Program. *Journal of Child and Family Studies, 28*, 1664-1672. https://doi.org/10.1007/S10826-019-01385-w.
75. Seng, A. C., Prinz, R. J., & Sanders, M. R. (2006). The role of training variables in effective dissemination of evidence-based parenting interventions. *International Journal of Mental Health Promotion, 8*(4), 19-27. https://doi.org/10.1080/14623730.2006.9721748.
76. Metzler, C. W., Sanders, M. R., Rusby, J. C., & Crowley, R. N. (2012). Using consumer preference information to increase the reach and impact of media-based parenting interventions in a public health approach to parenting support. *Behavior Therapy, 43*(2), 257-270. https://doi.org/10.1016/j.beth.2011.05.004

# APPENDIX A

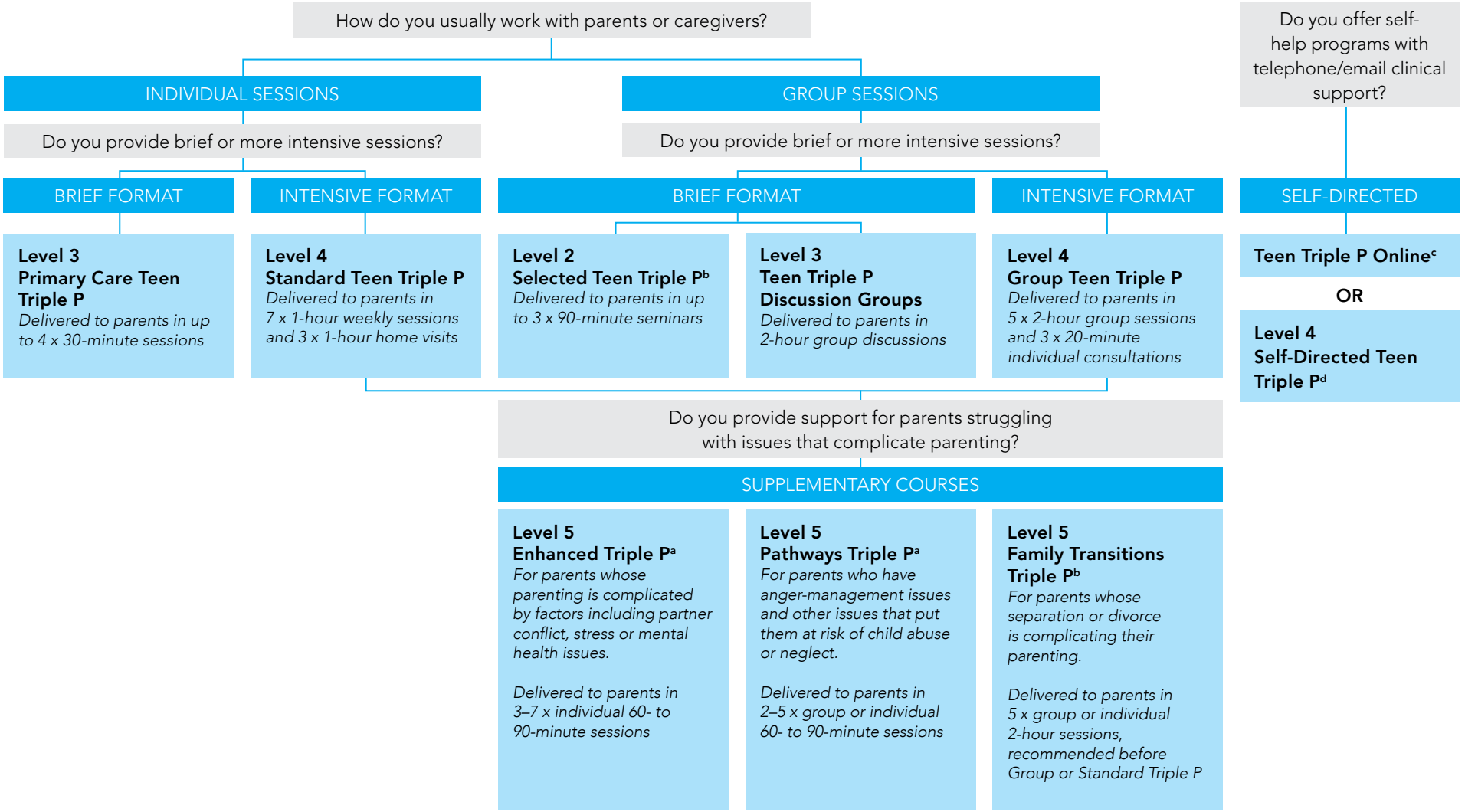
## DECISION TREES

# WHICH TRIPLE P PROVIDER TRAINING COURSE IS BEST FOR YOU?




a Requires pre-requisite training.
b Requires an organization to have established a successful referral process for families requiring further assistance.
c Does not require provider support, but if provider support is offered to parents, this must be delivered by an 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.
d Does not require provider support, but if provider support is offered to parents, this must be delivered by an 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.

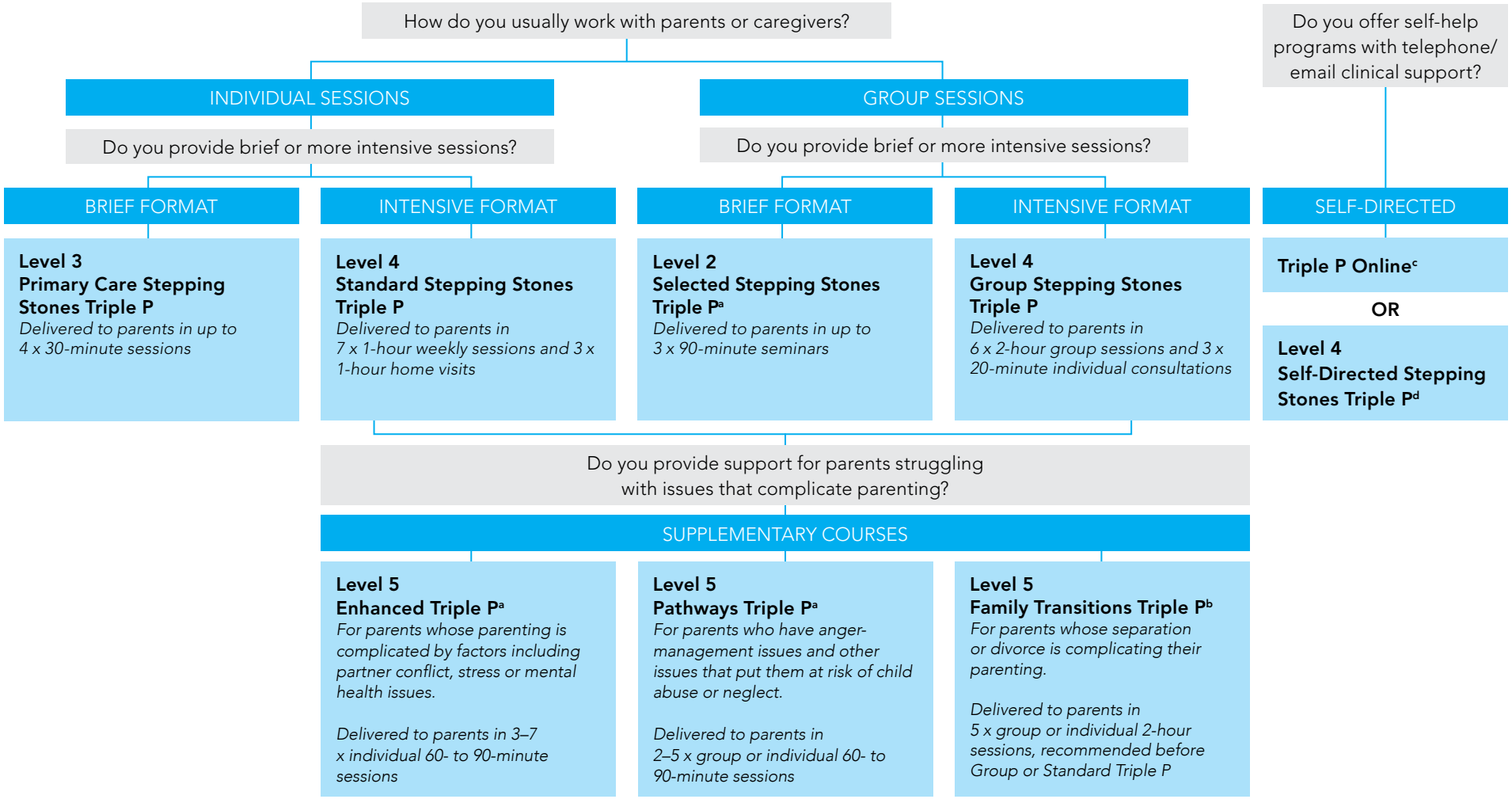
# WHICH TEEN TRIPLE P PROVIDER TRAINING COURSE IS BEST FOR YOU?




a Requires pre-requisite training.
b Requires an organization to have established a successful referral process for families requiring further assistance.
c Does not require provider support, but if provider support is offered to parents, this must be delivered by an 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.
d Does not require provider support, but if provider support is offered to parents, this must be delivered by an 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.

# WHICH STEPPING STONES TRIPLE P PROVIDER TRAINING COURSE IS BEST FOR YOU?

## For families with a child who has a disability.




a Requires pre-requisite training.
b Requires an organization to have established a successful referral process for families requiring further assistance.
c Requires accredited Triple P provider in Stepping Stones Triple P to provide guidance and requires parents to be able to access additional Stepping Stones Triple P resources. Please contact your local IC for information on how to implement this program in a tailored way to support parents' needs.
d Does not require provider support, but if provider support is offered to parents, this must be delivered by an 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.

# APPENDIX B

## THE TRIPLE P SYSTEM

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.

| TARGET CLIENT GROUP[a] | TYPICAL PRACTITIONERS | DELIVERY FORMAT | PRE-REQUISITE COURSES | TRAINING & ACCREDITATION DAYS | TOTAL TIME FOR PROGRAM DELIVERY[h] | RESOURCES PER FAMILY | ESTIMATED FAMILIES PER PRACTITIONER PER YEAR[i] |
|---|---|---|---|---|---|---|---|
| LEVEL 1 POPULATION INFORMATION STRATEGY | | | | | | | |
| UNIVERSAL TRIPLE P | | | | | | | |
| General population targeted through a communication strategy. | 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 destigmatizing 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. | Includes websites or web pages, brochures, posters, flyers, parent newspapers, outdoor artwork, radio scripts, online banner artwork. | To be implemented with Level 2–5 Triple P programs. | None | n/a | n/a | n/a |
| LEVEL 2 BRIEF INTERVENTION | | | | | | | |
| SELECTED TRIPLE P[b] | | | | | | | |
| Parents interested in general information about promoting their child's development. | Those involved in education, social services, health services, or voluntary organizations. | 3 x 90-minute seminars delivered to large groups of parents. | None | 2 days' training<br>1 day pre-accreditation<br>1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each) | 3 hours per seminar | 1 x Seminar Tip Sheet | 300 seminar places[j] |

| TARGET CLIENT GROUP[a] | TYPICAL PRACTITIONERS | DELIVERY FORMAT | PRE-REQUISITE COURSES | TRAINING & ACCREDITATION DAYS | TOTAL TIME FOR PROGRAM DELIVERY[h] | RESOURCES PER FAMILY | ESTIMATED FAMILIES PER PRACTITIONER PER YEAR[i] |
|---|---|---|---|---|---|---|---|
| SELECTED TEEN TRIPLE P[b] | | | | | | | |
| Parents interested in general information about promoting their teen's development. | Those involved in education, social services, health services, or voluntary organizations. | 3 x 90-minute seminars delivered to large groups of parents. | None | 2 days' training<br>1 day pre-accreditation<br>1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each) | 3 hours per seminar | 1 x Teen Seminar Tip Sheet | 300 seminar places[j] |
| SELECTED STEPPING STONES TRIPLE P[b] | | | | | | | |
| Parents of children with a disability (up to 12 years old) interested in general information about promoting their child's development. | Those involved in education, disability services, health services, or voluntary organizations. | 3 x 90-minute seminars delivered to large groups of parents. | None | 2 days' training<br>1 day pre-accreditation<br>1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each) | 3 hours per seminar[e] | 1 x Stepping Stones Seminar Tip Sheet | 300 seminar places[j] |

| TARGET CLIENT GROUP[a] | TYPICAL PRACTITIONERS | DELIVERY FORMAT | PRE-REQUISITE COURSES | TRAINING & ACCREDITATION DAYS | TOTAL TIME FOR PROGRAM DELIVERY[h] | RESOURCES PER FAMILY | ESTIMATED FAMILIES PER PRACTITIONER PER YEAR[i] |
|---|---|---|---|---|---|---|---|
| LEVEL 3 BRIEF INTERVENTION | | | | | | | |
| PRIMARY CARE TRIPLE P[c] | | | | | | | |
| 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. | 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. | Brief individual consultations (possibly 4 x 20–30-minute sessions over 1–2 months). | None | 2 days' training<br>1 day pre-accreditation<br>2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)<br>*Online training option:*<br>7 x online learning modules (approx. 3-5 hours)<br>1 x live training day held via videoconference<br>1 x online learning module, competency preparation and quiz (approx. 4-6 hours)<br>60-90-minute live accreditation session held via videoconference (in groups of 2-3) | 2 ¾ – 3 ¼ hours per family | 1 x Positive Parenting Booklet<br>3 x Tip Sheets | 50 |
| PRIMARY CARE TEEN TRIPLE P[d] | | | | | | | |
| Parents with a specific concern about their teen'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. | 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. | Brief individual consultations (possibly 4 x 20–30-minute sessions over 1–2 months). | None | 2 days' training<br>1 day pre-accreditation<br>2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each) | 2 ¾ – 3 ¼ hours per family | 1 x Positive Parenting for Parents of Teenagers Booklet<br>3 x Teen Tip Sheets<br>1 x Teen Wall Chart | 50 |

| TARGET CLIENT GROUP[a] | TYPICAL PRACTITIONERS | DELIVERY FORMAT | PRE-REQUISITE COURSES | TRAINING & ACCREDITATION DAYS | TOTAL TIME FOR PROGRAM DELIVERY[h] | RESOURCES PER FAMILY | ESTIMATED FAMILIES PER PRACTITIONER PER YEAR[i] |
|---|---|---|---|---|---|---|---|
| PRIMARY CARE STEPPING STONES TRIPLE P | | | | | | | |
| Parents of children with a disability (up to 12 years old) 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. | 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. | Brief individual consultations (possibly 4 x 20 – 30-minute sessions over 1–2 months). | None | 3 days' training<br>1 day pre-accreditation<br>2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each) | 2 ¾ – 3 ¼ hours per family[e] | 1 x Positive Parenting Booklet<br>2 x Stepping Stones Primary Care Booklets | 50 |
| TRIPLE P DISCUSSION GROUPS | | | | | | | |
| Parents with a specific concern about their child's behavior who would benefit from a focused topic-based 2-hour group discussion. The discussion group topics are:<br>• Hassle-free shopping with children.<br>• Managing fighting and aggression.<br>• Developing good bedtime routines.<br>• Dealing with disobedience.<br>• Hassle-free mealtimes with children. | 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. | A single-session 2-hour group discussion with an average of 10 parents. | None | 2 days' training<br>1 day pre-accreditation<br>1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each) | 4 hours per group | 1 x Group Discussion Workbook | 100 |
| TEEN TRIPLE P DISCUSSION GROUPS | | | | | | | |
| 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:<br>• Getting teenagers to cooperate.<br>• Coping with teenagers' emotions.<br>• Building teenagers' survival skills.<br>• Reducing family conflict. | 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. | A single-session 2-hour group discussion with an average of 10 parents. | None | 2 days' training<br>1 day pre-accreditation<br>1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each) | 4 hours per group | 1 x Teen Group Discussion Workbook | 100 |

| TARGET CLIENT GROUP[a] | TYPICAL PRACTITIONERS | DELIVERY FORMAT | PRE-REQUISITE COURSES | TRAINING & ACCREDITATION DAYS | TOTAL TIME FOR PROGRAM DELIVERY[h] | RESOURCES PER FAMILY | ESTIMATED FAMILIES PER PRACTITIONER PER YEAR[i] |
|---|---|---|---|---|---|---|---|
| LEVEL 4 INTENSIVE INTERVENTION | | | | | | | |
| GROUP TRIPLE P | | | | | | | |
| 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. | Those who are able to provide regular group interventions, including school counselors, nurses, psychologists, social workers and parent educators. | 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. | None | 3 days' training<br>1 day pre-accreditation<br>2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each) | 40 hours per group | 1 x Every Parent's Group Workbook | 30 |
| GROUP TEEN TRIPLE P | | | | | | | |
| 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. | Those who are able to provide regular group interventions, including school counselors, nurses, psychologists, and social workers and parent educators. | 5 x 2-hour group sessions + 3 x 20-minute individual telephone consultations for a group of up to 12 parents of teens. | None | 3 days' training<br>1 day pre-accreditation<br>2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each) | 40 hours per group | 1 x Teen Triple P Group Workbook | 30 |
| GROUP STEPPING STONES TRIPLE P | | | | | | | |
| 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. | Those who are able to provide regular group interventions, including school counselors, nurses, psychologists, social workers and parent educators. | 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). | None | 3 days' training<br>1 day pre-accreditation<br>2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each) | 37 ½ hours per group[e] | 1 x Stepping Stones Triple P Group Workbook | 35 |

| TARGET CLIENT GROUP[a] | TYPICAL PRACTITIONERS | DELIVERY FORMAT | PRE-REQUISITE COURSES | TRAINING & ACCREDITATION DAYS | TOTAL TIME FOR PROGRAM DELIVERY[h] | RESOURCES PER FAMILY | ESTIMATED FAMILIES PER PRACTITIONER PER YEAR[i] |
|---|---|---|---|---|---|---|---|
| STANDARD TRIPLE P | | | | | | | |
| 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. | Those who are able to provide individualized regular interventions, including school counselors, nurses, psychologists, social workers and allied health professionals. | 10 individualized 1-hour weekly sessions. | None | 3 days' training<br>1 day pre-accreditation<br>2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each) | 19 hours per family | 1 x Every Parent's Family Workbook | 25 |
| STANDARD TEEN TRIPLE P | | | | | | | |
| 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. | Those who are able to provide individualized regular interventions, including school counselors, nurses, psychologists, social workers and allied health professionals. | 10 individualized 1-hour weekly sessions. | None | 3 days' training<br>1 day pre-accreditation<br>2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each) | 19 hours per family | 1 x Teen Triple P Family Workbook | 25 |
| STANDARD STEPPING STONES TRIPLE P | | | | | | | |
| 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. | Those who are able to provide individualized regular interventions, including school counselors, nurses, psychologists, social workers and allied health professionals. | 10 individualized 1 ½-hour weekly sessions. | None | 3 days' training<br>1 day pre-accreditation<br>2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each) | 19 hours per family[e] | 1 x Stepping Stones Triple P Family Workbook | 35 |
| LEVEL 5 ADJUNCTIVE SUPPORT | | | | | | | |
| GROUP LIFESTYLE TRIPLE P | | | | | | | |
| 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. | Those who are able to provide regular group interventions, including dieticians, physical education teachers, nurses, psychologists and physicians. | 10 x 1 ½-hour group sessions + 4 x 20-minute telephone consultations for a group of up to 10 families. | None | 3 days' training<br>1 day pre-accreditation<br>2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each) | 55 hours per group | 1 x Every Parent's Group Lifestyle Workbook<br>1 x Lifestyle Triple P Active Games Booklet | 20 |

| TARGET CLIENT GROUP[a] | TYPICAL PRACTITIONERS | DELIVERY FORMAT | PRE-REQUISITE COURSES | TRAINING & ACCREDITATION DAYS | TOTAL TIME FOR PROGRAM DELIVERY[h] | RESOURCES PER FAMILY | ESTIMATED FAMILIES PER PRACTITIONER PER YEAR[i] |
|---|---|---|---|---|---|---|---|
| FAMILY TRANSITIONS TRIPLE P | | | | | | | |
| Parents going through separation and divorce who have concurrent concerns about their child's behavior. | Those who are able to provide regular interventions, including family support workers, school counselors, nurses, psychologists, social workers, and allied health professionals. | 5 x 2-hour individual or group sessions in addition to a Level 4 Triple P program. | None | 2 days' training<br>1 day pre-accreditation<br>2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each) | 21 hours per group[g] | 1 x Family Transitions Workbook | 25 |
| ENHANCED TRIPLE P | | | | | | | |
| 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. | Those who are able to provide regular interventions, including school counselors, nurses, psychologists, social workers and allied health professionals. | 3–8 individualized 60–90-minute parenting sessions. | Any Level 4 Triple P Provider Training Course, or any Level 3 Primary Care Triple P Provider Training Course. | 2 days' training<br>1 day pre-accreditation<br>2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each) | 15 ½–19 hours per family[f] | 2 x Every Parent's Supplementary Workbook Modules 1–3<br>1 x Every Parent's Supplementary Workbook Module 4 (Maintenance and Closure) | 25 |

| TARGET CLIENT GROUP[a] | TYPICAL PRACTITIONERS | DELIVERY FORMAT | PRE-REQUISITE COURSES | TRAINING & ACCREDITATION DAYS | TOTAL TIME FOR PROGRAM DELIVERY[h] | RESOURCES PER FAMILY | ESTIMATED FAMILIES PER PRACTITIONER PER YEAR[i] |
|---|---|---|---|---|---|---|---|
| PATHWAYS TRIPLE P | | | | | | | |
| Parents who have anger-management issues and other issues that put them at risk of child abuse and neglect. | Those who are able to provide regular interventions, including school counselors, nurses, psychologists, social workers and allied health professionals. | 2–5 individualized or group 60–90-minute sessions. | Any Level 4 Triple P Provider Training Course, or any Level 3 Primary Care Triple P Provider Training Course. | 2 days' training<br>1 day pre-accreditation<br>2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each) | Individual Program[f] 9 ½–12 hours per family<br>Group Program 20 hours per group | 3 x Pathways to Positive Parenting Modules | 25 |

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 Positive Early Childhood Education (PECE) Program with a description of the target client group, the participants best suited to each option, and the delivery format.

| TARGET CLIENT GROUP* | TYPICAL PRACTITIONERS | DELIVERY FORMAT | TRAINING & ACCREDITATION DAYS | TOTAL TIME FOR PROGRAM DELIVERY** |
|---|---|---|---|---|
| POSITIVE EARLY CHILDHOOD EDUCATION COACHING | | | | |
| Professionals in the early childhood education sector, including early childhood education and care centers, preschools, home-based child care and after school care. | PECE Coach Training is suitable for center directors, lead teachers, supervisors, consultants, or others in a position to support professional learning. | Up to four 45-minute coaching sessions. | 2 days' training<br>1 day pre-accreditation<br>1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each) | ¼ - 4 hours per educator |
| ONLINE PROGRAM FOR EDUCATORS | | | | |
| 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 in on a computer, tablet, or smartphone. | PECE Online is designed for professionals in the early childhood education sector, including early childhood education and care centres, preschools, home-based child care and after school care. | 4 x 60-minute online modules. | n/a | n/a |

* 'Educators' includes teachers and educators delivering an early childhood education and care program.
** 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.

The following table summarizes the Triple P online programs with a description of the target parent group, the typical providers, and the delivery format.

| TARGET CLIENT GROUP* | TYPICAL PROVIDERS | DELIVERY FORMAT |
|---|---|---|
| ONLINE PROGRAMS FOR PARENTS | | |
| TRIPLE P ONLINE | | |
| 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. | 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. | 8 x 30–60 minute online modules. Recommended completion rate is 1 module per week. |
| TEEN TRIPLE P ONLINE | | |
| 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. | 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. | 6 x 30–60 minute online modules. Recommended completion rate is 1 module per week. |
| TRIPLE P ONLINE WITH STEPPING STONES SUPPORT | | |
| Parents of children up to 12 years with a developmental disability, 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. Must be able to participate in telephone, video conference or email-based support with a practitioner trained in Stepping Stones Triple P. | Stepping Stones Triple P is not currently available in an online delivery format. To provide Stepping Stones support to parents completing Triple P Online, practitioners must be trained in a Level 4 in-person Stepping Stones Triple P program and provide telephone, video conference or email-based support to parents to assist these parents in tailoring the Triple P Online content for their specific needs. Parents will need a Stepping Stones Triple P parent workbook – 'A Guide to Positive Parenting', and/or access to the Stepping Stones Triple P DVD – 'A survival guide for families with child who has a disability', to assist in completing activities tailored for children with developmental disabilities. | 8 x 30-60 minute online modules, plus reading/viewing Stepping Stones Triple P resources and participating in support sessions with a trained practitioner. Recommended completion rate is 1 module per week. |

* 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.