



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 23 countries and in 27 States in the United States with various materials translated into seventeen non-English languages.

As of July 2011, there were over 5200 Triple P practitioners in the US.

What is the evidence base?

Triple P is backed by more than 30 years of 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 72 theoretical papers, 65 randomized controlled trials, 22 effectiveness trials, 19 single case studies, 4 meta-analyses, and 2 population-level trials (including the CDC-funded US Trial). 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/>

Who 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 IV TR diagnoses (e.g. Oppositional Defiant Disorder, ADHD, Conduct Disorder, and Autism Spectrum Disorders).

• 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, demonstrated reductions in the following annual outcomes (standardized to 100,000 children):

- 240 fewer out of home placements
- 60 fewer hospitalizations/ER visits for child maltreatment injuries
- 688 fewer substantiated child abuse cases

The trial also demonstrated that Triple P training costs can be recovered in a single year by reducing the number of families where abuse and neglect occurred by 10 in a population of 100,000 families.

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 community³.
- Washington State Institute of Public Policy (WSIPP) reported that when implemented as a public health approach for parent training, Triple P could save a community \$722/participant through the prevention of child abuse and neglect and up to an additional \$1,788/participant through the prevention of child mental health disorders⁴. WSIPP calculated the odds of achieving overall cost savings at 92-100%⁴.

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). *Population-based prevention of child maltreatment: The U.S. Triple P System Population Trial*. *Prevention Science*, 10(1), 1-12.

3. 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.

4. Lee, S., Aos, S., Drake, E., Pennucci, A., Miller, M., & Anderson, L. (2012). *Return on investment: Evidence-based options to improve statewide outcomes, April 2012* (Document No. 12-04-1201). Olympia: Washington State Institute for Public Policy.