Goals of Session

1. Discuss general clinical approach for young children presenting with disruptive behavior problems in the primary care setting
2. Discuss the most common psychiatric diagnoses underlying disruptive behavior problem in young children
3. Provide an overview of Primary Care Triple P and information about how to access.
4. Discuss sample cases
The Parent-Child “Dyad” and beyond...

- Parental mental health status
- Environmental stress
- Temperamental variation and “goodness of fit”
- Parental skill and family support
- Constitutional factors in the child: hearing, developmental delays, speech and language
- Childhood psychiatric disorders
Most common diagnoses associated with disruptive behavior disorders in young children

- ADHD
- PTSD
- ASD
- ODD
Tailor to the underlying issues
May need to look at psychosocial determinants and provide social service referrals
Consider a parent skill development intervention for behavior problems regardless of etiology
Importance of non-judgmental, strength-based approach
What is Triple P?

- Multi-level system of family intervention
- Early intervention for parents to address common developmental or behavioral difficulties with their children
- Developed out of clinical research at University of Queensland
Why Triple P?

- MCPAP offers Level 3 Primary Care Triple P
- Aligned with MCPAP mission to support behavioral health care in the primary care setting
- Works well with all models of co-located or integrated behavioral health and primary care
- Sustainable through 3rd party billing
- Targeted for children birth through age 12
Principles of Positive Parenting

- Having a safe, interesting environment
- Having a positive learning environment
- Using assertive discipline
- Having realistic expectations
- Taking care of yourself as a parent
Skills promoted through Triple P

- Developing a positive relationship with children
- Encouraging good behavior
- Teaching new skills and behavior
- Managing misbehavior
- Enhancing self-regulation and promoting confidence
Primary Care Triple P

- Delivered by a Triple P Accredited behavioral health or medical provider in the primary care office OR

- Delivered by the Triple P Accredited MCPAP HUB therapist or APRN at the Hub

- Takes place over 2-4 sessions, each lasting between 30 and 60 minutes
Primary Care Triple P: the 4 sessions

Session 1: Assessment of the presenting problem

Session 2: developing a parenting plan

Session 3: Review of Implementation

Session 4: Follow up
Who to refer?

Parents of children birth-12:
- with mild to moderate behavior problem, not necessarily a mental health problem
- parents that want or could benefit from some parent coaching such as new parents, or parents lacking confidence in their parenting skills

Primary Care Triple P is not appropriate for:
- Children with severe behavior problems or severe developmental issues
- Parents with active substance use or mental illness
How to refer?

When talking with a parent/caregiver about a referral to Triple P, refer to the intervention as:
- “Coaching” or “training” on managing challenging childhood behavior
- An opportunity to learn more about typical child development
- A way to help make parenting more enjoyable

Do not refer to Triple P as “Parent Skills Training”
- This causes parental defensiveness

Explain that Triple P is not “therapy” for either the parent or the child
- Triple P is an intervention for parents to help manage their child’s challenging behavior

To refer a parent/parents for Triple P
Call your local MCPAP HUB care coordinator or therapist
For more information...

Visit [www.triplep.net](http://www.triplep.net)

Download an information sheet for referring to Triple P at [www.mcpap.org](http://www.mcpap.org) and click on the “For Providers” tab
Case examples & discussion