

## Positive Parenting Program (Triple P) Readiness Tool

During program selection, it is important to research and compare possible evidence-based prevention programs to ensure that you are selecting the program that is the best fit for your community and available resources. This tool is intended to help you plan for the implementation of an evidence-based prevention program with a commitment to quality and long-term sustainability.

### Program Selection: Is the program you selected a good fit for your community?

#### 1. Does Triple P address the risk and protective factors prioritized by your community?

##### Protective Factors Targeted for an Increase by Triple P

- Coping Skills
- Attachment to Parents
- Non-violent Discipline
- Parent Social Support

##### Risk Factors Targeted for a Decrease by Triple P

- Family Conflict/Violence
- Parent Stress
- Poor Family Management
- Psychological Aggression/Discipline
- Violent Discipline

#### 2. Is Triple P appropriate for the population and demographic you plan to target?

The Triple P program contains multiple levels of intervention with increasing intensity for parents of children from birth – 16 years of age. There are multiple delivery methods within each of the five (5) levels, providing enough flexibility to meet the needs of many different individuals and communities. One or multiple interventions of the Triple P System can be offered in a community.

#### 3. Are the outcomes desired for your community the same as those indicated in the research of Triple P?

##### According to the Blueprints for Healthy Youth Development:

- In a U.S. Population Study:
  - Positive effects in the Triple P System counties for rates of substantiated child maltreatment, child-out-of-home placements, and hospitalizations or emergency-room visits for child maltreatment injuries, compared to control counties
- In an Australian Population Study:
  - Triple P System was associated with significantly greater reductions in emotional problems and psychosocial distress in both children and their parents than in the care as usual condition
  - No intervention effects were found for conduct problems, hyperactivity and peer relationship difficulties.

## **Implementation Planning Steps:**

### **Are the Systems and Resources Needed for Implementation Available?**

- 4. Is there a single organization(s) that will coordinate and oversee Triple P quality? Are they respected in the community, fiscally responsible, and effectively organized?**
- 5. Does the capacity exist to ensure the following key elements of Triple implementation?**

**Program Coordinator** – The Coordinator assumes responsibilities such as coordinating staff training, scheduling programs, hiring and supervising practitioners and other staff, overseeing data collection and analysis, preparing outcomes reports for local stakeholders and funders, arranging program logistics (such as location, childcare, transportation, and incentives), purchasing and preparing facilitation supplies, developing recruitment, referral, and marketing strategies, and guiding practitioners to ensure model adherence.

**Practitioners** – Triple P is intended to be delivered by part-time or full-time staff. It is estimated that one full-time practitioner can serve 25-30 families in one year for Level 4 Triple P Standard or Standard Teen. For lower levels of intervention and for Group/Group Teen, reach can be significantly greater. Please see the breakdown of training costs for additional projected numbers per practitioner by which Triple P level is being implemented.

**Curriculum:** Triple P America distributes the curriculum and works directly with you on what is needed according to which level/type of Triple P you will be implementing. Practitioners are provided with an initial kit but then caregiver workbooks will need to be purchased (one for every caregiver who participates in the program).

**Delivery Location:** Depending on the format of your Triple P implementation, practitioners could implement individualized Triple P in a home or practitioners could implement Triple P as a group format in a room at any convenient community location, such as a school, house of faith, organization, or community center.

**Costs:** Additional costs are explored with Triple P America during your initial exploratory phase with Triple P Consultants.

- 6. How can the population that Triple P was designed for be recruited?**
  - Relationships with potential referral sources are imperative to recruiting enough families for each program. Some ideal referral sources for Triple P are as follows: juvenile court, children and youth services, juvenile probation, pediatricians/primary care physicians, schools etc.
  - Prior to program selection, the existence of other parenting programs that may result in recruitment competition or duplication of services should be assessed.
  - Participation incentives can promote recruitment and retention of participants.

**Implementation Steps: Can the Expectations for Quality and Model Adherence be met?**

**7. Can the lead organization identify skilled individuals to participate in the required training?**

- It is recommended that a full-time Triple P Practitioner see 25-30 families per year for Level 4 Standard or Standard Teen.
- Practitioners need to be trained to the highest standard and supported in their use of the program in order for the program to be as effective as possible. Triple P's training model has been developed to produce practitioners who are confident, knowledgeable and understand the importance of delivering the program with fidelity to the model. Due to the varied nature of the program levels, it is recommended that individuals contact Triple P America, (803) 451-2278 or [contact.us@triplep.net](mailto:contact.us@triplep.net) , to determine the best fit of intervention and to address all questions related to training and program materials.

**Steps for Assessing Program Impact:**

**Does the Capacity for Reporting Outcomes and Fidelity Data Exist?**

**Data Collection:**

- Pre-Surveys, using the PAFAS and SDQ Survey Tools, are administered to parents/caregivers during session one.
- Post-Surveys, using the PAFAS and SDQ Survey Tools, are administered to parents/caregivers during the last session.
- Demographic Forms are completed during session one (one for each caregiver and one for the child/youth)

**Data Entry/Analysis:**

- A person(s) is to be designated to enter the data from the completed surveys into the Triple P Spreadsheet/Data Tool for Outcomes Analysis and Reporting. This spreadsheet is submitted to PCCD, into Egrants, on a quarterly basis.

**Fidelity Monitoring:**

- Fidelity Monitors are expected to observe a minimum of 20% of the Triple P Group and Group Teen sessions offered. For Triple P Standard and Standard Teen, 20% of the self-reported Checklist Forms are reported. Triple P Fidelity Session Checklist Forms are to be used to assess practitioner model adherence and delivery effectiveness.
- The Program Coordinator is responsible for guiding the practitioners in model adherence and should share feedback from the completed observations.

**Reporting:**

- A person(s) is to be designated to complete the quarterly PCCD Egrants reporting requirements.

- Summarized data is to be shared with the local collaborative board quarterly. Written reports are to be prepared for stakeholders and potential sustainability sources annually.

**Evaluation and Reporting Resources:**

<http://episcenter.psu.edu/newvpp/triplep/evaluation-tools>

**Steps for Sustainability:**

How will Program Resources be Identified to Sustain Beyond Start-up?

- 8. Can funds/resources be identified to sustain key implementation elements of the program beyond the initial seed funding?**
  - Designate those responsible for sustainability planning at start-up and select staff comfortable and capable of approaching potential funding sources.
  - Identifying funding for staff time should be a high priority, especially the Coordinator position.
  - Determine how supply costs, such as the restocking of the parent materials, can be funded.
  - Develop a strategy for providing practitioner training to address staff turnover and/or expansion of services.
  - Seek to build relationships with community partners that can contribute staff time, delivery space, evaluation services, and resources.