



Triple P – Positive Parenting Program

Factsheet

What is Triple P?

The Triple P-Positive Parenting Program® (Triple P) is a multi-tiered system of evidence-based education and support for parents and caregivers of children and adolescents. The system works as both an early intervention and prevention model. Triple P may be offered in clinical and non-clinical settings by a multidisciplinary workforce of social service, mental health, healthcare, and education providers. A single practitioner may provide Triple P services to interested parents; or on a larger scale, an entire county or state jurisdiction may implement Triple P as a public health approach. The Institute of Medicine's 2009 Report¹ on prevention of mental, emotional, and behavioral disorders highlighted Triple P as having substantial empirical evidence: Triple P "is noteworthy for being the first [program] to show significant positive effects of a parenting intervention in an entire population."

The overarching aims of Triple P are as follows:

- To promote the independence and health of families through the enhancement of parents' knowledge, skills, confidence, and self-sufficiency.
- To promote the development of non-violent, protective, and nurturing environments for children.
- To promote the development, growth, health, and social competence of young children.
- To reduce the incidence of child maltreatment and behavioral/emotional problems in childhood and adolescence.

Triple P is a culturally sensitive intervention being offered in 25 countries and in more than 30 states in the United States with various materials translated into 19 languages other than English. As of August 2015, there were more than 13,000 Triple P practitioners in the US.

What is the evidence base?

Triple P is backed by more than 35 years of ongoing research conducted by academic institutions in the US and abroad (UK, CA, DE, NL, BE, SE, CH, IR, TR, HK, JP, AU, NZ). This includes more than 600 trials, studies and published papers, including more than 200 evaluation papers, 113 of which are randomized controlled trials. Triple P is proven to work across ethnicities, cultures and socio-economic groups. For a complete list, please see: <http://www.pfsc.uq.edu.au/research/evidence/>

Whom does Triple P benefit?

• Children, Parents, & Families

Triple P interventions increase parents' ability to deal with a full range of behavior problems including those within normal developmental limits to severe problems associated with DSM-5 diagnoses (e.g. Oppositional Defiant Disorder, ADHD, Conduct Disorder, and Autism Spectrum Disorder).

• Practitioners and Agency Providers

As an evidence based practice, Triple P can stand alone or complement existing services. As a brief and time-limited intervention, practitioners and organizations see significant results (both clinically and statistically) immediately following treatment and at follow-up.

• Public Health Outcomes and Cost Savings

When implemented as a public health approach, Triple P positively impacts key child welfare indicators. The CDC-funded US Population Trial² with randomization of counties demonstrated:

- substantial reductions in child out-of-home placements - 16% lower than control counties (Cohen's *d* effect size = .87)
- substantial reductions in hospital-treated children maltreatment injuries - 13% lower than control counties (Cohen's *d* effect size = 1.01), and
- curtailed rates of child maltreatment cases - 33% lower than control counties (Cohen's *d* effect size = 1.30)

In a typical community, the one-year cost of Triple P dissemination could be easily recaptured by the savings associated with only a 10% reduction in child maltreatment³.

Other economic analyses have yielded similar results:

- Triple P would only have to divert 1.5 percent of cases of conduct disorder in order to pay for the service delivery of Triple P in to families in the community⁴.
- Washington State Institute of Public Policy (WSIPP) has determined that every dollar invested in the implementation of the Triple P system will return multiple dollars in terms of benefits across several human service sectors⁵.

1. Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and possibilities - Institute of Medicine. (2009)

2. Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., & Lutzker, J.R. (2009). Addendum to "Population-based prevention of child maltreatment: The US Triple P System Population Trial". *Prevention Science*, 17, 1-7.

3. 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.

4. Mihalopoulos, C., Sanders, MR, Turner, KMT, Murphy-Brennan, M & Carter, R (2007). *Does the Triple P – Positive Parenting Programme provide value for money?* Australian and New Zealand Journal of Psychiatry, vol. 41, no. 3, pp. 239-46.

5. Washington State Institute for Public Policy. (2015 December). *Benefit-Cost Results*. Retrieved January 22, 2016, from <http://www.wsipp.wa.gov/BenefitCost?programSearch=triple+p>