

**Impact of Triple P Level 4 Group  
North Texas Area**

**children  
at Risk**

*Center for Parenting & Family Well-Being*

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## ***Overview of C@R***

Founded in 1989, CHILDREN AT RISK works to improve the quality of life for Texas children through research, public policy analysis, education, collaboration and advocacy. CHILDREN AT RISK focuses on health & nutrition, anti-human trafficking, education, and family well-being.

## ***Overview of Center for Parenting and Family Well-Being***

CHILDREN AT RISK's Center for Parenting and Family Well-Being (CPFWB) was established to conduct research, educate, and advocate on behalf of Texas Parents. Since its foundation, CPFWB has partnered with organizations and public leaders across Texas to increase access to evidence-based parenting classes, ensure government funds are allocated to quality parenting programs, and empower parents to advocate for their child's future. These efforts, and more, support the CPFWB's vision that one day all Texas parents are empowered to create safe, stable, nurturing, and aspirational homes. To achieve this vision, CPFWB focuses its work on reducing and preventing child abuse and neglect, increasing meaningful interactions between caregivers and children, sheltering children from external destabilizing factors, and empowering parents to make informed choices for their children and their future success. CPFWB continues its work to educate, engage, and empower all Texas parents.

## ***Selection of Triple P for North Texas***

There are many parent education programs that are intended to provide parents with the necessary tools to help them provide the best care for their children, but range in the amount of research and evidence that supports the intended outcomes. Through a 2014 community needs assessment of Dallas County and the California Evidence-Based Clearing House rating system, CHILDREN AT RISK found that of parents accessing parent education in Dallas County, approximately 80% received parent education that lacks research to support its impact on child well-being. At a 2014 meeting of the Family Strengthening Coalition members discussed various evidence-based programs to determine which would be the best fit for the community. Three main curricula were discussed, including: Parents as Teachers, Positive Parenting Program (Triple P), and Parents Anonymous. Coalition members did not believe that there was one curriculum that will meet every need of every parent and caregiver, but felt Triple P was the best fit due to its history of significant impact on parents and the positive framework. Additionally, the structure of the tiered curriculum would be advantageous for meeting the needs of parents/caregivers in their need, allow for evaluation and the focus on empowering parents and caregivers would reduce stigma of attending a parenting class.

## ***Organizations to Implement Triple P and Expectations***

With multiple organizations interested in implementing Triple P following the community assessment and program selection, CHILDREN AT RISK asked each interested organization to submit an application that was then scored by CPFWB's academic advisory council. A variety of

factors were considered when selecting the organizations that were the best fit for Triple P training and implementation. Factors that were considered include:

- the population being served by the organization,
- alignment of organizational mission with Triple P,
- natural and ongoing touch points with parents and caregivers,
- capacity to implement required classes and groups,
- support from organizational or departmental leadership, and
- plans for sustainability.

Following the application process the CPFWB academic advisory council selected twenty individuals from eleven organizations to participate in the Triple P Level 4 Group training and accreditation process. Triple P Level 4 Group is an intensive stage of the Triple P system and has been shown to be effective for parents and caregivers requiring intensive training in positive parenting for children with substantial behavioral challenges or for those parents and caregivers who wish to learn a variety of parenting skills to apply in multiple contexts. Each individual that participated in the training was asked to host at least three groups (eight sessions per group) and reach at least twenty-one parents. Additionally each organization was asked to participate in peer support calls to discuss potential questions or concerns.

### ***Implementation***

A total of 257 unique surveys were received from eight organizations; 110 individuals completed the pre-test only, 135 completed both the pre- and post-test, and 12 completed the post-test only.

### ***Attendees of Triple P Trainings***

Demographic data was only collected for the 245 individuals that completed the pre-test; no demographic questions are asked on the post-test. The parents/caregivers that attended the Triple P group sessions were 82% (n=200) female and 18% (n=44) male. Attendees were 53% (n=128) Hispanic, 29% (n=70) Black, and 18% (n=43) White. The majority of attendees were the parent of the child with behavioral issues with 78% (n=188) and 14% (n=35) mother and father respectively. Five-percent (n=11) of the attendees were grandparents and 3% (n=8) had a different relationship to the child such as aunt or uncle, step-parent, or parent's partner. Each adult answered the surveys about one child whose behavior they were concerned about; 61% (n=149) of the children were male and 39% (n=95) were female.

### ***Overview of Outcomes***

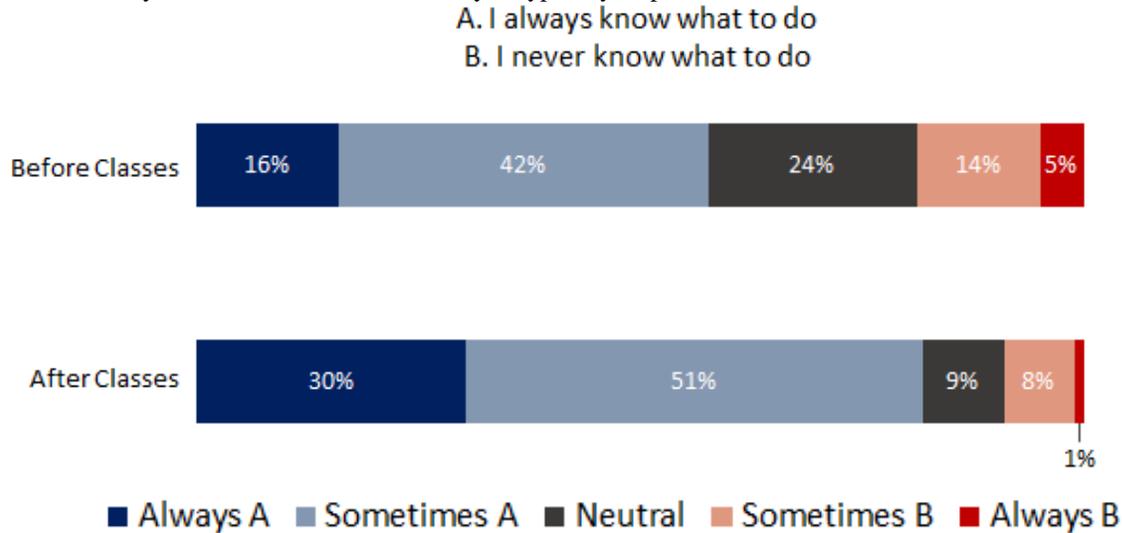
Triple P Level 4 Group had a positive impact on the parenting skills and confidence of those who participated. An increase was seen in the percentage of participants responding positively on critical questions about parenting skills, positive parenting practices, and overall parenting efficacy.

When asked a variety of questions about how they respond to their child's misbehavior prior to taking the class fewer participants indicated their response to their children was positive

and appropriate as compared to the responses after the final parenting class. Parents were asked to respond to the question “When your child misbehaves how do you typically respond?” multiple times using different answer choices. They responded on a scale of 1 to 7 with one being the most positive response and 7 being the least positive response.

When selecting between the responses “I always know what to do” (1) or “I never know what to do” (7) there was a 40% increase in positive responses from parents/caregivers indicating increased parenting knowledge and confidence when dealing with child misbehavior.

Chart 1: When your child misbehaves how do you typically respond?



When selecting between the responses “I handle it without getting upset” (1) or “I get so frustrated and angry that my child can see I’m getting upset” (7) there was a 35% increase in positive responses from parents/caregivers. When selecting between the responses “I speak calmly (1) or “I raise my voice and yell” (7) there was an 82% increase in positive responses from parents/caregivers. And, when selecting between the responses “I rarely use bad language or curse” (1) or “I almost always use bad language” (7) there was a 21% increase in positive responses from parents/caregivers. The overall increase in positive responses indicates an increased ability by parents/caregivers to manage frustrations when dealing with child misbehavior.

Chart 2: When your child misbehaves how do you typically respond?

A. I handle it without getting upset  
B. I get so frustrated or angry that my child can see I'm getting upset

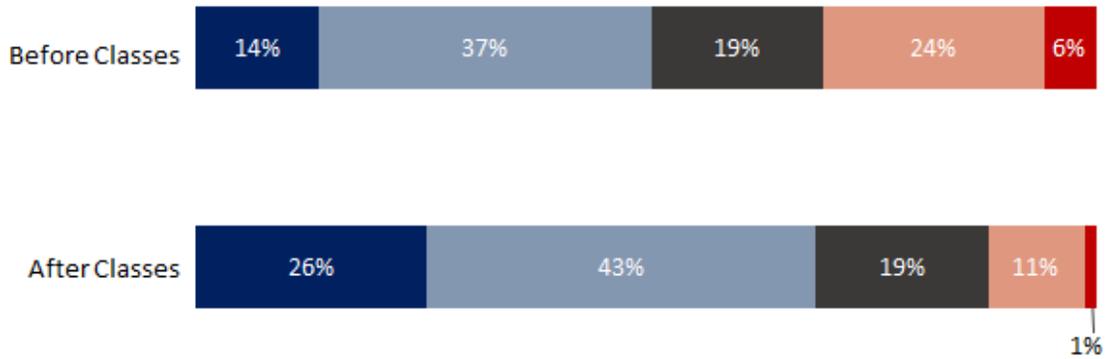


Chart 3: When your child misbehaves how do you typically respond?

A. I speak calmly  
B. I raise my voice and yell

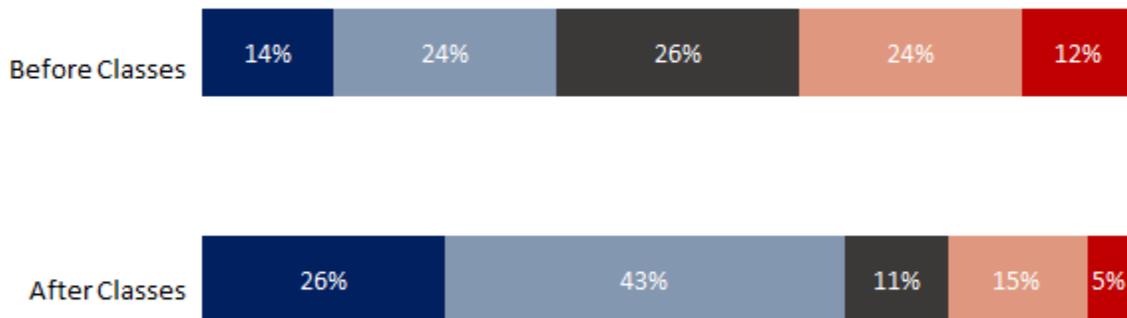
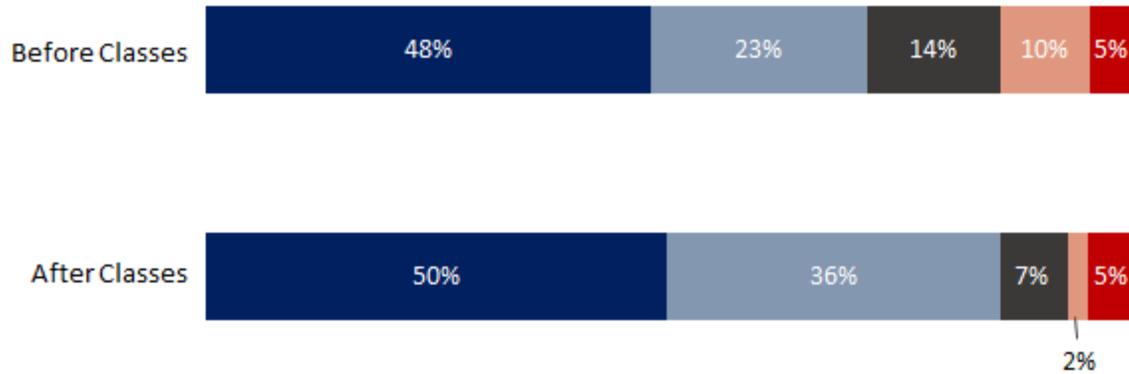


Chart 4: When your child misbehaves how do you typically respond?

**A. I rarely use bad language or curse**  
**B. I almost always use bad language**



Participants were also asked to respond (on the same scale of 1 to 7) to the question “When your child gets upset when you say ‘no’ how do you typically respond?” by selecting between the responses “I stick to what I said” (1) or “I back down and give in” (7). There was a 21% increase in positive responses from parents/caregivers. When asked to respond to the question “When your child doesn’t do what you ask, how do you typically respond?” by selecting between the responses “I take some other action” (1) or “I often let it go or end up doing it myself” (7) there was a 36% increase in positive responses from parents/caregivers. When asked to respond to the question “When you give a threat or warning, how do you typically follow through?” by selecting between the responses “I always do what I said” (1) or “I often don’t carry it out” (7) there was a 141% increase in positive responses from parents/caregivers. The overall increase in positive responses indicates an increased ability by parents/caregivers to follow through on their parenting tools and provide consistency to their children.

Chart 5: When your child gets upset when you say “no” how do you typically respond?

**A. I stick to what I said**  
**B. I back down and give in**

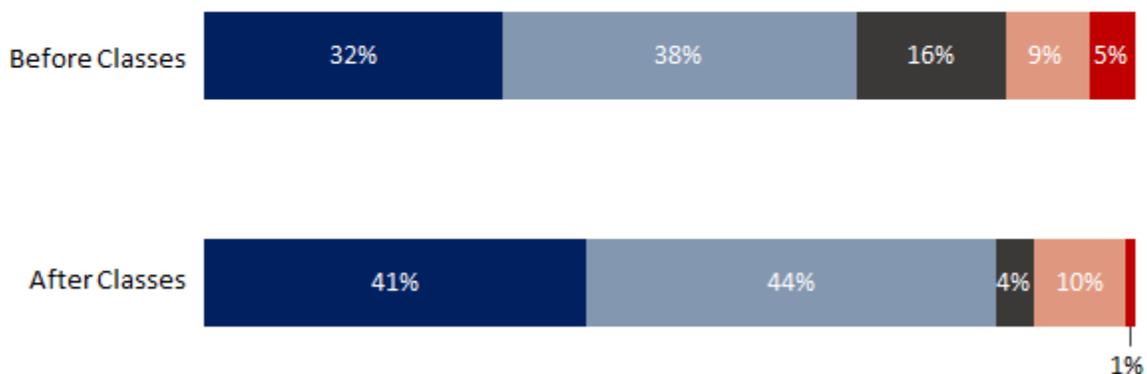


Chart 6: When your child doesn't do what you ask, how do you typically respond?

**A. I take some other action**  
**B. I often let it go or end up doing it myself**

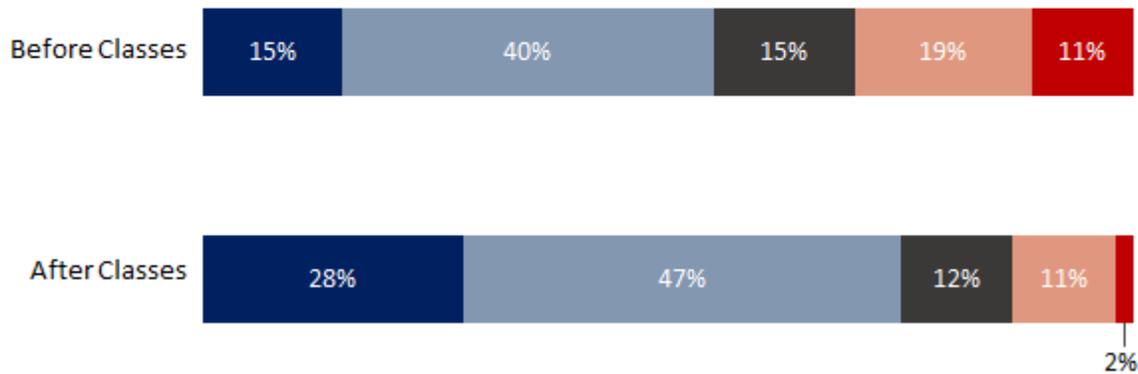
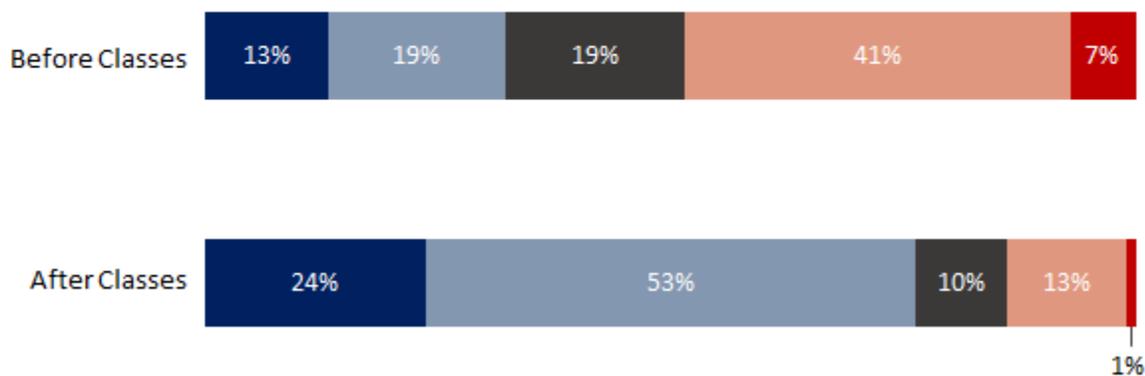


Chart 7: When you give a threat or warning, how do you typically follow through?

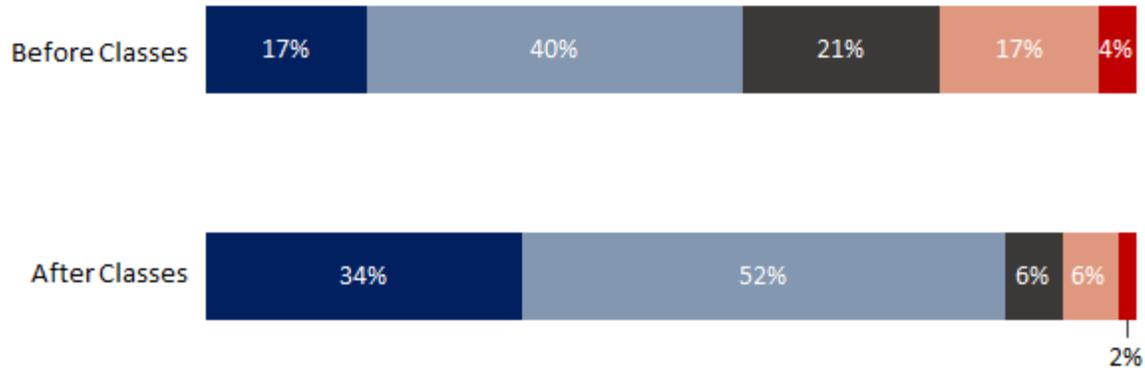
**A. I always do what I said**  
**B. I often don't carry it out**



Lastly parents/caregivers were asked about their confidence in parenting. When asked to respond to the question “Overall, how confident are you in managing your child’s behavior?” by selecting between the responses using a reverse scale “Very confident, I know how to handle the behavior” (7) or “I don’t know how to handle the behavior” (1) there was a 51% increase in positive responses from parents/caregivers. Likewise, when asked to respond to the question “Overall, how confident are you that what you are doing now to deal with your child’s behavior is working?” by selecting between the responses with a reverse scale “Always” (7) or “Never” (1) there was a 58% increase in positive responses from parents/caregivers. Overall, following the Triple P classes parents/caregivers had increased confidence and efficacy in parenting their children and managing their behavior.

Chart 8: Overall, how confident are you in managing your child’s behavior?\*

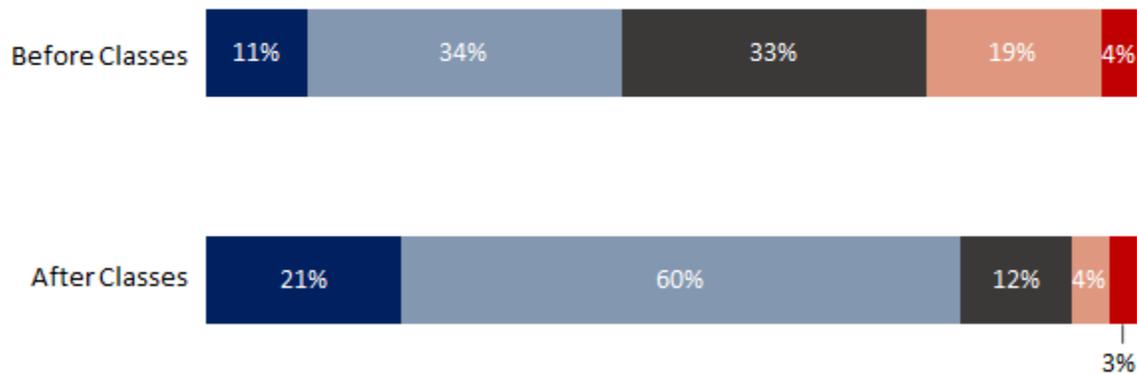
A. Very Confident, I know how to handle the behavior  
 B. I don’t know how to handle the behavior



\*Scale 1-7 has been adjusted to reflect previous scale.

Chart 9: Overall, how confident are you that what you are doing now to deal with your child’s behavior is working?\*

A. Always  
 B. Never



\*Scale 1-7 has been adjusted to reflect previous scale.

For those who completed both the pre- and post-test we compared the change in scores for the question “Overall, how confident are you in managing your child’s behavior?” by selecting between the responses “Very confident, I know how to handle the behavior” (7) or “I don’t know how to handle the behavior” (1) across different independent variables including the organization that delivered the training, the race of the parent/caregiver, the gender of the parent caregiver, and the attendee’s relationship to the child. The only statistically significant difference in the mean changes between pre- and post-tests were when comparing mean changes across participating organizations. The organizations that saw an increase in mean score between the pre- and post-test had an average increase of 1.24 points on the 7-point scale while the organizations that saw a decrease in mean score between the pre-and post-test had a less-

significant average decrease of 0.44 on the 7-point scale. This confirms research from Triple P that when implemented with fidelity the curriculum is impactful for all participants regardless of other independent factors.

Those that participated in the Triple P group sessions and completed the pre- and post-tests were shown to have an increase in their ability to effectively manage the behavior of their children, an increase in their ability to manage their frustrations during child misbehavior, and an increase in their confidence while parenting. The broad skills learned, as well as confidence gained by parents and caregivers will allow them to continue effectively managing the behavior of their children as new situations arise leading towards safer and more nurturing environments and homes for children as they grow.

### *Lessons Learned and Next Steps*

Over the course of working with diverse organizations who serve diverse populations of parents and caregivers our team has learned valuable lessons about implementation of parent education across communities that will inform the work of CPFWB as we continue the work of educating, engaging, and empowering parents. Lessons learned include:

- parent education remains stigmatized and in turn is not widely sought out,
- personal engagement and the removal of barriers is necessary to encourage parents and caregivers to attend parent education classes, and
- intentional support and planning is needed to plan for sustainability of new programming across organizations.

These lessons learned have led the CPFWB team to continue developing the work and best practices of our team. For example because of the work in North Texas we now support partner organizations through multiple in-person individualized meetings that involve implementation design, engagement and marketing resources, and sustainability planning. We are also exploring and identifying alternative touch points for parents so that parents will have access to parent education information in locations where they naturally frequent such as a doctor's office, WIC clinic, place of employment, or child care center. Lastly, we continue to conduct research and learn about who parents are across Texas and what education, engagement, and empowerment strategies work in diverse communities across Texas.

### ***Methodology and Limitations***

Data utilized for analysis of Triple P's impact in North Texas was collected by participating community partners with Triple P designed and modified surveys. Data was collected on a scale from 1 to 7, for analysis the scale was simplified to 1 to 5 by collapsing 2 and 3 as one data point and 5 and 6 as one data point. Analysis between pre- and post-tests was conducted on select questions using all pre and post responses. Analysis of variance of means was conducted only with individuals who completed both the pre- and post-test. Limitations include small overall sample size, small sample size per organization limiting in-depth analysis by community partner, and no complete pre- and post-test sets from two participating organizations.