




# **Enhancing your impact as an individual practitioner**

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Triple P Masterclass  
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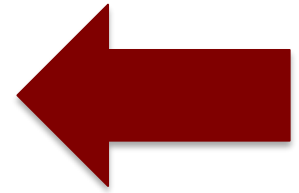
# At a glance

Strategies  
for  
improving  
outcomes

The many  
faces of  
complexity

Strategies  
for  
improving  
retention

Strategies  
for  
improving  
engagement



# Aspirations and realities

- Most practitioners aspire to produce great outcomes with families
- There are no guarantees that that Triple P will work for individual families
- Becoming good at delivering Triple P takes time and is highly skillful work
- What can you do as a practitioner to ensure parents get the most out of Triple P and children benefit?

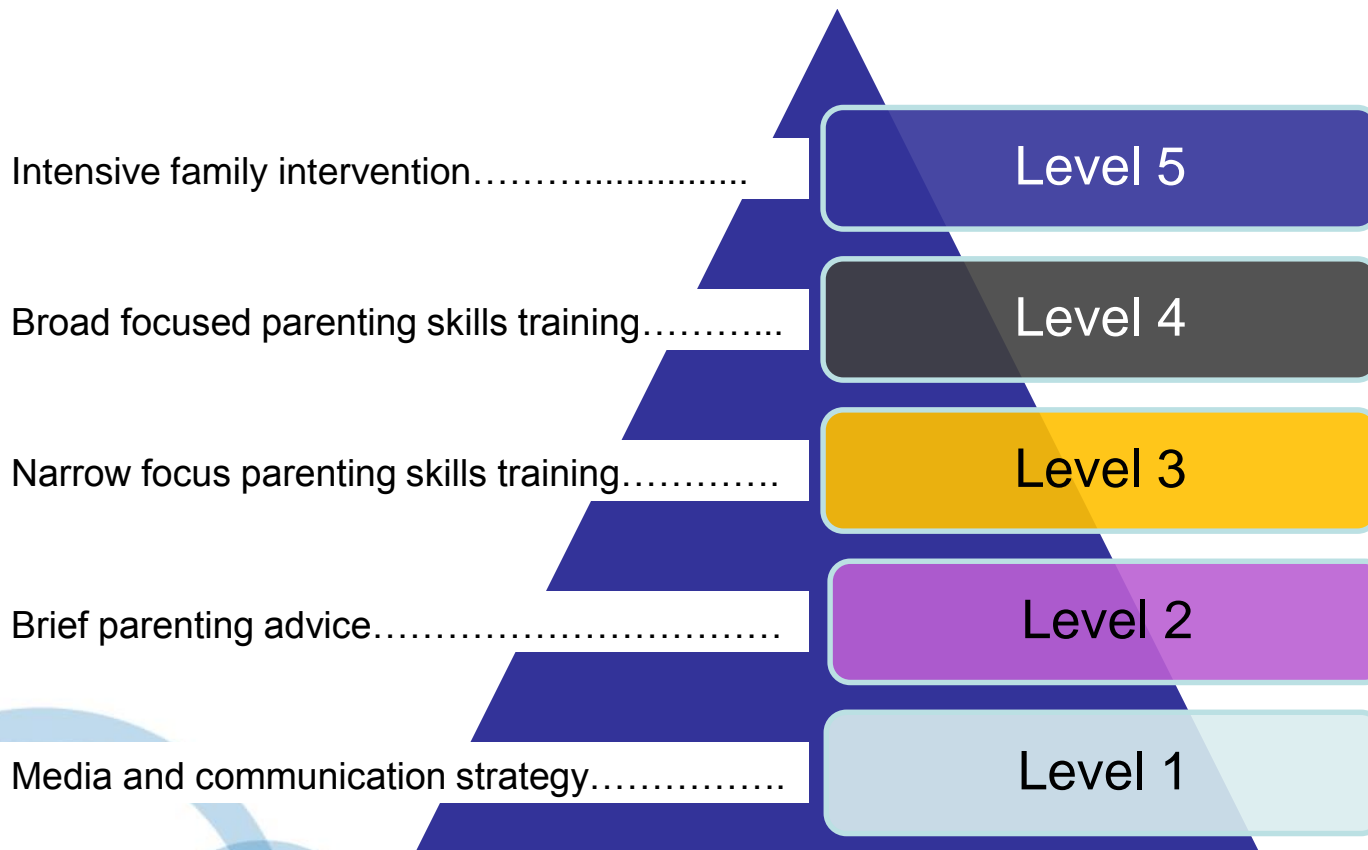
# Find the right option



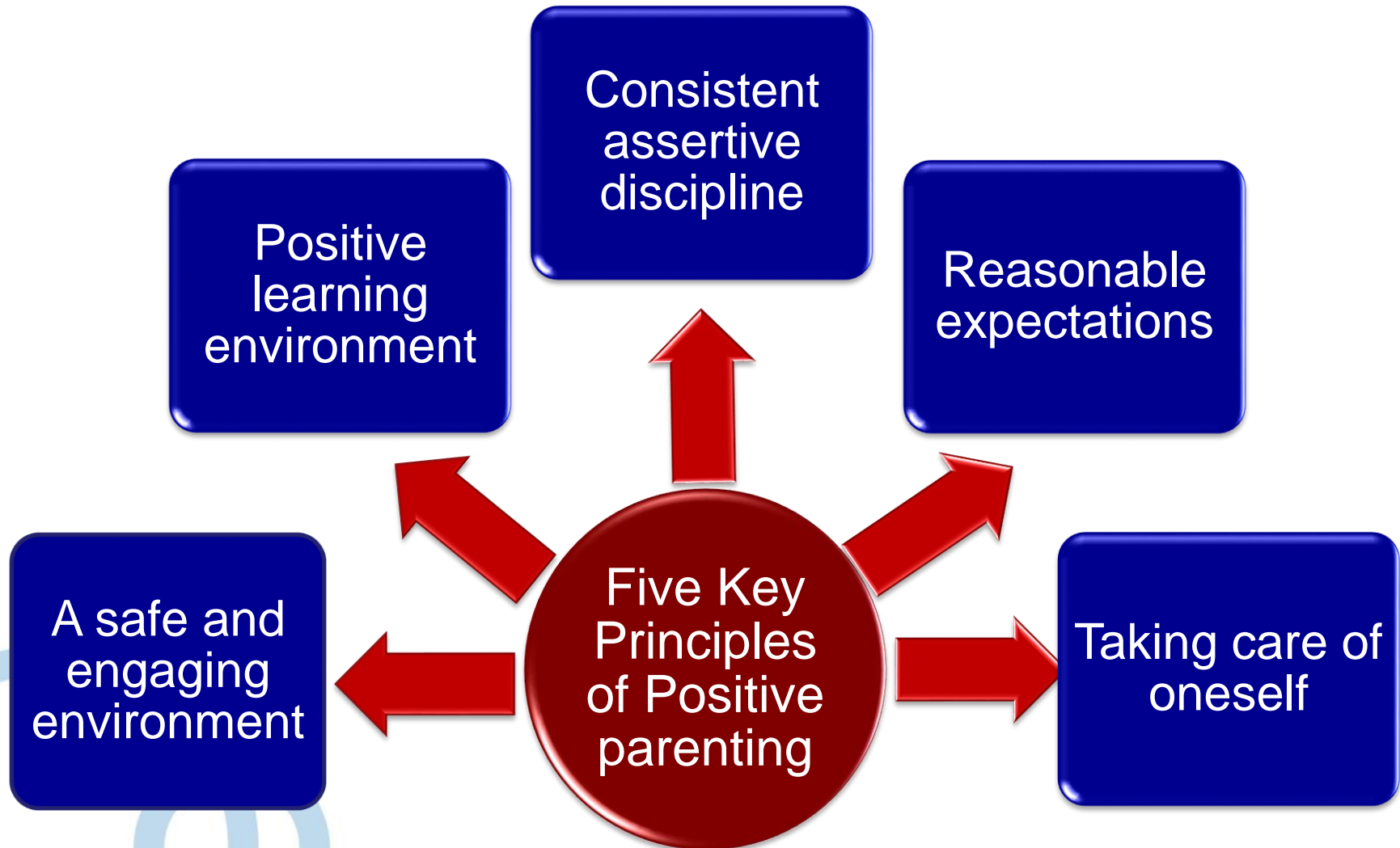
Breadth of reach



Intensity of intervention



# Embedding Triple P principles into everyday life takes time and commitment



# Triple P changes lives

**Video Content**

# Does Triple P work?

What intervention delivered by whom, in what context via which delivery modality is effective with what kind of parent, child or youth problems, at what age, in what family, cultural and community context?  
...and how does the intervention effect come about?

Adapted from Gordon Paul (1969)

# Child, parent and family problems interact

## Participation in Triple P?

### What child?

- Developmental level
- Genetic vulnerability
- Prematurity
- Low birth weight
- Developmental disability
- Type and severity of behavior or emotional problem



### What parent?

- Depression/anxiety
- High stress
- Couple discord
- Abusive parent
- Substance abuse
- Minority parents
- Indigenous
- Grandparent
- Foster



### What Family?

- Unhappy couples
- Separated/divorced
- Incarcerated
- Step/blended family
- Adoptive parent
- Single parent
- Teen parent



# Change occurs within the family system

## **Video Content**

# How do we characterise interventions?

What interventions are most appropriate?

**What level of intensity?**

- Universal
- Selected
- Primary care
- Standard
- Enhanced



**What mode of delivery?**

- Individual
- Group
- Over the Phone
- Media based
- Web based
- Self directed



**What variant?**

- 0-12
- Teen
- Stepping Stones
- Lifestyle
- Family Transitions
- etc

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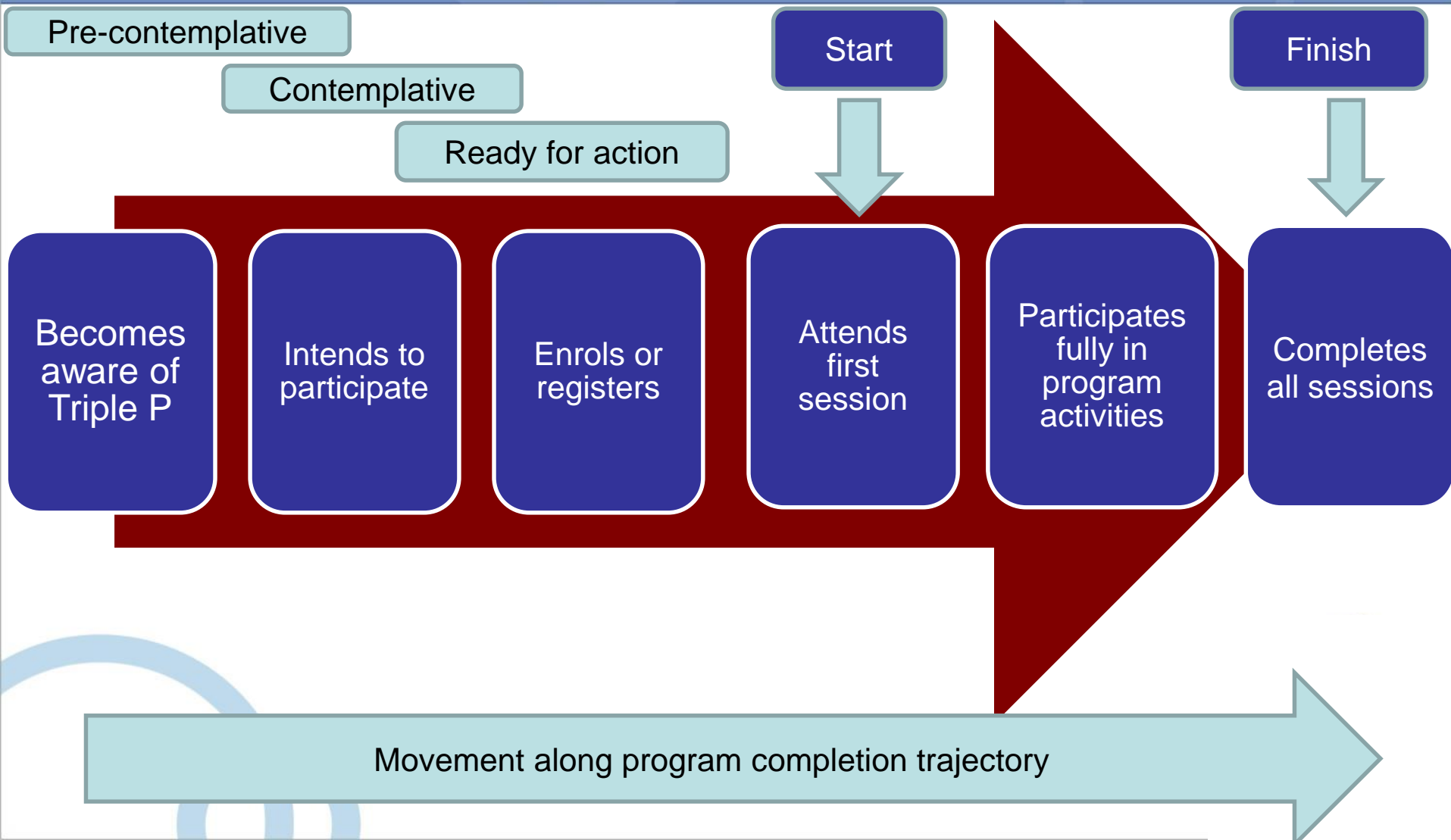
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# Parents with lower participation rates may require targeted engagement strategies

- Fathers in general, single parents, teen parents, minorities, refugees, parents living in extreme poverty, and Indigenous parents
- Foster parents, step-parents, adoptive parents, kinship carers
- Parent with serious mental health or substance abuse problems
- Parents of children with chronic health problems
- Parents with disabilities and chronic health conditions

# How do we promote movement along the engagement trajectory?



## Modifiable enablers & barriers

### Parental anxiety about child's behavior

Perceived vulnerability  
Severity of child problem  
Level of parental distress or anxiety

### Motivational variables

Perceived need  
Anticipated benefits/costs  
Incentives/disincentives  
Competing demands

### Program variables

Crafting the message  
Providers-ethnicity, experience, skills  
Program format  
**Cultural acceptability of parenting advice**

## Outcomes

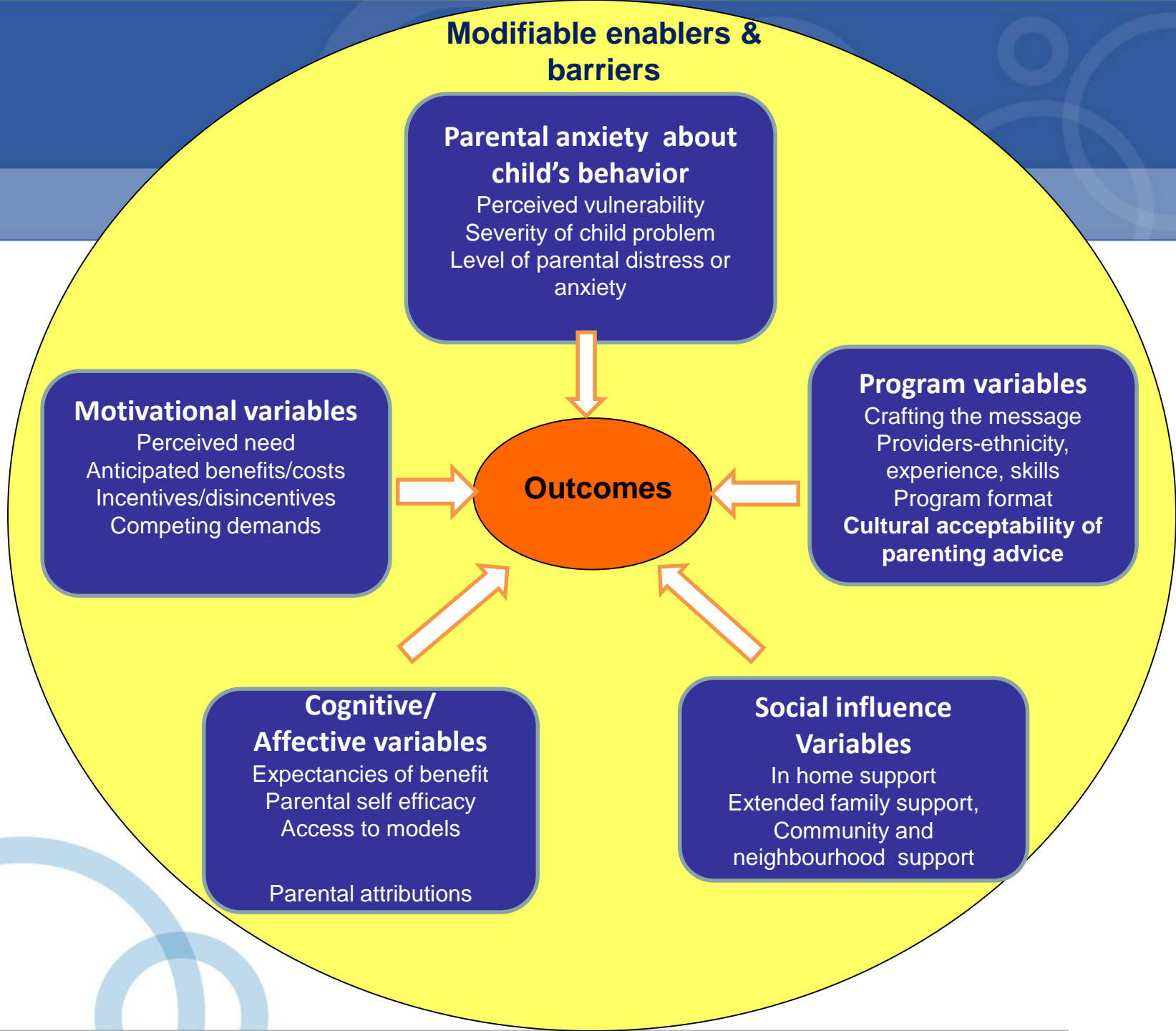
### Cognitive/ Affective variables

Expectancies of benefit  
Parental self efficacy  
Access to models

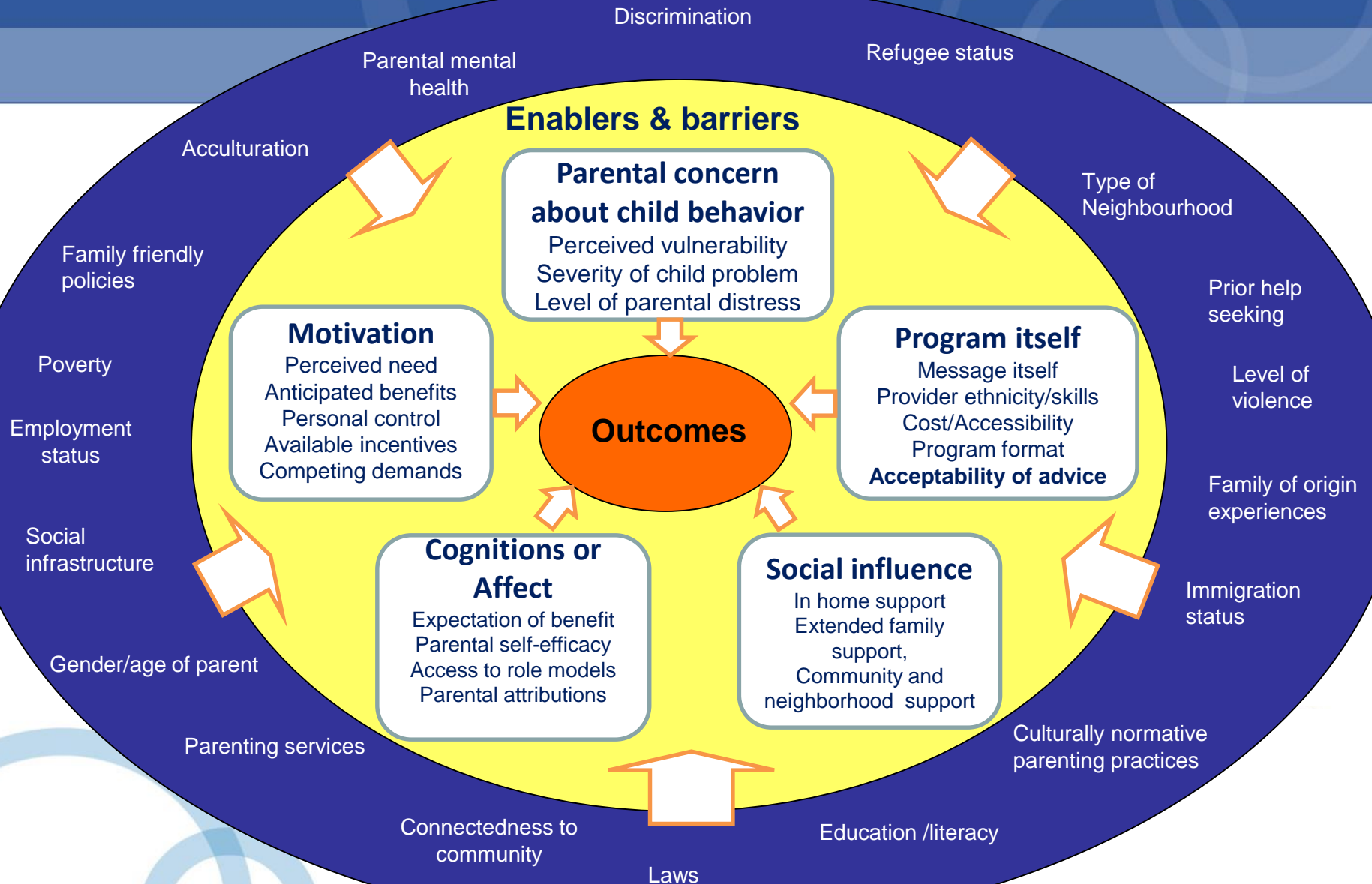
Parental attributions

### Social influence Variables

In home support  
Extended family support,  
Community and  
neighbourhood support



# An ecological perspective is needed to tackle complex problems



# Normalizing participation helps





# Strategies for improving participation

## Normalize participation

- “Stay Positive”
- Create pull demand
- Peer to peer testimonials/social contagion
- Professional/opinion leader advocacy

## Target normative developmental transition

- Transition to childcare/school/high school
- Establish participation targets
- Incentives for practitioners for recruitment efforts

## Increase consumer engagement

- Focus groups
- Consumer preference data
- Link parents participation to other valued outcomes

# Parenthood preparation for all



# Peer to peer advocacy

## Video Content

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The  
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# Parents discontinue for many different reasons

## Family factors

- Family crises-e.g. health problems, housing, suicide
- Competing priorities (housing, employment problems)
- Family violence/relationship problems

## Personal factors

- Timing poor
- Mental health/substance abuse problems
- Lack of support
- Low level of concern
- Parents attributions

## Program factors

- Got what they wanted
- Parents unsure of commitment
- Program poorly delivered
- Literacy level demands
- Cultural appropriateness

# Within session strategies for improving retention

## Enhance engagement

- Relevant examples
- Prompt/ reinforce engagement
- Emotionally connect to valued outcomes

## Improve teamwork

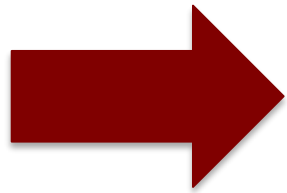
- Encourage teamwork
- Be inclusive of extended family
- Teach conflict management strategies

## Enhance social connectedness

- Build social momentum
- Encourage parents to share
- Engage consumers to help recruit other parents

**Better outcomes  
for families**

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# Strategies for improving outcomes

Address key risk and protective factors

- Use history and observation to decide which skills need work
- Address key “setting” events associated with difficult times

Provide the right level of intervention

- Assess parental motivation to commit to requirement of a level
- Ensuring program offered meets expectation

Empower parents

- Use SR framework
- SR has to be nurtured and developed gradually

Better outcomes  
for families



Parenting programs that have a  
good fit to the parents concerns

## **Video Content**

# Parental self-regulation is the goal

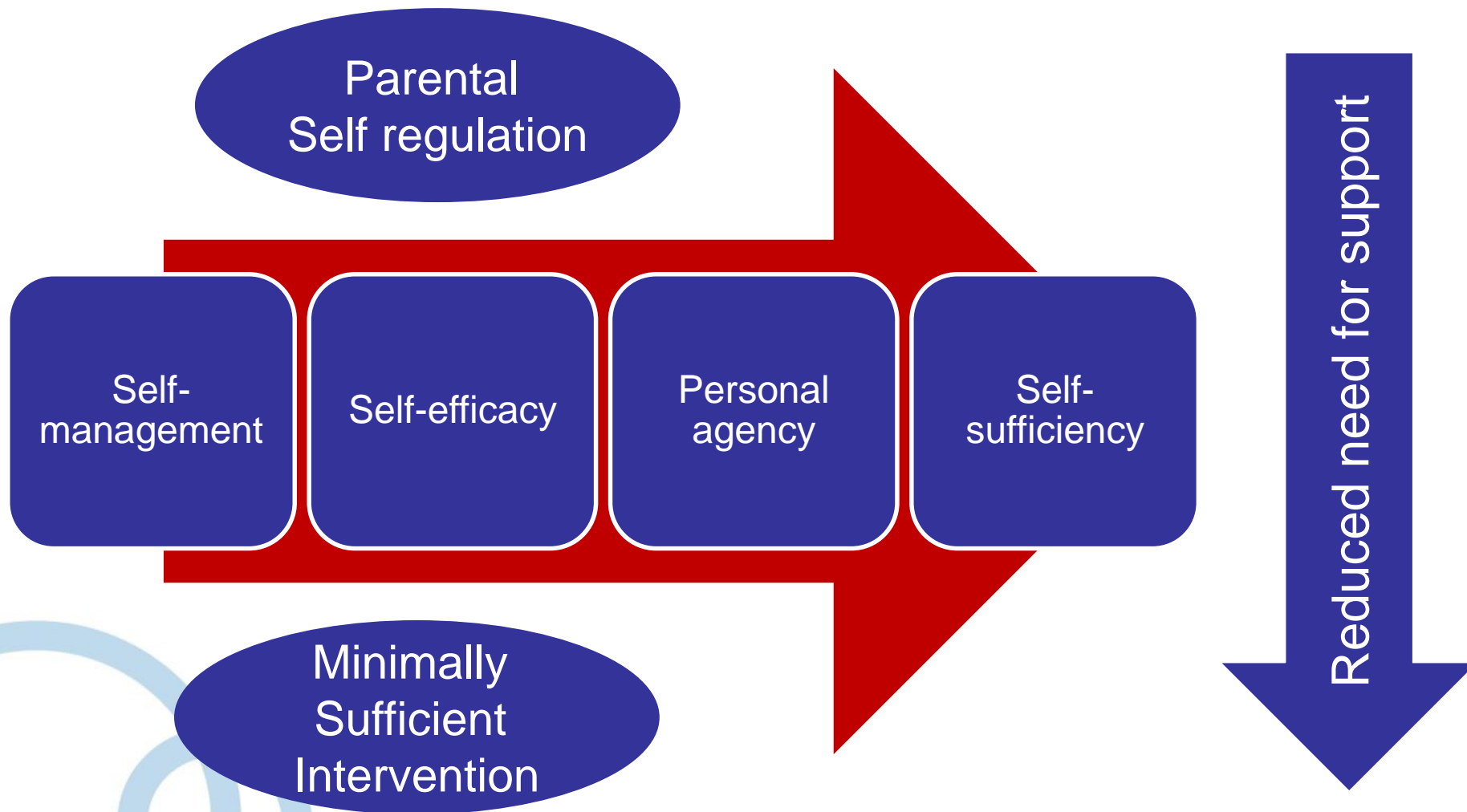
Self-regulation defined by Karoly (1993) as:

*...those processes, internal and or transactional, that enable an individual to guide his/her goal directed activities over time and across changing circumstances (contexts). Regulation implies modulation of thought, affect, behaviour or attention via deliberate or automated use of specific mechanisms and supportive metaskills. (p.25).*

# Parents vary in their self regulation capacity: Assess the starting point

- Has a clear sense of purpose
- Knows what behaviours, skills and values to promote as a parent
- Has realistic expectations
- Self-monitors automatically, rather than consciously or deliberately
- When personal standards/values are violated she brings her current behaviour under personal control
- Tunes into her own actions and searches for explanations
- Uses her knowledge to develop plans
- Carries out plan and revises as needed
- Expects to be successful and bring about good outcomes
- Is reflective, capable of identifying strengths and weaknesses, without being unhelpfully self critical
- Reflections increase her self efficacy
- Mostly enjoys the process

# Using a self regulation framework to change behavior



# Practices that promote parental self-regulation

Building a  
Collaborative  
Relationship




- Convey respect in an emotionally supportive context
- Build an optimistic outlook
- Let go of control through a “guided” model of support
- Avoid reinforcing self defeating behaviours and dependency
- Establish positive expectancies that promote self regulation (“You can do it”)

# Techniques that promote parental self regulation


Using specific techniques



- ❖ Encourage self reflection about future goals and plans
- ❖ Use prompts for self appraisal (“How did that go?”)
- ❖ Apply principles of the “minimally sufficient level of support (decreasing prompts, praise/external reinforcers)
- ❖ Praise unprompted use of specific self regulatory skills
- ❖ Ask parents to share their rationales for their decisions and plans
- ❖ Reinforce generalization of parenting skills across settings, tasks, siblings

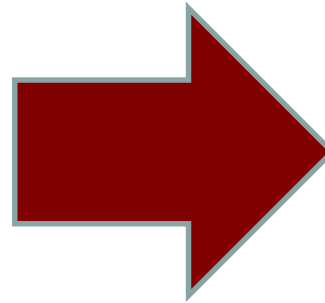


Enhancing enablers  
and minimising  
barriers to program  
completion



# Using program features that enhance outcomes

Modifiable  
program  
variables

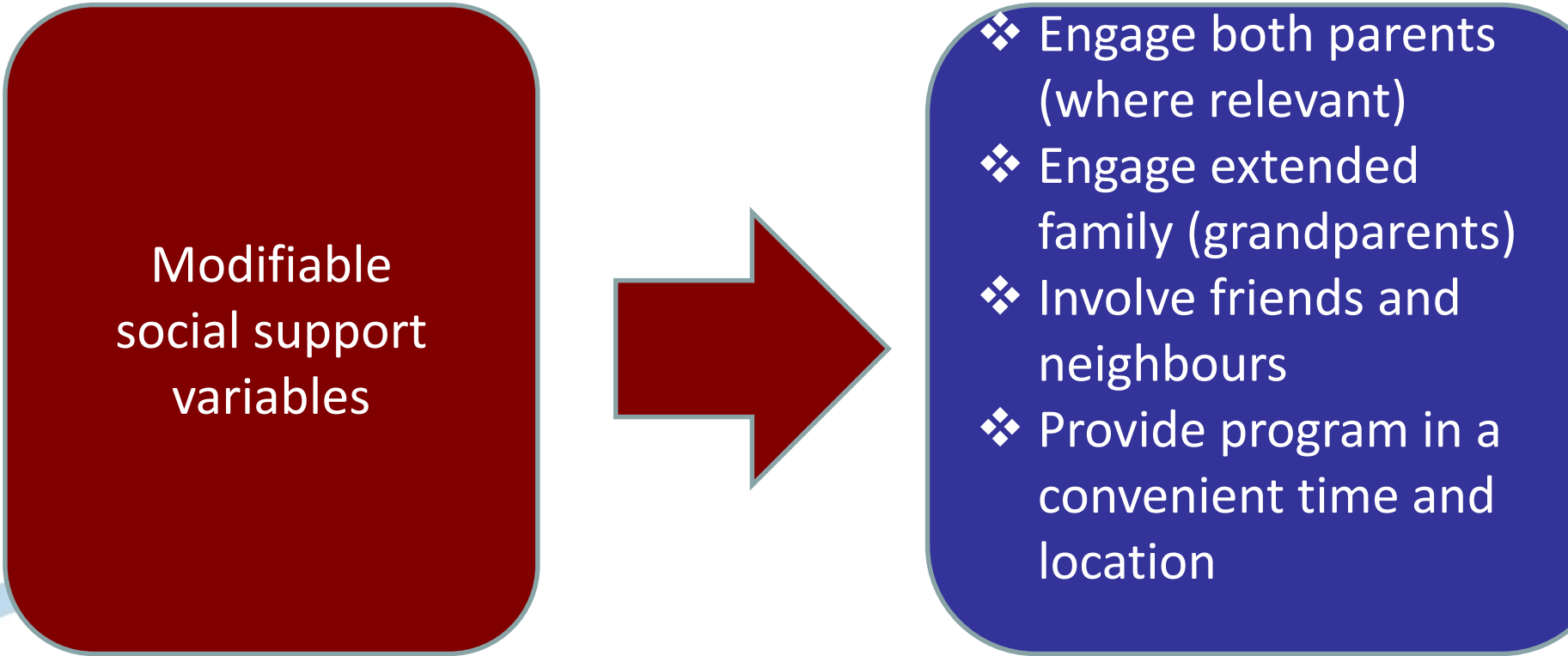


- ❖ Use flexible delivery
- ❖ Use preferred delivery format
- ❖ Use relevant, meaningful examples
- ❖ Ensure advice is culturally acceptable
- ❖ Ensure program is no or low cost



# Using social influence to enhance outcomes

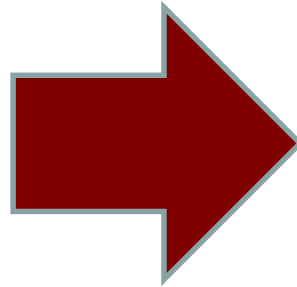
Modifiable  
social support  
variables



- ❖ Engage both parents (where relevant)
- ❖ Engage extended family (grandparents)
- ❖ Involve friends and neighbours
- ❖ Provide program in a convenient time and location

# Cognitive/affective strategies to enhance outcomes

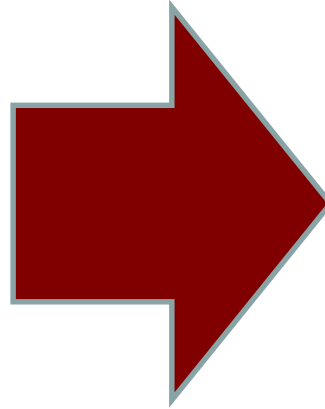
Modifiable  
cognitive/  
affective variables



- ❖ Ask parent to identify anticipated benefits of tasks
- ❖ Use peer models
- ❖ Attribution retraining
- ❖ Prompt efficacy predictions. How confident are you that you can carry out your plan?

# Enhancing motivation

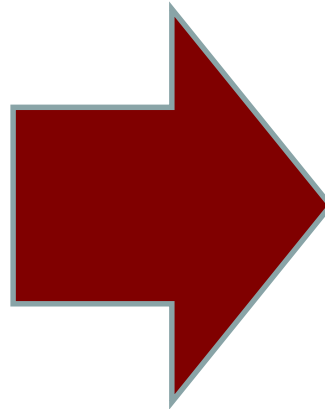
Motivational  
variables



- ❖ Speak to parents who have already completed
- ❖ Encourage parents to make parenting a priority
- ❖ Reduce competing demands
- ❖ Develop troubleshooting plan for dealing with barriers

# Troubleshooting guide when parenting advice appears to fail

Things to check



- ❖ Poor implementation
- ❖ Competing influences/setting events
  - ❖ Sibling effects
  - ❖ Partner effects
  - ❖ Grandparent effects
- ❖ Additional parental stress



Ensure responsive  
delivery



# Matching Triple P to clients needs

- Triple P works best when delivered with fidelity and as a multilevel system
- Use of evidence-based practices does **not** mean inflexible, non-responsive delivery
- Manuals come with a brain
- Tailoring of process and content means responding to parents needs

# Key take home messages

- A diverse range of parents and children can benefit from Triple P
- There is real potential to improve engagement, participation, and outcomes for vulnerable families
- Don't forget to become really good at delivering Triple P takes time and experience



Thank you for your  
attention

Q and A

