

Triple P in Action:

Peer-Assisted Supervision and Support Manual



Triple P Positive Parenting Solutions

Matthew R. Sanders PhD


Majella Murphy-Brennan DClInPsych

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Acknowledgments

Triple P is an initiative of the Parenting and Family Support Centre (PFSC) in the School of Psychology at The University of Queensland, Australia. The model of peer-assisted supervision and support, known as the PASS model, that is described in this manual is based on a self-regulation framework. This self-regulatory approach was first used as part of the clinical training process in the PFSC in training clinical psychologists and other mental health practitioners to implement family intervention programs within clinical trials. These trials established the efficacy of a range of parenting programs that eventually became known as the Triple P – Positive Parenting Program® (Triple P). The PASS model has also been used extensively in training clinical psychologists on placements completing higher degrees at The University of Queensland. The authors wish to thank the many clinical psychology students and clinical colleagues at The University of Queensland and trainers at Triple P International who provided valuable feedback and helped refine these procedures. A special thanks is also extended to Dr Marita Brack, NHS Education for Scotland, and colleagues for feedback on early drafts of this manuscript.

About the authors

Matthew Sanders is a Professor of Clinical Psychology and Director of the Parenting and Family Support Centre at The University of Queensland. He is also a consulting Professor at The University of Manchester, a visiting Professor at the University of South Carolina, and holds adjunct Professorships at Glasgow Caledonian University and The University of Auckland. As the founder of the Triple P – Positive Parenting Program, Professor Sanders is considered a world leader in the development, implementation, evaluation and dissemination of population-based approaches to parenting and family interventions. Triple P is currently in use in many countries worldwide. Professor Sanders' work has been widely recognised by his peers as reflected by a number of prestigious awards. In 2007, he received the Australian Psychological Society's President's Award for Distinguished Contribution to Psychology and in 2004 he received an International Collaborative Prevention Research Award from the Society for Prevention Research in the US. In 2007 he also received a UniQuest Trailblazer award from the Parenting and Families Special Interest Group in the Association for Behavioural and Cognitive Therapy and in 2008 became a fellow of the New Zealand Psychological Society. Professor Sanders has also won a Distinguished Career Award from the Australian Association for Cognitive and Behaviour Therapy, was named Honorary President of the Canadian Psychological Association (2009), and Queensland of the Year (2007).

Majella Murphy-Brennan has a Doctorate in Clinical Psychology and is an honorary research associate in the Parenting and Family Support Centre at The University of Queensland, Australia. She has worked most recently as Head of International Program Dissemination for Triple P International and liaised worldwide with governments adopting the Triple P system. For over 10 years, she has worked to support practitioners, managers and their organisations to establish Triple P within their services in the United Kingdom, Europe, Scandinavia, North America and Australasia. Her research interest in the dissemination field has focused on understanding the factors that underlie a successful dissemination process and she has shared this knowledge in advisory roles with the United Nations and Government bodies internationally.

Notes to the practitioner

Learning new skills with the assistance of peers is a powerful and extremely helpful way of promoting competent use of evidenced-based parenting interventions, such as the Triple P – Positive Parenting Program® (Triple P). We see the Peer-Assisted Supervision and Support model (viz. PASS) described in this manual as a workforce development strategy that ideally should be available to practitioners throughout their careers or, at the very least, when practitioners are learning to implement a new intervention. Some practitioners (particularly those who have never had formal supervision as part of their training or where there is no tradition of clinical supervision) approach the prospect of participating in peer supervision and support groups with a certain amount of trepidation. Sometimes this apprehension is based on a concern of revealing personal inadequacies or a worry that others will have a higher level of proficiency and that the peer-support process will expose this. These understandable anticipatory worries usually reduce greatly once the benefits of PASS sessions are experienced. These benefits include having an opportunity to reflect on your own practice, the clinical decisions you make, how you come across to others, how well you communicate with parents and your knowledge and understanding of Triple P strategies for working with families. The PASS approach involves being both a recipient of peer support and a provider of it to others. As a result of this reciprocal relationship, participants in the PASS process require collegial and collaborative skills rather than competitiveness. The consequence is that all participants are able to benefit from each other's experiences in delivering Triple P.

Part 1 of this manual provides practitioners with an overview of the conceptual framework used in Triple P PASS sessions. This framework is based on self-regulation theory where the aim is to empower practitioners to make the changes they deem necessary to successfully implement Triple P with parents. Part 2 is a step-by-step guide that enables practitioners to prepare for, and get the most from, their PASS sessions. Part 3 introduces practitioners to the Triple P Provider Network as a source of ongoing professional support, so that practitioners can keep abreast of new developments related to Triple P, including new program variants and latest research findings.

Part I

Introduction to the PASS model: Peer-assisted supervision and support

Becoming a skilled Triple P provider — An overview

What is Triple P?

Triple P is a multi-level system of parenting and family support developed by Matthew Sanders and colleagues at The University of Queensland in Brisbane, Australia (Sanders, 2008; 2012). The program aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. It incorporates five levels of intervention on a tiered continuum of increasing strength (see Figure 1) for parents of children and adolescents from pre-birth to age 16.

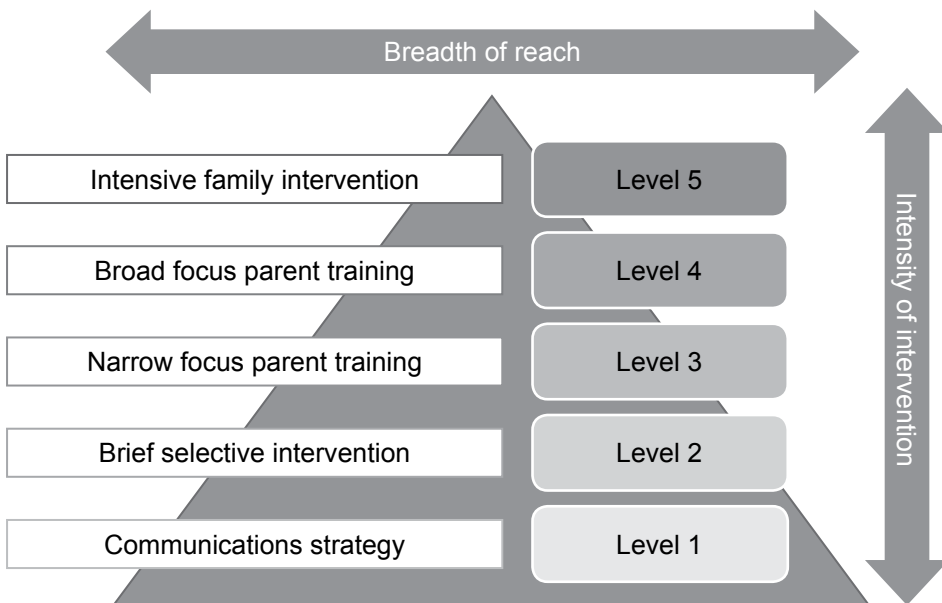


Figure 1: The Triple P system of intervention

Table 1.1 on the following page provides a detailed description of specific programs within each level of the system. Level 1, a universal parent information strategy, provides all interested parents with access to useful information about parenting through a coordinated communications strategy using print and electronic media. This level of intervention aims to increase community awareness of parenting resources and receptivity of parents to participating in parenting programs, and to create a sense of optimism

Table 1.1 The Triple P system of parenting and family support

LEVEL OF INTERVENTION	TARGET POPULATION	INTERVENTION METHODS	FACILITATORS
Level 1 Communications strategy <ul style="list-style-type: none"> • Universal Triple P 	All parents interested in information about parenting and promoting their child's development.	Coordinated communications strategy raising awareness of parent issues and encouraging participation in parenting programs. May involve electronic and print media (e.g. brochures, posters, websites, television, talk-back radio, newspaper and magazine editorials).	Typically coordinated by communications, health or welfare staff.
Level 2 Health promotion strategy/ brief selective intervention <ul style="list-style-type: none"> • Selected Triple P • Selected Teen Triple P 	Parents interested in parenting education or with specific concerns about their child's development or behaviour.	Health promotion information or specific advice for a discrete developmental issue or minor child-behaviour problem. May involve a group seminar format or brief (up to 20 minutes) telephone or face-to-face clinician contact.	Practitioners who provide parent support during routine well-child health care (e.g. health, education, allied health, and childcare staff).
Level 3 Narrow focus parent training <ul style="list-style-type: none"> • Primary Care Triple P • Triple P Discussion Groups • Primary Care Teen Triple P • Teen Triple P Discussion Groups • Primary Care Stepping Stones Triple P 	Parents with specific concerns as above who require consultations or active-skills training.	Brief program (about 80 minutes over 4 sessions, or 2-hour discussion groups) combining advice, rehearsal and self-evaluation to teach parents to manage a discrete child problem behaviour. May involve telephone contact.	Same as for Level 2.
	Parents of children with disabilities with concerns as above.	A parallel program with a focus on disabilities.	Same as above.
Level 4 Broad focus parent training <ul style="list-style-type: none"> • Standard Triple P • Group Triple P • Self-Directed Triple P • Standard Teen Triple P • Group Teen Triple P • Self-Directed Teen Triple P • Triple P Online • Standard Stepping Stones Triple P • Group Stepping Stones Triple P • Self-Directed Stepping Stones Triple P 	Parents wanting intensive training in positive parenting skills. Typically parents of children with behaviour problems such as aggressive or oppositional behaviour.	Broad focus program (about 10 hours over 8–10 sessions) focusing on parent-child interaction and the application of parenting skills to a broad range of target behaviours. Includes generalisation-enhancement strategies. May be self-directed, involve telephone or face-to-face clinician contact, or group sessions.	Intensive parenting intervention workers (e.g. mental health and welfare staff, and other allied health and education professionals who regularly consult with parents about child behaviour).
	Parents of children with disabilities who have, or are at risk of developing, behavioural or emotional disorders.	A parallel series of tailored programs with a focus on disabilities.	Same as above.
Level 5 Intensive family intervention modules <ul style="list-style-type: none"> • Enhanced Triple P • Pathways Triple P • Group Lifestyle Triple P • Family Transitions Triple P 	Parents of children with behaviour problems and concurrent family dysfunction such as parental depression or stress, or conflict between partners.	Intensive individually-tailored program with modules (60–90 minute sessions) including practice sessions to enhance parenting skills, mood management and stress coping skills, and partner support skills.	Intensive family intervention workers (e.g. mental health and welfare staff).
	Parents at risk of child maltreatment. Targets anger-management problems and other factors associated with abuse.	Intensive individually-tailored or group program with modules (60–120 minute sessions depending on delivery model) including attribution retraining and anger management.	Same as above.
	Parents of overweight or obese children. Targets healthy eating and increasing activity levels as well as general child behaviour.	Intensive 14-session group program (including telephone consultations) focusing on nutrition, healthy lifestyle and general parenting strategies. Includes generalisation-enhancement strategies.	As above plus dietitians/nutritionists with experience in delivering parenting interventions.
	Parents going through separation or divorce.	Intensive 12-session group program (including telephone consultations) focusing on coping skills, conflict management, general parenting strategies and developing a healthy co-parenting relationship.	Intensive family intervention workers (e.g. counsellors, mental health and welfare staff).

by depicting solutions to common behavioural and developmental concerns. Level 2 is a brief, 1- to 2-session primary health care intervention providing early anticipatory developmental guidance to parents of children with mild behaviour difficulties. Level 3, a 4-session intervention, targets children with mild to moderate behaviour difficulties and includes active skills training for parents. Level 4 is an intensive 10-session individual or 8-session group parent training program for parents of children with more severe behavioural difficulties. Level 5 is an enhanced behavioural family intervention program for families where parenting difficulties are complicated by other sources of family distress (e.g. relationship conflict, parental depression, or high levels of stress).

The rationale for this tiered multi-level strategy is that there are differing levels of dysfunction and behavioural disturbance in children, and parents have differing needs and desires regarding the type, intensity and mode of assistance they may require. The multi-level strategy is designed to maximise efficiency, contain costs, avoid waste and over servicing, and to ensure the program has wide reach in the community. Also, the multi-disciplinary nature of the program involves the better utilisation of the existing professional workforce in the task of promoting competent parenting.

Triple P targets five different developmental periods from pre-birth to adolescence. Within each developmental period the reach of the intervention can vary from being very broad (targeting an entire population) to quite narrow (targeting only high-risk children). This flexibility enables practitioners to determine the scope of the intervention given their own service priorities, interests and funding.

Using evidence-based parenting programs effectively

Becoming a skilled provider of Triple P takes time. For many practitioners, there is a lot to become familiar with, such as practitioner manuals, parent workbooks and new methods for working with families. These methods may include the use of active-coaching methods (such as behavioural rehearsal, observational and self-report assessment tools to track client outcomes), and the use of a self-regulation framework; used to teach new skills to parents. Depending on the level of training being undertaken, the starting point for all practitioners is participation in a 3–5 day Triple P training course. In addition to attending training sessions, practitioners need to read the relevant participant notes, practitioner manuals and parent workbooks before using Triple P with families. For most practitioners, the completion of training increases their sense of personal efficacy, as well as actual competence in conducting parent consultations using Triple P interventions. However, becoming proficient at delivering Triple P requires practitioners to implement the program with families. Participation in PASS sessions bridges the gap between being a practitioner-in-training to being an independently-functioning, competent provider of Triple P. PASS sessions enable practitioners – irrespective of their level of experience and competence – to fine-tune their skills and to become more proficient in delivering Triple P. This chapter provides an overview of the PASS model we recommend in supporting practitioners to deliver Triple P.

What is peer-assisted supervision and support?

Traditional clinical supervision is a formal, contractual arrangement between a practitioner and a supervisor, who would normally have been trained to deliver the

intervention themselves. The clinical supervisor and practitioner agree to meet on a regular basis (every 2–4 weeks) to discuss the practitioner’s use and implementation of Triple P with families.

The PASS model expands on this, making particular use of peers who themselves have undergone Triple P training. It uses the same self-regulatory framework as is used in teaching parents to use positive parenting skills (see Sanders, 2012). The goal of undertaking peer support is to promote practitioners’ competent use of the program through fostering independent decision-making, clinical reasoning and self-directed learning. The PASS approach helps practitioners learn to successfully implement Triple P and to continually improve their practice. PASS sessions work best when practitioners meet in small groups to review their experiences with Triple P sessions. Although peer supervision and support can also be delivered on either a group or individual bases, it tends to work best when supportive peers are part of the process.

PASS sessions involve three key activities: The first is a case review where practitioners discuss an actual case using pre-recorded footage, audiotape or written case notes to review a Triple P session. The second activity is a discussion of implementation issues that may be either helping or hindering the use of Triple P and, finally, a professional development activity to promote practitioner skills.

The goal of PASS sessions is to review Triple P sessions and to receive helpful feedback from peers so that any problems are identified and a plan is developed to rectify them. PASS sessions cover both the content of previous sessions with parents, and future sessions being planned. Each session lasts about 1½–2 hours and involves each participant serving in three different roles in rotation in each meeting – a peer facilitator, a peer mentor and a practitioner. PASS sessions are typically structured around an agenda set by the participants. This agenda reflects the goals of the participants to develop their professional knowledge, skills and confidence in working with families.

Where PASS sessions are based on individual arrangements involving two peers, negotiations will take place between the practitioner and the peer facilitator (catching up on a missed group session), internal supervisor, line manager (if requiring guidance with an urgent, complex case), or Triple P coordinator, for a mutually convenient time and place to meet. The process followed within these individual sessions continues to be based on a self-regulatory framework and covers the same process as that adopted in group PASS sessions.

In brief, PASS sessions are most effective when:

- A regular time is established.
- Everyone contributes to the session (either as peer facilitator, case presenter or peer mentor).
- The agenda for the next meeting is negotiated at each session.
- The role of peer facilitator is rotated.
- The format of sessions is varied to include brief presentations, review of recordings, role plays and case discussion.
- Decisions from previous sessions are followed up.
- Peers are encouraged to summarise key learning points.
- Process checks are conducted periodically.
- The self-regulatory framework is utilised to provide feedback.
- Concrete verbatim examples are used when giving feedback.
- Professional development goals are fostered.
- Self-disclosure is used appropriately.

Why is peer-assisted supervision and support needed?

Peer-assisted supervision and support is recommended for all practitioners completing training because better outcomes for parents and children can be achieved when practitioners are well-supported with a structured peer-support process.

Although working with parents can be extremely rewarding, it can also be stressful and demanding, particularly with complex cases. With regular PASS sessions, practitioners are typically more confident, less anxious and more competent in their delivery of the program. When practitioners reflect on their practice on a regular basis in a supportive context with their colleagues, most report the process as supportive and empowering. It also greatly facilitates their capacity to tailor the program to the needs of parents.

Model of self-regulation used in PASS sessions

Consistent with the self-regulatory framework used in training parents, the same self-regulatory approach is adopted during PASS sessions. The self-regulation framework draws heavily on Bandura's cognitive social learning theory (e.g. Bandura, 1991; Sanders & Mazzucchelli, 2013). This model describes both the processes by which individuals can change their behaviour, and the social interactional contexts that promote the capacity to change. Self-regulation is defined by Karoly (1993) as "... those processes, internal and/or transactional, that enable an individual to guide his/her goal directed activities over time and across changing circumstances (contexts). Regulation implies modulation of thought, affect, behaviour or attention via deliberate or automated use of specific mechanisms and supportive meta-skills. The processes of self-regulation are initiated when routine activities are impeded or when goal directedness is otherwise made salient (e.g. the appearance of a challenge, the failure of habitual patterns)" (p. 25). In the peer supervision and support context, the self-regulation definition emphasises that self-regulatory processes are embedded in a social context that provides constraints, as well as opportunities for, self-directedness. The Triple P model of PASS – using self-regulation principles – includes the constructs of self-management, self-efficacy, personal agency, problem solving and self-sufficiency.

Principles of peer-assisted supervision and support

The self-regulatory, peer-assisted approach to supervision means that peers are attuned to not only assessing the clinical skill of fellow practitioners, but they also provide a motivational context to enable peers to change their own behaviours, cognitions and emotions so they become proficient in delivering parenting interventions. Within this model, practitioners are encouraged to 'own' the process of personal change and to become active problem solvers who can initiate requests for assistance and support after first having attempted to address or resolve the concern or problem themselves. Where practitioners are unable to resolve the issue on their own, or after having discussed it, peer mentors in PASS sessions provide practical assistance or guidance by giving a tip or a clue about how to tackle the problem, without providing a detailed or over-elaborate answer. This principle of minimal sufficiency is encouraged in providing feedback and involves providing just enough help and no more than is needed for the practitioner to solve the problem themselves.

The power of supportive peer influence assists practitioners in implementing Triple P effectively. It involves peers sharing their knowledge, observations and experience. It is reciprocal – you, the practitioner, assist others, and they assist you. It is especially useful for less experienced practitioners, but is also useful for those with the same level of experience. Ideally, peer mentors develop a personal, mutual relationship, built on trust, respect and fundamentally focused on learning, and improving on, how to implement an evidence-based practice.

Peer-assisted supervision and support and flexible tailoring of Triple P

It has recently been argued that the capacity for flexible tailoring of an intervention is crucial to the successful use of evidence-based programs such as Triple P (Mazzucchelli & Sanders, 2010). Session-by-session guides, used in all Triple P practitioner manuals, are detailed and include verbatim examples of scripts that can be used in introducing activities and exercises to parents. They also provide clear guidance on how to structure session content. Session checklists are available in the appendices section of all practitioner manuals and provide a step-by-step reference to assist with this process. PASS sessions help practitioners tailor the program content to the identified needs of individual families without compromising the integrity of the program. Peer mentors can discuss and provide feedback to practitioners about their program delivery (content and process), the extent of allowable program drift and program adherence or fidelity. They can help practitioners clarify the boundaries of permissible variation in program delivery from protocols, including which content can be abbreviated or practised in greater depth, depending on client need.

Team work and peer support

Peer supervision with trusted peers who perform similar work creates an extremely powerful learning environment. Peers assist each other to actively reflect on their practice (how they run a group or individual session with parents), examine their goals, strengths and limitations, and identify a plan of action that the practitioner is motivated to implement in future sessions with parents. Peers can be a source of fruitful ideas, alternative explanations, challenge and potential role models in tackling similar situations with a client in the future.

The group size needs to be manageable to allow sufficient time for case review and the opportunity for each practitioner to participate (approximately 4 to 8 practitioners). These practitioners may come from within the same organisation or from different agencies across the community. Group members need to be empathic and supportive of each other and work within an environment that allows for privacy and confidentiality. The environment should be comfortable, welcoming and inclusive for everyone.

Organisations with multiple Triple P practitioners may need to set up several different PASS groups. Groups may be self-selected or arranged by the organisation, based on availability of practitioners and workplace commitments. Groups may also be defined by level of Triple P training undertaken by staff (e.g. Group Triple P, Teen Triple P or Stepping Stones Triple P). All practitioners trained in Triple P are encouraged to attend these sessions.

Roles and responsibilities

Triple P coordinator (team leader, line manager or supervisor)

Getting started with the first PASS session may require support from a Triple P coordinator or a team leader, line manager or supervisory person who may assist with assigning practitioners to specific groups, particularly within a large organisation or across community-based agencies. They may also assist with finding a suitable venue and equipment, plus prepare any administrative support (e.g. supplying equipment for recording sessions with parents) that may be required to establish the first round of PASS sessions. The coordinator may also play a facilitator's role with the setup of the first PASS session or help appoint an experienced practitioner to take on this role.

Once individual PASS groups are established, each practitioner plays multiple roles within each session, ranging from peer facilitation to presentation of cases and providing feedback in a peer mentor role. These roles are described below and are further explained in Chapter 3.

Peer facilitator

One person takes responsibility for facilitation of PASS sessions on a rotational basis and is responsible for structuring the session, managing time and keeping practitioners on-track. Essentially, the peer facilitator makes sure the session runs smoothly, ensures there is an agenda, and that everyone sticks to it. Applying the self-regulatory process to leading PASS sessions creates an opportunity for active participation by everyone, including the peer facilitator.

The peer facilitator should be well-prepared by reviewing the notes from the previous session and each session should commence by setting an agenda and reviewing the goals and tasks from the previous session. An example agenda is provided on the following page.

Peer mentors

Within the peer mentor role, practitioners help their colleagues learn by listening to and sharing their experiences, providing helpful comments, being supportive and encouraging. Sometimes this will involve providing feedback that is critical. When either self-evaluating, or prompting self-evaluation from a peer, it is important to use the self-regulatory process. The environment being promoted within these feedback sessions is always one of respect and support.

Establishing an agenda

A typical PASS session starts with negotiation of an agenda, including any agenda items arising from the previous session. Any issues that may have arisen in planning the session (e.g. administrative issues) may also be discussed. The session provides a valuable opportunity for presentation and discussion of cases, as well as an avenue for expanding knowledge on the science of Triple P and becoming familiar with other tools that may be useful to practitioners from the Provider Network (e.g. VLOGS). The final step in each session is to set goals for coming weeks with the aim for all practitioners to feel connected, empowered and experience the sessions as a worthwhile learning experience.

An example of how a session could be structured is included below.

AGENDA ITEM	ACTIVITY	TIME FRAME (e.g. 2 hours)
Agenda setting	List of activities to be covered including any outstanding issues from the previous session	5 mins
Review of previous session	Review previous session notes and between-session and goal-setting tasks	10 mins
Case review	Three or 4 practitioners to present in turn to group. Remaining group members to provide feedback and participate in any discussion	30 to 50 mins
Discussion of implementation issues	A specific topic may be the focus (e.g. a complex case, engagement issues, fidelity and session checklist monitoring)	20 mins
Professional development activity	A range of activities can be discussed during this period (e.g. review a tip sheet, discuss a Triple P scientific article or watch a VLOG by Professor Sanders)	15 mins
Goal setting	Based on the above discussions, set new goals for the coming weeks	10 mins
Allocation of next peer facilitator role	Assign role to next practitioner	5 mins
Summary and closure	Summarise session	5 mins

Summary

This chapter made the case for ensuring that all Triple P providers have access to regular PASS sessions. PASS sessions increase practitioners' confidence and prepares them to deliver Triple P by adhering as closely as possible to the guidelines outlined in the practitioner manuals, relevant to each level of the program. Self-regulatory skills develop gradually and do not occur in a social vacuum. PASS sessions promote practitioner self-sufficiency, self-efficacy, personal agency and independent problem-solving capacities and are powerful ways of learning new professional skills. Next we turn to how to prepare for PASS sessions.

Part II

Participation in peer-assisted supervision and support

Planning a PASS session

Overview

Embedding Triple P PASS sessions within the workplace is strongly recommended to promote practitioner confidence and competence with the delivery of the program. The type of support on offer varies across different workplace settings. Formal supervision will be available in some settings while others will rely on regular PASS sessions, or a combination of the two (i.e. traditional supervision and PASS sessions). Getting the most out of PASS sessions requires good advance planning. This chapter introduces a variety of strategies to help practitioners prepare for attendance at their PASS sessions.

Advance preparation

Specific materials and equipment

Gaining access to appropriate electronic equipment is essential for audio or video recording sessions with families. This will enable you to record, and later review, the session content in a PASS session. Identify what steps need to be taken within the organisation to book the equipment for your preferred session time. If no audio-visual resources are available, discuss options with your manager for purchasing or obtaining access to suitable equipment. Equipment for playing recorded material and a large screen TV, plus whiteboard and pens will also be required for your PASS session.

Selecting a venue

A number of issues need to be considered in choosing a suitable venue. If the PASS session is to be conducted in the work setting, the room must be an appropriate size with a table for the audio-visual equipment and sufficient room for practising role plays, if required. If the session is to be conducted in an external venue (e.g. in the case of multi-agency collaboration and shared PASS sessions) choose a conveniently-located venue that is central to everyone. Prior to the session, the peer facilitator for that session should confirm with the venue that all audio-visual and necessary equipment are available. Remember to leave the venue in a tidy state when the session is completed.

Choosing an appropriate date and time

Select a date and time that will be convenient for everyone and does not clash with other organisational commitments (meeting times can be shared with everyone using web-based meeting planners). It is recommended to make this a permanent PASS timeslot that runs for approximately 2 hours every 2 to 4 weeks. This will allow most practitioners to attend a regular PASS session as part of their normal work routine and helps embed Triple P within a workplace setting.

Promoting PASS sessions

Promoting PASS sessions within the same workplace can take a combination of approaches. Identifying what already works successfully within your organisation is a good starting point. Use this existing knowledge regarding what has worked well in the past and apply the same approach when establishing your Triple P PASS sessions. Building workplace support networks can draw on the use of your intranet, diary entries, email reminders, office noticeboards and web-based facilities. Relying on a single communication method is rarely successful and may compromise attendance at these sessions. Multiple messages about what PASS sessions have to offer, how often they occur, testimonials and session updates may help organisations promote successful uptake and participation.

PASS sessions that draw on a multi-agency network may require a different approach to those listed above in engaging group members to attend. Drawing on self-regulatory skills, identify what will be the most appropriate form of communicating PASS session dates, times, venues and reminders to all those involved in the group by addressing this as an agenda item in your initial PASS session.

Complete background reading

Facilitating a session may require background reading on specific issues listed on the agenda for the upcoming session. If requiring access to the evidence base for Triple P, many of the scientific publications can be downloaded from The University of Queensland's Parenting and Family Support Centre website at <www.pfsc.uq.edu.au/evidence>. Additional information may also be sourced from the web (e.g. Google Scholar) and other websites (e.g. National Institute for Clinical Excellence, Blueprints).

Set up an ideal learning environment by becoming familiar with this manual, all the Triple P materials (i.e. training materials, practitioner kits, parent resources and DVDs) and the evidence base for Triple P by completing background reading before the first PASS session.

View a video demonstration of a PASS session in action

An instructional video (*The Peer-Assisted Supervision and Support Model [PASS]*), that demonstrates the model in action, can be viewed online through the Triple P Provider Network <www.triplep.org>. This demonstration should be viewed prior to the first PASS session. It shows how the self-regulation framework is employed in PASS sessions and demonstrates the role of peer facilitator, peer mentor and practitioner. When viewing the video demonstration, it is useful to refer to the *PASS Self-Rating Form* (Appendix B). This rating form can be used to self-evaluate your own or others proficiency as a participant in PASS sessions.

Recording in preparation for case presentations

Video or audio recording session with families

Plan in advance what session, or aspects of the session, would be the most beneficial to record and make the necessary arrangements. Identify an appropriate family for case review in your PASS session, based on the presenting problem and the challenges that you encounter in delivering Triple P. For example, a particular session may provide some

challenges for you with delivery; receiving constructive feedback on this part of the session will help in fine-tuning your skills. You may also share with your colleagues a challenging session where everything worked well, as your peers can also learn from these experiences.

Have all materials ready

The materials that you require will include: consent forms for families, audio or video recording equipment to record the session (keep back-up equipment ready in case of technical failure), and any other appropriate multimedia equipment. Check the functioning of the equipment immediately prior to commencement of the session. Choose a discrete location for placing the equipment in the room, which will still allow for good audio/visual coverage during the session.

Obtaining parental consent and consent forms

Generally speaking, most parents are cooperative and willing to be video or audio recorded to assist practitioners to improve their consultation skills, though obtaining official consent from families to record is essential. Make sure that consent forms are photocopied in advance (a copy is available in Appendix C). Ensure that everyone has access to consent forms and that all family members present in the session have signed them prior to commencement of the session.

When introducing your intention to record a session with a family, provide a rationale for your decision to record this particular session.

Hi, Steve and Marie. If it's OK with both of you, I would like to record some parts of our session today so I can review my consultation skills as part of my ongoing professional development. The recording will only be used for this and will be deleted as soon as the review is over. Some parts of the recording will be seen by my peer facilitator and a small group of work colleagues, just so they can give me feedback to help me improve. The recording and any discussion that happens with my colleagues will remain strictly confidential. Do you have any questions?... Great! Could you both sign these consent forms, please.

After successfully gaining consent, proceed with recording the session. On completion of the session, thank your families for their participation and reiterate the purpose of the task. That is, the recording is confidential and not to be used for any other purpose but to refine skills and receive feedback from supervisors and peers.

Do not record a session if a parent does not agree with this process. For further information refer to the section on Trouble Shooting (page 24).

Reviewing recorded sessions

Immediately after the session, review the content of the recording to make sure that all segments intended to be recorded have been captured and are suitable for use in your PASS session.

Case notes for discussion

In the event that it is not possible to audio or video record a session, it is recommended that practitioners refer to case notes. In doing so, specific information will be required. For example, when presenting the case to peers, give concrete examples of the

conversation that occurred between the parents and the practitioner, noting exactly what was stated. The more detailed the summary of the dialogue, the better, as this will allow peer mentors and the peer facilitator to give constructive feedback.

Confidentiality and accountability

Practitioners should be guided by the requirements of their organisation on the use of confidential information and advise parents when the record will be erased. Additional written permission must be obtained if the recording is to be used for another purpose or kept as a permanent record. Duty of care for the families remains with the practitioner delivering the intervention and is not shared among the PASS group or the peer facilitator. It is important for each practitioner to remain responsible and accountable for their own cases and adhere to their own professional codes of practice and ethics, particularly in relation to child protection. Peer-assisted support does not replace regular supervision or line management sessions within the team (which would address these types of issues) but occurs in parallel. Professional procedures related to child protection must be followed at all times, as outlined by each profession and/or those of the organisation.

No information discussed during the PASS sessions will be shared with others unless concern is expressed over a possible breach of professional code of ethics/practice, or there are concerns about fitness to practice. In these circumstances, following discussion with the participant, it may be necessary to disclose information to other parties (e.g. line managers).

Data protection and storage

Triple P practitioners need to follow their organisation's guidelines for data protection and storage of confidential information. For example, in relation to individual cases (i.e. a session with an individual parent), any recording *may* automatically become a part of that child's health record, and must be kept within the child's medical record. In some organisations, this information cannot ever be destroyed or erased. Additionally, for group-based work, a recording of a group session may need to be kept indefinitely.

Summary

In brief, the following suggestions may assist your organisation in establishing PASS networks. Firstly, decide which practitioners will make up each of the groups (4 to 8 practitioners are recommended). Once a suitable date, time (approximately 2 hours every 2 to 4 weeks) and venue are selected, make sure that audio-visual equipment is available. Sometimes administrative functions also need to be attended to, such as preparing copies of any relevant session materials (e.g. attendance record). At the PASS session, establish an agenda for the session. The agenda should outline those practitioners who will be reviewing their work and who will facilitate the next session. The agenda for subsequent sessions should also be set in the previous meeting. Remind colleagues who are to review their work to bring along video or audio recorded examples of client contact or prepare a brief case discussion and make sure that all families have granted consent by signing the appropriate forms.

Getting the most out of PASS sessions

Overview

Understanding the benefits of PASS and the processes for getting the most out of these sessions is explored in this chapter. Several steps are outlined that set the scene for building a well-functioning PASS network. Setting up a learning environment that is supportive, structured to enhance professional development, reflective, and aims to increase self-efficacy is essential for optimising the learning experience and improving parent consultation skills.

Self-regulation and the peer-support process

Review the self-regulatory process in advance of the session (i.e. self-monitoring, goal setting, self-evaluation, problem solving). Learning to incorporate this process into your daily work will help identify strengths and challenges in your consultation skills which will benefit your professional development, thereby increasing your confidence and competence in program delivery. For example, after each consultation session with parents, do internal checks on how you went. In brief, reflect and ask yourself *What worked?* and *What would I do differently next time?* The same process applies to your PASS session and to your interactions with your work colleagues and work-related situations.

Attending a PASS session

Session preparation

For your PASS sessions you will need your Triple P practitioner/facilitator kit, recorded consultation session (if you are presenting a case review), a copy of the *Triple P in Action: Peer-Assisted Supervision and Support Manual*, case notes, and whatever other materials are relevant to the session.

Note taking and session records

The *PASS Session Checklist* in Appendix D provides guidelines for note taking across key areas covered within the PASS session. A summary of the proceedings of the session should be recorded and kept on file in a confidential and secure place. On completion of each session, all group members who attended the session should sign off on the content of the summary. In the event of child-protection cases, or similar events of concern, line managers should be advised immediately following the session (refer Chapter 2 for additional information).

Rotating roles

The peer facilitator's tasks

Preparing an agenda and agreeing on priority issues to be discussed is vitally important and provides a framework to guide discussion. Agendas are also helpful for keeping a PASS session on track. Your PASS session involves three key activities:

- **Case review/s** where practitioners discuss an actual case using pre-recorded footage, audio recordings or written case notes to review a Triple P session.
- **Discussion of implementation issues** that may be either helping or hindering the use of Triple P.
- **Professional development activities** to promote practitioner skills.

Each PASS session should commence with a brief review of the previous session and any follow-up tasks. Preparing the current agenda should also include devoting time to reviewing and discussing the 5–10 minute pre-recorded segment/s of practitioner consultation sessions with a family. This may include discussion of specific strategies, the consultation process and/or dealing with process issues.

If it is your turn to facilitate a PASS session, be aware of time keeping, introducing who will be presenting their work and who will facilitate the next session. The agenda for the following session should also be set at the end of the current session. It is your job to make sure the session runs smoothly and effectively, and doesn't veer off-track. Have an agenda ready, establish it from the outset and try to keep to it throughout.

Today's PASS session will go for about 2 hours. If we stick to the agenda we should have plenty of time to cover all the case studies. Has everyone got their examples with them — recordings or your case notes?... Great, let's get started. Remember we are going to use our self-regulatory skills during the session and support each other with feedback, knowledge-sharing and make this a positive learning experience. I think everyone would agree the last session really helped with fine-tuning our dealing with resistance from parents' completing their questionnaires. We'll be able to briefly review that as well. James, are you ready with your footage?

As a peer facilitator, remember to incorporate discussion of implementation issues that may be either helping or hindering the use of Triple P during the session. For example, clinical problem-solving may be useful to help overcome within-session resistance or identify possible solutions to entrenched problems, such as fine-tuning strategies with complex cases. However, one of the most common issues raised by practitioners is the use and scoring of assessment measures. It is critical that practitioners become comfortable with assessment tools, what they mean, and how to feed back this information to families (refer to practitioner manuals and training materials for further details). Incorporating role plays into the PASS sessions may assist with increasing confidence and competence in this area. Other relevant topics for discussion may include: the importance of Triple P evaluation; maintaining program integrity; flexible use of Triple P; engaging hard-to-reach families; cultural diversity; and involving teens within sessions.

Finishing the session with a professional development activity aimed at promoting practitioner skills may include review of a journal article or other activities relevant to the session.

The practitioner's (case presenter's) tasks

When you are presenting your case review, you share your own experience of facilitating Triple P, through self-evaluation, and your colleagues learn from your experience. Bring along a 5- to 10-minute recording of an interaction between you and your clients – preferably a section where things went well and another section that didn't go so well. Remember you need the parents' consent for this.

Prior to the PASS session, review your case notes and recording of the segment to be presented. Consider what your strengths were with the session, in addition to identifying aspects of your skill set you would like to change. Remember the importance of self-regulation in doing this self-evaluation (*What did I do well in this session? What could I have done differently?*). Try first to problem solve any issues about your consultation process with the family using your knowledge of Triple P. Consider the type of constructive feedback that you would like for other issues that require additional help from your colleagues or peer mentors. Prepare some open, exploratory questions about your case to ask your peers. Different types of questions will elicit different responses. For example:

- Open questions beginning with *How...* or *What...* will open discussion on a topic or help encourage further exploration on the same issue, or change a topic.
- Closed questions are typically responded to with a *Yes* or *No*. If used at the commencement of a discussion, closed questions may give an impression that the group's role in responding is passive and lead to a situation where the issue is not fully explored.
- Elaboration and clarification probes are used to expand on a current topic or issue contained in the previous statement. Elaboration probes such as *Can you tell me more about how I could have managed the resistance to role playing quiet time with Mary* are useful in helping the group to give you additional constructive feedback. A clarification probe is more specific about an aspect of the consultation that requires expansion: *You mentioned in your feedback that I seemed uncertain with parts of the quiet time routine, which part exactly?*
- Transitional statements may help to link two different sets of information that closes one topic and opens discussion in another. *OK, I understand what you mean by covering all parts of the quiet time routine with the parents. Now let's look at how I managed the resistance issue with the father. What feedback can anyone share with me about managing these situations? Has anyone had a similar experience?*
- Exemplification questions help with seeking clarification by asking for an example or illustration. *Think back to last time you went through the quiet time routine with a parent. Tell us what happened.*

Pre-set your recording by setting it at the exact point in the consultation session that the segment to be reviewed commences. Remember that you have control over the starting and finishing point for viewing the video or audio recording. Some preparation will allow you to quickly present this segment to the group during your PASS session and use your time for feedback effectively. Remember, this is your opportunity to gain as much feedback as required in the time that is available.

Summarise key aspects of the case and give some background to your family (e.g. demographics, presenting problem and case history). Make sure you request feedback on the issues that are important to you. Set the scene with your peer facilitator and peer mentors and identify the type of feedback that you would like to receive.

Hi, everyone. I would like to introduce my clients, Sarah and Ronan, and their 4-year-old son, Jacob. In my initial meeting with Sarah she described Jacob as headstrong, argumentative and disobedient and said that he sometimes hits other children at preschool. I have not yet met Ronan but Sarah has been participating in the program well. The segment of footage I want to share with you is at the beginning of Session 4, where Sarah tells me how difficult the week has been because her partner won't help. I chose this segment because it shows me dealing with her criticism of her husband's lack of involvement in the program.

The peer mentor's tasks

Peer mentors play an important role in providing feedback. All the remaining members of the group (who aren't facilitating the group or currently presenting their case review) are peer mentors and are encouraged to participate in the session and to share their knowledge and expertise. The session should also provide for peer mentors who are not participating in case presentations or reviews to be given an opportunity to have clinical questions responded to by the group. Practitioners who have not had experience with a particular part of a program, or those who feel that they would like more practice, may choose to conduct role plays during these sessions and receive feedback using the self-regulatory process.

Reviewing case presentations with peers

After viewing the recording or discussing the case, the peer facilitator will prompt the practitioner to engage in a self-regulatory feedback process. A set of guided questions may be used to assist the practitioner to evaluate their own performance by encouraging them to use the self-regulatory process. The facilitator commences with a general prompt, if required, such as *How did that go?*

[Practitioner] *Overall, I'm really pleased with how things are going. I felt I handled her comments about her husband quite well and we covered all the content I wanted to in the session.*

[Peer mentor] *James, specifically, what went well?*

[Practitioner] *I was really happy with the way I listened and empathised with her and acknowledged how hard it can be when you don't feel supported. She seemed to really respond to that and calmed down enough to finish the session.*

[Peer mentor] *What would you do differently next time?*

[Practitioner] *I'm not really sure. Perhaps I agreed a little too much with her that her partner should be involved. She might have interpreted that I was blaming him too. I would really like your feedback. How would you have managed this exercise?*

More specific prompts may be used to assist the practitioner if they have difficulty recalling what they did, or are not specific in what they say. A specific behavioural prompt may be required, such as *Let's think about how you structured the session.*

How did that go? If necessary, provide some specific feedback to get them started, such as *I thought you did a good job of getting the parent back on track when they started to tell you about their partner's hobbies* or *Did you notice you let the parent give three examples of the same problem behaviour rather than closing the discussion?*

After a prompt from the peer facilitator, and continuing to use the self-regulatory process, practitioners should provide feedback on positive aspects of a performance before identifying one or two things that could be improved. Shape up or reframe non-constructive self-evaluation or feedback. For example, if a comment is general and vague such as *That was good*, the peer facilitator should prompt the practitioner to be more specific about what they thought was good. If a comment is critical, such as *I'm terrible at this, I didn't follow the steps*, prompt the practitioner to describe positive aspects of their performance and then give one or two specific suggestions about what they could do differently next time. Ask the practitioner how they felt about implementing the Triple P intervention. Provide an opportunity for questions or comments.

At the end of the feedback process, the peer mentors should prompt the practitioner to summarise the key points and outline goals for future parent consultations.

[Peer mentor] *James, share with us what the key take-home message was from this session and any goals you may set for the future.*

[Practitioner] *OK, the key take-home message for me is not just about being there with the parent emotionally but also the importance of giving them skills to do things differently at home and, in my next session, setting clear tasks for both parents to complete before the following session.*

Giving and receiving feedback

During the PASS session, it is valuable to involve the whole group in giving constructive feedback as part of the learning and support process. When giving peer feedback to other practitioners, remember to use the self-regulatory framework and identify the practitioner's strengths before offering suggestions for change. This process of peer mentoring requires the group to establish an environment that provides individual practitioners with frequent opportunities to reflect on specific skills based on those skills being demonstrated or discussed. Where the practitioner is unable to recall specific aspects of their skill demonstration, there are a number of guidelines for giving feedback, which facilitates the learning process:

- Start with the positive: Focus on at least two things the practitioner has done well.
- Be specific: Describe the behaviour or skills demonstrated.
- Offer alternatives: For example *I liked how you provided the parent with a really clear example of clear, calm instructions, but maybe next time you might allow the parent more of an opportunity to generate their own example.*
- Describe, don't judge.
- Own the feedback: Use 'I' statements; provide constructive positive and negative feedback.

Receiving feedback from your peer mentors and peer facilitator should be a positive mentoring experience, assist with refinement of your consultation skills and be considered part of your ongoing professional development. Constructive feedback should be internalised as something positive, and not seen as criticism. When responding to constructive feedback, try to remain objective and accept the feedback as one example of how you may change your consultation process. Different types of feedback may be shared within your group and all are examples of how change may occur. This feedback will need to be considered in the context of the presenting problem. Acknowledge the feedback that you have received and keep in mind that practitioners can question the feedback and provide alternative views. Remember to praise your peers in the same manner that would be offered to families attending Triple P, as these principles also apply to the workplace and relationships with colleagues. It is important when receiving feedback to follow a number of guidelines in order to benefit most from the peer mentoring:

- Listen to the feedback that is given.
- Be clear about what is being said: Summarise and check what the peer facilitator has said. For example *OK, you think I did a good job of responding to the parent's questions about time-out, but I could have used more of a self-regulatory approach with them. Is that right?*
- If you are not sure about the meaning of what the peer facilitator has said, ask them to clarify.
- Ask for feedback you want but didn't get.
- Decide what to do as a result of the feedback: Set specific goals for change. For example, you might decide to increase your repertoire of examples of incidental teaching and to practise this skill with a peer.

Identifying strengths and challenges

Prompting self-evaluation is important to encourage practitioners to adopt a process of self-regulation during the PASS sessions. Practitioners need to be able to monitor their own performance, identify strengths, areas in need of improvement and set personal goals for future change. To assist with this process, the flow chart on the following page outlines steps that can be taken by the peer facilitator, practitioner or peer mentors as a structured prompting format. Using this feedback model, the goal is to work down the left-hand side of the model, encouraging practitioners to identify their strengths and then work down the right-hand side and identify things they need to do differently. This should lead to the practitioner identifying goals for the future.

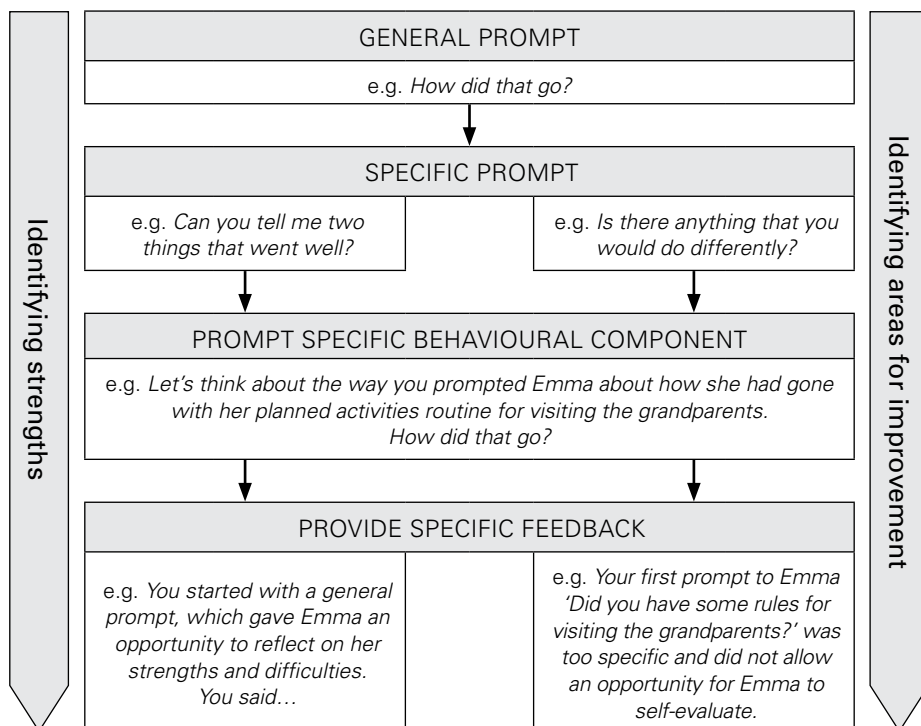


Figure 2: Self-regulation approach to providing feedback

Once the practitioner's strengths and challenges have been identified, facilitate the formulation of these suggestions into actionable goals. The aim is for the practitioner to articulate what they would focus on next time they practise this skill. The goals should be specific and achievable. For example, a peer facilitator may prompt *Emma*, *next time you deliver this section of the program, what will be your goals?*

After receiving this feedback from the group, summarise the key points and outline the goals for future parent consultations. Record the goals and practice tasks on your copy of the *PASS Session Checklist* in Appendix D.

Formulating and implementing an action plan

An action plan will involve the practitioner having a clear set of sequenced steps to follow in working with the family in future sessions. For example, the plan may involve reviewing between-session homework tasks set earlier in the session, ensuring there is enough time for practising new skills or session content, or avoiding accidentally rewarding the parent for digression or being evasive during the session.

Reviewing an action plan

A review of an action plan will involve the practitioner reflecting on how the plan went after the planned session with the parent. The practitioner can write down things that went well and any ongoing challenges that remain unresolved.

Trouble shooting

At the commencement of the session, when setting the agenda, check if there are any additional issues that need to be addressed. Remember to use minimal prompts to help group members problem solve and find solutions to the issue/s being raised. Some examples of common problems, and how to manage these situations, are listed below.

Parental resistance to recording a session

Explore the reasons for the parent's avoidance for recording the session. Prompt the parent to identify the cause of their resistance to recording the consultation. *Steve, what exactly is it that concerns you about the session being recorded?*

Identifying this will assist you to problem solve the reasons for not wanting the session taped and help with finding a solution.

In the event that both parties do not agree with the session being recorded, do not pursue the matter further. Identify another family who may be willing to assist you with this professional-development task.

Practitioner avoidance of recording sessions

Some practitioners experience anxiety and feel uncomfortable about having their work recorded and reviewed and, as a result, do not record sessions for feedback. This may occur in an organisation that has not had previous exposure to this process. All group members should participate in the video or audio recording of sessions and presenting cases for discussion. This is meant to be a positive learning experience and an opportunity to review consultation skills and receive constructive feedback from peers to increase both confidence and competence in skill delivery.

The practitioner presenting the case is in charge of the recording and determines which sections are to be viewed by the peer facilitator and the group members. The practitioner also has an opportunity to prepare the questions on the case study for the group. It is intended that peer members will be supportive and sensitive to practitioners who experience anxiety. Remember that exposure to multiple presentations will, in time, decrease the sense of anxiety about professional work being reviewed by peers.

Session attendance

Making sure that everyone attends regularly is important as it will help the group remain connected as a support network. Regular attendance at PASS sessions promotes ongoing professional development and helps fine-tune your consultation skills, further building confidence and competence. Endeavour to attend all sessions, aiming for 80 percent attendance or more throughout the year. Record attendance on the *PASS Attendance Record* (Appendix A). To encourage self-directed learning, it is the responsibility of each group member to catch up on any material covered if a session is missed. This will aid with preparation for the next PASS session.

The reasons for practitioners not attending PASS sessions may be varied. The organisation itself may not have prioritised these sessions as important or agreed to schedule them as part of core work practices. Alternatively, a practitioner may avoid attending sessions for other personal reasons. For example, may not see the benefits of PASS sessions; uncomfortable with group members or too busy. If a colleague is not attending PASS sessions, try approaching them in a positive way and extend a personal invitation to attend. For example *Kate, I noticed that you haven't been able to make it to the last few PASS sessions, why don't you join us this week? Lisa is presenting her case about a family whose child has ADHD and we would appreciate your input.* Emphasising the importance and value of the sessions, and sharing how different people manage workloads to prioritise peer support may also be of benefit.

The Triple P Provider Network and PASS

The Triple P Provider Network

What is the Triple P Provider Network?

The Triple P Provider Network is a voluntary, web-based support service accessible to all trained Triple P providers. It provides regularly updated information to practitioners relating to Triple P, including new research findings, video messages to practitioners, as well as access to a web-application for scoring and interpreting commonly-recommended outcome measures used in the intervention.

Current features of the Provider Network include access to downloadable practitioner resources (clinical tools, promotional materials and suggested readings) and suggested responses to common process issues.

Rationale for routine clinical evaluation

As an evidence-based program, Triple P encourages you to routinely evaluate client outcomes. The measures recommended in the practitioner manuals, and discussed in training, are to be used with all families, wherever possible. To both encourage you to maintain this evidence-based approach to working with families, and to monitor outcomes within your organisation, Triple P has developed a Client Scoring Application which can be accessed by logging on to the Triple P Provider Network. Use of the scoring application is recommended as one step towards building a sustainable system for rolling out Triple P within your region.

Use of the Client Scoring Application

The web-based Client Scoring Application system allows for the storage of client information and easy scoring of the measures used in the delivery of Triple P. This tool also produces a summary of results for feedback to families. Once parents have filled out the measures, the raw scores are entered into the scoring application. The application then processes the entered data and produces a brief summary report for your files. The information on your families within this scoring system remains confidential and only practitioners and their line managers can access these data.

One of the initial steps in using the scoring application tool is to become familiar with the layout of the web-based facility and, in parallel, review the chapter on evaluation procedures in your practitioner/facilitator manual. It is recommended that you enter several sets of dummy data to become familiar with the process. Review the summary report that is produced and consider the outcomes based in the context of some of the families that may be present in your organisation. Interpreting the results, and subsequently role playing how to feed back these results to families, may be an agenda item for your PASS session.

Reports on families produced by the scoring application should be stored within the family's clinical file or with case notes, as recommended by your organisation. This remains confidential information relevant to that family. Please follow internal guidelines with respect to the storage and reporting of these confidential client data and information, as this will vary across organisations.

Although the key rationale for using the questionnaires is for clinical purposes, the information collected on families is useful to include in reports to funders and helps with the sustainability of Triple P within your organisation. Additionally, tracking these outcomes over time as a group can be extremely reinforcing and validation that you and your peers are on-track with the evidence-based delivery of Triple P.

At an organisational level, and upon negotiation with Triple P International, organisations will be able to export aggregated de-identified client data and apply to have their own sub-domain of the Provider Network. An additional cost will apply for this extra service. These aggregated data can be summarised to give overall statistics on outcomes with Triple P (e.g. number of families, number of sessions attended, child behaviour outcomes). These outcomes can then be compared to research results to monitor changes with your families accessing services within your organisation. It would be expected that changes in child behaviour, parenting skills and parental adjustment would be in the same range of those achieved on clinical trials (refer <www.pfsc.uq.edu.au/evidence>).

Universal Triple P

Universal Triple P is a concept that acknowledges the importance of putting parenting and parenting issues on the public agenda. It encourages practitioners and organisations to create media and communications opportunities to counter parent-blaming media messages, to destigmatise the notion of asking for parenting help and to encourage participation in an evidence-based parenting intervention. To assist with this, some resources are available on the Triple P Provider Network including a media release, key research findings, logos, testimonials from parents and professionals, Top Ten Tips handout and professionally written descriptions of Triple P for websites and newsletters. Brochures and posters are available for purchase. For regions rolling out Triple P across a population, a separate and specific communications strategy, Stay Positive, has been developed. For more information on Stay Positive, contact Triple P International <contact@triplep.net>.

Stay engaged: Stay motivated

Helping Families Change Conference

Use information provided on the Triple P Provider Network to share, globally, the work that you have done with families. Consider ways to present this information at the annual Helping Families Change Conference. This is a great opportunity for practitioners and organisations to showcase their work in a scientific forum. This could be in the form of a poster, workshop, or presentation of client outcomes (e.g. working with prisoners or other marginalised groups).

The University of Queensland and Triple P International also present an annual Triple P Practitioner Award. The purpose of this award is to recognise an accredited individual Triple P practitioner who exhibits excellence and innovation in the implementation of Triple P. This award is advertised in September–October each year and will serve as recognition of outstanding contribution and commitment to the delivery of Triple P. You can nominate a colleague, someone from your PASS group, or yourself for this achievement award. Alternatively, an organisation, supervisor or coordinator can nominate a practitioner for the award. Only individuals are able to receive this award and team or group nominations are not considered. The recipient of this award will receive a specially designed plaque and a selection of Triple P materials and will receive recognition at the Helping Families Change Conference. A similar award applies to those involved in research (the Triple P Early Career Research Award). Refer to the PFSC website for further details, <www.pfsc.uq.edu.au>.

Sharing stories on Triple P

Many practitioners have great stories to share on successful work undertaken with families. Consider sharing these stories in newsletters and tip papers published by Triple P. Send an overview of your successful practice to <contact@triplep.net> (attention Communications Department). By sharing your stories, other practitioners may be able to adopt this practice in their area (e.g. seminars run in movie theatres while children are supervised to watch a movie in an adjacent theatre; groups run in libraries while children attend story time). If sharing stories publically, remember that you will require signed consent from the families involved.

References

- Bandura, A. (1991). Social cognitive theory of self regulation. *Organization Behaviour and Human Decision Making Processes*, 50, 245-287. doi:10.1016/0749-5978(91)90022-L
- Karoly, P. (1993). Mechanisms of self-regulation: A systems view. *Annual Review of Psychology*, 44, 23-52. doi:10.1146/annurev.ps.44.020193.000323
- M. Brack (personal communication, February 4, 2011).
- Mazzucchelli, T. G. & Sanders, M. R. (2010). Facilitating Practitioner Flexibility within Evidence Based Practice: Lessons from a system of parenting support. *Clinical Psychology: Science and Practice*, 17, 238-252. doi:10.1111/j.1468-2850.2010.01215.x
- Sanders, M. R. (2008). The Triple P-Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology*, 22(4), 506-517. doi:10.1037/0893-3200.22.3.506
- Sanders, M. R. (2012). Development, evaluation, and multinational dissemination of the Triple P-Positive Parenting Program. *Annual Review of Clinical Psychology*, 8, 345-379. doi: 10.1146/annurev-clinpsy-032511-143104
- Sanders, M. R & Mazzucchelli, T. G. (2013). The promotion of self regulation through parenting interventions. *Clinical Child and Family Psychology Review*, 16, 1-17. doi: 10.1007/s10567-013-0129-z

Appendices

PASS Attendance Record

PASS Attendance Record

Date of session:

Start time:

Finish time:

Session number:

Peer facilitator:

NAME (PLEASE PRINT)	DEPARTMENT OR ORGANISATION	SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

PASS Self-Rating Form

PASS Self-Rating Form

Name of participant: Date:

Instructions: Rate your own level of confidence in undertaking the following skills/ tasks using the scale provided below (✓).

- 0 = Not confident at all
- 1 = A little confident
- 2 = Quite confident
- 3 = Very confident

#	Participant Skill or Attribute	0	1	2	3
Peer facilitator role:					
1	Manage time well and keep to an agenda				
2	Facilitate smooth transitions between activities				
3	Summarise key learning or teaching points				
4	Facilitate organising time and date for the next PASS session and assign roles				
Practitioner role:					
5	Make a good quality recording of the parent or group session using video or audio recording equipment				
6	Provide relevant background details of the case or parenting group so that the context of the session is clear				
7	Provide information about the specific session activity being reviewed				
8	State clearly a problem, concern or consultation issue that arose in a parent or group session				
9	Clearly explain the reason why you selected section/s of video or audio to be played in a PASS session				
10	Identify your strengths, weaknesses and goals for change				
11	Request that your peers provide you with specific feedback about a particular issue				
12	Respond positively to feedback received from peers about your performance				
13	Not become defensive, avoidant or upset when you receive constructive negative feedback				
14	Ask peers to explain or elaborate when a comment about performance was unclear or ambiguous				
15	Summarise the key actions you intend to take to improve your performance in future sessions				
Peer mentor role:					
16	Ask practitioners to clarify their comments or observations about their performance (e.g. give specific examples)				
17	Use prompts effectively to encourage self-reflection by practitioners				
18	Provide clear, descriptive feedback about positive aspects of your peers' performance				
19	Provide constructive negative feedback to a peer about their performance				
20	Show respect, support and empathy towards peers at all times				

PASS Audio/Video Recording Consent Form

PASS Audio/Video Recording Consent Form

Audio/Video recordings may be made to enable your practitioner to observe your child's behaviour and/or family interaction for the purposes of assessment, feedback and negotiation of an intervention plan. Recordings may also be made to enable your practitioner to receive feedback on their consultation skills and to consult with other clinic staff as required. No identifying information will be included on any recording. The recording will be destroyed as soon as the feedback/consultation process is complete.

I understand that I have the right to request that the recording be turned off at any point during the sessions.

I hereby consent to have an audio/video recording made on the above conditions.

Parent/Carer Name (print):

Parent/Carer Signature: Date:

Witness Signature: Date:

Parent/Carer Name (print):

Parent/Carer Signature: Date:

Witness Signature: Date:

PASS Session Checklist

PASS Session Checklist

Use this as a guide and as a record of what you covered in the session. Fill in each section as it applies to your role each PASS session. Indicate with a tick (✓) if the item was covered. Leave blank if the item was omitted.

Date: Number of participants:

Start time: Finish time:

Content checklist

1. Practitioner (case reviewer)

- I provided case background
- I explained my choice of segment
- I shared my conclusions
- I clarified my desired feedback
- I provided details of the session
- I identified what I did well
- I identified my aims for improvement
- I shared my proposed actions

2. Peer mentor

- I asked for specifics
- I provided descriptive feedback
- I provided constructive feedback
- I showed support and empathy

Goals for next session

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Practice tasks

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Peer facilitator (sign and confirm above):

Print name:

Signature: Date:

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3. Peer facilitator

- I set the agenda and gained consent from the group
- I reviewed previous session content
- I introduced first (and subsequent) case reviewer
- I facilitated discussion and feedback
- I introduced case discussion
- I referred group to professional development activity
- I set between-session goals
- I allocated peer facilitator role to another group member for the following PASS session
- I summarised and closed the session

Goals for next session

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Practice tasks

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Useful Triple P resources

Useful Triple P Resources

- The Parenting and Family Support Centre, The University of Queensland website offers a range of information, from research articles to VLOGS and podcasts <www.pfsc.uq.edu.au>.
- Triple P practitioner/facilitator kits for relevant level of Triple P.
- *Every Parent Survival Guide* [DVD]. Brisbane: Families International.
- Triple P Provider Network <www.triplep.org>.
- Stay Positive website (Example: <www.sonoma-county.triplep-staypositive.net>).

