

PARENTING PROGRAM FOR MENTAL HEALTH

The NSW Triple P Training Procedure Manual



NSW HEALTH DEPARTMENT

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Introduction

International and national research has identified deficiencies in parenting skills as a risk factor for the development of mental health problems and disorders such as depression, anxiety, emotional and behavioural problems in children. Programs that promote improved parenting practices may assist families who are vulnerable, such as the **Triple P Program** (Positive Parenting Program), which derives from 15 years of experimental clinical research, has been shown to be effective in reducing such problems.

The *NSW Parenting Program for Mental Health* is a new mental health initiative with head quarters located at the Cumberland complex in the Western Sydney Area Health Service. The *Program* will provide coordination for mental health funded programs and initiatives for the enhancement of parenting skills over the next five years for all Area Health Services. To promote early intervention, the initial focus of the *NSW Parenting Program for Mental Health* is parents with children aged 2 to 4 years of age. The roles of Angela White, the Coordinator for the *NSW Parenting Program for Mental Health*, and Amanda Wheeler, the Trainer for the *NSW Parenting Program for Mental Health*, will be to assist Area Child and Adolescent Mental Health Services implement and evaluate evidence based parenting programs. Partnership with others such as Child and Family Teams will be crucial to the success of this initiative.

The *NSW Parenting Program for Mental Health* will make Triple P Training more accessible for NSW Health. Both Angela and Amanda have been trained as accredited Triple P Trainers. This is the first time accredited training in the Triple P Program has been available in NSW. A NSW Survey of Triple P Training needs has been conducted to determine local needs and develop a calendar for the provision of accredited Triple P training across NSW Area Health Services during 2001-2002. The Triple P Training Program will provide staff interested in providing parenting programs in the community with the skills they need in Triple P Program delivery and evaluation.

One of the roles of the Trainer for the *NSW Parenting Program for Mental Health* is the provision of criteria to assist Area Health Services in the selection of suitable staff for training in the delivery of programs to enhance parenting skills. Another role is to encourage and support Area Mental Health Services to develop collaborative partnerships with other health services, non-government agencies, other government departments, and families. It has been shown such joint action can be important in promoting the mental health and well being of children and young people.

The most effective way for some Area Health Services to provide parenting programs may be in partnership with organisations such as non-government agencies, Department of Community Services, pre-schools and family day care centres. This needs to be supported by mental health expertise to ensure essential program components and program integrity and that supervision and evaluation are maintained.

Participants of the Triple P Program training are required to comply with the *NSW Triple P Training Procedure Manual*. This document is divided into the following sections:

Section 1: outlines the components of the Triple P Program.

Section 2: explains the Triple P training levels and what is involved in the Triple P training.

Section 3: describes the criteria for the Triple P Training Program and outlines the roles and responsibilities of both the Area Mental Health Service and the Coordinator and Trainer for the *NSW Parenting Program for Mental Health*.

Section 4: lists the Triple P materials and resources

Section 5: provides the child protection framework for practitioners and facilitators of the NSW Triple P Program.

Definitions

Definitions In this document the following terms have the meaning as described below:

- NSW Parenting Program for Mental Health – coordinates mental health funded programs and initiatives for the enhancement of parenting skills in parents with children aged 2 to 4 years of age.
- Trainer for the NSW Parenting Program for Mental Health – accredited Triple P Trainer for NSW Health.
- NSW Triple P Training Program – trains participants in the delivery and evaluation of the Triple P program.
- Triple P Program – a parenting skills based program delivered over 4 sessions on an individual consultation basis.
- Triple P Group Program – parenting skills based program delivered over 8 sessions in a group setting.
- Triple P Practitioner – a professional trained to deliver Level 2/3 or Level 5 of the Triple P Program.
- Triple P Facilitator – a professional trained to deliver the Level 4 Group Triple P Program.

SECTION I:

The Triple P (Positive Parenting) Program

The period of early childhood from age three to the commencement of formal schooling is a significant phase of development (Sanders, 1995). Important tasks that must be achieved at this age are the development of gross and fine motor and language skills and the control over fundamental body functions like eating, elimination of waste and the ability to regulate the child's own behaviour and engage others in a more sophisticated manner (Hawkins et al., 1991).

The child's environment, largely provided by his or her parents, is still crucial in facilitating the maturation process. Biological immaturity and/or failure of the environment to provide the necessary support and stimulation will most commonly be expressed as externalising or behavioural problems.

Disruptive behaviours may range from mild to severe. Evidence-based parenting programs can be effective in preventing and treating these disorders (Marshall and Watt, 1999).

Specific programs are needed to support and assess the development of parenting skills in parents whose children have conduct disorder or ADHD. As well as catering for the needs of individual children, such programs can be used with disadvantaged or at-risk communities (Zubrick et al., 2000).

The Triple P Program is a multicomponent program offered in several levels of intervention from universal to indicated which is outlined in the table on page 6. The Triple P Program includes low-cost, self-help programs (Level 1), 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 such as marital conflict, parental depression, and parenting stress (Sanders and Markie-Dadds, 1996).

The program aims to improve parenting skills, increase parents' sense of competence in their parenting abilities, improve marital communication about parenting, and reduce parenting stress. These changes are likely to contribute to improved mental health outcomes for both children and parents as evidenced from clinical research indices.

Components of the Triple P Program

The rationale for the Triple P Program identified that disruptive behaviour disorders are the most common, significant, and costly of childhood adjustment problems (Sanders and Markie-Dadds, 1996). Prevalence rates are increasing with substantial costs to the community, for example, juvenile crime (car theft, burglary, shop-stealing, vandalism, arson, violent crime).

The program showed that children with disruptive behaviour disorders are at risk of experiencing learning problems, low self-esteem and low frustration tolerance, poor social skills and interpersonal relationships, depressive symptoms, abuse by their parents, developing later problems such as difficulties with marital, social and occupational adjustment. They are also more likely to develop adult personality disorder, alcohol abuse and other mental health problems and disorders.

The program features include:

- tailoring the level of the intervention to the assessed requirements of parents and children;
- promoting social competence and self-control in children;
- enhancing parental competence and self-sufficiency; and
- scientific evaluation of each of the five levels of intervention.

Four contemporary theoretical psychology perspectives underpin the program:

1. applied behaviour analysis (Baer, Wolf, and Risley, 1968);
2. developmental models of social competence in children (White, et al. 1990);
3. social learning theory (Bandura, 1977); and
4. research on developmental psychopathology (Rutter, 1989).

The program has been implemented as a clinical management intervention, to a population health model, including community-wide programs delivered by primary health care staff, group parent-training programs, and media strategies (Sanders and Markie-Dadds, 1996).

Table 1.A multilevel family intervention model for disruptive behaviour disorders

| LEVEL OF INTERVENTION | INTERVENTION METHODS | PROGRAM MATERIALS | POSSIBLE TARGET BEHAVIOURS | EVALUATION STUDIES |
|---|---|--|--|---|
| 1. Self-help: Information and advice only | Anticipatory well-child care involving the provision of belief instructions on how to solve developmental and minor behaviour problems. No therapist contact provided. May involve mass media strategies. | Positive parenting booklet Parenting tip sheets Parent training videotape programs Every Parent and Every Parent's Workbook Practitioner's manuals for levels 1 to 5 | Toilet training Independent feeding Dressing self | Markie-Dadds & Sanders (1994) |
| 2. Information plus minimal therapist contact | Instructions combined with brief therapist contact to support parents in using the positive parenting strategies. May involve telephone or face to face therapist contact. | Level 1 materials Developmental wall chart Practitioner's flip chart Telephone counselling manual | Temper tantrums Sibling rivalry Thumb-sucking | Sanders, Connell & Markie-Dadds (1994) Christenson & Sanders (1987) Sanders (1987) Sanders, Bor & Dadds (1984) |
| 3. Information plus active skills training | Brief therapy program (1-3 clinic sessions). Combining instructions, modelling, rehearsal and feedback to teach parents to manage discrete child problem behaviours. | Level 1 and 2 materials Practitioner resource kits | Bedtime disruption Mealtime behaviour problems Shopping trips | Dadds, Sanders & Bor (1994) Turner, Sanders & Wall (1994) |
| 4. Intensive behavioural parent training | Intensive individual or group program consisting of 8-10 weekly sessions, including telephone consultations or home visits. Focus is on parent-child interaction and the application of parenting skills to a broad range of target behaviours. Includes generalisation enhancement strategies. | Level 1 to 3 materials Practitioner's standard behavioural family intervention manual Group facilitator's manual Practitioner resource kits | Oppositional defiant disorder Conduct disorder Aggressive disorder | Sanders, Bor & Markie-Dadds (1994) Sanders, Markie-Dadds, Tully & Bor (2000) Sanders (2000) |
| 5. Enhanced behavioural family intervention | Intensive therapist-directed program for families with major child behavioural management problems and family dysfunction. The program modules include parenting skills, marital communication skills, mood management strategies and stress coping skills. | Level 1 to 4 materials Practitioner's enhanced behavioural family intervention manual Practitioner resource kits | Concurrent child and parent problems Severe conduct disorder | Dadds, Schwartz & Sanders (1987) McFarlane & Sanders (1993) Sanders, Borr & Markie-Dadds (1994) Sanders & McFarlane (2000) |

Source: adapted from Sanders, M.R. and Markie-Dadds, C.L. (1996) *Triple P: A multilevel family intervention program for children with disruptive disorders*. pp.64-65

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NOTES:

Local resources and contacts

SECTION 2:

Triple P Training Levels

Background

Triple P is designed for use by a variety of health, education and welfare professionals. These professional training programs are skills based and involve training practitioners working in universal through to specialist services, in the theoretical and clinical skills required to implement the various levels of intervention effectively with families. A variety of instructional methods are used in the training programs, including video and live demonstrations of strategies, simulated practice of consultation skills in small groups, feedback, clinical problem solving exercises, and the provision of educational readings and a workbook.

The competency- based accreditation process is an integral component of Triple P professional training. Accreditation at each level of professional training requires practitioners to demonstrate proficiency in the core consultation skills required for program delivery and knowledge and understanding of the principles upon which the program is based. As official recognition of proficiency in program delivery, a certificate of accreditation is provided to practitioners who have successfully completed all training and accreditation requirements.

Accredited practitioners are able to join a Triple P Practitioner Network, which offers an opportunity for ongoing professional development.

The *NSW Parenting Program for Mental Health* is providing 3 levels of Triple P training and accreditation.

Triple P Level 2/3 training

Level 2/3 training program is relevant to practitioners who regularly offer advice and support to parents in the course of providing routine well-child health surveillance and care. The training is designed to skill practitioners in the delivery of Primary Care Triple P which uses a brief consultation model and is recommended for child health nurses, general practitioners, preschool teachers, childcare workers, teachers, children services' advisers, allied health professionals and any other professionals working with families through brief consultations.

Training at Level 2/3 involves pre-training reading, and participating in a 2 day training course.

The 2 day Level 2/3 training course provides an overview of common developmental and behavioural problems in children, positive approaches to behaviour management, and consultation skills required to deliver effective brief interventions.

At the conclusion of the course, participants will have enhanced skills and knowledge in the following areas:

- The multilevel model on which Triple P is based.
- Early detection and effective management of child behaviour problems.
- Causes of behaviour problems in children.
- Core principles of positive parenting and behaviour change.
- Specific positive parenting strategies for promoting children's development.
- Effective parent consultation and skills training procedures.
- Identification of indicators suggesting more intensive intervention is required.
- Appropriate referral procedures.

Triple P Level 4 Group training

Level 4 Group Triple P training is recommended for nurses, childcare workers, teaching staff, guidance officers, school and family counsellors, parent educators, allied health professionals, social workers, psychologists, mental health nurses and psychiatrists. Training to this level involves pre-training reading, participation in a 3 day training course. There is also attendance at a 1 day accreditation workshop, completion of an accreditation competency checklist and quiz.

Level 4 Group Triple P training provides participants with a model for introducing positive parenting strategies to parents in a group format. At the conclusion of this training, participants will have enhanced knowledge and skills in the following areas:

- The multilevel model on which Triple P is based.
- Use of questionnaires to assess child and family functioning.
- Application of key parenting strategies to a broad range of target behaviours.

- Strategies for promoting generalisation and maintenance of behaviour change.
- Use of active skills training in a group format.
- Group dynamics and common group process issues.
- Telephone consultations with parents.
- Identification of indicators suggesting more intensive intervention is required.
- Appropriate referral procedures.

Triple P Level 5 training

Level 5 Triple P training is relevant to practitioners who have appropriate qualifications and experience, and the capacity to deliver intensive family interventions. Level 5 interventions involve the assessment and treatment of multiproblem families and require the skills to provide interventions tailored to address the individual needs of families. This training is recommended for psychologists, psychiatrists, guidance officers, family counsellors and social workers. Professionals who have previously completed Level 4 Triple P training can only access level 5 training. Training at Level 5 involves pre-training reading and participation in a 2 day course. There is also attendance at a 1 day accreditation workshop, completion of a competency checklist and quiz.

The training program provides opportunities to develop skills for working with multiproblem families. After completing training, participants will have enhanced knowledge and skills in the following areas:

- Assessment of personal adjustment of parents.
- Assessment of parental communication patterns.
- A range of specific procedures for teaching coping skills to parents experiencing difficulties with stress, anger or depression.
- A range of strategies for reducing parental conflict and promoting partner support.

Accreditation training

At each level of training, practitioners must successfully demonstrate proficiency in core competencies of program delivery and knowledge of the program to attain accreditation. Proficiency can be demonstrated during attendance at a 1 day accreditation workshop held after the training referred to above. The submission of a written assessment is also required.

At these workshops practitioners and facilitators have an opportunity to demonstrate the consultation skills targeted for accreditation and to receive coaching and feedback to assist them to obtain competence in these skills. In most instances, participants successfully demonstrate proficiency in accreditation competencies by the end of the workshop. During the workshop, time is also allocated to the discussion of the accreditation quiz questions. Written answers to these questions can either be submitted on the day of the workshop or within 2 weeks of the accreditation workshop. Each accreditation workshop is limited to a maximum of 10 participants. It will initially be reserved for those who have completed Level 4 Group and Level 5 Triple P training.

Source: adapted from Sanders, M.R., Markie Dadds, C.L., Turner, K. and Brechman-Toussaint, M. (2000). Triple P: A guide to the System pp. 19-22.

SECTION 3:

Criteria for the Triple P Training Program

The following sets out the guidelines and protocols for Area Health Services to access and participate in the NSW Triple P Training Program.

Roles and responsibilities

Area Health Service will be responsible for the:

1. Nomination of an Area Health Service representative who will:

- liaise with the Trainer for the *NSW Parenting Program for Mental Health* to coordinate the provision of Triple P training;
- provide details of program participants including their professional background and employing agency or service;
- provide participant's contact details;
- be available or nominate a representative to be available at the commencement and the conclusion of each day of training;
- ensure that a minimum of 12 participants and maximum of 20 participants are enrolled in each day of the Triple P Training Program.

2. Organisation of training venue including:

- payment required for venue hire for the duration of the Triple P Training Program;
- provision of equipment required for training such as whiteboard, overhead projector, TV/VCR for the duration of the Triple P Training Program;
- provision of catering for participants of the Triple P Training Program;
- provision of nametags for the Triple P Training Program participant's.

3. Assessment and selection of participants for the Triple P Training Program using the following criteria. Participants should have:

- received an Information Sheet or attended an Information Session on the Triple P Training Program (see Section 2);
- have relevant tertiary or other qualification fitting the level of training to be attended;
- relevant work experience fitting the level of training to be attended;

- a commitment to providing at least 2 Triple P Level 4 Group Programs within 12 months of participating in the Triple P Level 4 Group Training Program ; or
- a commitment to providing Level 2/3 or Level 5 Triple P Program consultations in their clinical practice;
- access to ongoing supervision and support in providing the Triple P Program;
- a commitment to undertake further professional development to become accredited Triple P practitioners and facilitators (see Section 2);
- undergone employment screening, by an approved screening agency, as outlined in the *Working with Children* legislation *Child Protection (Prohibited Employment) Act 1998* if they are from non-government and other agencies and organisations (see Section 5);
- a commitment to abide by the *Child Protection Framework for Practitioners and Facilitators of the NSW Triple P Program* (see Section 5).

4. Provision of resources required for the Triple P Training Program including:

- copying and distribution of pre-reading materials at least 2 weeks before the commencement of the Triple P Training Program;
- copies of the participant's notes for distribution at the commencement of the Triple P Training Program;
- Triple P Program Practitioner and Facilitator Kits available for each participant at the commencement of the Triple P Training Program;
- information on the Triple P resources required for the delivery of the Triple P Program (see Section 4) to be provided at the commencement of the Triple P Training Program.

5. Participation in data collection and evaluation for the Triple P Program including a 6 monthly report to be forwarded to the NSW Parenting Program for Mental Health including:

- information on each level of Triple P Programs delivered in the Area Health Service including programs delivered by non-health staff.

- the number of Triple P Group Programs delivered and the number of participants in each Triple P Group Program.
- any modifications or adaptations of the Triple P Program being developed or undertaken.
- pre and post testing of participants in group programs delivered by trained Triple P facilitators for the purpose of program evaluation using the resources provided.

The Trainer for the NSW Parenting Program for Mental Health will be responsible for the:

1. Provision of training for facilitators of the Triple P Program including:

- liaison and support for Area Parenting Coordinators to establish a training schedule for the Area Health Service;
- advice to Area Health Services on appropriate processes for the selection of participants willing and suitable to undertake training in the Triple P Program (see Section 2);
- delivery of Triple P training to provide participants with the skills and knowledge they need to facilitate the Triple P Program with families;
- advice to Area Health Services on appropriate processes for the selection of participants willing and suitable to undertake further professional development to become accredited Triple P practitioners (see Section 2);
- provision of additional training to accredit practitioners and facilitators as Triple P practitioners and facilitators;
- in conjunction with the NSW Parenting Program Coordinator, provide liaison and support for Area Parenting Coordinators to establish a process for the provision of supervision and support to practitioners and facilitators of the Triple P Program.

The Coordinator for the NSW Parenting Program for Mental Health will be responsible for the:

1. Collection and collation of information concerning the Triple P Training Program including:

- collection of 6 monthly reports on the number of Triple P Programs delivered in the Area Health Service including:
 - Triple P Level 4 Group Programs provided;
 - Level 2/3 and Level 5 Triple P Program consultations provided.
- assistance to Area Health Services to implement protocols and processes to ensure ongoing supervision and support is provided for practitioners of the Triple P Program;
- assistance to Area Health Services to ensure protocols and processes for the maintenance of program integrity are established;
- collation of information on modifications to the Triple P Program made by the Area Health Service including evaluation and outcomes achieved.

SECTION 4:

Triple P Materials and Resources

The following is a list of Triple P materials and resources that Triple P practitioners and facilitators need to be aware of and have access to.

• **Practitioner Kit for Primary Care Triple P (Level 2/3)**

Included in this primary care kit is the *Primary Care Triple P Practitioner's Manual*, which has detailed session guidelines and examples of verbatim scripts for four 15-30 minute sessions. The program employs a brief parent education focus for specific child behaviour problems and may include active skills training process to help parents acquire new knowledge and skills. The kit also includes the *Consultation Flip Chart for Primary Care Triple P*, which is designed to assist practitioners to explain key parenting strategies to parents during consultation sessions. It is a freestanding flip chart that includes an overview of strategies for parents and, on the reverse side, instructions for practitioners, examples of each strategy, and key issues to be discussed with parents.

Also included are the *Five Steps to Positive Parenting wall chart*. This wall chart illustrates the five key principles of positive parenting across normal stages of child development. Its aim is to assist practitioners and parents in preparing for developmental challenges and ensuring realistic age-appropriate expectations.

Other resources used in sessions and as homework tasks (not included in the kit) are the *Every Parent Video Series* and *Triple P Tip Sheet Series*.

Cost: \$87.90 per manual.

• **Facilitator Kit for Group Triple P (Level 4)**

These resources make up Group Triple P, an 8-week group program consisting of four 2-hour group sessions and four 15-30 minute individual telephone sessions.

This group facilitator's kit consists of the *Facilitator's Manual for Group Triple P*, which has detailed session guidelines with examples of verbatim scripts, a package of overhead transparencies for each group session, and *Every Parent's Group Workbook* which includes practical information on positive parenting strategies as well as activities and between-session tasks. The video entitled *Every Parent's Survival Guide* is also used in group sessions, as a stimulus for group discussion.

Cost: \$87.90 per manual.

• **Facilitator Kit for Enhanced Triple P (Level 5)**

The *Practitioner's Manual for Enhanced Triple P* and *Every Parent's Supplementary Workbook* are resources for experienced practitioners conducting tailored individual family intervention sessions. Enhanced Triple P is designed to follow on from, Level 4 Group Triple P, for families experiencing ongoing child difficulties, or who may have additional family adversity factors such as parental adjustment difficulties and partner support difficulties.

The manual includes assessment measures, detailed session guidelines and parent worksheets for a review interview, three therapy modules (Practice, Coping Skills and Partner Support), and a closure session that aims to promote maintenance of treatment gains. The modules can be used to tailor the intervention to the family's needs. Each module is conducted in a maximum of three sessions lasting up to 90 minutes each (with the exception of practice sessions, which should last 40 minutes each). All sessions employ active skills training process to help parents acquire new knowledge and skills.

It is preferable that each practitioner and facilitator has their own *Practitioner Kit for Primary Care Triple P (Level 2/3)*, *Facilitator Kit for Group Triple P (Level 4)* However, if this is not possible each practitioner and facilitator requires access in their own workplace to a kit. It is possible to charge each practitioner or facilitator for the cost of the relevant manuals they require. This cost would then form a tax deduction for the worker involved.

Cost: \$87.90 per manual.

- ***Every Parent's Survival Guide, Coping With Stress and Self Esteem Videos***

The *Every Parent Video Series* includes an introductory video and three age-specific videos, each last about 50 minutes. The first introduces causes of problem behaviour, strategies for promoting children's development and managing misbehaviour. The remaining videos cover the development and common difficulties experienced by parents of infants and toddlers, preschoolers and primary schoolers.

Each Area Health Service could maintain a library of these videos that can be lent out to practitioners and facilitators as required.

Cost: *Every Parent Survival Guide* \$121 per video.

Coping With Stress and Self Esteem \$27.40 per video.

- ***Triple P Tipsheets***

Each Level 2/3 practitioner needs access to a regular ongoing supply of these as required. Costs vary from 50-75c per Tipsheet. When these are purchased in bulk (500 of a particular Tipsheet) by Area Health Services, a 50% discount applies.

- ***Every Parent's Group and Every Parent's Supplementary Workbooks***

Each Level 4 Group facilitator needs to provide an *Every Parent's Group Workbook* for each participant in their group. This cost can be charged to the participant and therefore recovered by the Area Health Service.

Cost: \$13.10 per workbook.

Each Level 5 practitioner needs to provide an *Every Parent's Supplementary Workbook* for each participant. This cost can be charged to the participant and therefore recovered by the Area Health Service.

Cost: \$16.40 per workbook

- ***Five Steps To Positive Parenting Wall Chart***

Each Level 2/3 practitioner needs access to *Five Steps To Positive Parenting Wall Chart*. Area Health Services could provide practitioners with 1 *Five Steps To Positive Parenting Wall Chart* in each location or centre.

Cost: \$14.20 per wall chart.

- ***Every Parent: A Positive Approach to Children's Behaviour***

This parenting book provides practical answers to problem behaviour. The focus is on developing a positive family atmosphere and preventing misbehaviour. It is a key reference for parents and practitioners alike.

Cost: \$32.90

Triple P Resources can be ordered from:

Families International Publishing

PO Box 1300

MILTON QLD

Tel (07) 3367 1212

Fax (07) 3369 7760

SECTION 5:

Child Protection Framework for Practitioners and Facilitators of the NSW Triple P Program

The Triple P Program aims to promote parenting techniques that may assist in reducing the development of emotional and behavioural problems in children. There may be times during the delivery of Triple P interventions that a Triple P practitioner or facilitator may suspect that a child is at risk of harm. This may be related to child sexual abuse, physical and/or emotional abuse and/or neglect.

All serious concerns about child safety, abuse or neglect must be reported to the DoCS therefore this framework has been developed to provide Triple P practitioners and facilitators with the process for making a Report.

NSW Parenting Program for Mental Health would like to thank the Western Sydney Area Health Service for their permission to use their Triple P Child Protection Policy in the development of the *Child Protection Framework for Practitioners and Facilitators of the NSW Triple P Program*.

Reporting risk of harm to children

The following framework provides Triple P practitioners and facilitators with protocols for making Reports to the Department of Community Services (DoCS). Concerns of risk of harm to children may arise during the delivery of parenting programs. This framework is in line with the *Children and Young Persons (Care and Protection) Act 1998* and should be read in conjunction with the:

- *NSW interagency guidelines for child protection intervention, 2000 edition.*
- *NSW Health Frontline Procedures for the Protection of Children and Young People, 2000.*
- *Circular 2000/100 - Protecting children and young people: recognising and reporting suspected risk of harm and responding to request from the Department of Community Services.*
- *Child Protection (Prohibited Employment) Act 1998.*
- Area Health Service Protocols for reporting allegations of abuse against employees.

The framework should be adapted to meet local system requirements, enhance current intra and interagency networks and meet the needs of local communities. Any local adaptations must remain consistent with the *Children and Young Persons (Care and Protection) Act 1998* and the above publications.

Statement of principle

NSW Health has a strong commitment to the safety and well being of children and young people. Triple P practitioners and facilitators must report all serious concerns about child safety, abuse or neglect to the Department of Community Services in accordance with the *NSW interagency guidelines for child protection intervention* and the *NSW Health Frontline Procedures for the Protection of Children and Young People*.

Roles and responsibilities

Triple P practitioners and facilitators must be aware of:

- the indicators of risk of harm for children and young people as outlined in the *NSW interagency guidelines for child protection intervention* and the *NSW Health Frontline Procedures for the Protection of Children and Young People*;
- the local policies and protocols for reporting concerns about child safety, abuse or neglect;
- the appropriate criteria and mechanisms for reporting concerns about child safety, abuse or neglect to the DoCS Teleservice Centre (Helpline), Area Health Service Physical Abuse and Neglect of Children (PANOC) Teams, Area Sexual Assault Services and Police.

Making a Report

To Report, Triple P practitioners and facilitators should first consider the risk of harm to the child or young person by using the *DoCS Guide to Making a Report*. If possible the Triple P practitioner or facilitator should then discuss their concerns with their Supervisor/Manager or the Area Parenting Program Coordinator. If there is no designated Area Parenting Program Coordinator or the Coordinator is not available, they should contact the Area Child and Adolescent Mental Health Coordinator and / or the Area PANOC Coordinator.

If there is likely to be significant delay in the Triple P practitioner or facilitator being able to contact an appropriate Area Coordinator and the situation is considered urgent, the practitioner or facilitator should proceed with making a Report to the DoCS Helpline. For example, if during a Triple P Group held on a Friday evening, a facilitator was to consider that a child would be at significant risk of harm over the weekend, they should report their concerns to the DoCS Helpline immediately rather than wait until Monday to discuss the issues with an Area Coordinator.

Once a decision is made to make a Report, the Triple P practitioner or facilitator should then phone the DoCS Helpline on **13 36 27** and discuss their concerns with the DoCS Caseworker. The Triple P practitioner or facilitator should then fill out the form for *Reporting to the Department of Community Services* as attached in *NSW Health Frontline Procedures for the Protection of Children and Young People, 2000*.

In addition to usual documentation procedures, Reports made by NSW Health employees must also document:

- the time and date that they made the Report;
- the name of the Caseworker spoken to at the DoCS Helpline;
- the information given to DoCS;
- the response, if known, from DoCS to the Report;
- the Report number given by the DoCS Helpline.

Assessment and reporting

Triple P practitioners and facilitators should:

- respond to and report issues that arise during parenting programs that indicate a child is at risk of harm. They should not attempt to investigate the risk of harm.
- be aware that issues concerning risk of harm may be subtle and any concerns they may have should be discussed with either their Supervisor/Manager, the Area Parenting Coordinator, PANOC Coordinator and/or Child and Adolescent Mental Health Coordinator, the local DoCS office or the DoCS Teleservice Centre. It is possible that another service is also involved with the family and the Triple P facilitator may be able to contribute valuable information that may assist in the care and protection of that child. It is possible that the family has been or is currently the subject of a child protection investigation.
- consult with their Supervisor/ Manager prior to making the Report where possible. In situations where this is not appropriate or possible, the facilitator should inform their Supervisor/Manager as soon as practicable after making the Report.

Triple P practitioners and facilitators should:

- document all concerns they have concerning risk of harm to children and young people.
- fill out the form for *Reporting Risk of Harm* to DoCS found in the *NSW Health Frontline Procedures for the Protection of Children and Young People*.
- inform the child/family of the decision to Report risk of concerns to DoCS unless it is considered that informing the family will:
 - increase the risk of harm for the child; or
 - jeopardise the safety of the Triple P facilitator; or
 - jeopardise a child protection investigation.

Ongoing participation in the Triple P Program

Once a Report has been made, any decision concerning the continuation of a family in a Triple P Program should be discussed between the Triple P practitioner or facilitator, their Supervisor/Manager, Area Parenting Program Coordinator, and where appropriate the Area PANOC Coordinator. The outcome from the DoCS investigation should be obtained prior to the commencement of the next Triple P consultation or group session. This should inform the Triple P practitioner or facilitator of the appropriate course of action.

If the attendance of the family at the Triple P Program is a component of the case plan for that family, the process for monitoring and follow-up by DoCS needs to be clearly articulated in consultation with the Triple P practitioner or facilitator.

Protocols should be developed for informing families if it is not considered appropriate for a family to continue attending the Triple P Program while subject to a child protection investigation. This should include:

- if there are any concerns for the safety of the Triple P practitioner or facilitator, the supervisor or manager should accompany the practitioner or facilitator when they inform the family they are not able to attend the Triple P program while a DoCS investigation is in progress. Where ever possible the practitioners' or facilitators' supervisor, member of the Area PANOC Team or DoCS caseworker should assist the Triple P practitioner or facilitator to inform the family;
- negotiations with the family for their possible return to the program;
- information on other services or agencies that may be able to assist the family.

Exchange of information

NSW Health Services are required to provide and exchange relevant information to progress investigations, assessments and case management. Information may include details concerning a child or young person, parent, care giver or household members, which is relevant to the child or young person's safety, welfare and wellbeing. Under section 248 of the *Children and Young Persons (Care and Protection) Act 1998*, health workers are only permitted to exchange information in relation to the safety, welfare and well being of children and young people with DoCS.

Health workers may also be requested to provide information to the Child Death Review Team under section 193 of the Act, and to the Commission for Children and Young People under the *Child Protection (Prohibited Employment) Act 1998*, and to the Ombudsman under the *Ombudsman Act 1974*.

These requests are made in writing to Area Health Services, who may then contact health workers as appropriate. Health workers have a duty to comply with these requests.

- Each Area Health Service must establish a centralised system for responding to section 248 *Requests for Information* by DoCS.
- An *Exchange of Information Request* from DoCS should be forwarded to Triple P practitioners or facilitators by their Supervisor/Manager.
- Triple P practitioners and facilitators who are NSW Health workers must document in the Client Health Record each instance where they receive a request for exchange of information with the DoCS.
- A copy of the *Exchange of Information Request* form received from DoCS must be placed in the Client Health Record and a copy of any written documentation exchanged with DoCS must be placed in the client Health record.
- The date the information was exchanged to DoCS and the manner in which the information was forwarded to DoCS must also be documented in the Client Health Record.

Allegations against a Triple P practitioner or facilitator

Health workers are required to report allegations of abuse against a NSW Health employee to the Chief Executive Officer of the Area Health Service. Each Area Health Service has procedures for reporting allegations of abuse against employees. Area Health Services are required to conduct an assessment of the employees fitness to remain in employment and may also need to conduct an investigation into the incident where the allegations relate to the workplace. Area Health Services are to ensure that relevant agencies, such as Police, DoCS, and the NSW Ombudsman's Office are advised and a copy of any information is forwarded to the NSW Health Department Staff Records Management Unit.

NSW Health is required to notify the Ombudsman within 30 days of becoming aware of any child abuse allegation or conviction made against an employee of a designated agency [section 25C (1)]. Reporting to the Ombudsman is the responsibility of the Chief Executive Officer of the Area Health Service or other principal officer of the Area Health Service.

Any allegation of child abuse made against an employee, irrespective of whether the Health Service believes the allegation to be unfounded, malicious or vexatious, must be reported to the Ombudsman.

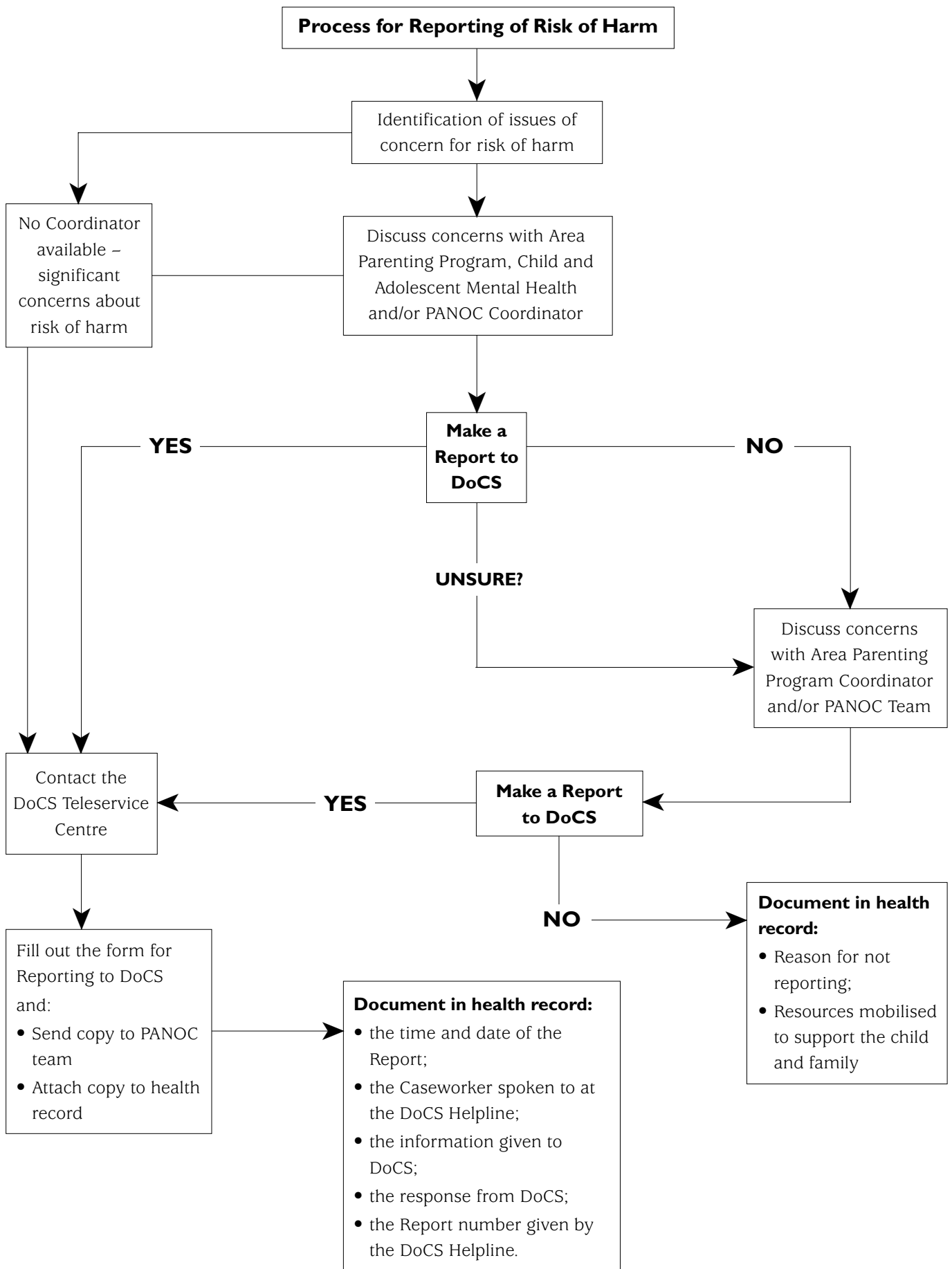
The evidence required for making a report of an allegation of child abuse by an employee to the Ombudsman is significantly lower than that required for a report to DoCS pursuant to the *Children and Young Persons (Care and Protection) Act 1998*. Procedures for situations where there have been allegations of abuse by a health worker are outlined in *NSW Health Circulars 99/65, 2000/77 and 2000/55*.

Triple P Practitioners and Facilitators from non-government agencies:

According to the *Child Protection (Prohibited Employment) Act 1998*:

- all Triple P practitioners and facilitators must have a current approval rating by the *Working with children* employment screening check by an Approved Screening Agency;
- all agencies providing the Triple P Program must have the appropriate systems for staff supervision for Triple P practitioners and facilitators in place;
- all Triple P practitioners and facilitators will need to be aware of:
 - the indicators of risk of harm for children and young people as outlined in the *NSW interagency guidelines for child protection intervention* and the *NSW Health Frontline Procedures for the Protection of Children and Young People*;
 - the local policies and protocols for reporting concerns about child safety, abuse or neglect;
 - the appropriate criteria and mechanisms for reporting concerns about child safety, abuse or neglect such as the DoCS Helpline, Area Health Service PANOC Teams and Police.

Figure 1. Process for Triple P Practitioners and Facilitators Reporting of Risk of Harm



APPENDIX I:

Survey of Triple P Training Needs

NSW Triple P Training Needs Survey

Introduction

The *NSW Parenting Program* is a mental health initiative. One of its aims is to enhance access to Triple P (Positive Parenting Program) training for health and related staff across NSW. To facilitate this, the *NSW Triple P Training Needs Survey* is being conducted. Results from the survey inform the development of a calendar for Triple P training across NSW. Consultations with the Area Health Services will assist local delivery of Triple P training.

Your assistance in the completion and prompt return of the *NSW Triple P Training Needs Survey* to Amanda Wheeler, NSW Parenting Program Trainer, by is much appreciated. For any queries please contact Amanda Wheeler on (02) 9840 3386.

Name: _____

Area Health Service: _____

Telephone: _____ Fax: _____

E-mail: _____

Triple P Training – a history

1. Has there been any Triple P Training in your Area? Please circle response.

Yes / No

If No, please go to Q6.

If Yes, please complete the following table.

| TRIPLE P TRAINING LEVEL | NUMBER OF STAFF TRAINED IN TRIPLE P IN YOUR AREA | | | | | TOTAL STAFF TRAINED |
|-------------------------|--|------------------|---------------|----------------|-------|---------------------|
| | CHILD & FAMILY | COMMUNITY HEALTH | MENTAL HEALTH | NON GOVERNMENT | OTHER | |
| 2/3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

2. When did the Triple P training occur? Please complete the following table stating the month and year that Triple P training occurred.

| TRIPLE P TRAINING LEVEL | DATES OF TRIPLE P TRAINING IN YOUR AREA (MONTH/YEAR) |
|-------------------------|--|
| 2/3 | |
| 4 | |
| 5 | |

3. How many staff are currently implementing Triple P Programs in your Area? Please complete the following table.

| TRIPLE P PROGRAM LEVEL | NUMBER OF STAFF IMPLEMENTING TRIPLE P PROGRAMS IN YOUR AREA | | | | | |
|------------------------|---|------------------|---------------|----------------|-------|-------------|
| | CHILD & FAMILY | COMMUNITY HEALTH | MENTAL HEALTH | NON GOVERNMENT | OTHER | TOTAL STAFF |
| 2/3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

4. Please outline any key issues that have arisen in your Area in regard to the Triple P training that has occurred.

5. Please outline any key issues that have arisen in your Area in implementing the Triple P program after the training?

Triple P Training Needs

6. Is your Area interested in receiving Triple P training in 2001? Please circle response.

Yes / No

If No, go to Q8.

If Yes, please complete the following table detailing the number of staff interested.

| TRIPLE P LEVEL | NUMBER OF STAFF INTERESTED IN RECEIVING TRIPLE P TRAINING IN YOUR AREA | | | | | |
|----------------|--|------------------|---------------|----------------|-------|-------------|
| | CHILD & FAMILY | COMMUNITY HEALTH | MENTAL HEALTH | NON GOVERNMENT | OTHER | TOTAL STAFF |
| 2/3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

7. When would you prefer the Triple P training to occur? Please circle the preferred month/s and add specific preferred dates, if known.

| YEAR 2001 | | |
|-----------|----------|-----------|
| JANUARY | FEBRUARY | MARCH |
| APRIL | MAY | JUNE |
| JULY | AUGUST | SEPTEMBER |
| OCTOBER | NOVEMBER | DECEMBER |

| YEAR 2002 | | |
|-----------|----------|-------|
| JANUARY | FEBRUARY | MARCH |
| APRIL | MAY | JUNE |

General parent training issues

8. Is there other parenting skills programs that staff in your Area would be interested in being trained in? Please circle response.

Yes / No

If No, please go to Q9.

If Yes, please specify the names of the parenting programs and provide reference/s for studies of its effectiveness.

9. Are there other needs for staff training in teaching parenting skills in your Area? Please circle response.

Yes / No

If No, go to Q10.

If Yes, what are the needs?

10. Please nominate a person who will be the contact person for your Area to organise Triple P training. This person will be required to fulfil the roles and responsibilities set out in The NSW Triple P Training Procedure Manual.

Name: _____

Position: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

11. Are there other ways that the NSW Parenting Program Trainer can assist or support your Area with its training needs? Please circle response.

Yes / No

If No, please go to Q12.

If Yes, please outline.

12. Any other comments?

Thank you for taking the time to complete this survey.

Please return to:

Amanda Wheeler
NSW Parenting Program Trainer
Wattle Cottage
Cumberland Hospital
Locked Bag 7118 BC Parramatta NSW 2150

Telephone: (02) 9840 3386
Fax: (02) 9840 3703

E-mail: Amanda_Wheeler@wsahs.nsw.gov.au

APPENDIX 2:

The Working with Children Check

All people looking after children and young people have a responsibility to provide a safe environment for them. All people looking after children and young people have a responsibility to provide a safe environment for them.

New legislation is being introduced in NSW that will affect all people working with children and young people. These laws make up the *Working with Children Check*. Their goal is to create workplaces where children are safe and protected.

The *Child Protection (Prohibited Employment) Act* and the *Commission for Children and Young People Act* make up the *Working With Children Check*. The new laws will help prevent unsuitable people from working with children and young people. These Guidelines explain in detail what the Working with Children Check means for your workplace.

Each section provides guidelines of the new responsibilities under the legislation. The Guidelines include a section titled *Resources for Employers*. These forms provide the basis for organisation to start the Working with Children Check.

Employer's Checklist

If You Are An Employer In A Child-Related Workplace, You Should:

Register with the relevant Approved Screening Agency to enable the Working with Children Check to be undertaken on your behalf. Identify *child-related* positions in your organisation. Within six months of the start of the legislation, ask all employees, **paid** and **unpaid** who primarily work with children, if they are a *prohibited person*. You must ensure that any employee who is a *prohibited person* does not continue to work with children.

Include advice about the Working with Children Check in all advertisements or information packs for *child-related* employment positions. Ask preferred applicants to declare if they are a *prohibited person* before you offer them **paid** or **unpaid** *child-related* employment. Check the preferred applicant's background before offering them *child-related* employment. Notify the Commission for Children and Young People if an applicant is rejected because of issues raised in the checking process.

Ensure the privacy and confidentiality of any information obtained through the checking process. Ensure that only genuine requests for checks are made.

All Employers, Not Only Employers In Child-Related Workplaces, Must:

Notify the Commission for Children and Young People of any relevant disciplinary proceedings that have been completed against an employee within the last five years. Provide, upon request, appropriate information to an Approved Screening Agency relating to employees who have been subject to completed disciplinary proceedings.

As An Employer You Must Not:

Employ, or continue to employ, a *prohibited person* in a position that primarily involves direct unsupervised contact with children. Employ a person in a position primarily working with children without requesting that person to declare if they are a *prohibited person*. Employ a person in a **paid** position primarily working with children, foster carers or ministers of religion without checking their background. Inappropriately obtain or tell another person about information obtained during the checking process.

Telephone: (02) 9286 7220 Facsimile: (02) 9286 7201

www.kids.nsw.gov.au/check

