



Triple P - Positive Parenting Program®

Optimising Implementation

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Design: Triple P International 2011

Outline

- Research findings update
- What we have learned from practice
- Creating conditions for success
- Optimizing implementation




Triple P: International dissemination
1996 onwards... 60,000+ training places

20+ Countries

Australia	Sweden	Japan
New Zealand	Austria	
Canada	Switzerland	
United States	Romania	
United Kingdom -England -Scotland -Wales	The Netherlands Caribbean Netherlands (BES Islands)	
Ireland	Curacao	
Germany	Chile	
France	Iran	
Luxembourg	Singapore	
Belgium	Hong Kong	
	Greece	
	Portugal	
	Turkey	
	Estonia	
	Panama	

Watch this space.....

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Dissemination Research

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Dissemination Research

What we are learned so far...

In a snapshot...

- Carefully planned strategy required (Sanders and Turner, 2006)
- Service providers who complete training demonstrate higher levels of self efficacy (Sanders et al., 2003)
- Providers from diverse backgrounds and skill level can complete Triple P training (Seng et al., 2006)




Dissemination Research

What have we learnt so far?

- Importance of line management support to reduce barriers to implementation (Turner and Sanders, 2005)
- Training of existing workforce can result in population-based changes in prevalence rates (Prinz et al., 2009)
- Predictors of program use (Sanders et al., 2009)
 - Ease of incorporating Triple P into existing role
 - Workplace support



Across parenting programmes, implementation rates 40-50% 12 months post training (UK and Canadian data)



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Triple P for every parent

From Theory to Practice

What have we learnt?

Image: Triple P Communications 2011

Major policy statements

- National Institute for Clinical Excellence (UK)
- Institute of Medicine (USA)
- Council for Europe – policy on positive parenting for member nations
- United Nations – family skills programs in developing countries
- World Health Organisation



Small Group Discussion....

What would organisations need to consider when **planning** to introduce Triple P to ensure optimal outcomes and a sustainable future?




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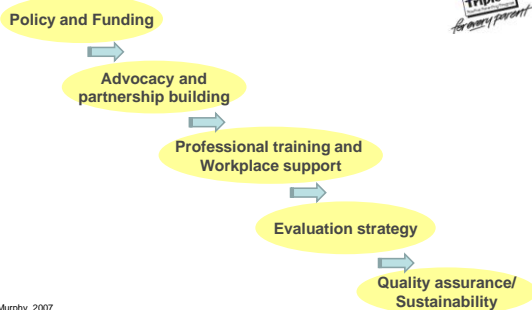
Triple P for every parent

Creating Conditions for Success

Defining the Model

Image: Triple P Communications 2011

What contributes to effective dissemination of Triple P?



Murphy, 2007

Convince the politicians

Policy and Funding

- Adopt Evidence-based programs(e.g. Triple P)
- Requires support from opinion leaders (e.g. Healthy Child Manitoba; VIHA; USTPSPT; British/Dutch Governments)
 - Cost effectiveness – what/where are the savings?
 - Goals of a planned rollout – who to target, who to train?
 - How this will benefit the community- what can families expect?
 - Cost of rollout



Convince the politicians cont...



- Major challenge - invest in population-based approach to parent education and support;
 - Good local examples plus Antwerp and Glasgow
- Longer term funding commitment
- Bring line managers on board with the vision and commitment to implement
- Support practitioners with delivery (i.e. supervision)
- Goal! Embed Triple P as core business

Building partnerships



Advocacy

- Engagement of key stakeholders
 - Linked to percentage of families seen
- Partnership building/joining up services
- Champions (both internal and external)
- Importance of consumer groups

Professional training



Professional training and workplace support

- Standardised training programs
- Accreditation
- Supervision and peer support groups
 - Critical element of sustainable delivery

Internal organisational commitment



- All levels of line management to support adoption of Triple P
- Managers and practitioners to discuss impact of Triple P on work load prior to training (ie service level agreement)
- Line managers to support staff attendance at training, accreditation, peer support and clinical consultation days
- Identify administrative support required for project
- Provide practitioners with implementation resources for use with families

Data, data, data...



Evaluation strategy

- How and why Triple P works in local context
- Provides feedback for continuous quality improvement within services
- Rigorous data collection from multiple settings (e.g., across government and NGO) allows for clear statements to be made on the effectiveness of Triple P (eg., Antwerp Project)

Quality → sustainability



- **Quality assurance**
 - Program integrity vs flexible delivery and adaptable to the needs of clients
 - Record keeping....
 - Standardised monitoring procedures
 - Ensuring fidelity by encouraging use of recommended strategies and adherence to program protocols (ie., manuals and evaluation procedures)
 - Availability of good quality, regular supervision and professional support as a priority
 - Accounting for population diversity & program modification (e.g., appropriate translations, where applicable)



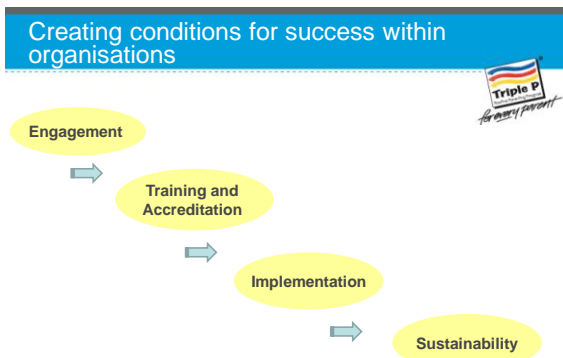
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Optimising Implementation
What do we need to consider?

Step 1: Engagement/Preparation Phase

Brainstorm...Large group discussion

Practical Ideas?
What do we need to consider?



Step 1 Engagement/Preparation Phase

- Initial workplace planning
 - Community/agency needs assessment
- Identify fit for Triple P and service delivery
 - Who to train across the different levels
 - Do they have capacity to deliver?
 - Is Triple P to be embedded as core business?
- Appoint Triple P Coordinator
- Establish implementation targets
- Identify reach (families, practitioners)
 - What type of families are to be targeted?
 - How many practitioners required to meet these targets?

Step 1 Engagement/Preparation Phase cont...

- Identify registration/referral processes for families
- Budget for parental resources, admin support, data entry
- Select and prepare appropriate staff for training
- Service delivery agreements
 - Co-signed by managers and practitioners
- Workplace supervision/support strategy
 - Peer support groups – how often? Who attends which group (mixed levels or per level)?

Organisational Change

Create a positive climate of change within the organisation!

Step 2 Training and Accreditation Phase

- Establish and support staff to attend Peer Support Networks
- Formalised supervision
- Allocate sufficient work time for preparation for accreditation and getting started with Triple P
- Provide admin support for Triple P implementation
- Release staff for pre-accreditation workshop
- Organise a celebratory event



Support...

Regular supervision and peer support essential!



Step 3 Implementation Phase

- Monitor number of families accessing Triple P
 - Types of families
 - Participation of both parents/caregivers
- Number of sessions
 - Did not engage
 - Completed
 - Drop out
- Clinical Outcomes (aggregated data)
- Attendance at Peer Support sessions



Step 3 Implementation Phase cont...

- Preparation time
- Supervision/support
 - Allow time to attend peer support groups
 - Why? Reduces burnout, emotional exhaustion, improves job satisfaction, reduces staff turnover (Sanders, McGee, Loureiro and Murphy 2011)
- Ongoing professional development
 - Schedule annual research updates, Masterclasses, HFCC attendance
 - Check new developments and applicability to service development/planning



Step 3 Implementation Phase cont...

- Web-based support
- Utilise the online scoring application
 - Collate statistics on program reach to support future funding applications
 - Opportunity to acknowledge and reward delivery by staff
 - Reinforce and support line managers for reaching targets
 - Track fidelity
- VIP stay-positive Triple P website for practitioners
 - Clinical tools
 - Marketing materials etc




Step 4 Ongoing Support for Implementation

- Workplace Support (Management)
 - Organisational briefings
 - Site visits
 - Email support
 - Phone Support (phased approach based on self regulatory framework)
- Post training support (Practitioners)
 - Pre-accreditation Workshops
 - Rehearse skills
 - Post Training Support Day
 - Clinical problem solving
 - Use of assessment measures



Step 5 Planning for Sustainability

- Plan for attrition of staff and training of new Triple P service providers (?? 20%)
- Support ongoing professional development (e.g. *Triple P Workshop Series* and *VIP Stay Positive Practitioner* site)
- Increase workforce capacity by providing additional training options for practitioners already trained in Triple P
- Additional site visit and/or management update
- Embed supervision and support


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Take home messages

Design: Triple P Communications 2011

Key messages

- Line management support for implementation
- Maintain high level of organisational support post training
- Engaging (or re-engaging) line management
- Ensuring line managers are adequately prepared and briefed on Triple P
- Supervision and peer support groups
- Setting reasonable targets for practitioner delivery

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Thank you

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