

Background and Overview

The Positive Parenting Program (Triple P) was initially developed in the late 1970s and early 1980s by Matthew Sanders ([Sanders 2023](#), p. 6). Research and development for the program is now largely centered in the University of Queensland's [Parenting and Family Support Center](#).

Triple P is typically described as an “evidence-based parenting program,” which the [U.S. Department of Justice describes](#) as programs and practices that have “one or more rigorous outcome evaluations that demonstrated effectiveness.” Triple P employs a public-health approach, aiming to reach large segments of a population ([Nogueira et al. 2022](#), page 2).

Triple P envisions a strategy of care provided at five levels of increasing intensity, based on a particular parent or group's needs:

1. [Level 1](#): A “universal” communication strategy reaching a broad swath of the target population, usually through a media campaign.
2. [Level 2](#): Brief parenting advice (one-time seminars or short private sessions) for parents who are “generally coping well but have one or two concerns with their child's behavior or development.”
3. [Level 3](#): Narrowly-focused parenting skills training for parents of children with mild to moderate difficulties.
4. [Level 4](#): Broadly-focused parenting skills training for parents of children with severe behavioral difficulties, typically consisting over several meetings or consultation sessions.
5. [Level 5](#): Intensive family intervention for families with complex concerns.

Each level in the hierarchy of strategies can be implemented in different ways, depending on the audience, targeted behaviors, and other choices made by the program's operators. [Nogueira et al. 2022](#) (page 2), notes that Triple P interventions can be delivered in different formats (group, individual, self-directed), targeting specific groups (e.g., indigenous children, children with developmental disabilities) and specific problems (e.g., workplaces, divorce). In general, it appears that these programs are operated by nonprofit institutions who adapt the general Triple P framework to their specific goals and resources. [Children's Wisconsin](#), associated with the Medical College of Wisconsin offers group events and 1:1 coaching, focused on behavioral problems and emotions. [Family and Childcare Resources of Northeast Wisconsin](#) offers seminars, group sessions, workshops and one-on-one courses. Those example programs mostly focus on general parenting but also include courses on parenting children with a disability.

The main Triple P intervention for childhood obesity is “[Group Lifestyle Triple P](#),” a Level 4 program to help develop effective strategies for managing their child's weight. The program consists of ten 90 minutes group sessions and four telephone support calls, with the program taking an expected six months.

Statistics and impact

There are dozens of studies about the impact of Triple P programs in a variety of formats and countries. One highly-cited meta-analysis of 101 studies of Triple P programs found that the programs were associated with significant short and long-term effects on child behavioral outcomes ([Sanders et. al. 2014](#), page 353). Another meta-analysis found that “Triple-P may be effective in the short term

according to maternal report of child behavior” ([Wilson et. al. 2012](#), page 13). However, the study is skeptical that there is a large-scale population-level effect of these programs ([page 14](#)). A recent meta-analysis of level 4 analysis specifically finds that Triple P group sessions are effective at attenuating child behavior problems and dysfunctional parenting problems in the short and long term, and had effects on other outcomes in the short term ([Nogueira et al](#), page 9).

There are several studies of the Group Lifestyle Triple P program, but many are unpublished dissertations, inaccessible to the public, or not in English. However, two highly cited studies were accessible:

- A 2015 study in the Netherlands found short and long term effects on child and parents’ behavior, but no effects on children’s body composition after 4 months and a year ([Gerards et. al 2015](#), page 15).
- A 2023 study in Australia also found significant effects on healthy lifestyle behaviors, but no significant impact on child BMI or increased physical activity levels ([Bartlett et al 2023](#), page 2356-2357).