



**Training in Triple P – Positive Parenting
Program: Exploring Implementation
Outcomes Across Practitioner Groups in
Australia, England, and Canada**

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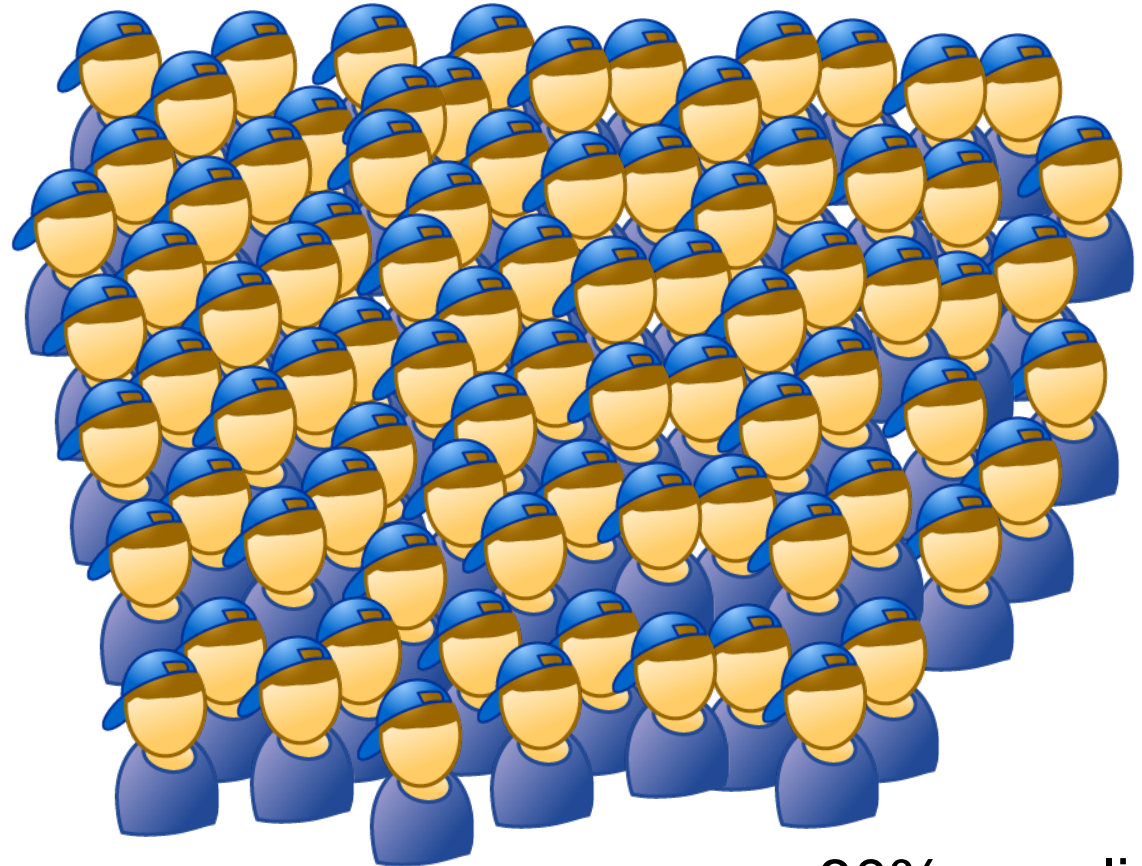
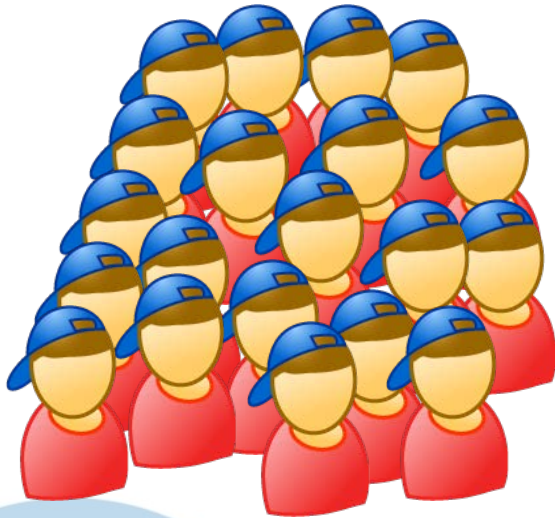


Seattle Implementation Research Collaborative
Seattle, WA, May 2013

Behavioral and emotional problems are common

Percentage of children with emotional or behavioral problems in the clinical range

20% clinical



80% nonclinical



1



2



3

Obesity linked to TVs in toddlers' bedrooms

Martin Wainwright
Wednesday June 5, 2002
The Guardian

Almost 10 years after the triumphant
exist in real life.

The first re-
firm'

Fat: Parents deserve big slice of blame

Alm
incre
adults,

By ELIZABETH LEE
The Atlanta Journal-Constitution
Published on: 05/30/04

The stud
chubbies.
a bedroom

If your kids are fat, it may be your fault.
From the foods you serve to how much you exercise, you c
exercise habits for a lifetime.

The study w
found that, lik

"Parents are pivotal," says Dr. Stan Cohen, chairman of
Academy of Pediatrics' Georgia chapter.

Viewing by the
monitored by th

As Americans struggle for answers to the obesity epi
banning junk food ads aimed at children to increasin
vegetables. Other measures hit closer to home: Ge
time in front of TVs, video games and computers.

The report, publi
strongest marker o
about limiting child

The following correc
2002

"Kids aren't driving themselves to fast-food resta
stocking th shelves with chips," Cohen says.

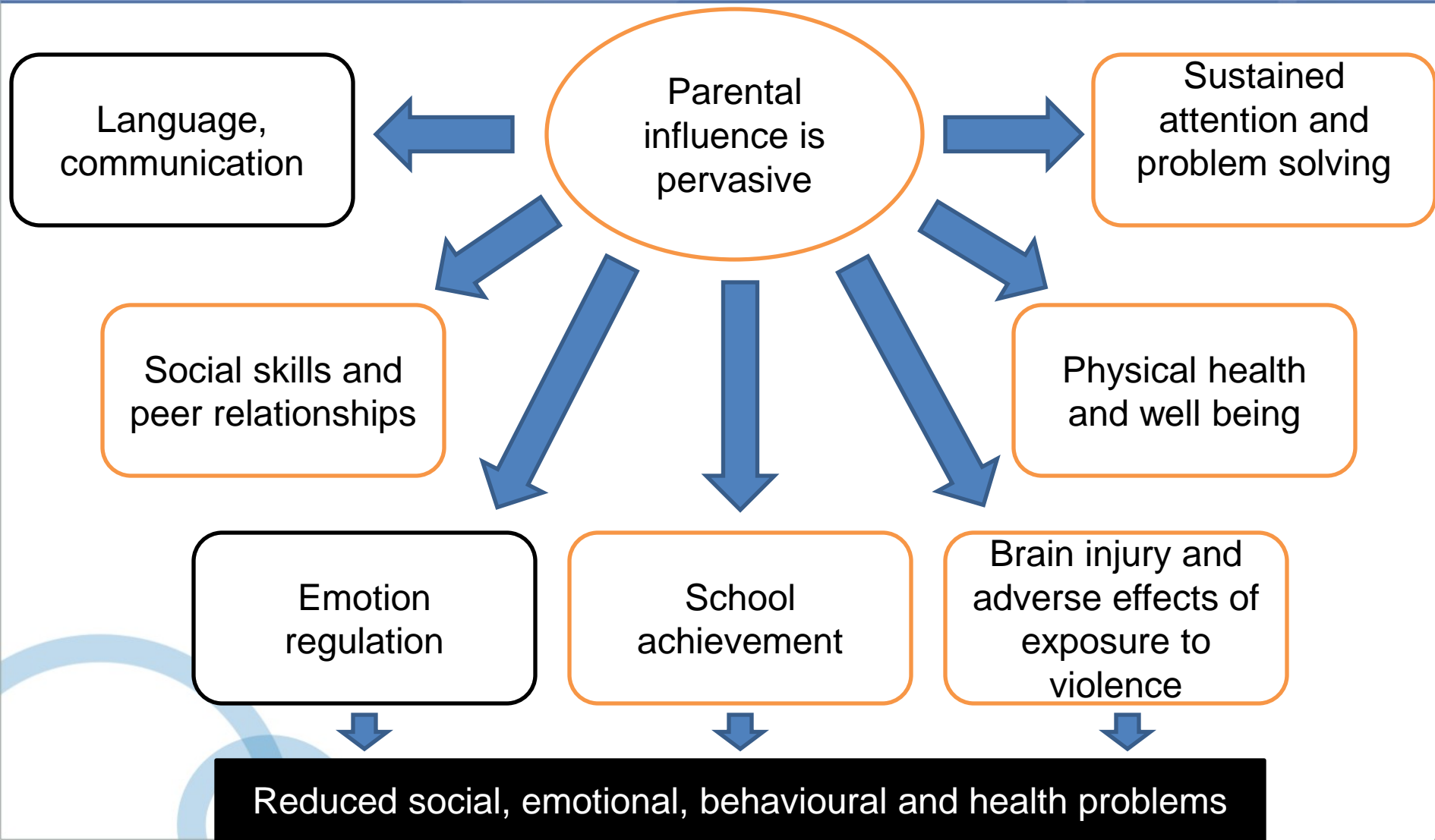
We referred to the triumph
programme, not a cartoon.

prop...ai. go further: Parents should se
not. They should push for health
cause that can lead to w

Common problems

- Feeling guilty
- Marital Conflict
- Taking frustration out on partner and children
- Not having personal time
- Work overload (feeling like two full time jobs)
- Managing housework and daily tasks
- The morning routine and witching hour
- Having to work late

Parenting and important developmental outcomes



What is Triple P – Positive Parenting Program?

Multi-level programs of increasing intensity

All developmental periods, infancy to adolescence

A public health model of parent education and support

Aim is to:

- Promote children's healthy development
- Prevent children's social, emotional and behavioral problems
- Prevent child maltreatment
- Strengthen parenting at a population level
- Destigmatise seeking information and support

30+ years of research

Population-based approach



Breadth of reach



Intensity of intervention

Intensive family Intervention.....

Level 5

Broad focused parenting skills training.....

Level 4

Narrow focus parenting skills training.....

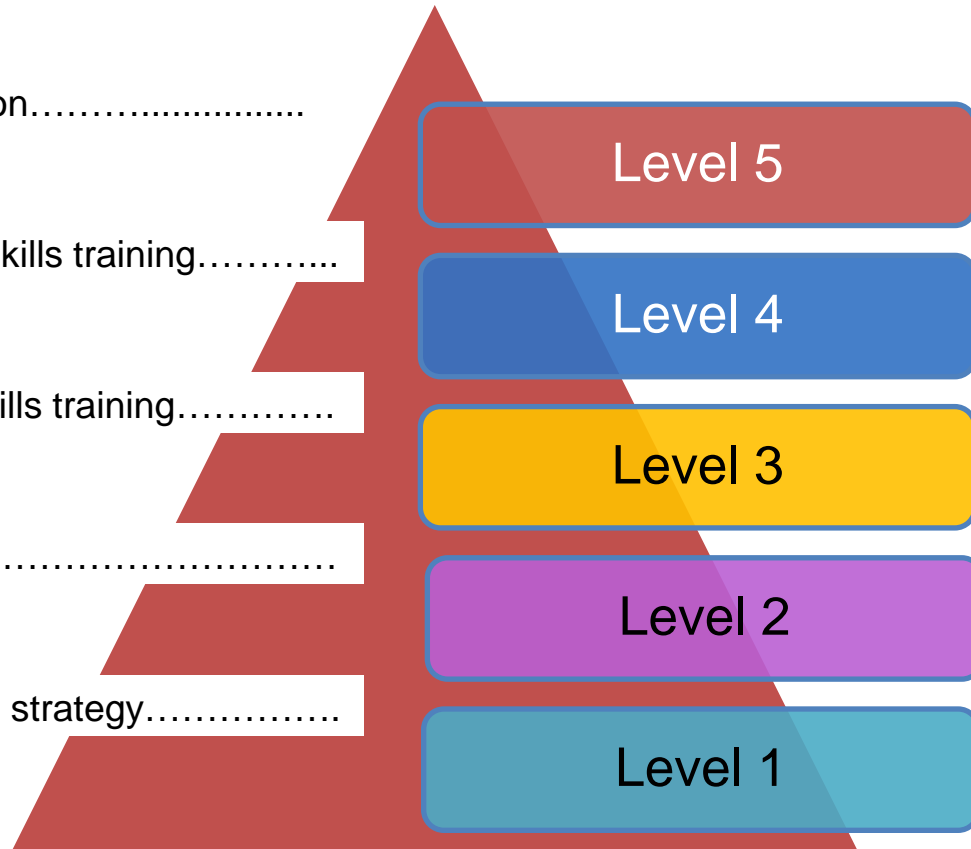
Level 3

Brief parenting advice.....

Level 2

Media and communication strategy.....

Level 1



What outcomes can you expect using Triple P?

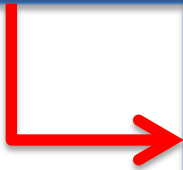
The Triple P evidence-base: Clinical trials, meta-analyses, population-level trials

Key findings over the past 30 years:

- Child maltreatment
- Reduced coercive parenting
- Lower social, emotional and behaviour problems
- Improved parent-child relations
- Decreased parent stress

Essentially the training goes like this...

Triple P Trainers 'train'
practitioners



Practitioners implement
program to parent(s)



Parents implement program
to child

Level 4 Group Triple P: What Parents Get From Trained Practitioners

Triple P trainers 'train' practitioners

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graph TD; A[Triple P trainers 'train' practitioners] --> B[Practitioners implement program to parents]; B --> C[Parents implement program to child];
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Practitioners implement program to parents

Parents implement program to child

A moderately intensive parent program for moderate to severe behavioural or emotional difficulties

Face-to-face

8 sessions (5 sessions of 2 hours each and 3 individual phone consultations)

Online

8 modules accessed via the web; self-directed ; self-help workbook

Training Practitioners in Triple P

Triple P trainers 'train' practitioners



Practitioners implement program to parents



Parents implement program to child

The Triple P Provider Training Courses

Designed to train an existing workforce to deliver an effective, evidence-based parenting program to parents

Parent Consultation Skills Checklist

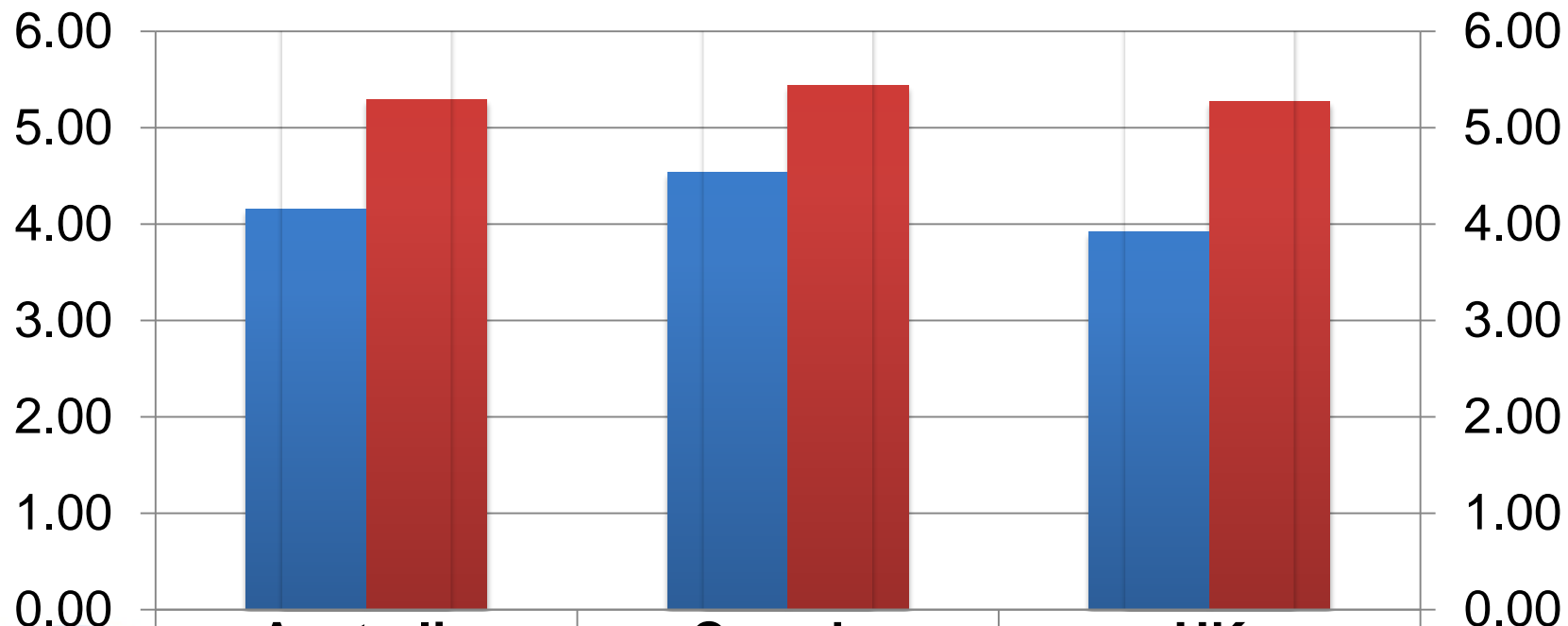
1. Do you feel adequately trained to conduct parent groups about child behaviour?
1. How confident are you in conducting parent groups about child behaviour?
2. Please rate how proficient you feel in the following parent group consultation skills from 1 (not at all proficient and would like assistance) to 7 (extremely proficient, no assistance required about child behaviour?).
 - Selecting reliable and valid baseline assessment procedures.
 - Discussing with a group causes of children's behaviour problems.
 - Helping parents set specific, actionable, behaviour change goals
 - Demonstrating the use of specific positive parenting skills.

Current study: Self-efficacy Level 4

- Practitioners across: UK (n=882); Australia (n=1512); and Canada (n=657) (N= 3051)
 - General Practitioners
 - Nurses
 - Childcare workers
 - Psychiatrists
 - Psychologists
 - Teachers
 - Guidance Officers
 - Support Workers
 - Allied Health
 - Correction Service Officers
 - Counselors
 - Religious Ministers

Practitioners' perceived confidence

Post training: Significant differences between countries: ($M_{\text{Canada}} - M_{\text{Australia}} = .2663$; $p < 0.001$); and $M_{\text{Canada}} - M_{\text{England}} = .3934$; $p < 0.001$)



Pre

4.15

4.54

3.92

Post

5.29

5.44

5.27

N

1510

655

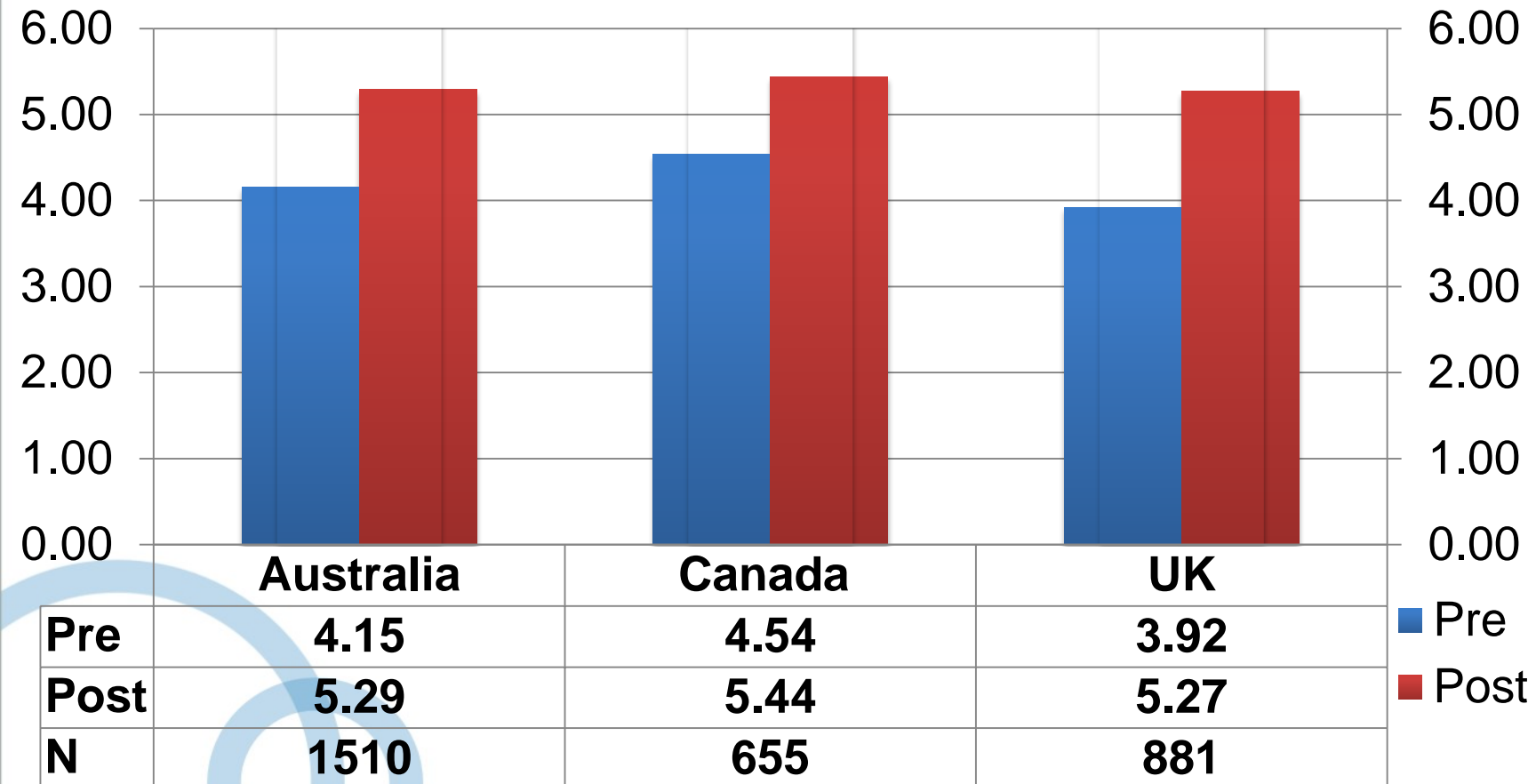
881

Pre

Post

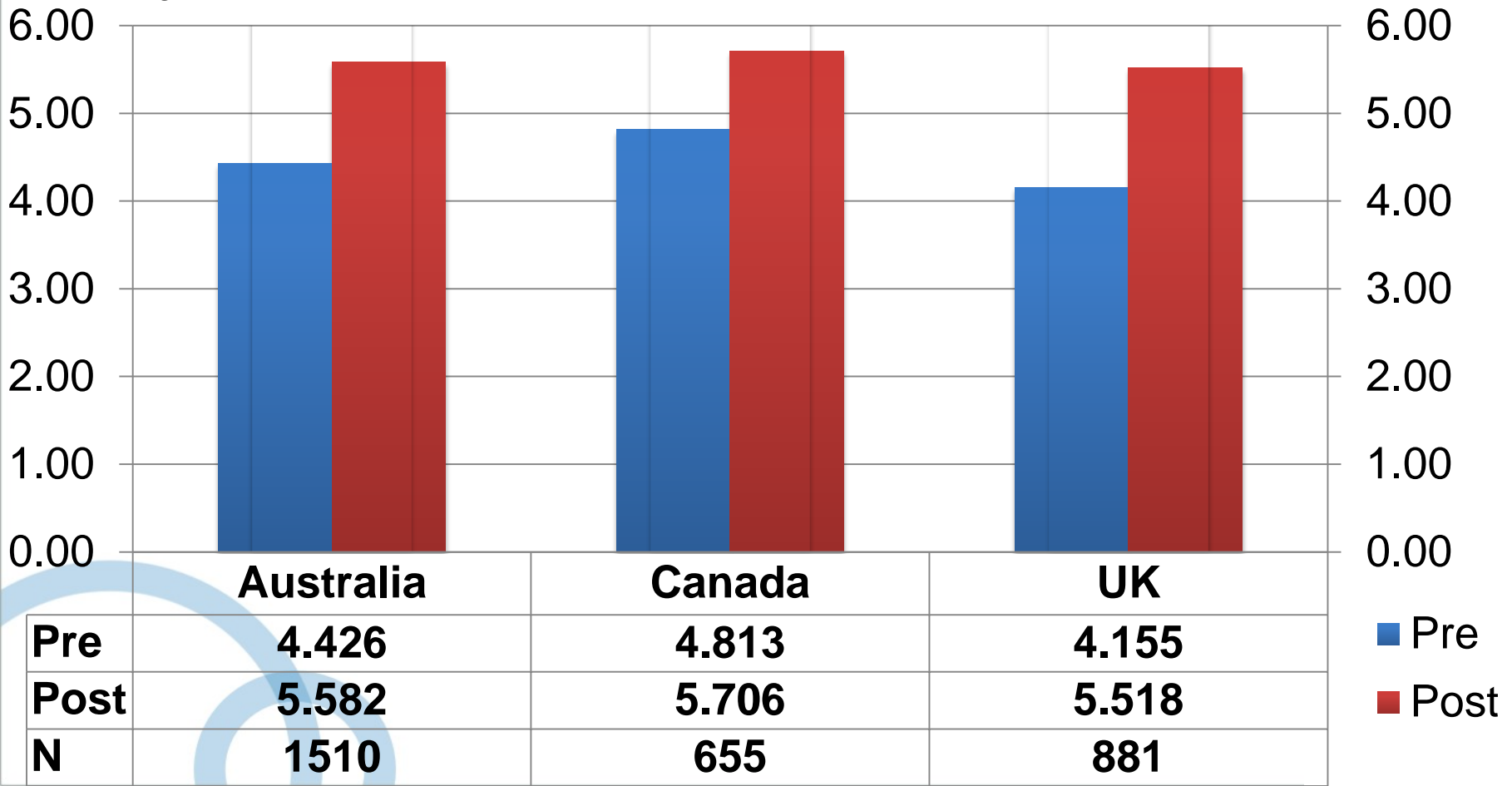
Practitioners' perceived adequacy

Post training: Significant differences between Canada and Australia:
($M_{\text{Canada}} - M_{\text{Australia}} = .2666$; $p < 0.001$)

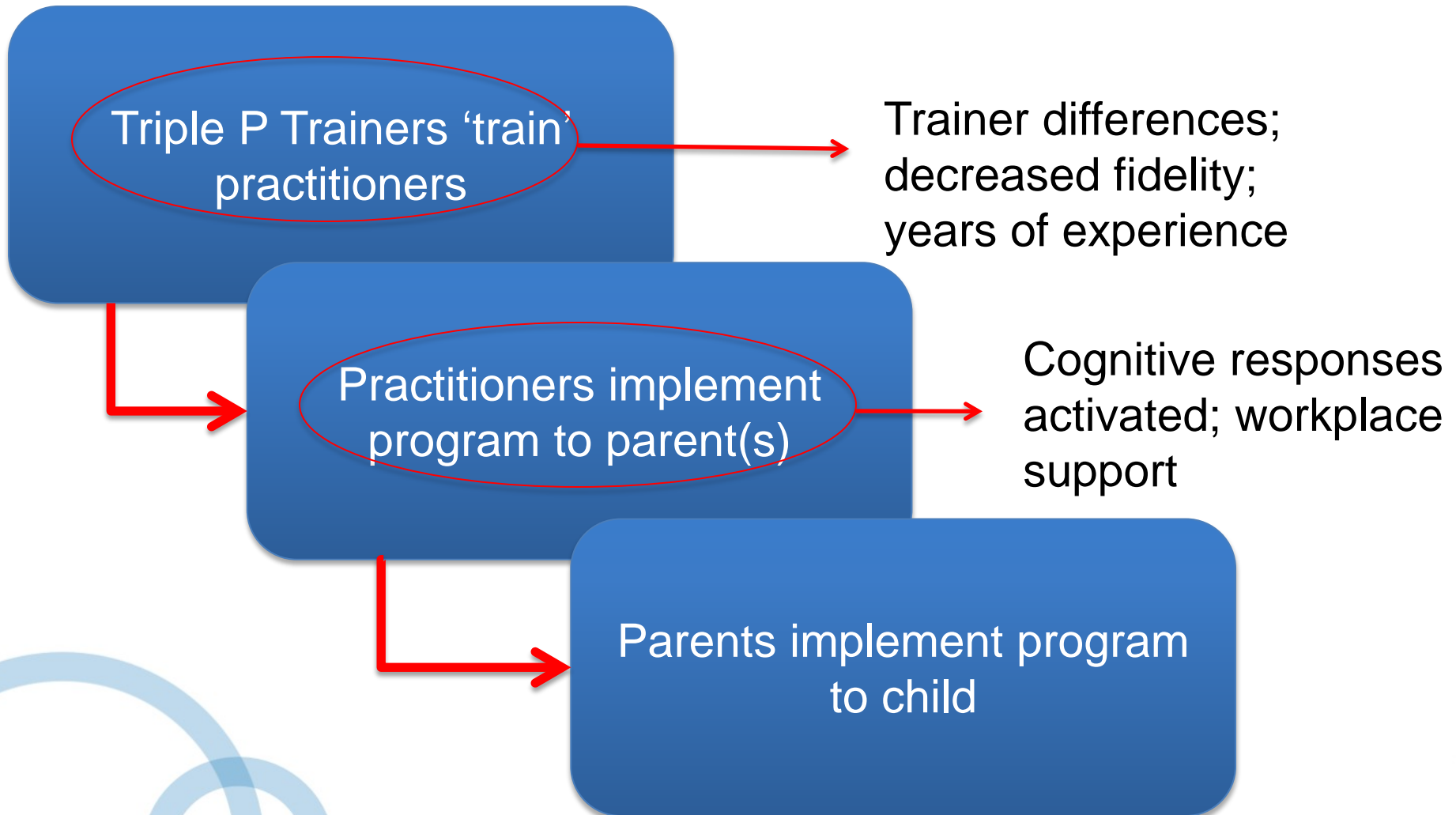


Practitioners' perceived overall proficiency

Post training: Significant differences between countries: $M_{\text{Canada}} - M_{\text{England}} = .4378$; $p < 0.001$)

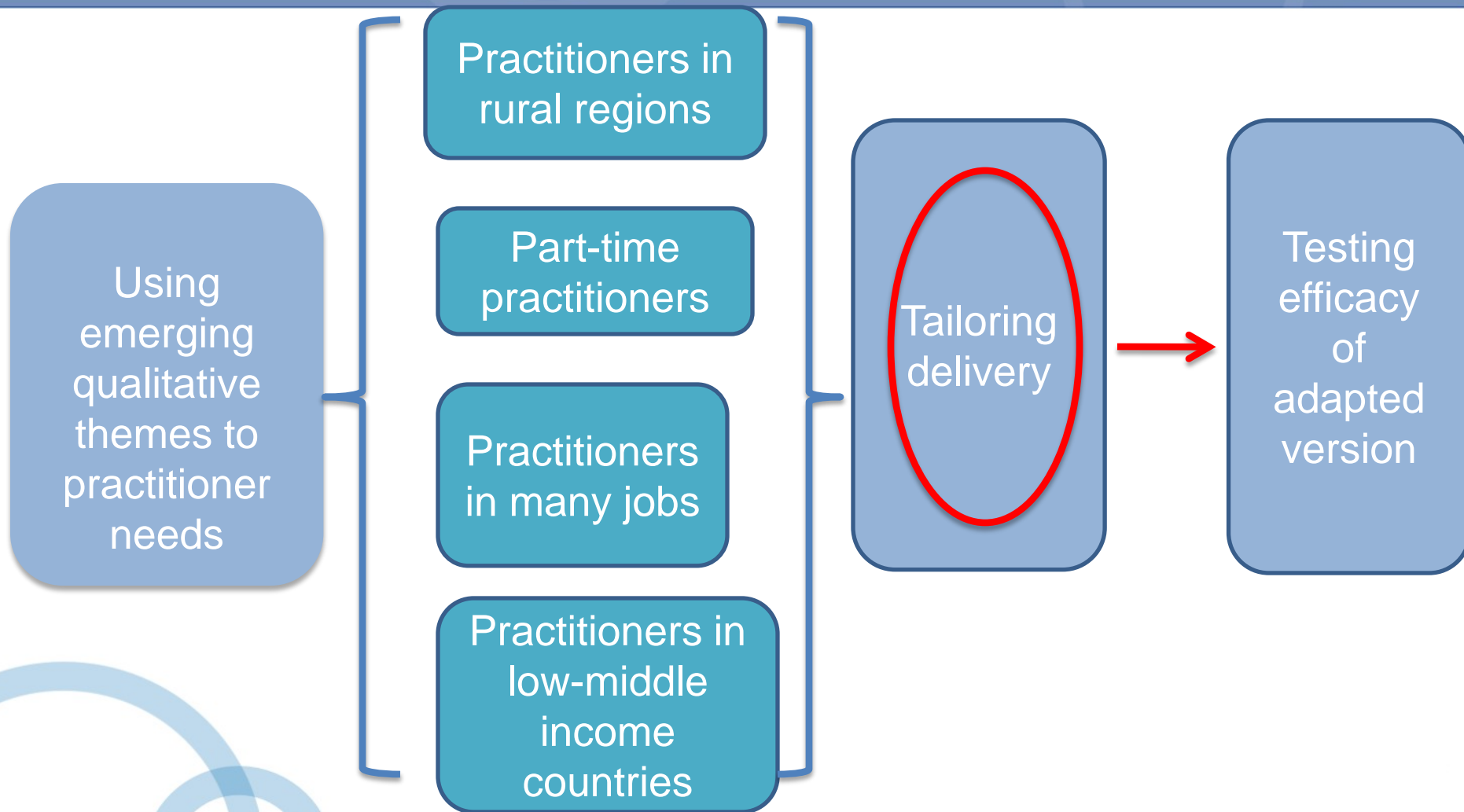


Some speculations...



Pace	Travel	Expenses	Catering
I am feeling ill equipped to deliver training sessions having done 3 days of full-on training (UK)	Too far to travel having to leave family (UK)	My org doesn't have funds to send many of us to train in this (Can)	Only one vegetarian sandwich for lunch! (Though delicious) (UK)
I would like to do this spread out over several weeks. I work several jobs and need to take time out (Aus)	Too many days as I have to pay for a hotel for two nights and lost income (Aus)	I would like to send more staff to train very expensive to cover all costs (Aus)	Too many potatoes and reception staff unhelpful (Aus)
Maybe if it was longer there would have been more demonstrations, maybe repeated (UK)	If only petrol wasn't so expensive (Aus)		
It was a little overwhelming as far as content is concerned (Can)			

Tailoring *in response to* practitioners needs



Increasing reach

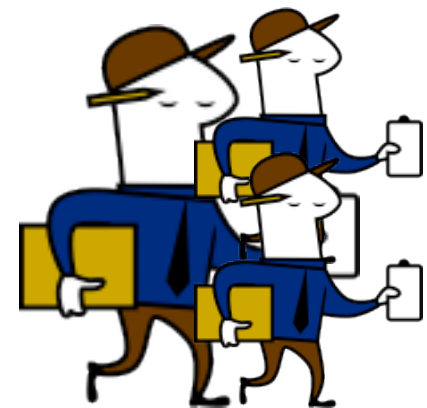
What can be done to improve population reach?

Develop interventions that have a better “ecological fit” to the concerns of practitioners

Limitations with the current face-to-face training model

In person training carries significant limitations in terms of:

- High costs of providing initial training
- Staff turnover
- Costs of bringing geographically dispersed staff, particularly rural and remote areas to central training venues can be a disincentive for the widespread adoption of EBPs.



TV children watching and use of the internet is a growing concern to parents



Top 50 Internet Acronyms Everyone needs to know

www.netlingo.com/top50/acronyms-for-parents.php

Parents and practitioners are confused

- [CD9](#) - Code 9 - it means parents are around
- [PAL](#) - Parents Are Listening
- [PAW](#) - Parents Are Watching
- [PIR](#) - Parent In Room
- [143](#) - I love you
- [182](#) - I hate you
- [1174](#) - Nude club
- [420](#) – Marijuana
- [ASL](#) - Age/Sex/Location
- [IMEZRU](#) - I Am Easy, Are You?
- [P911](#) - Parent Alert
- [LMIRL](#) - Let's Meet In Real Life
- [MOOS](#) - Member Of The Opposite Sex
- [KPC](#) - Keeping Parents Clueless
- [MorF](#) - Male or Female
- [MOS](#) - Mom Over Shoulder
- [NALOPKT](#) - Not A Lot Of People Know That
- [NMU](#) - Not Much, You?
- [PRON](#) – Porn

Previous research suggestions

- Online training processes can be as effective as traditional F2F training (Atack & Rankin, 2002; Irvine et al. 2012).
- Limited evidence concerning their efficacy in teaching complex clinical intervention skills (E.g. Behaviour rehearsal, critical incident management)
- Further research is needed on how to design web-based interventions to best engage users and teach complex behaviours (Ritterband, 2009; Danaher & Seeley, 2009)

Potentials of online training

Although initial costs of establishing a high quality online training course can be considerable, there are many potential advantages of an online approach:

- Ensuring training is of high quality: high fidelity; consistent
- Reduced costs associated with releasing staff for several days at a time for training, travel costs, fees
- 24/7 availability of online training, regardless of geography
- Affords flexibility of training time, place, and pace that further enhances the capacity of an EBP to “go to scale”.

...but some potential risks

- Little is known whether it can effectively train practitioners in the subtle nuances of complex clinical skills (e.g. critical incident management).
- Process of translating an in-person training program to an online platform requires consideration of the psychological mechanisms thought to be activated during the in-person training.

The proposed online training plan

Develop the platform: web developers, functional specs

Evaluate the efficacy, acceptability, cost-effectiveness of an online training program, compared directly to F2F training

Consumer feedback: The prototype online training program will be distributed to 20 practitioners, 10 expert trainers ← focus groups

These approaches may facilitate engagement in quite different ways to face to face approaches

Adopting a consumer (practitioner) perspective

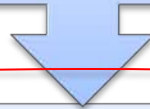
Tailor program content to needs and aspirations



Optimize program delivery



Develop stronger advocacy



Improve practitioner engagement and therefore program reach

For further information...

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www.pfsc.uq.edu.au

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