



Triple P International Appoints Canada- Based Training Consultant

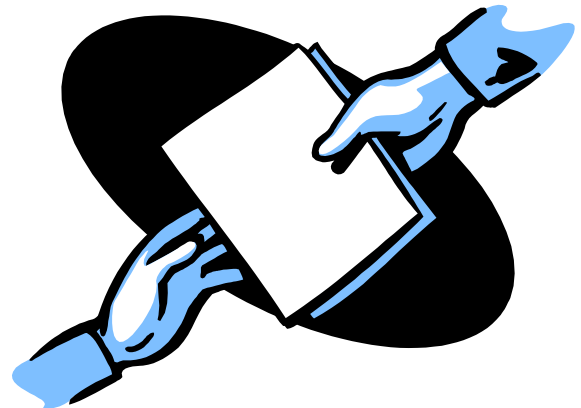
Peggy Govers, RN, MScN, has been appointed by Triple P International as the first Canada-Based Triple P Training Consultant. Peggy is a Family Health Service Manager with the Child Health Program of the Simcoe Muskoka District Health Unit in Barrie, Ontario. She has several years of Triple P implementation experience at the agency and community level. The real advantage of having a Canada-based trainer will be through Peggy's familiarity with implementation in the Canadian context. Peggy's first assignment in her new role was on the mainland in the Upper Fraser Valley region of British Columbia this spring. She will be providing training services on a part-time basis, approximately 10 weeks per year. We will be seeing more of Peggy as Triple P continues to roll out across Canada.

TRIPLE P POSITIVE PARENTING PROGRAM

Vancouver Island Triple P Newsletter
Issue 8 Spring 2011

Triple P Practitioner Surveys Show Results

Twice a year, I ask practitioners to provide information about the Triple P services they are delivering in their community and how many families they are reaching. This is done through the distribution of a Triple P Practitioner Survey. Issue 2, Spring 2009 of the Vancouver Island Triple P Newsletter, provided our readers with a summary of the first Triple P Practitioner Survey distributed in 2008/2009. Here, in Issue 8, the results of the last three survey periods (March 1, 2009 to August 31, 2010) are summarized. These retrospective surveys indicate that families across Vancouver Island are benefitting from Triple P services at all levels of the system. In addition to numerous Groups, Seminars and one-to-one consultations, the majority of practitioners are using Triple P concepts and strategies in their 'everyday' practice. It remains difficult to quantify this 'everyday' use but what we do know, is that in addition



to the numbers reported, approximately 6340 Triple P Tip Sheets were distributed to practitioners, for use in supporting families, during the reporting period. Practitioners continue to offer Tip Sheets to parents in their routine work, and are using Triple P concepts as an adjunct to other programs such as S.T.E.P., Well Baby Clinics, Healthy Beginnings, drop-in parent groups, and individual counseling, to name a few. Most importantly, many families across the Island continue to benefit from the support of committed practitioners, managers, and organizations trained in Triple P. Thank you to all who have provided us with this valuable information.



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Cindy Knott
Vancouver Island Triple P Coordinator



Cont'd from pg. 1 Triple P Practitioner Surveys Show Results



Triple P Practitioner Survey Results March 1, 2009 – August 31, 2010

Some of our readers have expressed an interest in re-viewing some of the topics covered at the annual Triple P Helping Families Change Conferences. This year's Conference, held in Antwerp, Belgium, was entitled "Turning Obstacles into Opportunities". Presentations looked at the latest developments in prevention and early intervention of child maltreatment, promotion of effective parenting on a population scale and intervention and treatment methods with families facing difficult situations. To view the PDF versions of these presentations, those interested can go to

www.hfcc2011.com

and click on "Presentations" on the side bar.

The 2012 Helping Families Change Conference will be held in Glasgow, Scotland.

Type of Triple P Service	# Seminars or Groups	# Participants
Level 2 Seminars		
The Power of Positive Parenting	19	245
Raising Confident, Competent Children	16	203
Raising Resilient Children	23	236
Teen Seminars	9	19
Totals:	47	703
Level 3 Primary Care (brief consultations)		1049
Level 4 Group & Group Teen	63	408
Level 4 & 5, Standard, Stepping Stones, Enhanced or Pathways (1 on 1 interventions)		294
Total # of Parents/Carers Receiving Services		2454

Outcomes: The Effectiveness of Triple P on Vancouver Island

Also in Issue 2, Spring 2009, we began looking at why collecting data when implementing Triple P interventions is worth the effort. Some of the important factors in obtaining this data are to help determine whether the intervention is achieving its desired outcomes and to enable practitioners to be clear about how their program achieves the stated objectives. Furthermore, it encourages parents to think about important parenting issues and it is an important way for us, on Vancouver Island, to communicate with our practitioners, managers, and communities that we are producing evidence that Triple P works.

A recent compilation of data from various Vancouver Island communities has shown positive outcomes for families receiving Triple P Group support. In the following pages, a selection of two assessment measures demonstrate those positive outcomes and provide support for our data collection efforts.



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Cont'd from pg. 2 Outcomes

Vancouver Island Triple P Website Updates



The Vancouver Island Triple P website is currently undergoing updates. Parents will now be able to access information about upcoming Triple P services, groups and seminars in most communities. To view this information, visit:

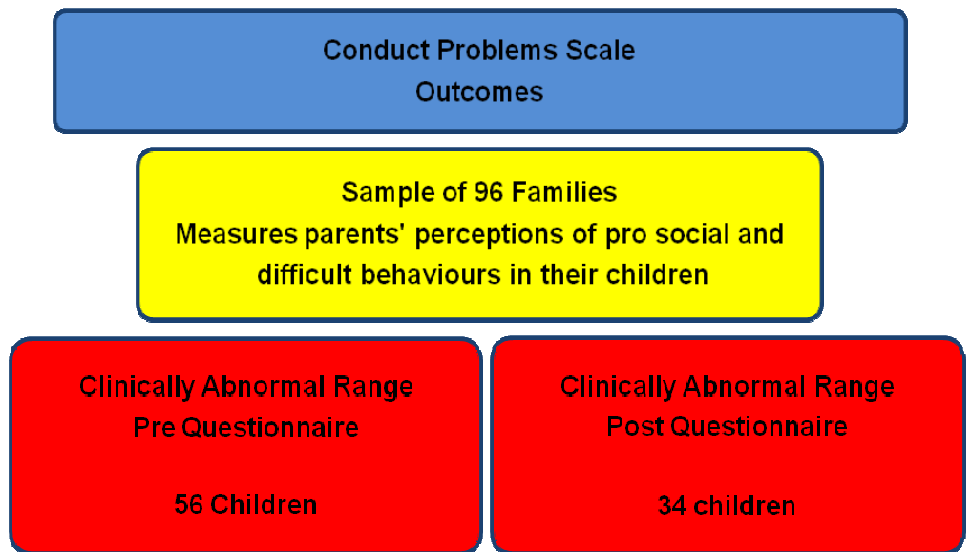
www.triplepvip.ca

and click on the "In My Community" page. Go to your respective community and click on "Community Calendar".

We will continue to provide updates to this part of the site in order to make it more "user friendly" for parents. Other updates are planned for the upcoming year.

The Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire, one of the assessment tools that enables practitioners to evaluate the effectiveness of Triple P interventions, contains 5 sub-set scales. These are: Conduct Problems, Hyperactivity, Emotional Difficulties, Peer Problems, and Pro-Social Behaviour. The following are the results from one of the 5 sub-set scales. The Conduct Problems Scale includes behaviours that children with Conduct Disorder engage in at higher rates than typical. It is a dimensional measure where scores in the clinically elevated range are an "alert" - signalling that these children may be at risk of having or developing this serious disorder. Conduct Disorder leads to a spiral of difficulties for the child including poor performance in school, inability to make friends, socially unacceptable and aggressive behaviour in adolescence, poor quality of life for the child (and family), higher school drop-out, and criminal involvement. Conduct Disorder is also highly correlated with depression and suicide in adulthood.



In this sample, Triple P Group Participation, resulted in a 39% reduction of children falling in the clinically abnormal range for conduct problems.

"Preventing just one case of conduct disorder can save an estimated \$1.7 million in cumulative lifetime costs."

*Charlotte Waddell, 2007
Children's Mental Health Research Quarterly*



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What's Happening with Triple P Across Canada? An Update

AB – 300 members trained; transition from initial 3 year funding block to ongoing Triple P service delivery.

BC – Mainland: Stepping Stones training with PosAbilities, an agency contracted by the MCFD; training began in Levels 2—4 in the Upper Fraser Valley region in spring of this year (2011).



MB – more trainings taking place in various levels; launch of province-wide Triple P parent help line and Provincial-wide media campaign underway.

ON – More communities interested in training, expanding Triple P levels offered; Media campaign completed; Provincial website up and work on provincial scoring database with TPI.

PEI – in the process of getting on board with Triple P.

SK – Triple P rolling out across aboriginal communities with Band funding.

Cont'd from pg. 3 Outcomes

The Parenting Scale Questionnaire

The Parenting Scale questionnaire is related to parenting style in that it provides an indication of how lax a parent is (permissive discipline), how likely they are to be verbose (overly long reprimands or reliance on talking), and how “over-reactive” or more recently, how “hostile” they might be (authoritarian discipline, displays of anger, meanness, and irritability possibly escalating to using physical punishment as discipline).

Parenting Scale Questionnaire
Outcomes

Sample of 125 Families
Measures 3 dysfunctional discipline styles in parents

Clinically Abnormal Range Pre Questionnaire	
Laxness	37
Over-reactivity	71
Verbosity/Hostility	53

Clinically Abnormal Range Post Questionnaire	
11	(decrease 70%)
20	(decrease 72%)
12	(decrease 58%)

The use of these valid assessment tools confirm for service providers that their work is effective and can facilitate ongoing improvements and that Triple P is attracting parents for whom these services are intended. The overall findings from this sample of 125 families give good assurance that Triple P programs implemented on Vancouver Island are having positive outcomes.

“Parenting style has important effects on schooling outcomes, including academic achievement, school grades, positive school behaviour, and completion of high school”.

J. Douglas Willms, ed. Vulnerable Children: Findings from Canada's National Longitudinal Survey of Children and Youth. University of Alberta



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