



Triple P

This cost efficient behavioral vaccine reduces most serious parenting problems for the cost of \$12-\$15 per child, including child abuse. It has over 70 worldwide studies, including ones funded by HHS.

Small changes in behavior between parents and children, supported by a multi-level strategy invented by an internationally known psychologist^{1 2} have large impact on healthcare, public safety, and economic productivity. The just released Institute of Medicine (IOM) report on Preventing Mental, Emotional and Behavioral Disorders³ cites one low, cost, easy to use, universal parenting support strategy as having many effects related to the goals of the American Recovery & Reinvestment Act of 2009 (ARRA):

...Other programs improve children's mental health and behavior by enhancing parenting skills, the report says. Triple P (Positive Parenting Program), for example, uses a range of approaches, from a television series⁴ on how to handle common child-rearing problems to in-person skills training for parents struggling to handle children's aggressiveness or lack of cooperation.⁵⁻⁹ These methods have been shown to lower kids' disruptive behaviors, a positive change that persisted one year later."⁵⁻⁹—(Institute of Medicine Press Release, Feb. 16, 2009)

There are more than 70 worldwide studies of Triple P,⁵⁻¹³ and Triple P is used by multiple countries, in the Organization for Economic Co-operation and Development for nation-wide prevention such as in the United Kingdom.

Behavioral Vaccines for Population-Wide Change

On January 25, the US Centers for Disease Control released the results of a population-wide study showing that Triple P reduced important measures of child maltreatment—out-of-home placements and child abuse medical injuries.¹⁰ This new study is the first scientific evidence that child maltreatment can be prevented in the first instance for whole populations—not just a few individuals.¹⁰ To see the fiscal impact of this study on each state that used Triple P, visit www.paxis.org/triplep. That estimator suggests that 125,000 fewer cases of lifetime conduct disorders would happen in America if every state used Triple P as tested by the CDC and based other studies^{5 9 11}, and there would 33,000 fewer out-of-home placements for child maltreatment. The break-even for adopting and implementing Triple P happened in the CDC-sponsored study at 12-18 months.¹⁴ For details about Triple P, please see www.triplep-america.com/.

The March 25, 2009 Institute of Medicine Report celebrates scientific discoveries to “vaccinate” or protect children and youth from costly and problematic substance abuse, juvenile crime, and mental-emotional behavioral

disorders. If practical, proven, and simple strategies were implemented on a population-wide basis, significant change could happen in every community of America. We call these strategies “behavioral vaccines.” Like public-health vaccines, behavioral vaccines are given early in children’s lives.

Rapid Change Strategy

The idea is to create a sustainable practical alternative to medications for children and removal from homes, while empowering parents everywhere to feel more supported in these troubling, stressful times. This is possible now based on multiple studies. Thus, using existing grantee structures (e.g., Drug Free Communities, Weed & Seed, SPF-SIG, Title IV Sub-Grantees), applications could be announced for 180 geographical units of 100 to 125,000 people. This could be counties, a community, or a collection of units in a larger area (state or community). This would affect 18 million to 22 million Americans, and about 2.7 to 3.5 million children ages 0-9.

Some 2,200 to 3,500 (depending on salary) 24-month practitioner positions would funded to learn and apply Triple P, in 180 American communities. Individual practitioners would have to be qualified social workers, school counselors, nurses, teachers, psychologists, etc. who have or might lose their positions because of the economic crisis. Each full-time position would be sited in a community non-profit but might also be co-located in doctor’s offices or other clinical settings, where 3rd party billing could occur—**the net affect of these positions could** reduce the burden of costly psychotropic medications, using these low-cost strategies.

Measures of Rapid Change

This plan includes careful documentation of change by leading prevention scientists in the world, including:

- Reduced ADHD, conduct problems, depression and other childhood mental-emotional and behavioral disorders
- Reduced special education placement or 504 plan need
- Reduced need for expensive psychotropic drugs
- Reduced health-care costs
- Decreased measures of child maltreatment (e.g., out-of-home placements, child abuse medical injuries)
- Decreased delinquency and drug use in time

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