

Triple P



Level 1



Levels 2, 3, 4, 5

Goals

The goals of the Triple P – Positive Parenting Program are the following: 1) to prevent behavioral, emotional, and developmental problems in children, 2) to enhance the knowledge, skills, and confidence of parents, and 3) to reduce the use of corporal punishment (Triple P America, n.d.).

Program Features

The Triple P uses a multi-level parenting and family support strategy (Triple P America, n.d.). The program targets the developmental periods of infancy, toddlerhood, pre-school, elementary school, and adolescence. Within each developmental period, the intervention varies from being very broad (targeting an entire population) to quite narrow (targeting only high-risk children). Triple P incorporates five levels of intervention of increasing strength for parents (Triple P America, n.d.). Triple P includes universal and group parent education, as well as home-visiting strategies. Although it is included under Parent Education, the model also includes practices generally reviewed in the Home-Visiting Programs section.

- Level 1 is a form of universal prevention that delivers information on parenting skills to interested parents using print and electronic media.
- Level 2 involves brief, individual or seminar-based consultation with parents and caregivers. These interventions provide topic-specific guidance to parents of children with mild behavior difficulties with the aid of parenting tip sheets and videotapes that demonstrate specific parenting strategies.
- Level 3 is a four-session intervention targeting children with mild to moderate behavior difficulties and includes active skills training for parents.

Triple P Snapshot

- **EC Profile Indicator:** FS30 - Percent of children age 0-5 with an investigated report of child abuse/neglect
- **Clearinghouse Rating:**
 - California Evidence-Based Clearinghouse Rating of 2 (supported by research evidence) for the Triple P system and 1 (well-supported by research evidence) for Triple P Level 4
 - SAMHSA National Registry of Evidence-Based Programs and Practices
 - Promising Practices Network rating of Promising
- **Research supports** use with parents of children ages birth through preschool
- **Related Smart Start outcomes:**
 - Increase in positive parenting practices
 - More children on track for typical and/or enhanced development
- **Purveyor training required:** Yes
- **Suggested Assessments:**
 - Level 4 - Triple P Parenting Scale
 - Level 3 - Triple P Parenting Experience Survey
 - Level 2, 3, 4 – Triple P Caregiver Satisfaction Questionnaire
- **Implementation Guidance:** <http://www.triplep-america.com>.

- Level 4 interventions are more intensive and are conducted with individual parents, groups of parents, or by guiding parents who are using a Triple P self-help parenting book. Level 4
- interventions last from 8 to 10 sessions and are for parents of children with more severe behavioral difficulties.
- Level 5 is for parents and caregivers experiencing relationship conflict, parental depression, or high levels of stress. These parents often benefit from a more intensive family intervention program.

For more information regarding Triple P – Positive Parenting Program use this link: <http://www.triplep-america.com>.

Target Audience

For the first intervention level, all parents of children birth through preschool are the target audience. For the other intervention levels, parents of children birth through preschool with behavioral, emotional, and developmental problems are the target audience.

Documented Outcomes

	Type of Study	Parent Outcomes				Child Outcomes		
		Parenting practices*	Parenting satisfaction and efficacy	Parental adjustment	Parental relationship	Parent observational data	Social, emotional, and behavioral outcomes**	Child observational data
Sanders et. al. (2014) ⁱ	Meta-analyses	✓	✓	✓	✓	Long-term only	✓	✓

This table contains outcomes found to be associated with the program or approach. Individual studies may contain additional outcomes that were tested and not found to be associated with the program or approach.

*Aligned with Smart Start outcome *Increase in positive parenting practices*

**Aligned with Smart Start outcome *More children on track for typical and/or enhanced development*

In addition, each level has been linked to specific outcomes:

	Parent Outcomes				Child Outcomes	
	Parenting practices*	Parenting satisfaction and efficacy	Parental adjustment	Parental relationship	Social, emotional, and behavioral outcomes**	Child observational data
Level 1		✓			✓	
Level 2	✓	✓	✓	✓	✓	✓
Level 3	✓	✓	✓	✓	✓	
Level 4	✓	✓	✓	✓	✓	✓
Level 5	✓	✓	✓	✓	✓	✓

Research Evidence for Triple P

- This program has been linked to positive changes in parenting skills, child problem behaviors, and parental well-being.

Review of Experimental and Quasi-Experimental Studies

See Meta-Analyses

Review of Meta-Analyses

Citation	Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. <i>Clinical Psychology Review, 34</i> , pp. 337–357.
Population and Sample	101 experimental, quasi-experimental, and non-experimental studies
Methodology	Meta-analysis
Purpose	This systematic review and meta-analysis examined the effects of the multilevel Triple P-Positive Parenting Program system on a broad range of child, parent and family outcomes. Multiple search strategies identified 116 eligible studies conducted over a 33-year period, with 101 studies comprising 16,099 families analyzed quantitatively. Moderator analyses were conducted using structural equation modeling. Risk of bias within and across studies was assessed.
Measures & Assessments	<ul style="list-style-type: none"> • Varied across studies
Study Implementation	<ul style="list-style-type: none"> • A search of the research literature was conducted to obtain relevant studies. • Researchers extracted data (means, standard deviations, sample sizes for each group at pre- and post-intervention, and at the longest follow up time point); study characteristics (Triple P levels, trial design (RCT, uncontrolled, cluster randomized, quasi-experimental), groups included in the trial, variant of Triple P (e.g., Group Triple P), sample criteria, measurement time points, sample size, study approach (universal, targeted, or treatment), child age and age range, percentage of boys, level of developer involvement, country in which the study was conducted, attrition rates at post-intervention, number of fathers included, parent and child outcome measures); and moderator analyses (target child developmental disability if present, pre-intervention scores on child measures, whether study was published or not, delivery format, program variant, length of longest follow up period, and coding information for rating on the Downs and Black scale). • Effect sizes were calculated.
Staff Qualifications	<ul style="list-style-type: none"> • Not addressed
Key Findings	<p><u>Qualitative results</u></p> <ul style="list-style-type: none"> • Early studies found that parents could “generalize” their skills for managing child behavior in one setting, to another setting. • Early studies assessed the program across a range of issues (“children with oppositional defiant disorder, conduct disorder, children with chronic headaches, children with persistent sleeping difficulties, children with a developmental disability, and children who were frequently stealing and lying”) and found positive results. • A quasi-experimental study of Level 4 Group Triple P found that participating parents reported “significantly fewer conduct problems ($d = 0.83$), less dysfunctional parenting ($d = 1.08$), and lower levels of parental distress ($d = 0.38$) and marital conflict ($d = 0.19$)” than comparison parents, at post-intervention and at follow-up one and two years after the intervention. • The Every Family study, which incorporated different levels of Triple P in 10 catchment areas (over a two year period), was associated with parents who reported “greater reductions in behavioral and emotional problems in children (22% reduction), coercive parenting (32% reduction), and parental depression and stress (26% reduction)” than parents who lived in catchment areas where Triple P was not available.

- In South Carolina, 18 counties were randomly assigned to Triple P (while other counties had a “care-as-usual” approach). The Triple P counties, after intervention, “observed significantly lower rates of founded cases of child maltreatment (d= 1.09; 16% lower than comparison counties, slowing the growth of cases), hospitalizations and injuries due to maltreatment (d = 1.14; 22% lower than comparison counties), and out-of-home placements due to maltreatment (d = 1.22; 17% lower than comparison counties.”

Quantitative Results

Short-Term Results

- The study team found a significant, medium effect size for child-level social, emotional, and behavioral (SEB) outcomes (d=.473, p<.001); for parenting practices (d=.578, p<.001); for parenting satisfaction and efficacy (d=.519; p<.001); and for child observational data (d=.501, p<.001).
- There was a small-to-medium effect size for parental adjustment (d=.340, p<.001).
- There was a small effect size for parental relationship (d=.225, p<.001).
- There was “no significant overall effect size” for parent observational data (d=.026).

Individual Triple P Levels

- There were significant effect sizes for Levels 2 to 5, on all outcomes except parent observational data and Level 3 child observational data.
- There were significant effect sizes for Level 1 on SEB outcomes and parenting satisfaction and efficacy.

Long-Term Results

- There was an overall medium effect size for SEB outcomes (d=.525, p<.001); parenting practices (d=.498, p<.001; parenting satisfaction and efficacy (d=.551, p<.001); parental adjustment (d=.481, p<.001); and child observational data (d=.400, p=.009).
- There was an overall significant small effect size for parental relationship (d=.230, p<.001) and parent observational data (d=.249, p=.013).

Moderators

- The study team examined 15 moderator variables, across the five outcomes. The team found that “While most of the variables acted as a significant moderator in the data for at least one of the outcomes, there were no consistent moderators across all outcomes. The moderators that contributed unique effects after controlling for other significant moderators varied across outcomes and were: study power, study approach, Triple P level, and severity of initial child problems.”

Review of Descriptive and Non-Experimental Studies

None

End Notes

ⁱ Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clinical Psychology Review*, 34, pp. 337–357.

Additional Resources

Nowak, C., & Heinrichs, N. (2008). A comprehensive meta-analysis of Triple P-Positive Parenting Program using hierarchical linear modeling: Effectiveness and moderating variables. *Clinical Child and Family Psychology Review*, 11, pp. 114-144.

Triple P America. (n. d.). [Website]. Retrieved from <http://www.triplep-america.com>.

Note: Research summaries could include verbiage directly reproduced from the research literature. Quotes and italics may be used to show a direct quote but not always.

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