

Implementation of the Triple P Program at a population level

Prue Holzer

The US Triple P Program population trial

National Child Protection Clearinghouse Research Officer, Prue Holzer, recently attended a seminar hosted by the Centre for Adolescent Health in Victoria. The seminar was presented by Professor Ron Prinz and concerned the implementation of the Triple P–Positive Parenting Program at the population level in the US. In this article, Prue describes the population trial and the content of the seminar. Details on how to access further information are provided at the end of the article.

The Centre for Adolescent Health in Victoria recently hosted a seminar concerning the implementation of the Triple P–Positive Parenting Program at the population level in the US. During the seminar, Professor Prinz provided details of the five-year research project. Professor Prinz is one of two principal investigators in the Building Connections trial (the other being Professor Matthew Sanders from the University of Queensland). The trial, which commenced in 2003 and is funded by the US Centre for Disease Control, aims to evaluate the effectiveness of the Triple P–Positive Parenting Program in reducing the prevalence of child maltreatment at the population level.

In beginning his address, Professor Prinz discussed the way clinical models of prevention and clinical trials or evaluations have dominated the child maltreatment field. However, Professor Prinz argued that clinical approaches have had relatively little impact in addressing the prevalence of child maltreatment. Thus, Professor Prinz contended that alternative approaches to preventing child maltreatment are required—approaches that achieve population outcomes. Towards this goal, Professor Prinz and colleagues received funding to launch a population-level trial of the Triple P Program in South Carolina.

The Triple P program is a multi-level parent education program designed to reduce the occurrence of child maltreatment by enhancing competent parenting. The interventions offered through the program range from a universal media awareness campaign to more tailored one-on-one interventions with trained facilitators (for a description of the Triple P–Positive Parenting Program, see Holzer, Higgins, Bromfield, Richardson, & Higgins, 2006). All levels of the program have been implemented in the Building Connections trial, and the Triple P interventions have been targeted toward families with children from birth to seven years of age.

The trial involves 18 counties in South Carolina, all with populations ranging between 50,000 and 175,000 people, and none of which have had prior exposure to the Triple P program. All 18 counties were randomly assigned to either the Triple P treatment group or the comparison group (counties in the comparison group only receive existing community services). Treatment and comparison groups were matched according to existing levels of 'key population indicators', including child protection service data (both the number of investigated and substantiated cases), child injuries (the number of hospitalisations and emergency room visits), and the number of children placed in out-of-home care.

Population trial. A population-level trial attempts to evaluate the effectiveness of a particular intervention on a large-scale and under 'life-like' conditions. Rather than evaluating effectiveness in a clinical or 'lab-like' setting, a population-level trial implements an intervention in a whole community or region. The outcomes found in this community or region are compared to the outcomes of a community or region that does not receive the intervention. In this way, evaluators attempt to document the 'real-life' effectiveness of an intervention, despite not having been able to control for the possible effects of other life circumstances.

Clinical trial. A clinical trial is a research study designed to answer specific questions about a particular intervention or approach (for example, how safe or effective a program is). Clinical trials are conducted under strict 'empirical' or scientific conditions in an attempt to test only the effect of the intervention, while controlling for other circumstances. While rigorous and well regarded as a scientific method of study, such approaches to evaluating the effectiveness of child maltreatment prevention programs are considered by some to be somewhat artificial.

In order to implement the Triple P program, developers of the Building Connections trial trained existing service providers (for example, doctors, nurses, social workers and early childhood educators) in how to implement the program. Existing service providers were trained in how to work with families according to the Triple P Program's underlying principles, namely parent agency and parent self-efficacy.

As the Building Connections trial is in its infancy, Professor Prinz was not yet able to provide detailed analyses concerning the effectiveness of the Triple P program in reducing child maltreatment at the population level. However, some measures have been collated and Professor Prinz concluded the session by discussing the lessons learnt thus far. Preliminary findings have shown that:

- providers would like greater collaboration between services/agencies delivering the program;
- increased priority should be given to interventions and delivery modalities that have the broadest population reach (for example, the universal media campaigns); and
- parents and trainers are in favour of the de-stigmatising, normalising and positive approach of the program.

Professor Prinz indicated that the long-term aims of the trial are to provide a cost analysis of the program, an analysis of how to increase population penetration, and to ultimately unfold the results of the trial according to the key population indicators (child protection service data, child injuries and number of child placements in out-of-home care).

Discussion following Professor Prinz's presentation concerned methodological issues. For example, attendees asked Professor Prinz how the investigators are ensuring that service providers deliver the program consistently and according to its underlying principles. Other attendees raised the issue of whether the investigators are collating demographic information on the parents and families seeking the program's assistance. Collecting demographic information of this nature would enable the investigators to determine the sort of families the program is reaching (for example, to investigate, as one guest put it, whether the program is servicing the 'worried well' rather than those parents really in need of preventative interventions).

Professor Prinz responded to such queries by explaining that there are 'trade-offs' in trials at the population level which mean that it is not feasible for the investigative team to document whether service providers are implementing the Triple P program as outlined (although Professor Prinz noted that there is no evidence to suggest that service providers would not be implementing the program accordingly either). In addition, as the services provided to particular families are at the discretion of service providers, the investigative team have only limited access to demographic data and information concerning parent participation (for example, length of program involvement, attrition rates and so on). However, Professor Prinz argued that the investigative team have reason to believe that they *are* accessing the poorest families in the community, as the service providers trained at the outset of the program's implementation were already servicing those families most in need.

Professor Prinz's presentation was very interesting, particularly the aspects of his address that compared the strengths of population or macro-level trials with clinical trials. The work of Professor Prinz and his colleagues offers considerable promise given that it appears to be the first of its kind in evaluating the Triple P program on such a large scale. The Triple P program has already been the subject of considerable empirical evaluation at a clinical level (the results of which have been favourable), however, being able to document the effectiveness of the program throughout an entire community (for example, via a reduction in reports of child maltreatment to statutory authorities and so on), would bode well for the implementation of the program in other regions and geographical areas. Significantly, research such as the Building Connections trial will add another dimension to our awareness of the potential for prevention programs such as Triple P to effect change in the area of child maltreatment at the population level, thus improving outcomes for children.

Reference

Holzer, P. J., Higgins, J. R., Bromfield, L. M., Richardson, N., & Higgins, D. J. (2006). *The effectiveness of parent education and home visiting child maltreatment prevention programs* (Issues in Child Abuse Prevention No. 24). Available from <http://www.aifs.gov.au/nch/issues/issues24.html>.

Details on the Building Connections trial, of which Professor Prinz is one of the principal investigators, are available at www.pfsc.uq.edu.au/01_about_us/International_research.html

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