



Triple P – A Population Health Approach to Parenting with Significant Mental Health Impacts

Atlantic Summer Institute
August 22, 2017

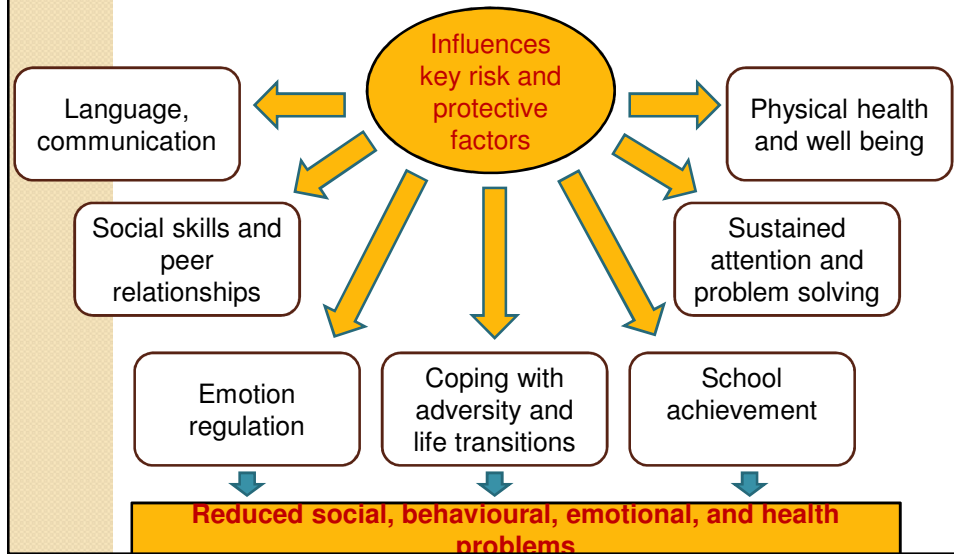
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Laura Quinn Graham



Adapted from presentations by

- Dr. Matt Saunders, Clinical Psychologist and Founder of the Triple P Positive Parenting Program
- Dr. Philip Smith, Professor of Psychology, University of Prince Edward Island and Co-Chair of the PEI Triple P Coordinating Committee
- Sterling Carruthers, Department of Education, Early Learning and Culture, and Co-Chair of the PEI Triple P Coordinating Committee

Parental influence is pervasive



What makes Triple P Different?

- A **public health** model of parenting intervention
- **Suite of evidence based programs**, not a single program
 - Early childhood up through adolescence
 - Five levels of intensity
 - Four delivery modalities
 - Meets varying needs and learning preferences of parents
- Blends **universal and targeted** programs
 - Normalizes parenting challenges
 - Destigmatizes help-seeking
- Uses **self regulatory** framework

Comprehensive Approach

addresses the needs of ...

- (1) families experiencing **significant difficulties** in parenting
- (2) families at **risk of significant difficulties** in parenting and
- (3) the **broad population** of families across the Island community

Levels of Triple P

- Parents of children 0-12
 - Stepping Stones
- Parents of teens up to 16

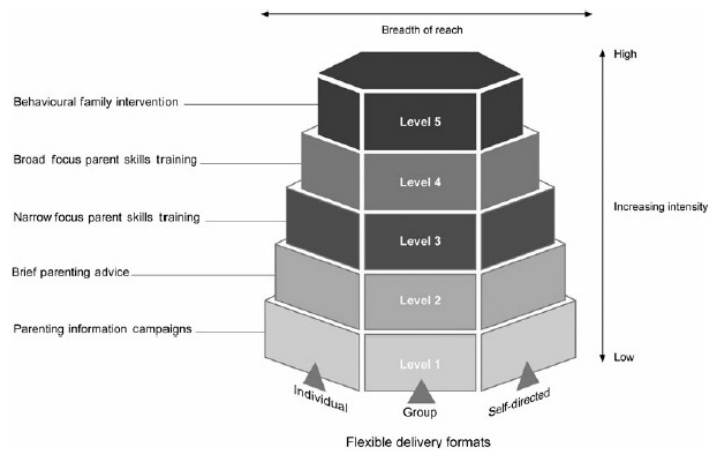
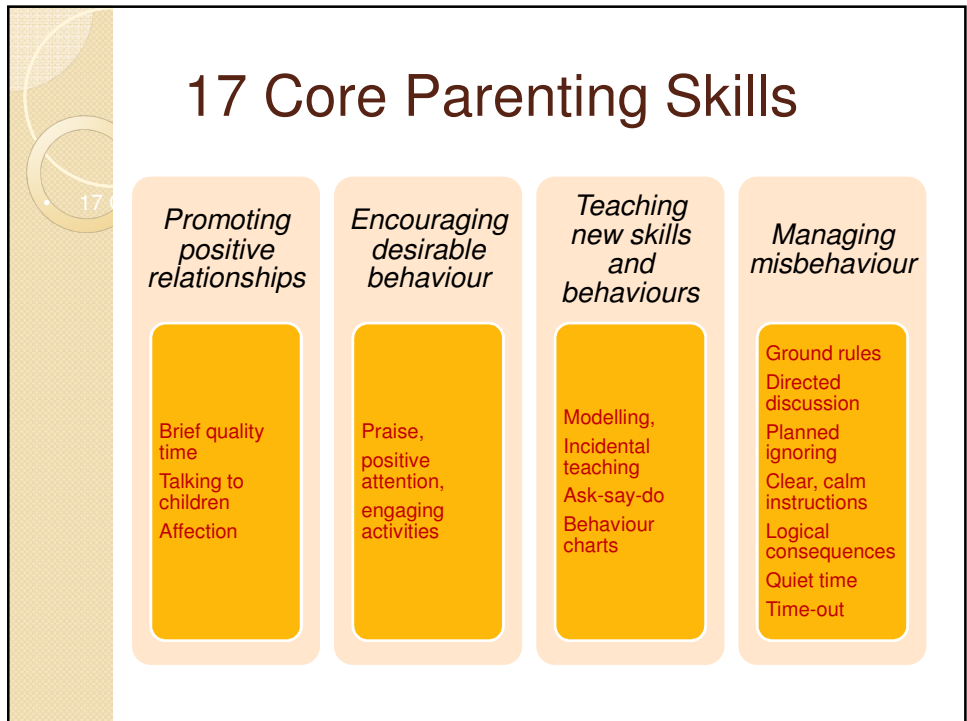
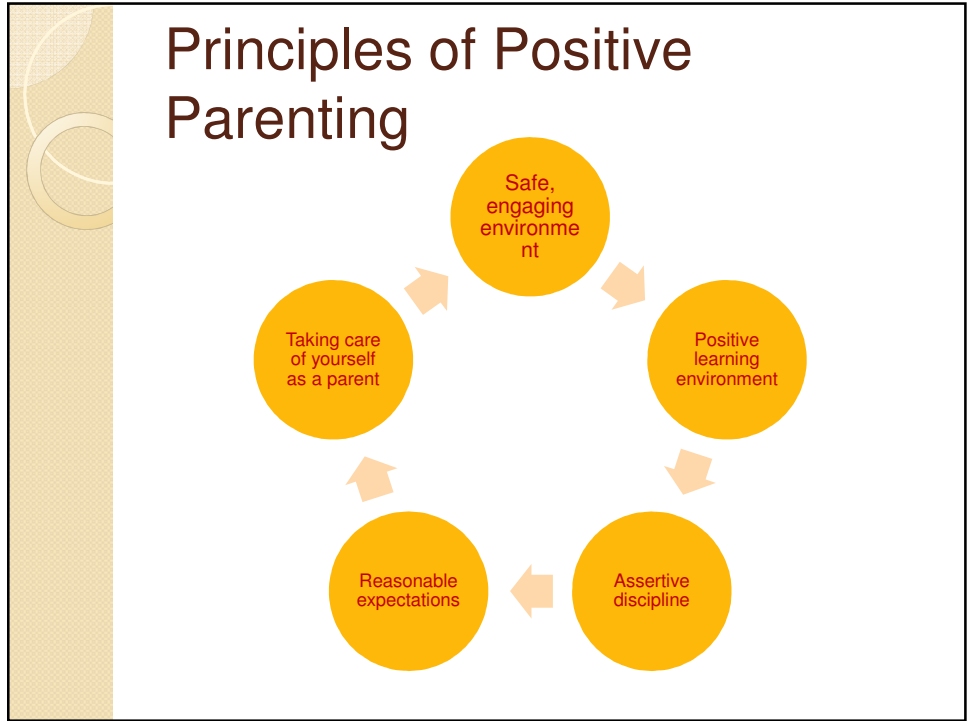


Figure 1

The Triple P model of graded reach and intensity of parenting and family support services.

Collaborate with parents in ways that empower them

- Ultimate **goal** is **parental independence** and autonomy
- **Parent decides** on goals, strategies, and values
- **Parent has plan**, monitors, evaluates outcomes, and revises accordingly
- Provide parent with support and advice to “**minimally sufficient**” degree needed



Examples of Triple P Significant Impacts Children and Parents

- | | |
|--|---|
| <ul style="list-style-type: none">• Reduces:<ul style="list-style-type: none">• disruptive behaviour• conduct disorders• anxiety• depression• mental health wait lists• substance abuse• delinquency• child maltreatment & injuries• out-of-home placement• Helps ADHD management | <ul style="list-style-type: none">• Increases parental confidence, skills, knowledge• Reduces:<ul style="list-style-type: none">• anger• inter-parental conflict• depression• anxiety• Enhances parental:<ul style="list-style-type: none">• management of major psychiatric disorders• work experience and productivity |
|--|---|

<https://pfsc.psychology.uq.edu.au/research/triple-p-evidence-base>

PEI Implementation

- **Five year implementation plan**
 - Final phase 2017-19
- **Collaboration of four departments**
 - Education, Early Learning and Culture
 - Family and Human Services
 - Health and Wellness
 - Justice and Public Safety
- **Guided by** a Steering Committee with government and community representation

Triple P Training Process

- Work with existing service providers
- All training on PEI, by qualified Triple P trainers
- Training courses
 - 1-4 days, maximum 20 participants each
 - Pre-accreditation workshop
 - Formal Accreditation
 - Requires demonstration of competence
- Support for practitioners
 - Provider website
 - Access to online *Triple P Provider Network*
 - Ongoing Consultation Support and Tech Assistance

Training has been Offered Across Government and Community Sectors

Training highlights:

- 87 practitioners trained to deliver nine programs (Levels 2-4)
 - (75 currently available)

Practitioners are from:

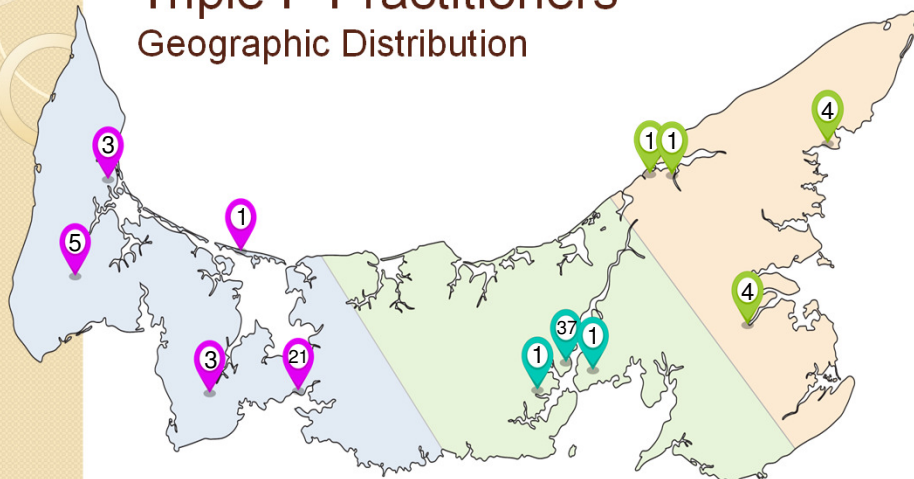
- Health PEI - 51
 - 28 MH & Addictions / 18 PH & Children's Service / 5 Hospital Svcs
- Community Organizations - 14
- Education, Early Learning and Culture - 12
- Family and Human Services - 5
- Justice and Public Safety - 5

Practitioners Trained to Date

Level	Program Name	Practitioners Trained
2	Selected Seminars (0-12)	13
	Selected Seminars Teen	7
3	Primary Care (0-12)	38
	Primary Care Teen	18
	Discussion Groups	10
4	Group Stepping Stones	18
	Group Triple P	14
	Group Teen Triple P	17
	Standard Triple P	16

Note: Trainings in Level 5 programs will take place in winter/spring 2018

Triple P Practitioners Geographic Distribution



Number of practitioners providing services by county

Prince	33
Queens	39
Kings	10
Island Wide	4

Triple P is Reaching Parents

Since September 2015 launch:

- Approx. 40%+ of practitioners have started using Triple P

Program reach to date:

- Over 575 parents have taken a group or individual program
- Over 150 parents have used Triple P on-line
- Over 5,000 visits to the Stay Positive Parent Website

Source(s): Jan/16 Survey, resource requests, Nov/16 Peer Supervision

And....Parents are Benefiting

Satisfaction:

- To date parents indicate they are very satisfied (skills very helpful and they are using).

Impact on Families:

- Professionals report outcomes of parent confidence, increased ability to deal with parenting challenges, significantly fewer challenges than when they started.
- Very strong message of practitioner positive view of Triple P.

Implications for Policy and Practice

Mental Health Commission of Canada 2012 Blueprint for Change

Strategic directions:

1. Promotion of mental health and prevention of mental disorder. *
2. Fostering recovery.
3. Providing access to services. *
4. Reducing disparities in risk factors and access to services. *
5. Collaborating with First Nations, Inuit, and Métis to address their mental health needs. *
6. Mobilizing leadership to improve knowledge and foster collaboration. *

Smith P, et al. 2015

<http://www.cjcmh.com/doi/10.7870/cjcmh-2015-013>

Triple P is cost effective

- Escobar Doran C, et al (2011, updated 2012) found that if Triple P reduced conduct disorder by 6.5% the program would pay for itself. The authors anticipate that reductions in conduct disorder would be much greater based on research findings.

Institute of Health Economics, Alberta
<http://www.ihe.ca/advanced-search/return-on-investment-for-mental-health-promotion-parenting-programs-and-early-childhood-development>

- Washington State Institute of Public Policy (2017) reported that when implemented as public health approach, Triple P is estimated to save a community over \$1,000 per participant and that savings exceed \$2,000 per participant in Level 4 programs.

<http://www.wsipp.wa.gov/BenefitCost>

For PEI, Triple P is Transformational

- Fills gaps, for all parents
- Not just another tool in a crowded field, but
 - Provides supports of varying intensity, depending on parents' needs, that builds on parents' strengths
- Adds value to what's already here, and strong linkages with:
 - Child & Youth Services Report
 - Wellness Strategy
 - Mental Health and Addictions Review
 - Child Protection Act Review

Reflections of a Triple P Practitioner

Laura Quinn Graham

Questions?

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