

Triple P: A Multi- level Family Intervention Program for Children with Disruptive Behaviour Disorders

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1. Treatment of Disruptive Behaviour Disorders

Disruptive behaviour disorders are the most common, significant and costly of childhood adjustment problems. To date, mental health services for children have typically focused on the remediation of pre-existing problems, and involve a clinical model of service delivery. This approach, while potentially beneficial to individual children and their families has had negligible impact at a community level on the prevalence of behavioural problems in children. The failure of treatment programs to ameliorate disruptive behaviour has occurred because many families only seek assistance when their child's problem behaviour has become severe and is long standing.

2. Prevention and Early Intervention for Children with Disruptive Behaviour

The viability of preventive approaches depends on identifying risk factors early in a child's life that reliably predict the subsequent development of disruptive behaviour. In addition to the characteristics of the child, family and parent attributes have also been identified as risk factors for the subsequent development of conduct problems. Therefore, prevention programs implemented at the preschool stage may have more success than clinical interventions later in the child's life.

There is compelling evidence supporting the efficacy of parenting skills programs for preschool-aged and primary school-aged children with disruptive behaviour problems. Parent training procedures based on social learning principles target family interaction patterns known to contribute to the development and maintenance of disturbance in children's functioning or relapse after successful intervention.

3. Overview of Triple P

The Positive Parenting Program (Triple P) is a comprehensive multilevel system of family intervention for parents whose young children are at risk of developing disruptive behaviour disorders. The program aims to increase parenting skills, parent's sense of competence, improve marital communication about parenting, and reduce parenting stress. The Triple P model offers differing levels of support for differing needs of parents. The five levels of Triple P intervention range from low-cost self-help programs (Level 1) to brief supported interventions (Level 2), parent training programs (Level 3 and 4) and intensive behavioural family intervention programs (Level 5), which address additional family problems.

4. Therapeutic content of Triple P

A positive parenting approach involves five core parenting skills:

1. Creating a safe, engaging environment,
2. Creating a positive learning environment,
3. Using consistent discipline,
4. Developing realistic, age-appropriate expectations, and
5. Taking care of oneself as a parent.

5. From Clinical Management to Public Health

The development and evaluation of community-wide positive parenting programs is an important research priority. Future applications of Triple P include a community-wide program delivered by primary health care staff, group parent-training programs and an "infotainment" media production.

6. Dissemination and Quality Control

It is pointless to argue that Triple P interventions should only be delivered by psychologists. It is therefore essential that primary health care professionals receive high-level training and supervision to develop the necessary background knowledge and skills required to deliver Triple P effectively.