

Parenting Programs

Review 3

de Graaf, I., Speetjens, P., Smit, F., de Wolff, M., & Tavecchio, L. (2008). Effectiveness of the Triple P Positive Parenting Program on behavioral problems in children: A meta-analysis. *Behavior Modification*, 32, 714–735. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/18475003>.

Objectives	Assess the effectiveness of Triple P Level 4 interventions in the management of behavioral problems in children aged 2–12.
Studies Included	Fifteen international studies from 1997 to 2007
Participants in the Studies	Parents and their children, aged 2–12, with oppositional behavior, oppositional defiant disorder or conduct disorder, or parents reporting concerns about disruptive child behavior; all families were in a higher-risk region (e.g., rural areas, Japanese parents in Australia)
Settings	Settings were not reported for the studies.
Outcomes	Children’s attention deficit hyperactivity disorder symptom-related behavior in the home and school setting, children’s general behavior, children’s externalizing and internalizing behaviors, changes in parenting skills and parental stress
Limitations of the Studies	Boys were overrepresented in all studies; small sample sizes; sometimes other studies were used in the long-term analysis and the postintervention analysis; the child was used as the “unit of analysis” because mothers and fathers reported about the same child, but it would be useful to examine if the reports differed; strict methodological criteria limited the number of studies included

Results

The Positive Parenting Program (Triple P) is a stepped-care program to prevent and offer treatment for severe behavioral, emotional, and developmental problems in children from birth to 16 through the enhancement of knowledge, skills, and confidence in parents. Level 4 of Triple P is indicated if a child is displaying, or has an elevated risk for, multiple behavior problems in a variety of settings and there are clear deficits in parenting. Meta-analyses indicated that Triple P had moderate to large effects on behavior problems of children and that these effects continued through follow-ups of 6–12 months.

Analyses of potential moderator variables revealed that studies with a higher proportion of girls had larger long-term effects than studies with fewer girls, and over the long term, studies with initial behavior problem scores in the clinical range evidenced larger long-term effects on behavior problems than those with nonclinical behavior problems. No other moderator variables were found to have an impact on outcome, suggesting that Triple P can be successfully implemented with a diverse range of families, cultural contexts, types of problems, delivery formats, and ages of children.