Primary Care and Discussion Groups Triple P (Level 3) is for parents with a child between nought to 12 with specific concerns about their child's behaviour. Parents attend between three and four individual or small group sessions where they receive advice about common child rearing issues, such as toilet training, eating and family routines.

Triple P has initial evidence of improving child behaviour and improving parenting competence.

Where has it been implemented?
The UK, the USA and internationally

Who can deliver it?
Practitioner: QCF Level 6 in a helping profession

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Settings
Any parent with a child between the ages of nought and 12.

Who is it for?
Age: Any parent with a child between the ages of nought and 12
Classification: Universal
Need: Low
How it works

What is the theory of change?

- Triple P is based on the idea that parents often unintentionally perpetuate unwanted child behaviour through ineffective parenting strategies.
- Triple P helps parents replace ineffective parenting strategies with effective methods for encouraging positive child behaviour.
- In the short term, parents learn more effective strategies for managing their child’s behaviour and the child’s behaviour improves.
- In the longer term, children should have greater self-regulatory skills and self confidence and do better in school.
- It is also expected that children will be less likely to have behavioural problems and/or engage in antisocial behaviour.

What happens during delivery?

How is it delivered?

- Primary Care Triple P: practitioners have three to four consultations (15 to 30 minutes) with families over a period of 4-6 weeks. Sessions can be done in person, over the phone, or as a combination of both.
- Discussion Groups Triple P: a two hour small group format on a specific parenting topic.

What happens during the intervention?

Primary Care Triple P

- During the first session, the practitioner and parent discuss options for the intervention and the parent is introduced to a system for keeping track of the child’s behaviour.
- In subsequent sessions, the practitioner and parents sent goals for change and monitor progress over time.

Discussion Groups Triple P

The four two hour sessions cover the following topics:

- Dealing with disobedience
- Managing fighting and aggression
- Developing good bedtime routines
- Hassle-free shopping with children.
What are the implementation requirements?

Who can deliver it?

- The developers recommend that practitioners have a QCF Level 6 qualification in a helping profession.

What are the training requirements?

Triple P Provider Training Courses consist of many components, including: training, a competency-based accreditation process, and Implementation Support for both practitioners and organisations.

- Primary Care Triple P: 2 days training, 1 day pre-accreditation workshop and ½ day accreditation
- Discussion Groups Triple P: 1 day training and ½ day accreditation

(Practitioners must have completed one of the following courses as a pre-requisite to attending Discussion Group = Brief Primary Care, Primary Care, Group, or Standard)

A Pre-Accreditation Workshop is provided to practitioners approximately 2 weeks prior to accreditation to allow an opportunity for individualised feedback on skill development, practice and discussion of any relevant implementation issues in the presence of a Triple P Trainer. Practitioners are able to see competencies demonstrated by the trainer and practice specific competencies with peers in preparation for demonstration of these competencies at their accreditation day.

Accreditation is awarded to practitioners at a final workshop that takes place after the practitioner has delivered the programme for two to three months. At the accreditation workshops practitioners are given the opportunity to demonstrate their proficiency in the competency areas targeted for accreditation, and receive coaching and feedback on their performance.

Please click [here](#) for Triple P Training Info.
How are the practitioners supervised?

- Practitioners should be supervised once every fortnight by an experienced and qualified individual with at least a Master’s degree (QCF Level 7) and prior experience of delivering a Triple P programme.

- The Peer-Assisted Supervision and Support (PASS) Model has been developed as a workforce development strategy to assist practitioners in the process of peer support. PASS is a structured feedback process to promote learning of a complex set of consultation skills. It is especially useful for less experienced practitioners, but is also helpful for practitioners with equal levels of experience. The PASS model is intended to be used by practitioners throughout their careers, but is particularly beneficial when they are learning to implement a new intervention, such as the Triple P – Positive Parenting Program®

What are the systems for maintaining fidelity?

- Accreditation (pending training completion and assessment)
- Training materials
- Supervision
- Practitioners fill in a ‘fidelity checklist’ after every session

Projected Costs and Benefits

- Please click here for cost-benefit information (for all levels of Triple P)

Evidence

Primary Care Triple P
Primary Care Triple P has initial evidence from two randomised controlled trials.


- Reduced rates of problem child behaviours (parent-reported)
- Less reliance on dysfunctional parenting practices (parent-reported).


- Improved child behaviour (independent observation)
- Reductions in the intensity and frequency of disruptive behaviour (parent-reported)
- Improved parenting confidence (parent-reported).

- Improved skills in managing difficult behaviour (practitioner-reported)
- Improved partner relationship (parent-reported)
- Improved attitudes toward parenting (parent-reported).

**Discussion Groups Triple P**

Discussion Groups Triple P has initial evidence from three randomised controlled trials.


- Reduced frequency of child behaviour problems (parent-reported)
- Reduced reliance on dysfunctional parenting practices (parent-reported)
- Improved parenting confidence (parent-reported)