

Triple P and IDD
[Summary White Paper Developed by Louisiana OCDD Clinical Services Team]

Overview of Triple P and IDD

Positive Parenting Program (Triple P) is aimed at providing **family intervention** as a **proactive** and preventive approach to future problems for the child(ren). Consistent with the proactive and preventive emphasis the program provides varying **levels of intensity/specificity** beginning with a universal level that is aimed at broad population-level education for all parents. The levels are outlined in the table provided in this white paper.

The model **draws on** areas of research and intervention also implicated in work with individuals with intellectual/developmental disabilities.

1. **Social learning models**¹
2. Child and family **behavior therapy** (including ABA)²
3. **Developmental approaches** to learning and developmental psychopathology research³
4. **Population health**, normalization and role of ecology in development⁴

The **self-regulatory approach** to parenting is very consistent with approaches often used for children with developmental disabilities but steps in early to teach parents the needed skills including:

1. **Understanding** and selecting **goals appropriate** to their child's developmental stage
2. **Monitoring** the child and their own behavior
3. Choosing **appropriate intervention** approaches for specific issues
4. **Implementing** and **monitoring** the **solutions**
5. **Vetting strengths** and **limitations** of their own performance
6. **Adjusting** or setting new goals

The program also works to **connect** parents to **other social support networks** and considers the environmental context for the family and how this may affect parenting and thus the child. **Core parenting skills** are **identified** and **developed** within this framework.

Because each level looks at impacts across the developmental stages it should not be presumed that a parent of a child with IDD would not be able to benefit and participate with a positive impact on the child.

Stepping Stones Triple P⁵ is a parallel version of the **core Triple P system** developed for families with youth with IDD. It has 5 levels of increasing intensity and takes a "**blended prevention/treatment approach**". The Triple P program offers a certification in Stepping Stones Triple P. The program aims to increase the skills of the existing workforce/programs. Currently the focus is on pre-adolescent children but program authors note an aim to extend through adolescence in future. **Core concepts** include:

- **Safe and engaging environment**
- **Positive learning environment**
- **Assertive discipline**
- **Adaptation** to a child with a disability
- **Realistic expectations**
- **Community participation**
- **Parental self-care**

Research into this program demonstrates the following:

- Decreases in child **behavior problem**
- Decreases in **dysfunctional parenting** behaviors
- Decreases in **parental stress**
- Decreases in **parental conflict**
- Increase in **relationship satisfaction**

Triple P and IDD
[Summary White Paper Developed by Louisiana OCDD Clinical Services Team]

Level	Target Group	Approach/Methods	Professionals Involved
1: Media-based parent information campaign Universal Triple P	Population of parents with children with disabilities	<ul style="list-style-type: none"> • Coordinated media and health promotion campaign • Electronic and print media 	Media Liaison
2: Brief Selective Intervention Selected Stepping Stones Triple P	Parents of children with disabilities with specific concern about child's behavior or development	<ul style="list-style-type: none"> • Specific advice for child-specific problem • May involve telephone or face-to-face work with clinician • May involve group work (up to 20 min) 	<ul style="list-style-type: none"> • Child and community health • Education Professionals • Allied Health • Childcare Staff • Early Intervention Staff [during routine well-child care]
3: Narrow Focus Parent Training Primary Care Stepping Stones Triple P	Parents of children with disabilities with specific concern about child's behavior or development who require consultations or active skills training	<ul style="list-style-type: none"> • Brief Therapy Program (1-4 clinic sessions) • Combines advice, rehearsal, and self-evaluation • Teaches parents to manage discrete child problem behavior • Telephone or face-to-face clinician contact • May involve group work 	<ul style="list-style-type: none"> • Child and community health • Education Professionals • Allied Health • Childcare Staff [during routine well-child care]
4: Broad Focus Parent Training Standard Stepping Stones Triple P Group Stepping Stones Triple P Self-Directed Stepping Stones Triple P	Parents of children with disabilities who want intensive training in positive parenting skills [usually have child(ren) with more severe behavior problems or at risk]	<ul style="list-style-type: none"> • Intensive program (9-16 hours over 9-10 sessions) • Broad range of targets • Includes generalization focus • May be self-directed • May involve telephone or face-to-face • May involve group work 	<ul style="list-style-type: none"> • Mental Health staff • Welfare Staff • Allied Health • Education Professionals [Who routinely consult with parents about behavioral challenges]
5: Behavioral family intervention modules Enhanced Triple P Pathways Triple P	Parents with concurrent child behavior problems and family needs [Parent stress, conflict, depression, etc] Parents at risk of abuse/neglect	<ul style="list-style-type: none"> • Individually tailored intensive program • Modules involve home visits with focus on parenting skills, mood management, stress related coping, and partner support • May involve telephone or face-to-face • May involve group work • Modules focus on attribution retraining and anger management 	<ul style="list-style-type: none"> • Disability Professionals • Mental Health Staff • Welfare Staff

NOTE: Adapted from Mazzuchelli & Sanders, 2012.

Triple P (Positive Parenting Program) and Intellectual Disabilities

REFS

(References include studies and publications cited in this document along with publications related to Triple P and may be of interest to the reader.)

¹ Matson, M., Mahan, S. & Matson, J.L. (2009). Parent Training : A review of methods for children with autism spectrum disorders. *Research in Autism Spectrum Disorders, 3*, 868-875.

² Cone, J.D. (1997). Issues in functional analysis in behavioral assessment. *Behavior Research and Therapy, 35*, 259-275.

³ Hart, B. & Risley, T.R. (1975). Incidental teaching of language in preschool. *Journal of Applied Behavior Analysis, 8*, 411-420.

⁴ Mrazek, P., & Haggerty, R.J. (1994). *Reducing the risk of mental disorders*. Washington, DC: National Academy Press. Nirje, B. (1985). The basis and logic of the normalization principle. *Australia and New Zealand Journal of Developmental Disabilities, 11*, 65-68.

⁵ Mazzuchelli, T.G. & Sanders, M.R. (2011). Preventing behavioural and emotional problems in children who have a developmental disability: A public health approach. *Research in Developmental Disabilities, 32*, 2148-2156.

Iwata, B.A., Vollmer, T.R. & Zarcone, J.R. (1990). The experimental (functional) analysis of behavior disorders: Methodology, applications and limitations. In A. C. Repp & N.N. Singh (Eds), *Perspectives on the use of nonaversive and aversive interventions for persons with developmental disabilities (pp. 301-330)*. Sycamore, IL: Sycamore.

Mazzuchelli, T.G. & Sanders, M.R. (2012). Stepping Stones Triple P: A population approach to the promotion of competent parenting f children with disability. *Parenting Research and Practice Monograph No. 2*. Queensland, Australia: The Parenting and Family Support Centre, University of Queensland.

Plant, K.M. & Sanders, M.R. (2007). Reducing problem behavior during care-giving in families of preschool-aged children with developmental disabilities. *Research in Developmental Disabilities, 28*, 362-385.

Perrin, B. & Nirje, B. (1985). Setting the record straight: A critique of some frequent misconceptions of the normalization principle. *Australia and New Zealand Journal of Developmental Disabilities, 11*, 69-74.

Risley, T.R., Clark, H.B. & Cataldo, M.F. (1976). Behavioral technology for the normal middle-class family. IN E.J. Mash, L.A. Hmerlynck, & L.C. Handy (Eds), *Behavior Modification and families (pp. 34-60)*. New York, NY: Brunner/Mazel.

- Roberts, C. Mazzuchelli, T., Studman, L., & Sanders, M. (2003). Early intervention for behaviour problems in young children with developmental disabilities. *International Journal of Disability, Development, and Education, 50*, 275-292.
- Roberts, C. Mazzuchelli, T., Studman, L., & Sanders, M. (2006). Behavioral family intervention for children with developmental disabilities and behavioral problems. *Journal of Clinical and Adolescent Psychology, 35*, 180-193.
- Rutter, M. (1985). Psychopathology and development: Links between childhood and adult life. In M. Rutter, & L. Hersov (Eds.), *Modern approaches to child and adolescent psychiatry*. Sydney, Australia: Blackwell Publications.
- Sanders, M.R. (1996). New directions in behavioral family intervention. In T.H. Ollendick and R.J. Prinz (Eds), *Advances in clinical child psychology (Vol. 18, pp.283-330)*. New York, NY: Plenum Press.
- Sanders, M. R., & McFarland, M. (2000). Treatment of depressed mothers with disruptive children: A controlled evaluation of cognitive behavioral family intervention. *Behavior Therapy, 31*, 89-112.
- Thomas, S. & Wolfensberger, W. (1999). An overview of social role valorization. In R.J. Flynn & R.A. Lemay (Eds), *A quarter-century of normalization and social role valorization: Evolution and impact (pp. 125-159)*. Ottawa, ON: University of Ottawa Press.
- Wakimizu, R., Fujioka, H., Iejima, A., & Miyamoto, S. (2014). Effectiveness of the Group-Based Positive Parenting Program with Japanese Families Raising a Child with Developmental Disabilities: A longitudinal study. *Journal of Psychological Abnormalities in Children, 3(1)*, 113.
- White, B.L. (1990). *The first three years of life* (rev. ed.). New York, NY: Prentice Hall.
- Whittingham, K., Sofronoff, K., Sheffield, J., & Sanders, M. (2009a). Behavioral family intervention with parents of children with ASD: What do they find useful in the parenting program Stepping Stones Triple P? *Research in Autism Spectrum Disorders, 3*, 702-713.
- Whittingham, K., Sofronoff, K., Sheffield, J., & Sanders, M. (2009b). Do parental attributions affect treatment outcome in a parenting program? An exploration of the effects of parental attributions in an RCT of Stepping Stones Triple P for ASD population. *Research in Autism Spectrum Disorders, 3*, 129-144.
- Whittingham, K., Sofronoff, K., Sheffield, J., & Sanders, M. (2009c). Stepping Stones Triple P: An RCT of a parenting program with parents of a child diagnosed with an autism spectrum disorder. *Journal of Abnormal Child Psychology, 37*, 469-480.
- Wolfensberger, W. (1983). Social role valorization: A proposed new term for the principle of normalization. *Mental Retardation, 21*, 234-259.