



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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TRIPLE P – POSITIVE PARENTING PROGRAM

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Definition: Triple P is designed to enhance parents' knowledge, skills and confidence to prevent and manage behavioral, emotional and developmental problems in children.

Elements include:

1. *5 positive-parenting principles* to promote children's well being: a) Ensure a safe and engaging environment e.g. age-appropriate activities to encourage language and intellectual development; b) Positive learning environment e.g. give your child brief moments of uninterrupted positive attention; c) Use assertive discipline e.g. teach acceptable behavior, respond to misbehavior consistently, quickly and decisively; d) Realistic expectations e.g. choose goals that are developmentally appropriate for the child and realistic for you; e) Also care for your own needs e.g. take time to ensure you are relaxed.

2. *Strategies to enhance relationship with child:* a) Spend quality time and talk with them; praise good behavior, give non-verbal attention like a wink or hug; b) Teach new skills by *Ask, Say, Do* e.g. *Ask:* 'What do we do just before we go to sleep?' *Say:* 'That's right, we brush our teeth'. *Do:* 'Brushing is hard, I'll help you put the toothpaste on the brush'; c) Incidental teaching e.g. if your child shows you a collage they've done, ask about colors, shapes and textures to prompt learning; d) To manage misbehavior: i) planned ignoring of minor problems - neutral position and expression without eye contact, ii) logical consequences e.g. remove a troublesome toy for a few minutes; iii) quiet time e.g. if child is misbehaving have them sit quietly in a section of the room for a minute, or time out e.g. if child is continuing to misbehave after using quiet time take child to a separate room to be quiet for a few minutes. Combine these strategies to prevent problems in high-risk situations e.g. while shopping give the child their own shopping list or allow them to bring their favorite toy, plan how to manage misbehavior e.g. if they misbehave with a favorite toy while shopping, then remove it.

3. *Level of intervention* depends on severity of the child's problem: a) media to educate all parents about positive parenting e.g. radio/television shows, public-service announcements, newspaper columns; b) & c) brief primary care consultations for mild-moderate problems; d) more intensive family work for more severe problems. Levels b) to d) can include group, individual, phone or self-directed sessions. Level e) involves working with families whose difficulty continues after levels a)-d).

4. *Multi-disciplinary:* involve required service providers e.g. health visitors, community child health nurses, family doctors, paediatricians, teachers, social workers, family support workers, psychologists, psychiatrists, counsellors, parent educators, police officers.

5. *Self regulation:* Promote parents' self-management skills e.g. problem solve, identify causes of child's or own behavior, set own goals, self-monitor own performance, manage parental tasks confidently.

Related procedures: *Behavioral family therapy, behavior rehearsal, contingency management, parent training, skills training.*

Application: In appropriate settings: the media (3 a. above); at work; with parents of children in day care, pre-school and school; in primary care e.g. general practitioners, nurses, phone counselling; mental health service e.g. intensive group and individual programs. For parents of children from birth to age 16, one facilitator runs up to 5 sessions 90-120 minutes long over 8 weeks with 10-12 parents in a group or just 1-2 parents in an individual setting, and uses slides, DVD, workbook activities e.g. 'identify behaviors to praise your child for', and role play of positive-parenting strategies (2. above), followed by 3 individual 15- to 30-minute phone discussions of topics the parents choose. Brief Triple P programs (3 b and d above) may take just 1-4 sessions 30-60 minutes long. Triple P *variants* are for parents of children age 0-12 years (*Group, Standard*), age 12-16 (*Teen*), age 0-12 who are developmentally disabled (*Stepping Stones*) or age 5-10 who are overweight (*Lifestyle*), and for parents who are working (*Workplace*) or divorced/separated (*Family Transitions*).

References:

1. Sanders MR (2007). The Triple P-Positive Parenting Program: A public health approach to parenting. In JM Briesmeister & CE Schaefer (Eds.), *Handbook of parent training: Helping parents prevent and solve problem behaviors* (3rd ed.), p203-233. Hoboken, NJ: John Wiley & Sons Inc.
2. Sanders MR (2008). The Triple P-Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology*, 22(4), 506-517.

Case Illustration (Sanders 2007)

Jane and Tom sought help for severe problems with their son Jamie aged 3. He had tantrums at home and in public, hitting, kicking, and head butting them and his sister, swore, and had bedtime problems. He ransacked his room and destroyed toys when rebuked or denied his wishes. His behavior meant outings were often cut short or avoided. They gave him little presents daily when he behaved badly, to calm him and allow Jane some peace. Jane and Tom felt stressed, tired, out of control, and ruled by Jamie.

At intake the therapist interviewed the family in the clinic for 50 minutes, and observed parent-child interactions at home for 20 minutes. Over 8 weeks, Jane and Tom joined 8 other parents in 5 Triple-P 2-hour group sessions led by a therapist in the clinic, and also had 3 individual phone consultations on a speaker phone. Advice about Jamie included: a) give praise, attention, and frequent brief one-on-one contact to increase desirable behavior, and tell him what is and is not acceptable, especially at bedtime, b) when he misbehaves, give Jamie clear and calm instructions, logical consequences e.g. remove his toys when he's damaging them, ignore him or use quiet time when he doesn't follow instructions. Jamie's parents role-played how to give clear calm instructions and to use quiet time, and were encouraged to discuss Triple-P with staff when Jamie attended daycare.

At 8 weeks there was marked improvement in Jamie's behavior, Jane's depression (Tom's mood was normal throughout) and parental stress. Jamie was now rewarded for good behavior and his bedtime problems decreased. The family went out more, and people commented on Jamie's good behavior. The bond strengthened between Jamie and his parents, who had become firm, decisive, calm, and consistent.