



## Triple P – Positive Parenting Program®



# Flexibility in the Delivery of Triple P Quality Fidelity Measurement Process Part 2



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# Agenda



- What is Fidelity
- What does Flexibility look like?
- Evaluation and Dissemination



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# Fidelity

# Delivering a Manualized Program



- Methods and strategies are provided (tested and assessed)
- Training to introduce the content and competencies required to deliver
- **AND** professional assessment and discretion required to meet client needs

# Delivering a Manualized Program



- Training in the program provides information and skill development to assist practitioners to deliver the program
- Program materials provide tools to assist in assessment of parent skills and concerns at a level appropriate for the planned intervention

# Fidelity



- Delivering the program in a manner consistent with the evidence base
- Using the materials and methods included in the program

# Triple P with Fidelity



- Intake process assists in identifying the parent/caregiver(s) need and goals
- Caregivers are matched with an appropriate intervention (intensity, variant)
- Delivery setting and timing are negotiated or identified to the family
- Caregivers are provided with rationale and explanations for all elements of the intervention



# Triple P with Fidelity



- Caregivers are provided with a variety of parenting strategies to select from
- Caregivers are active participants in assessment and learning, developing parenting plans and monitoring behaviour
- Caregivers are expected to complete practice and planning within and outside of time with the practitioner (homework)

# Triple P with Fidelity



- Results are assessed and used to guide continued intervention with the Caregiver and implementation of the program
- Deliver the minimally sufficient intervention to obtain desired results
- Delivered by an accredited provider



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Flexibility in the delivery of Triple P  
QFMP Part 2

**Flexibility**

# Flexibility



- Planned adjustments to program delivery to respond to and support the client context and needs

Mazzuchelli, T.G., & Sanders M. R. (2010). Facilitating Practitioner Flexibility Within an Empirically Supported Intervention: Lessons From a System of Parenting Support. *Clinical Psychology Science and Practice* 17: 238–252.

# What already exists to support flexible delivery?



- Suite of available services to meet client needs at the time (intensity, age of child, developmental challenges, preferences)
- “Buffet” of proven strategies from which parents select what they will try
- Self-regulatory framework

**Delivery of Triple P with fidelity requires flexibility**

Question for the group...



# Examples of Triple P with Flexibility?



- Intake process
- Intervention (intensity, variant)
- Delivery setting and timing
- Parenting strategies
- Parenting plans and monitoring behaviour
- Homework
- Evaluation
- Training

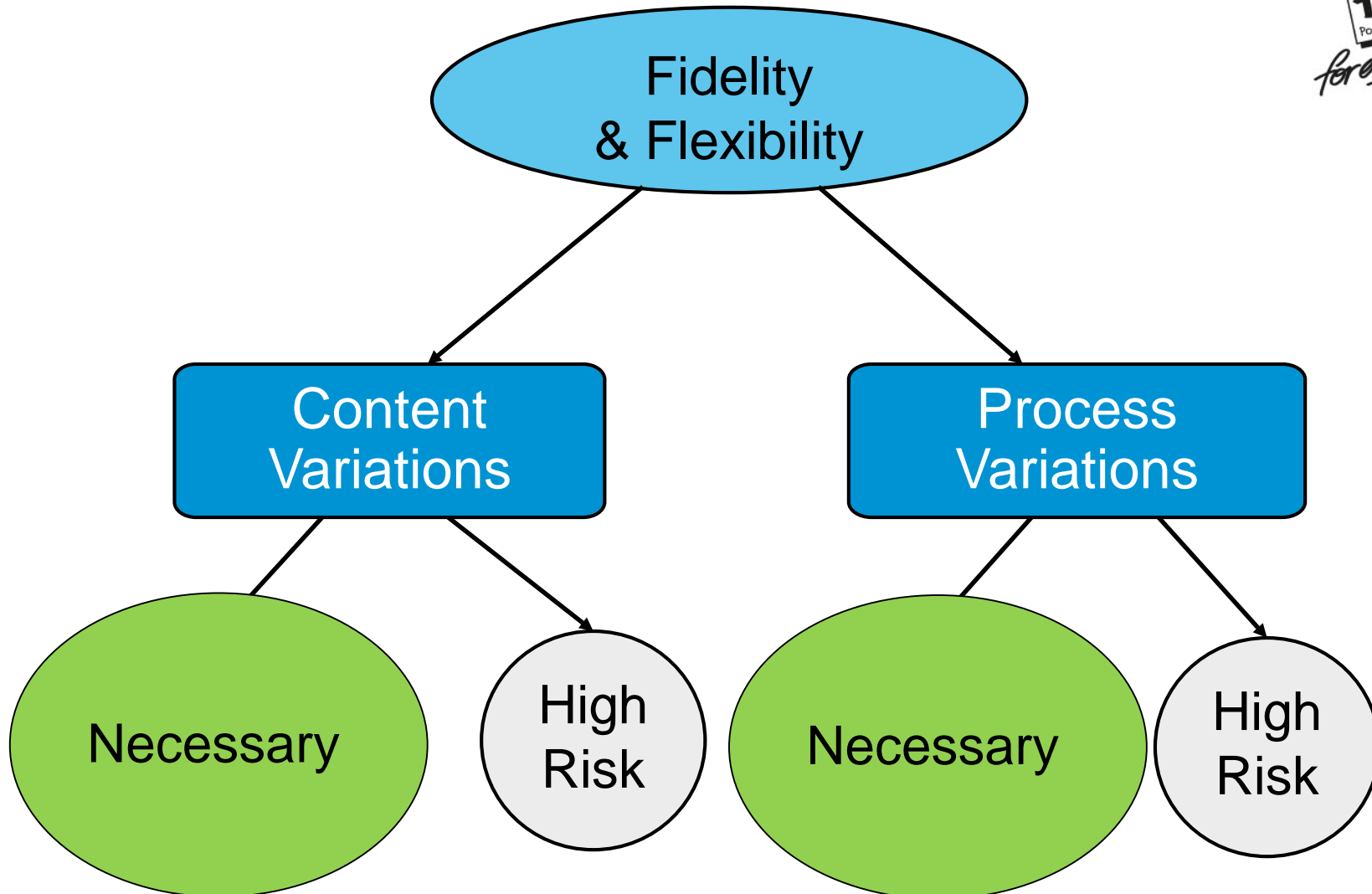
## Questions we've heard



- How do I know if my ideas for being flexible (adaptation) is “okay”?
- Is there a list of all the ways it can/has be adapted for me to choose from?
- How will I know if it makes a difference?



# Fidelity and Flexibility



# What might help?



- Prompts to identify core domains of the program that need to be present to maintain fidelity
- Language to support communication about adaptations, their purpose and outcomes

Quality Fidelity Measurement Process

# QFMP



- 3 factors – content, competency and context  
- for each of 7 domains

Parent assessment

Self-regulatory framework

Parent-practitioner  
alliance

Homework

Teaching parenting  
strategies

Local program outcomes

Training protocol

# Example of Flexible Delivery



Group delivered across a single day

- Identified need to reduce travelling for caregivers to attend all sessions
- Desire to maintain Group format

# Assessing for threats to fidelity



- Asking key questions in each domain to determine potential challenges and ways to mitigate them, if possible.
  - If the threat is minimal or manageable, the adaptation could be delivered in a way that will maintain fidelity
  - If the threat is substantial or unmanageable, it is probably not going to maintain fidelity of the program

# Flexible Delivery – Group Triple P



## Parent Assessment

- Have assessment forms completed ahead of the day to reduce time needed for that activity in the session

## Alliance

- Maintain group format
- Maintain brief individual sessions for 3 weeks after delivery

# Flexible Delivery – Group Triple P



## Teaching parent strategies

- Maintain session format without review segments of presentation

## Homework

- Remove expectation for homework between sessions 1-4
- Provide instructions about development of Planned Activities Routines for practice and monitoring at home

# Flexible Delivery – Group Triple P



## Self regulation

- Maintain methods of Group

## Local Outcomes

- Monitor implementation

## Training protocol

- Led by trained facilitator





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Quality of Fidelity Measurement Part 2

# Evaluation and Dissemination

# Evaluation and Dissemination



- Did the adaptation work as intended?
  - Cycles of assessment will continue to support use of a given adaptation or promote adjustments.
  - It's very tempting to make the change and just carry on because it "seems okay"

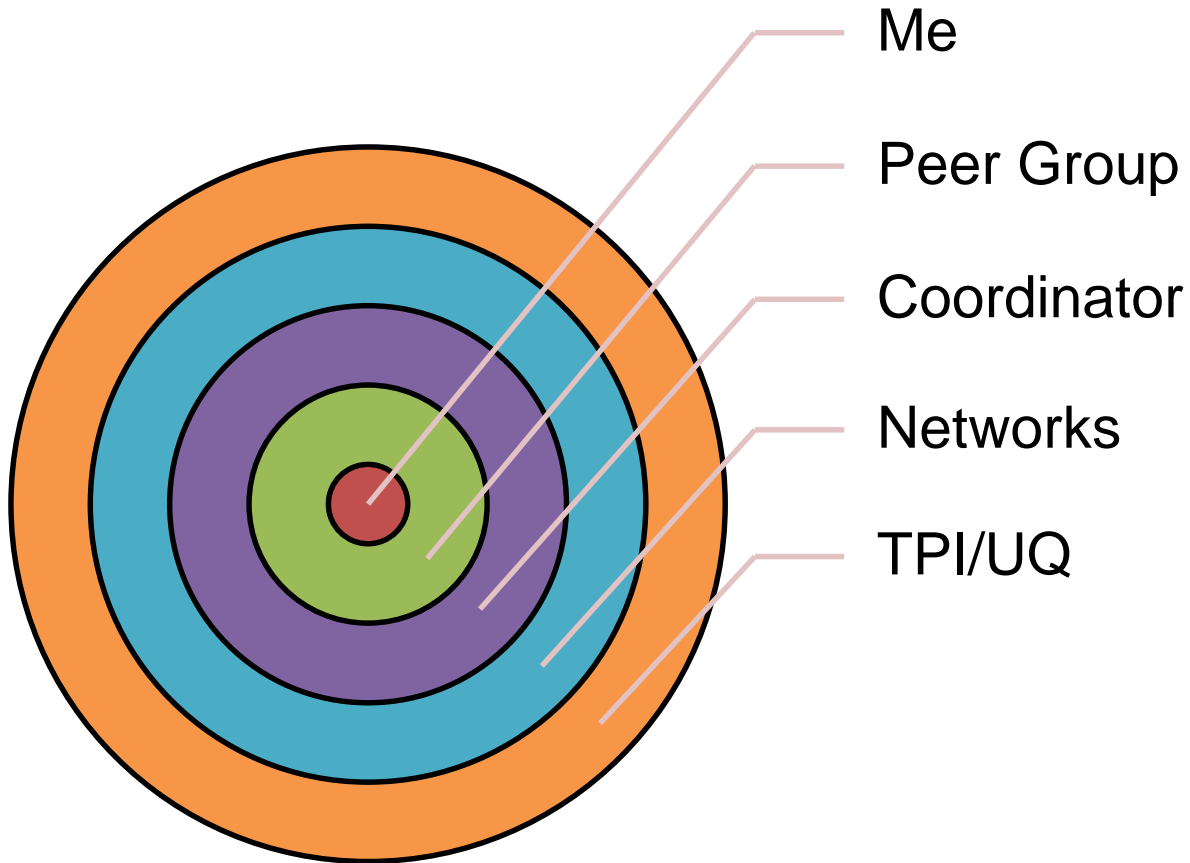
**Does this mean all groups should be offered this way?**

# Evaluation and Dissemination



- Sharing the results of evaluation of your adaptation
  - Related to core concepts
  - Rationale and details
  - Outcomes
  - Replicability

# Who needs to know?



# Dissemination



Local sharing may result in greater uptake among populations that benefit from the adaptation

- What intervention, for whom and in what context?

# Dissemination



- Sharing with Networks (state/province-wide) may result in better communication about adaptations overall
- Sharing with TPI/UQ may result in future research and changes to the program

# Past examples of feedback loops



- It is possible for physicians to offer Triple P in their practice?
  - Development of Primary Care Triple P
  
- Can I offer Primary Care Triple P to a small group?
  - Development of Discussion Group Triple P

Question for the presenters?





Thank you

