Effectiveness of Triple P Positive Parenting Program on behavioral problems in children: Evidence and implications for public health

Review on which this evidence summary is based:

### Review Focus

<table>
<thead>
<tr>
<th>P</th>
<th>Parents and children age 2-12 with identified behaviour problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Level 4 Triple P Parenting Program: (Standard Triple P, Group Triple P, and Self-Directed Triple P. Level 4 implemented a child has multiple behaviour problems exhibited in many settings and clear deficits in parenting skills identified.</td>
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<tr>
<td>C</td>
<td>Usual Care</td>
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<tr>
<td>O</td>
<td>Primary Outcomes: Behavioral, emotional and developmental problems measured using the Eyberg Child Behaviour Questionnaire immediately following intervention and at 6 and 12 months.</td>
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</tbody>
</table>

**Review Quality Rating:** 8 (strong) Details on the methodological quality are available [here](#).

### Considerations for Public Health Practice

<table>
<thead>
<tr>
<th>Conclusions from Health Evidence</th>
<th>General Implications</th>
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</table>
| **1. Triple P Positive Parenting Program, Level 4** has a statistically significant positive effect on behaviour problems up to one year among children 2 – 12 years of age with identified behavioural problems  
  1.1. larger effects were found for children with initial clinical status  
  1.2. moderate effects were found for studies conducted in groups  
  1.3. larger effects were found in studies with fewer boys  
  • Many of the included studies had small samples | The overall findings suggest that Triple P Positive Parenting Program, Level 4 should be implemented to improve behaviour problems up to one year among children 2 – 12 years of age with identified behavioural problems  
- programs should include a mix of girls and boys as programs with more boys may expect less impact  
- programs should focus on children with clinical status for a greater impact  
- use Triple P with a diverse range of families, types of problems, delivery formats including group, and ages of children |

### Evidence and Implications

<table>
<thead>
<tr>
<th>What’s the evidence?</th>
<th>Implications for practice and policy</th>
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</table>
| **1. Triple P Positive Parenting Program, Level 4** (14 studies, RCTs and controlled studies, sample 2,537)  
• Has a large positive effect on problem behaviour among children 2 – 12 years of age | **1. Triple P Positive Parenting Program, Level 4**  
• Should be implemented to improve behaviour problems in the short and long term among children 2 – 12 years of age |
compared to controls immediately following intervention ($d = 0.88, 95\% \text{ CI} 0.50 \text{ to } 1.27, p< .001$)

- In all 14 studies, a large, significant effect was found at 12 months ($d = 1.00, 95\% \text{ CI} 0.55 \text{ to } 1.46, p< .001$); in separate analyses: the 10 studies at 6 month follow up ($d = 1.07, 95\% \text{ CI} 0.47 \text{ to } 1.67, p< .001$); in 4 studies at 12 months follow up ($d = 0.83, 95\% \text{ CI} 0.20 \text{ to } 1.46, p< .001$)

- In 8 studies, there was a moderate positive effect for the program delivered in a group setting ($d = 0.42, 95\% \text{ CI} 0.33 \text{ to } 0.51, p = .000$)

- In 10 studies, the program had a significantly larger effect at 12 months when delivered to groups with fewer boys compared to groups with more boys ($d = 1.08, 95\% \text{ CI} 0.62 \text{ to } 1.54 \text{ vs } d = 0.37, 95\% \text{ CI} 0.27 \text{ to } 0.46$)

- In 10 studies, the program had a significantly larger effect when initial behaviour problem score was in the clinical range (initial ECBI* problem score $>11$, intensity score $\geq 127$) compared to initial nonclinical behaviour problem scores ($d = 1.08, 95\% \text{ CI} 0.62 \text{ to } 1.54 \text{ vs } d = 0.36, 95\% \text{ CI} 0.27 \text{ to } 0.46$)

- Effects were not moderated by age of the children, self-directed vs practitioner assisted

* Eyberg Child Behaviour Questionnaire

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**Legend:** P – Population; I – Intervention; C – Comparison group; O – Outcomes; CI – Confidence Interval; OR – Odds Ratio; RR – Relative Risk

**for definitions please see the healthevidence.org glossary [http://www.healthevidence.org/glossary.aspx](http://www.healthevidence.org/glossary.aspx)**

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**Why this issue is of interest to public health in Canada**

Early childhood experiences have long lasting effects on health, wellbeing and competence which are shown to be linked to an adult’s sense of identity and ability to cope with stress and problems. Children learn how to communicate, cope with stress, have healthy relationships, develop learning skills and a sense of self in the first five years of life. Parents who are engaged and interactive with their child and provide positive, consistent parenting at an early age may face fewer problems with adolescent mental health. However, parental stress and mental wellbeing may affect parent-child interactions and learning outcomes. Children exposed to chaotic, violent and insecure environments may secrete excessive stress hormones when faced with stress as an adult. Support for parenting programs with the aim of reducing parental stress, anxiety and depressive symptoms aligns with Health Canada’s prioritization of interventions targeting the early years.


Other quality reviews on this topic are available on www.healthevidence.org

Suggested citation

This evidence summary was written to condense the work of the authors of the review referenced on page one. The intent of this summary is to provide an overview of the findings and implications of the full review. For more information on individual studies included in the review, please see the review itself.

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